

NOTE: This document is a simple template to visualize the REALD and SOGI form changes. It is not intended for official use as a form and is subject to change. It does not include other explanatory form text. See here for the current REALD form for service-based and non-service-based settings.

This document includes three templates:

1. [REALD and SOGI Form for Service-Based Settings](#)
2. [REALD and SOGI Form for Non-Service-Based Settings](#)
3. [REALD and SOGI Form for Children Under 12](#)

Red text indicates proposed changes and additions to the current form from the RAC process.

Highlighted text indicates additions per OMB policy directive for race and ethnicity data collection.

Who are required to implement these changes once they are finalized?

To the greatest extent practicable, all programs and activities of Oregon Health Authority, including contractors and subcontractors, must collect REALD (and SOGI once finalized July 2024) demographic data. The intent is to require REALD & SOGI data collection regardless of current technical or other business restraints. While not explicit in the proposed OARs, Oregon Department of Human Services and their contractors are also expected to conform with these OARs.

CCOs and Insurers Reporting to OHA All Payers All Claims (APAC): Insurers with 5000+ members in Oregon will be required to submit REALD & SOGI to OHA All Payers All Claims (APAC; ORS 442.373(2)(b)(C)) in January 2025.

Licensed providers and other insurers not reporting to APAC in Oregon: Per ORS 413.164 (HB 3159), licensed providers and remaining insurers not reporting to APAC will be required to submit REALD & SOGI to OHA once OHA has built a data system to receive data from CCOs, providers and insurers, **we anticipate that this system will go live late 2026 or early 2027**. Providers who are currently sharing data with OHA are encouraged to update to the new 2024 standards; CSV updated specifications and instructions will be shared later this summer/fall.

Race, Ethnicity, Language, Disability, Sexual Orientation & Gender Identity (REALD and SOGI) Form for Service-Based Settings

This form is for service-based settings, where ongoing communication will be needed, for example, patients and providers, enrollees and caseworkers. **This template is intended to be printed and completed as a paper copy.**

REALD & SOGI Form Instructions

We would like you to share your demographic information so that we can find and address health and service differences. We ask everyone about their demographic information so that we can ensure that everyone receives the highest quality of care and services. These questions are optional (with an option select “don’t want to answer” or “don’t know”). Your answers are confidential and only shared with those who have a need to know.

Select the best answer, or all that apply if noted in the directions.

A1a. Who is filling out this form?* Select **one**:

- | | |
|---|--|
| <input type="checkbox"/> The individual alone | <input type="checkbox"/> Another person with the individual present |
| <input type="checkbox"/> The individual with another person present | <input type="checkbox"/> Another person without the individual present |

A1b. Who was present with the individual when the data was reported? Select **one**:

- | | |
|--|--|
| <input type="checkbox"/> A parent/guardian | <input type="checkbox"/> An interpreter or other professional support(s) |
| <input type="checkbox"/> Another family member | <input type="checkbox"/> Not listed, please specify: _____ |
| | <input type="checkbox"/> N/A, the individual or another person is filling this out alone |

A2. What is your date of birth (MM/DD/YYYY)? _____

*Applies to the person filling out the form. For example, the individual being asked to fill this out, the person filling this out in a phone interview or in-person intake. If it is not clear if there is another person present during a phone interview, then ask.

Race and Ethnicity

1. How do you identify your race, ethnicity, tribal affiliation, country of origin, or ancestry? _____
2. Which of the following describes your racial or ethnic identity? Select **all** that apply and enter additional details below.

American Indian and Alaska Native – Provide details below.

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

Enter details, for example, Coquille Indian Tribe, Confederated Tribes of Siletz Indians, Confederated Tribes of Coos, Aztec, Maya, etc. _____

Asian – Provide details below.

- Afghan Communities of Myanmar Indonesian Pakistani Vietnamese
 Asian Indian Filipino/a Japanese South Asian
 Cambodian Hmong Korean Taiwanese
 Chinese Laotian Thai

Enter details, for example, Mongolian, Malaysian, Uzbeks, etc. _____

Black and African American – Provide details below.

- African American Ethiopian Jamaican Somali
 Afro-Caribbean Haitian Nigerian

Enter details, for example, Trinidadian, Ghanaian, Congolese, etc. _____

Hispanic and Latino/a/x/e – Provide details below.

- Afro-Latino/a/x/e Cuban Guatemalan Puerto Rican South American
 Central American Dominican Mexican Salvadoran

Enter details, for example, Colombian, Honduran, Spaniard, etc. _____

Jewish – Provide details below.

- Ashkenazi Sephardi Enter details, for example, Mizrahi, etc. _____

Middle Eastern/North African – Provide details below.

- Egyptian Iranian Lebanese Syrian
 Iraqi Israeli Palestinian Turkish

Enter details, for example, Moroccan, Yemeni, Kurdish, etc. _____

Native Hawaiian and Pacific Islander – Provide details below.

- Chamoru (Chamorro) Communities of the Micronesia Region Fijian Marshallese Native Hawaiian Samoan Tongan

Enter details, for example, Chuukese, Palauan, Tahitian, etc. _____

White – Provide details below.

- English Italian Polish Russian Slavic
 Irish German Romanian Scottish Ukrainian

Enter details, for example, French, Swedish, Norwegian, etc. _____

Additional categories

- Another category not listed. Specify: _____ Don't know Don't want to answer

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

- Yes. Please circle your primary racial or ethnic identity above. I don't have just one primary racial or ethnic identity. No. I identify as Biracial or Multiracial. N/A. I only checked one category above. Don't know. Don't want to answer.

Language

Skip to question 7 if you/the person is under age 5

4a. Do you only use English at home? Select **one**.

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

Skip to question 7 if you answered Yes to 4a

4b. What language or languages do you use at home? _____

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

4d. In what language do you want us to **write** to you? _____

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

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

5b. If you need or want an interpreter **or language access**, what type of interpreter **or language access** is preferred? Select **ALL** that apply.

Spoken language interpreter

Assistive Listening Device (FM, Loop). Specify: _____

CART/Captioning

Sign Language:

American Sign Language

Mexican Sign Language

Tactile/Protactile Sign Language

Certified Deaf Interpreter for DeafBlind, additional barriers, or both

Contact sign language (PSE)

Another sign language not listed. Specify: _____

Skip to question 7 if you do not use a language other than English or sign language

6. How well do you speak English? Select **one**.

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

Functional Difficulties

7. Are you deaf or do you have serious difficulty hearing?

- Yes – This condition began at age: _____ No Don't know Don't want to answer

8. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- Yes – This condition began at age: _____ No Don't know Don't want to answer

Stop now if you/the person is under age 5

9. Do you have serious difficulty walking or climbing stairs?

- Yes – This condition began at age: _____ No Don't know Don't want to answer

10. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?

- Yes – This condition began at age: _____ No Don't know Don't want to answer

11. Do you have difficulty dressing or bathing?

- Yes – This condition began at age: _____ No Don't know Don't want to answer

12. Do you have serious difficulty learning how to do things most people your age can learn?

- Yes – This condition began at age: _____ No Don't know Don't want to answer

13. Using your usual (customary) language, do you have serious difficulty communicating (for example understanding or being understood by others)?

- Yes – This condition began at age: _____ No Don't know Don't want to answer
 Don't know what this question is asking

Skip to question 16 if you/the person is under age 15

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

- Yes – This condition began at age: _____ No Don't know Don't want to answer

15. Do you have serious difficulty with the following: mood, intense feelings, controlling your behavior, or experiencing delusions or hallucinations?

- Yes – This condition began at age: _____ No Don't know Don't want to answer

Don't know what this question is asking

16. If you identify as someone with a disability, or as having a physical, mental, emotional, cognitive, or intellectual condition, what would you like us to know? _____

Skip to question 18 if "Yes" was NOT selected for at least one question above AND question 16 did not apply to you

17a. Do you need or want disability-related accommodations? Yes No

17b. If you need or want disability-related accommodations, specify the type of accommodations preferred: _____

Sexual Orientation and Gender Identity

Skip to question 21 if you/the person is under age 12

18. Describe your gender in any way you prefer: _____

19. What is your gender? Select **all** that apply.

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Girl or woman | <input type="checkbox"/> Genderfluid | <input type="checkbox"/> I have a gender identity not listed here that is specific to my ethnicity: _____ | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Boy or man | <input type="checkbox"/> Genderqueer | | <input type="checkbox"/> Don't know what this question is asking |
| <input type="checkbox"/> Non-binary | <input type="checkbox"/> Questioning | | <input type="checkbox"/> Don't want to answer |
| <input type="checkbox"/> Agender/No gender | <input type="checkbox"/> Not listed, my gender is: _____ | | |

20. Are you transgender?

- | | | |
|------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Questioning | <input type="checkbox"/> Don't know what this question is asking |
| <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Don't want to answer |

21. What is your sex?

- | | | |
|---------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Female | <input type="checkbox"/> Intersex | <input type="checkbox"/> Don't want to answer |
| <input type="checkbox"/> Male | <input type="checkbox"/> Don't know | <input type="checkbox"/> Not listed, my sex is: _____ |

Skip to question 24 if you/the person is under age 12

22. Describe your sexual orientation or sexual identity in any way you prefer: _____

23. What is your sexual orientation? Select **all** that apply.

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Same-gender loving | <input type="checkbox"/> Straight (attracted mainly to or only to other gender(s) or sex(es) | <input type="checkbox"/> Questioning | <input type="checkbox"/> Don't know what this question is asking |
| <input type="checkbox"/> Lesbian | | <input type="checkbox"/> Not listed, my sexual orientation is: _____ | <input type="checkbox"/> Don't want to answer |
| <input type="checkbox"/> Gay | | <input type="checkbox"/> Don't know | |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Asexual | | |
| <input type="checkbox"/> Pansexual | <input type="checkbox"/> Queer | | |

Stop now if you/the person is age 12 or older

24. Are you currently: Select **all** that apply.

- | | | |
|---------------------------------|---|--|
| <input type="checkbox"/> A boy | <input type="checkbox"/> Something else. Specify: _____ | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> A girl | | <input type="checkbox"/> Don't know what this question is asking |
| <input type="checkbox"/> Both | <input type="checkbox"/> It changes over time | <input type="checkbox"/> Don't want to answer |

Race, Ethnicity, Language, Disability, Sexual Orientation & Gender Identity (REALD and SOGI) Form for Non-Service-Based Settings

This form is for non-service-based settings, where ongoing communications is not intended or needed, for example, a one-time anonymous survey. Or a survey with identifiers, but there is no interaction later after the survey is completed. **This template is intended to be printed and completed as a paper copy.**

REALD & SOGI Form Instructions

To make sure all Oregonians receive the best possible public health service, all patients are provided the following questions so the data can be securely and anonymously used to improve care statewide. These questions are optional, and your answers are confidential. We would like you to share your demographic information so that we can find and address health and service differences.

Select the best answer, or all that apply if noted in the directions.

A1a. Who is filling out this form? * Select **one**:

- | | |
|---|--|
| <input type="checkbox"/> The individual alone | <input type="checkbox"/> Another person with the individual present |
| <input type="checkbox"/> The individual with another person present | <input type="checkbox"/> Another person without the individual present |

A1b. Who was present with the individual when the data was reported? Select **one**:

- | | |
|--|---|
| <input type="checkbox"/> A parent/guardian | <input type="checkbox"/> An interpreter, or other professional support(s) |
| <input type="checkbox"/> Another family member | <input type="checkbox"/> Not listed, please specify: _____ |
| <input type="checkbox"/> N/A, the individual or another person is filling this out alone | |

A2. What is your date of birth (MM/DD/YYYY)? _____

*Applies to the person filling out the form. For example, the individual being asked to fill this out, the person filling this out in a phone interview or in-person intake. If it is not clear if there is another person present during a phone interview, then ask.

Race and Ethnicity

1. How do you identify your race, ethnicity, tribal affiliation, country of origin, or ancestry? _____
2. Which of the following describes your racial or ethnic identity? Select **all** that apply and enter additional details below.

American Indian and Alaska Native – Provide details below.

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

Enter details, for example, Coquille Indian Tribe, Confederated Tribes of Siletz Indians, Confederated Tribes of Coos, Aztec, Maya, etc. _____

Asian – Provide details below.

- Afghan Communities of Indonesian Pakistani Vietnamese
 Asian Indian Myanmar Japanese South Asian
 Cambodian Filipino/a Korean Taiwanese
 Chinese Hmong Laotian Thai

Enter details, for example, Mongolian, Malaysian, Uzbeks, etc. _____

Black and African American – Provide details below.

- African American Ethiopian Jamaican Somali
 Afro-Caribbean Haitian Nigerian

Enter details, for example, Trinidadian, Ghanaian, Congolese, etc. _____

Hispanic and Latino/a/x/e – Provide details below.

- Afro-Latino/a/x/e Cuban Guatemalan Puerto Rican South American
 Central American Dominican Mexican Salvadoran

Enter details, for example, Colombian, Honduran, Spaniard, etc. _____

Jewish – Provide details below.

- Ashkenazi Sephardi Enter details, for example, Mizrahi, etc. _____

Middle Eastern/North African – Provide details below.

- Egyptian Iranian Lebanese Syrian
 Iraqi Israeli Palestinian Turkish

Enter details, for example, Moroccan, Yemeni, Kurdish, etc. _____

Native Hawaiian and Pacific Islander – Provide details below.

- Chamoru Communities of the Fijian Native Samoan
(Chamorro) Micronesia Region Marshallese Hawaiian Tongan

Enter details, for example, Chuukese, Palauan, Tahitian, etc. _____

White – Provide details below.

- English Italian Polish Russian Slavic
 Irish German Romanian Scottish Ukrainian

Enter details, for example, French, Swedish, Norwegian, etc. _____

Additional categories

- Another category not listed. Specify: _____ Don't know Don't want to answer

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

- Yes. Please circle I don't have just one No. I identify as N/A. I only Don't know.
your primary racial or primary racial or ethnic Biracial or checked one Don't want to
ethnic identity above. identity. Multiracial. category above. answer.

Language

Skip to question 7 if you/the person is under age 5

4a. Do you only use English at home? Select **one**.

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

Skip to question 7 if you answered Yes to 4a

4b. What language or languages do you use at home? _____

5a. What language would you prefer to use when communicating (**in person, phone, virtually**) with someone outside the home about important matters such as medical, legal, or health information? _____

5b. What language would you prefer to use to read important **written** information such as medical, legal, or health information? _____

Skip to question 7 if you do not use a language other than English or sign language

6. How well do you speak English? Select **one**:

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

Functional Difficulties

7. Are you deaf or do you have serious difficult hearing?

- Yes – This condition began at age: _____ No Don't know Don't want to answer

8. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- Yes – This condition began at age: _____ No Don't know Don't want to answer

Stop now if you/the person is under age 5

9. Do you have serious difficulty walking or climbing stairs?

- Yes – This condition began at age: _____ No Don't know Don't want to answer

10. Because of a physical, mental or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?

- Yes – This condition began at age: _____ No Don't know Don't want to answer

11. Do you have difficulty dressing or bathing?

- Yes – This condition began at age: _____ No Don't know Don't want to answer

12. Do you have serious difficulty learning how to do things most people your age can learn?

- Yes – This condition began at age: _____ No Don't know Don't want to answer

13. Using your usual (customary) language, do you have serious difficulty communicating (for example understanding or being understood by others)?

- Yes – This condition began at age: _____ No Don't know Don't want to answer
 Don't know what this question is asking

Skip to question 16 if you/the person is under age 15

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

- Yes – This condition began at age: _____ No Don't know Don't want to answer

15. Do you have serious difficulty with the following: mood, intense feelings, controlling your behavior, or experiencing delusions or hallucinations?

- Yes – This condition began at age: _____ No Don't know Don't want to answer
 Don't know what this question is asking

16. **If you identify as someone with a disability, or as having a physical, mental, emotional, cognitive, or intellectual condition, what would you like us to know?** _____

Skip to question 18 if “Yes” was NOT selected for at least one question above AND question 16 did not apply to you

17a. Do you need or want disability-related accommodations? Yes No

17b. If you need or want disability-related accommodations, please specify the type of accommodations preferred: _____

Sexual Orientation and Gender Identity

Skip to question 21 if you/the person is under age 12

18. Describe your gender in any way you prefer: _____

19. What is your gender? Select **all** that apply.

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Girl or woman | <input type="checkbox"/> Genderfluid | <input type="checkbox"/> Based on your ethnicity, share another gender identity not listed: _____ | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Boy or man | <input type="checkbox"/> Genderqueer | | <input type="checkbox"/> Don't know what this question is asking |
| <input type="checkbox"/> Non-binary | <input type="checkbox"/> Questioning | | <input type="checkbox"/> Don't want to answer |
| <input type="checkbox"/> Agender/No gender | <input type="checkbox"/> Not listed, my gender is: _____ | | |

20. Are you transgender?

- | | | |
|------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Questioning | <input type="checkbox"/> Don't know what this question is asking |
| <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Don't want to answer |

21. What is your sex?

- | | | |
|---------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Female | <input type="checkbox"/> Intersex | <input type="checkbox"/> Don't want to answer |
| <input type="checkbox"/> Male | <input type="checkbox"/> Don't know | <input type="checkbox"/> Not listed, my sex is: _____ |

Skip to question 24 if you/the person is under age 12

22. Describe your sexual orientation or sexual identity in any way you prefer: _____

23. What is your sexual orientation? Select **all** that apply.

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Same-gender loving | <input type="checkbox"/> Straight (attracted mainly to or only to other gender(s) or sex(es)) | <input type="checkbox"/> Questioning | <input type="checkbox"/> Don't know what this question is asking |
| <input type="checkbox"/> Lesbian | | <input type="checkbox"/> Not listed, my sexual orientation is: _____ | <input type="checkbox"/> Don't want to answer |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Asexual | <input type="checkbox"/> Don't know | |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Queer | | |
| <input type="checkbox"/> Pansexual | | | |

Stop now if you/the person is age 12 or older

24. Are you currently: Select **all** that apply.

- | | | |
|---------------------------------|---|--|
| <input type="checkbox"/> A boy | <input type="checkbox"/> Something else. Specify: _____ | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> A girl | | <input type="checkbox"/> Don't know what this question is asking |
| <input type="checkbox"/> Both | <input type="checkbox"/> It changes over time | <input type="checkbox"/> Don't want to answer |

Race, Ethnicity, Language, Disability, Sexual Orientation & Gender Identity (REALD and SOGI) Form for Children Under 12 in Service-Based Settings

This form is for **children under 12** in service-based settings, where ongoing communication will be needed, for example, patients and providers, enrollees and caseworkers. **This template is intended to be printed and completed as a paper copy.**

REALD & SOGI Form Instructions

To make sure all Oregonians receive the best possible public health service, all patients are provided the following questions so the data can be securely and anonymously used to improve care statewide. These questions are optional, and your answers are confidential. We would like you to share your demographic information so that we can find and address health and service differences.

Select the best answer, or all that apply if noted in the directions.

A1a. Who is filling out this form? * Select **one**:

- | | |
|---|--|
| <input type="checkbox"/> The individual alone | <input type="checkbox"/> Another person with the individual present |
| <input type="checkbox"/> The individual with another person present | <input type="checkbox"/> Another person without the individual present |

A1b. Who was present with the individual when the data was reported? Select **all** that apply.

- | | |
|--|--|
| <input type="checkbox"/> A parent/guardian | <input type="checkbox"/> An interpreter, or other professional support(s) |
| <input type="checkbox"/> Another family member | <input type="checkbox"/> Not listed, please specify: _____ |
| | <input type="checkbox"/> N/A, the individual or another person is filling this out alone |

A2. What is your date of birth (MM/DD/YYYY)? _____

*Applies to the person filling out the form. For example, the individual being asked to fill this out, the person filling this out in a phone interview or in-person intake. If it is not clear if there is another person present during a phone interview, then ask.

Race and Ethnicity

- How do you identify your race, ethnicity, tribal affiliation, country of origin, or ancestry? _____
- Which of the following describes your racial or ethnic identity? Select **all** that apply and enter additional details below.

American Indian and Alaska Native – Provide details below.

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

Enter details, for example, Coquille Indian Tribe, Confederated Tribes of Siletz Indians, Confederated Tribes of Coos, Aztec, Maya, etc. _____

Asian – Provide details below.

- Afghan Communities of Indonesian Pakistani Vietnamese
 Asian Indian Myanmar Japanese South Asian
 Cambodian Filipino/a Korean Taiwanese
 Chinese Hmong Laotian Thai

Enter details, for example, Mongolian, Malaysian, Uzbeks, etc. _____

Black and African American – Provide details below.

- African American Ethiopian Jamaican Somali
 Afro-Caribbean Haitian Nigerian

Enter details, for example, Trinidadian, Ghanaian, Congolese, etc. _____

Hispanic and Latino/a/x/e – Provide details below.

- Afro-Latino/a/x/e Cuban Guatemalan Puerto Rican South American
 Central American Dominican Mexican Salvadoran

Enter details, for example, Colombian, Honduran, Spaniard, etc. _____

Jewish – Provide details below.

- Ashkenazi Sephardi Enter details, for example, Mizrahi, etc. _____

Middle Eastern/North African – Provide details below.

- Egyptian Iranian Lebanese Syrian
 Iraqi Israeli Palestinian Turkish

Enter details, for example, Moroccan, Yemeni, Kurdish, etc. _____

Native Hawaiian and Pacific Islander – Provide details below.

- Chamoru Communities of the Fijian Native Samoan
(Chamorro) Micronesia Region Marshallese Hawaiian Tongan

Enter details, for example, Chuukese, Palauan, Tahitian, etc. _____

White – Provide details below.

- English Italian Polish Russian Slavic
 Irish German Romanian Scottish Ukrainian

Enter details, for example, French, Swedish, Norwegian, etc. _____

Additional categories

- Another category not listed. Specify: _____ Don't know Don't want to answer

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

- Yes. Please circle I don't have just one No. I identify as N/A. I only Don't know.
your primary racial or primary racial or ethnic Biracial or checked one Don't want to
ethnic identity above. identity. Multiracial. category above. answer.

Language

Skip to question 7 if you/the person is under age 5

4a. Do you only use English at home? Select **one**.

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

Skip to question 7 if you answered Yes to 4a

4b. What language or languages do you use at home? _____

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

4d. In what language do you want us to **write** to you? _____

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

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

5b. If you need or want an interpreter **or language access**, what type of interpreter **or language access** is preferred? Select **ALL** that apply.

Spoken language interpreter

Assistive Listening Device (FM, Loop). Specify: _____

CART/Captioning

Sign Language:

American Sign Language

Mexican Sign Language

Tactile/Protactile Sign Language

Certified Deaf Interpreter for DeafBlind, additional barriers, or both

Contact sign language (PSE)

Another sign language not listed. Specify: _____

Skip to question 7 if you do not use a language other than English or sign language

6. How well do you speak English? Select **one**.

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

Functional Difficulties

7. Are you deaf or do you have serious difficult hearing?

- Yes – This condition began at age: _____ No Don't know Don't want to answer

8. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- Yes – This condition began at age: _____ No Don't know Don't want to answer

Stop now if you/the person is under age 5

9. Do you have serious difficulty walking or climbing stairs?

- Yes – This condition began at age: _____ No Don't know Don't want to answer

10. Because of a physical, mental or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?

- Yes – This condition began at age: _____ No Don't know Don't want to answer

11. Do you have difficulty dressing or bathing?

- Yes – This condition began at age: _____ No Don't know Don't want to answer

12. Do you have serious difficulty learning how to do things most people your age can learn?

- Yes – This condition began at age: _____ No Don't know Don't want to answer

13. Using your usual (customary) language, do you have serious difficulty communicating (for example understanding or being understood by others)?

Yes – This condition began at age: _____ No Don't know Don't want to answer

Don't know what this question is asking

14. If you identify as someone with a disability, or as having a physical, mental, emotional, cognitive, or intellectual condition, what would you like us to know? _____

Skip to question 16 if "Yes" was not selected for at least one question above

15a. Do you need or want disability-related accommodations? Yes No

15b. If you need or want disability-related accommodations, specify the type of accommodations preferred: _____

Sexual Orientation and Gender Identity

16. What is your sex?

Female

Intersex

Don't want to answer

Male

Don't know

Not listed, my sex is: _____

17. Are you currently: Select **all** that apply.

A boy

Something else.

Don't know

A girl

Specify: _____

Don't know what this question is asking

Both

It changes over time

Don't want to answer