





## Demographic Information

Thank you for taking the time to complete the following survey. The information collected will be confidential (see our HIPAA disclosure). The information obtained below will not be used in determining eligibility for our services, but may be used strictly in the collection of general data and/or reporting for the nature of and scope of our work as a nonprofit organization. This information helps us in identifying disparities in our community and to help in making informed quality improvement efforts. Because our organization is nonprofit, we rely on public funding sources so that we may continue to provide services and hearing healthcare to the underinsured, low-income, and uninsured residents of our community. By completing our survey, you help us in determining the need and in helping us to better provide these services to you and others in our community. Thank you for your time. Please circle the appropriate responses below:

**Do you have any physical and/or diagnosed mental disability?** Yes or No

If yes, please briefly describe: \_\_\_\_\_

**What is your gender identity?** Male Female

**What is your age?** 18-24 25-34 35 – 44 45 – 55 56 – 65 66 – 79 Over 80

**What is your highest level of education completed?**

Less than High School Diploma/GED Some College 2-Yr Degree 4-Yr Degree Master's Degree Doctorate

**Annual Household Income** (circle) less than \$10,000 \$10,000 to \$18,000 \$19,000-\$25,000 over \$26,000 \_\_\_\_\_

**What is your Primary language:** English Spanish ASL Burmese Other: \_\_\_\_\_

**What is your Secondary Language (if any):** English Spanish ASL Burmese Other: \_\_\_\_\_

**Do you utilize an interpreter for your medical/wellness visits?** Yes No Sometimes

**If you answered yes or sometimes, what type of interpreter?** ASL or Spoken Language: \_\_\_\_\_

**How do you get to your medical/wellness visits?** Car Friend Public Transportation Other: \_\_\_\_\_

**What is your primary racial identity? (Circle all that apply)**

African African-American Burmese/Karin Asian Caucasian Hispanic

Middle Eastern Native American

Other Race Not Listed: \_\_\_\_\_ Not Specified

I choose to provide only partial information above.

I choose not to provide any information above.

**INITIAL** \_\_\_\_\_