

KERRVILLE CANCER CENTER

DEMOGRAPHIC QUESTIONNAIRE REGARDING

LANGUAGE, ETHNICITY, AND RACE

PLEASE ANSWER THE FOLLOWING QUESTIONS BY MARKING AN "X" BESIDE THE APPLICABLE ANSWER.

LANGUAGE SPOKEN:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> ENGLISH | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> FRENCH | |
| <input type="checkbox"/> GERMAN | |
| <input type="checkbox"/> SPANISH | |
| <input type="checkbox"/> PATIENT DECLINED | |

ETHNICITY:

- | | |
|---|--|
| <input type="checkbox"/> AMERICAN | <input type="checkbox"/> FRENCH |
| <input type="checkbox"/> AMERICAN INDIAN | <input type="checkbox"/> GERMAN |
| <input type="checkbox"/> BRITISH | <input type="checkbox"/> HISPANIC/LATINO |
| <input type="checkbox"/> ITALIAN | <input type="checkbox"/> JAPANESE |
| <input type="checkbox"/> CHINESE | <input type="checkbox"/> POLISH |
| <input type="checkbox"/> PATIENT DECLINED | <input type="checkbox"/> OTHER _____ |

RACE:

- | | |
|---|---|
| <input type="checkbox"/> AMERICAN INDIAN | <input type="checkbox"/> ASIAN |
| <input type="checkbox"/> AFRICAN AMERICAN | <input type="checkbox"/> PACIFIC ISLANDER |
| <input type="checkbox"/> CAUCASIAN | <input type="checkbox"/> WHITE/HISPANIC |
| <input type="checkbox"/> PATIENT DECLINED | <input type="checkbox"/> OTHER _____ |

NAME: _____