

Adult Patient Demographic Information

Each year, Unity Care NW will ask you to provide information about yourself. We use this information to improve and expand our health care services. We are also required to provide this information to some of our funders. (We never disclose your personal information. We only report the data.) This information helps us to better understand the health care needs of the community. We can send you reminders about screening and preventive health services that you might need. And we can make the case for continued funding for our health center.

Your full name:		Your date of birth:
1) Are you receiving temporary help from a local organization to find housing or to help pay for housing? (Not including living in permanent public housing and having a Section 8 voucher) <input type="checkbox"/> Yes <input type="checkbox"/> No	2) Are you an Employee or Family Member of an Employee at Unity Care NW? <input type="checkbox"/> Yes <input type="checkbox"/> No	3) Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No
4) Are you currently living: <input type="checkbox"/> On the street, in a vehicle, or encampment <input type="checkbox"/> In a transitional facility or temporary housing <input type="checkbox"/> At a shelter <input type="checkbox"/> With friends or extended family on a temporary basis <input type="checkbox"/> None of the above	5) Have you completed service in the United States Military? (excludes active duty Military, National Guard, and Reserves) <input type="checkbox"/> Yes <input type="checkbox"/> No	6) What is your sexual orientation? <input type="checkbox"/> Lesbian or Gay <input type="checkbox"/> Straight <input type="checkbox"/> Bisexual <input type="checkbox"/> Other: _____ <input type="checkbox"/> Don't know <input type="checkbox"/> I choose not to disclose
7) Are you a migratory agricultural worker? (ex: crop, animal, or farm fishing, in an area that is not where you normally live) <input type="checkbox"/> Yes <input type="checkbox"/> No	8) What is your primary language? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> _____	9) What is your gender identity? <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male/Female to Male <input type="checkbox"/> Transgender Female/Male to Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Other: _____ <input type="checkbox"/> I choose not to disclose
10) Are you a seasonal worker? (ex: crop, animal, or farm fishing seasonally, in the same area as where you normally live) <input type="checkbox"/> Yes <input type="checkbox"/> No	11) What is your race? Check up to two that best describe you. <input type="checkbox"/> Asian (East Indian, Chinese, Vietnamese, Filipino, Japanese) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Pacific Islander (Samoan, Tongan, Fijian) <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> White/Caucasian (Arab/Middle Eastern, Non-Black Hispanics)	

12) How should we refer to you?

- He/Him
- She/Her
- They/Them
- He/They
- She/They

13) What is the highest level of education you have attained?

- none – 8th grade
- 9th – 12th grade
- High school graduate
- Some college
- Associate's degree
- Bachelor's degree
- Master's degree
- Professional degree
- Doctorate/post-doc degree
- I choose not to disclose

Signature: _____ **Date:** _____