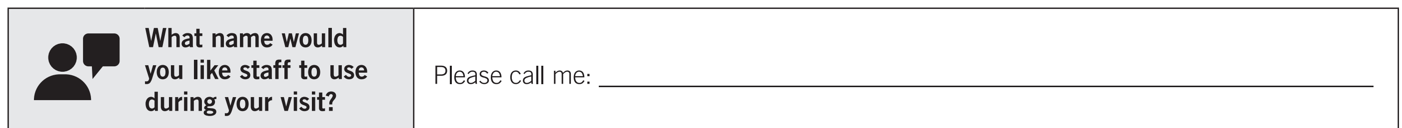
Race, Ethnicity, Disability, Sexual Orientation & Gender Identity

Getting to Know You Better to Provide More Complete Care

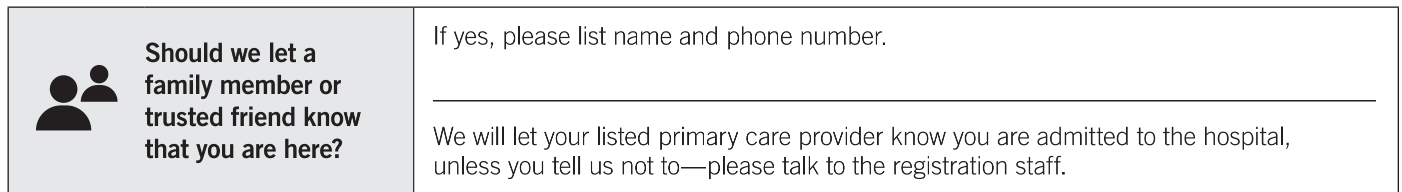
To make sure we provide complete care focused on you, please answer the questions listed below. All Washington state health centers must now ask each patient these questions so the data can be used anonymously to improve care statewide. While we hope you answer these questions to help us provide you with better care, it is your choice.

By sharing the name you would like to be called, we can be sure to treat you with the respect and care you deserve during your healthcare experience. **Your name will be used out loud unless you tell us not to.**



What name would you like staff to use during your visit?

Please call me: ______________________________



Should we let a family member or trusted friend know that you are here?

If yes, please list name and phone number.

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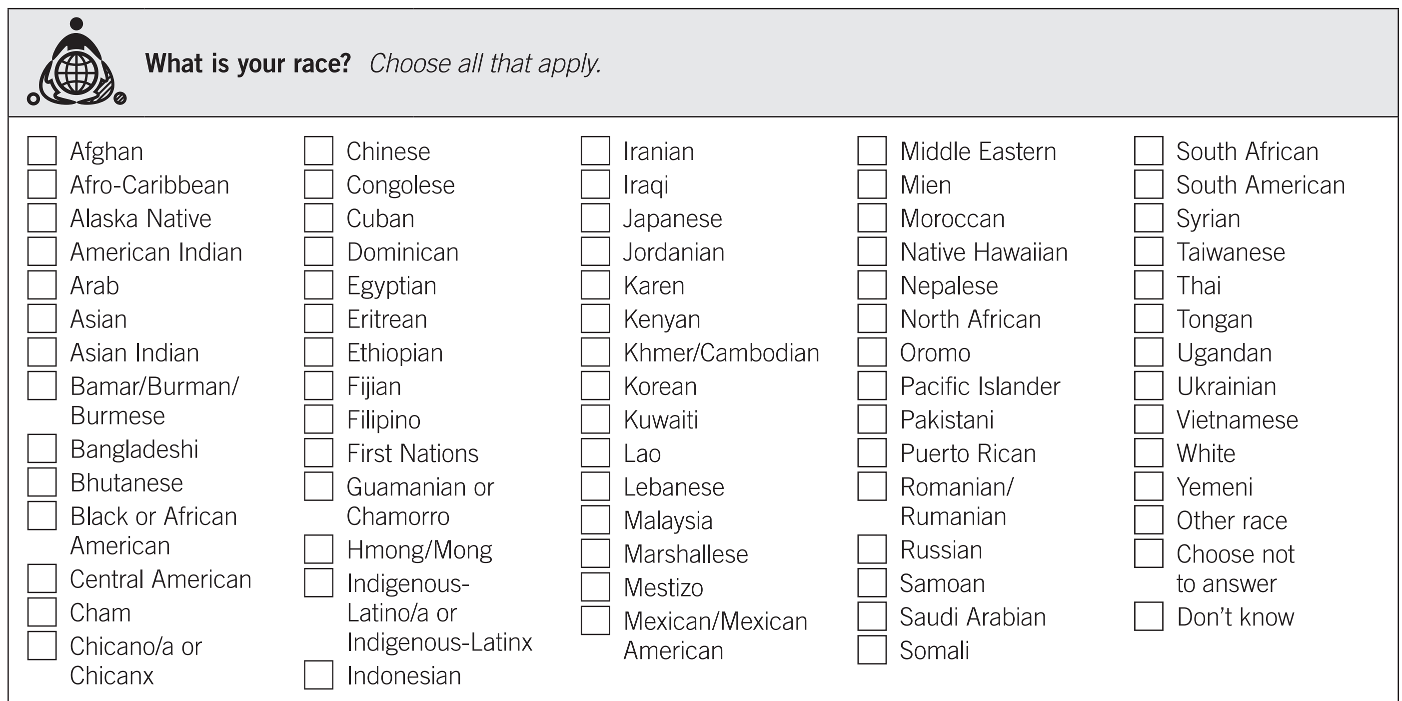
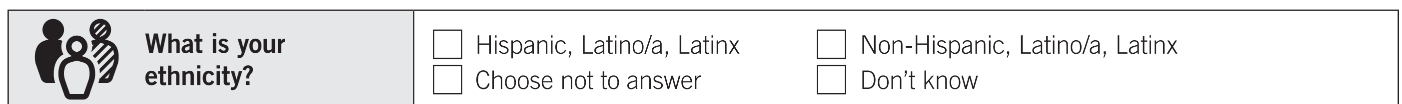
We will let your listed primary care provider know you are admitted to the hospital, unless you tell us not to—please talk to the registration staff.



What is your race? *Choose all that apply.*

- ☐ Afghan
- ☐ Afro-Caribbean
- ☐ Alaska Native
- ☐ American Indian
- ☐ Arab
- ☐ Asian
- ☐ Asian Indian
- ☐ Bamar/Burman/Burmese
- ☐ Bangladeshi
- ☐ Bhutanese
- ☐ Black or African American
- ☐ Central American
- ☐ Cham
- ☐ Chicano/a or Chicanx
- ☐ Chinese
- ☐ Congolese
- ☐ Cuban
- ☐ Dominican
- ☐ Egyptian
- ☐ Eritrean
- ☐ Ethiopian
- ☐ Fijian
- ☐ Filipino
- ☐ First Nations
- ☐ Guamanian or Chamorro
- ☐ Hmong/Mong
- ☐ Indigenous-Latino/a or Indigenous-Latinx
- ☐ Indonesian
- ☐ Iranian
- ☐ Iraqi
- ☐ Japanese
- ☐ Jordanian
- ☐ Karen
- ☐ Kenyan
- ☐ Khmer/Cambodian
- ☐ Korean
- ☐ Kuwaiti
- ☐ Lao
- ☐ Lebanese
- ☐ Malaysia
- ☐ Marshallese
- ☐ Mestizo
- ☐ Mexican/Mexican American
- ☐ Middle Eastern
- ☐ Mien
- ☐ Moroccan
- ☐ Native Hawaiian
- ☐ Nepalese
- ☐ North African
- ☐ Oromo
- ☐ Pacific Islander
- ☐ Pakistani
- ☐ Puerto Rican
- ☐ Romanian/Rumanian
- ☐ Russian
- ☐ Samoan
- ☐ Saudi Arabian
- ☐ Somali
- ☐ South African
- ☐ South American
- ☐ Syrian
- ☐ Taiwanese
- ☐ Thai
- ☐ Tongan
- ☐ Ugandan
- ☐ Ukrainian
- ☐ Vietnamese
- ☐ White
- ☐ Yemeni
- ☐ Other race
- ☐ Choose not to answer
- ☐ Don't know



What is your ethnicity?

- ☐ Hispanic, Latino/a, Latinx
- ☐ Non-Hispanic, Latino/a, Latinx
- ☐ Choose not to answer
- ☐ Don't know

(continued on reverse)

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What is your preferred language?

- [ ] Amharic
- [ ] Arabic
- [ ] Balochi/Baluchi
- [ ] Burmese
- [ ] Cantonese
- [ ] Chinese (unspecified)
- [ ] Chamorro
- [ ] Chuukese
- [ ] Dari
- [ ] English
- [ ] Farsi/Persian
- [ ] Fijian
- [ ] Filipino/Pilipino
- [ ] French
- [ ] German
- [ ] Hindi
- [ ] Hmong
- [ ] Japanese
- [ ] Karen
- [ ] Khmer/Cambodian
- [ ] Kinyarwanda
- [ ] Korean
- [ ] Kosraean
- [ ] Lao
- [ ] Mandarin
- [ ] Marshallese
- [ ] Mixteco
- [ ] Nepali
- [ ] Oromo
- [ ] Panjabi/Punjabi
- [ ] Pashto
- [ ] Portuguese
- [ ] Romanian/ Rumanian
- [ ] Russian
- [ ] Samoan
- [ ] Sign languages
- [ ] Somali
- [ ] Spanish/Castilian
- [ ] Swahili/Kiswahili
- [ ] Tagalog
- [ ] Tamil
- [ ] Telugu
- [ ] Thai
- [ ] Tigrinya
- [ ] Ukrainian
- [ ] Urdu
- [ ] Vietnamese
- [ ] Other language
- [ ] Choose not to answer
- [ ] Don't know

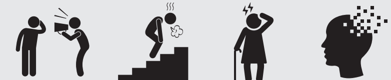
Do you identify as living with any of the following disabilities or conditions?

Choose all that apply.

- [ ] Not applicatble/Does not apply to me (no disability or condition)
- [ ] Intellectual disability
- [ ] Developmental disability
- [ ] Physical disability
- [ ] Brain injury
- [ ] Mental health disability
- [ ] Neurocognitive disability
- [ ] Deaf, d/Deaf, or hard of hearing
- [ ] Blind, low vision, or visually impaired
- [ ] Chronic medical condition
- [ ] Not listed above
- [ ] Choose not to answer
- [ ] Don't know

Do you experience any of the following in your daily living?

Choose all that apply.



- [ ] Not applicatble/ Does not apply to me (no limitations)
- [ ] Difficulty hearing
- [ ] Difficulty seeing, even when wearing glasses
- [ ] Limitations in any activities because of a physical, mental, or emotional condition
- [ ] Uses a cane, a wheelchair, a trained service animal, adaptive bed, adaptive telephone, or some other device
- [ ] Difficulty walking or climbing stairs
- [ ] Difficulty dressing or bathing
- [ ] Difficulty doing errands alone such as visiting a doctor or shopping
- [ ] Difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition
- [ ] Not listed above
- [ ] Choose not to answer
- [ ] Don't know

What is your gender identity?

- [ ] Female
- [ ] Male
- [ ] Choose not to answer
- [ ] Agender
- [ ] Bigender
- [ ] Demiboy
- [ ] Demigirl
- [ ] Gender Fluid
- [ ] Genderqueer
- [ ] Non-Binary
- [ ] Two Spirit
- [ ] Transgender Female
- [ ] Transgender Male
- [ ] Currently questioning/other, please specify:______________________

What is your legal sex?

- [ ] Female
- [ ] Male
- [ ] Don't know

What sex were you assigned at birth, on your original birth certificate?

- [ ] Female
- [ ] Male
- [ ] Don't know

What are your pronouns?

- [ ] He, him, his
- [ ] She, her, hers
- [ ] They, them, theirs
- [ ] Your name
- [ ] Choose not to answer
- [ ] Other, please specify:

____

What is your current sexual orientation?

- [ ] Straight
- [ ] Gay
- [ ] Lesbian
- [ ] Queer
- [ ] Bisexual
- [ ] Pansexual/Bi+
- [ ] Asexual
- [ ] Choose not to answer
- [ ] Don't know/ currently questioning
- [ ] Other, please specify:

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If there are any changes in the future, you can update some of this information on MyChart!