

These questions are optional and your answers are confidential. We would like you to tell us your child's race, ethnicity, language and ability levels so that we can find and address health and service differences.

You can get this document in other languages, large print, braille, or a format you prefer. We accept all relay calls or you can dial 711. Please contact _____ at _____
 Today's Date: _____
 First Name: _____ Middle Initial: _____ Last Name: _____ Date of Birth: _____

Race and Ethnicity

1. How does *your child* identify their **race, ethnicity, tribal affiliation, country of origin, or ancestry**?

2. Which of the following describes *your child's racial or ethnic identity*? Please check **ALL** that apply.

Hispanic and Latino/a/x

- Central American
- Mexican
- South American
- Other Hispanic or Latino/a/x

Native Hawaiian and Pacific Islander

- Chamoru (Chamorro)
- Marshallese
- Communities of the Micronesia Region
- Native Hawaiian
- Samoan
- Other Pacific Islander

White

- Eastern European
- Slavic
- Western European
- Other White

American Indian and Alaska Native

- American Indian
- Alaska Native
- Canadian Inuit, Metis, or First Nation
- Indigenous Mexican, Central American, or South American

Black and African American

- African American
- Afro-Caribbean
- Ethiopian
- Somali
- Other African (Black)
- Other Black

Middle Eastern/North African

- Middle Eastern
- North African

Asian

- Asian Indian
- Cambodian
- Chinese
- Communities of Myanmar
- Filipino/a
- Hmong
- Japanese
- Korean
- Laotian
- South Asian
- Vietnamese
- Other Asian

Other Categories

- Other *(please list)*

- Don't know
- Don't want to answer

3. If you checked **more than one** category above, is there **one** *your child* thinks of as their **primary** racial or ethnic identity?

<input type="checkbox"/> Yes. Please circle <i>your child's</i> primary racial or ethnic identity.	<input type="checkbox"/> N/A. I only checked one category above.
<input type="checkbox"/> No. <i>My child</i> has multiple primary racial or ethnic identities.	<input type="checkbox"/> Don't know
<input type="checkbox"/> No. <i>My child</i> identifies as Biracial or Multiracial.	<input type="checkbox"/> Don't want to answer

(To be filled in by agency/clinic staff)

Agency/Clinic: _____ Agency Staff/Provider Name or ID: _____
 Phone: _____ Address: _____

Language (*Interpreters are available at no charge*)

4a. What language or languages does *your child* use at home?

Skip to question 7 if you indicated English only

4b. In what language do you want us to communicate in person, on the phone, or virtually with *your child*?

4c. In what language do you want us to write to *your child*?

5a. Do you need or want an **interpreter** for us to communicate with *your child*?

- Yes Don't know
 No Don't want to answer

5b. If *your child* needs or wants an interpreter, what type of interpreter is preferred?

- Spoken language interpreter
 American Sign Language interpreter
 Deaf Interpreter for DeafBlind and with additional barriers
 Contact sign language (PSE) interpreter
 Other (***please list***): _____

Skip to question 7 if your child does not use a language other than English or sign language.

6. How well does *your child* speak English?

- Very Well Not at all
 Well Don't know
 Not Well Don't want to answer

Your answers will help us find health and service differences among people with and without functional difficulties. Your answers are confidential.

7. Is *your child* **deaf** or do they have **serious difficulty hearing**?

- Yes Don't know
 No Don't want to answer

If **yes**, at what age did this condition begin? _____

8. Is *your child* **blind** or do they have **serious difficulty seeing**, even when wearing glasses?

- Yes Don't know
 No Don't want to answer

If **yes**, at what age did this condition begin? _____

Please stop now if *your child* is under age 5

9. Does *your child* have serious difficulty **walking or climbing stairs**?

- Yes Don't know
 No Don't want to answer

If **yes**, at what age did this condition begin? _____

10. Because of a physical, mental or emotional condition, does *your child* have serious difficulty **concentrating, remembering or making decisions**?

- Yes Don't know
 No Don't want to answer

If **yes**, at what age did this condition begin? _____

11. Does *your child* have **difficulty dressing or bathing**?

- Yes Don't know
 No Don't want to answer

If **yes**, at what age did this condition begin? _____

12. Does *your child* have serious difficulty learning how to do things most people their age can learn?

- Yes Don't know
 No Don't want to answer

If **yes**, at what age did this condition begin? _____

13. Using your **usual (customary) language**, does *your child* have **serious difficulty communicating**, (*for example understanding or being understood by others*)

- Yes Don't want to answer
 No I don't know what this question is asking
 Don't know

If **yes**, at what age did this condition begin? _____

Please stop now if *your child* is under age 15

14. Because of a **physical, mental or emotional condition**, does *your child* have difficulty doing **errands alone** such as visiting a doctor's office or shopping?

- Yes Don't know
 No Don't want to answer

If **yes**, at what age did this condition begin? _____

15. Does *your child* have serious difficulty with the following: mood, intense feelings, controlling their behavior, or experiencing delusions or hallucinations?

- Yes Don't want to answer
 No I don't know what this question is asking
 Don't know

If **yes**, at what age did this condition begin? _____