ID: _____

Home Visit Demographics Questionnaire

Subject:	MOTHER	BABY
Sex:	(Female)	• Male • Female
Age:	_____ years, _____ months	_____ years, _____ months
Race/ethnic background (CHOOSE ALL THAT APPLY):	1. Are you Hispanic, Latino/a or Spanish origin (One of more categories may be selected) • 1. No, not Hispanic, Latino/a, or Spanish Origin • 2. Yes, Mexican, Mexican American, Chicano/a • 3. Yes, Puerto Rican • 4. Yes, Cuban • 5. Yes, Another Hispanic, Latino/a or Spanish origin 2. What is your race? (Choose all that apply) • 1. White • 2. Black or African American • 3. American Indian or Alaska Native • 4. Asian Indian • 5. Chinese • 6. Filipino • 7. Japanese • 8. Korean • 9. Vietnamese • 10. Other Asian • 11. Native Hawaiian • 12. Guamanian or Chamorro • 13. Samoan • 14. Other Pacific Islander	1. Are you Hispanic, Latino/a or Spanish origin (One of more categories may be selected) • 1. No, not Hispanic, Latino/a, or Spanish Origin • 2. Yes, Mexican, Mexican American, Chicano/a • 3. Yes, Puerto Rican • 4. Yes, Cuban • 5. Yes, Another Hispanic, Latino/a or Spanish origin 2. What is your race? (Choose all that apply) • 1. White • 2. Black or African American • 3. American Indian or Alaska Native • 4. Asian Indian • 5. Chinese • 6. Filipino • 7. Japanese • 8. Korean • 9. Vietnamese • 10. Other Asian • 11. Native Hawaiian • 12. Guamanian or Chamorro • 13. Samoan • 14. Other Pacific Islander

Thank you very much!