

**STATEWIDE DRUG THERAPY MANAGEMENT PROTOCOL for the OREGON PHARMACIST**

REALD Data Collection Form

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_

Legal Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

1. Which of the following describes your **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

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

- Yes. Please circle your primary racial or ethnic identity above.
- I do not 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** (*Interpreters are available at no charge*)

3. What language or languages do you **use at home**? \_\_\_\_\_  
 → Skip to question 9 if you indicated English only

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

5. In what language do you want us to **write** to you? \_\_\_\_\_

6. Do you need or want an **interpreter** for us to communicate with you?

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

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7. If you need or want an interpreter, what type of interpreter is preferred?
- Spanish language interpreter                       Deaf Interpreter for DeafBlind, additional barriers, or both
- American Sign Language interpreter    Contact sign language (PSE) interpreter
- Other (please list): \_\_\_\_\_

→ Skip to question 9 if you do not use a language other than English or sign language

8. How well do you speak English?
- Very Well    Well    Not Well    Not at all    Don't know    Don't want to answer

**Disability**

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

	Yes	*If yes, at what age did this condition begin?	No	Don't know	Don't want to answer	Don't know what this question is asking
9. Are you deaf or do you have serious difficulty hearing?						
10. Are you blind or do you have serious difficulty seeing, even when wearing glasses?						
11. Do you have serious difficulty walking or climbing stairs?						
12. Because of a physical, mental or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?						
13. Do you have difficulty dressing or bathing?						
14. Do you have serious difficulty learning how to do things most people your age can learn?						
15. Using your usual (customary) language, do you have serious difficulty communicating (for example understanding or being understood by others)?						
16. Because of a physical, mental or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?						
17. Do you have serious difficulty with the following: mood, intense feelings, controlling your behavior, or experiencing delusions or hallucinations?						

All health care providers must begin collecting and reporting REALD data in accordance with [current REALD standards and Oregon Disease Reporting rules](#) starting October 1, 2021.