

Attachment 1: PROTOTYPE DRAFT: Patient Information Form

Why do we ask about race and ethnic groups?

We ask for this information to be sure all patients get the best care, regardless of race or ethnic background. Also, some groups are at higher risk for certain diseases, and this information is needed to plan for future health care.

Which of the following race categories best identifies you? Choose one or more.

- White (01) (some facilities provide the OMB definitions - A person having origins...)
- Black or African American (02)
- American Indian, Aluet or Alaskan Native (03)

Asian: Please select one or more as best describes you. (See pg 293, NAACCR Standards for complete list)

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|--|---|
| <input type="checkbox"/> Chinese (04) | <input type="checkbox"/> Hmong (12) |
| <input type="checkbox"/> Japanese (05) | <input type="checkbox"/> Kampuchean (Cambodian) (13) |
| <input type="checkbox"/> Filipino (06) | <input type="checkbox"/> Thai (14) |
| <input type="checkbox"/> Korean (08) | <input type="checkbox"/> Asian Indian or Pakistani, NOS (15) |
| <input type="checkbox"/> Vietnamese (10) | <input type="checkbox"/> Asian Indian (16) |
| <input type="checkbox"/> Laotian (11) | <input type="checkbox"/> Pakistani (17) |
| | <input type="checkbox"/> Other Asian, NOS, please specify _____ |

- Hawaiian or Pacific Islander: (07, 20-22, 25-28, 30-32)

Are you Hispanic/Latino? Please select one or more. (See Page 389, NAACCR Standards)

- Non-Spanish
- Mexican
- Puerto Rican
- Cuban
- South or Central American (except Brazil)
- Other Specified Spanish/Hispanic origin _____
- Spanish NOS, Hispanic NOS, Latinos, NOS
- Spanish surname only
- Dominican Republic
- Unknown whether Spanish or not

(Assurance of confidentiality) All personal information will be kept confidential. If general information as race and ethnicity is released, it will not include your name, address, or other information that could identify you. This information is voluntary.

Thank you.