1. AGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. GENDER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Do you identify yourself as Hispanic or Latino?
4. Yes, Hispanic or Latino
5. No, Not of Hispanic or Latino Origin
6. Refused
7. Which of these groups best identifies your race? (Please select all that apply)
8. American Indian or Alaska Native
9. Asian
10. Black or African-American
11. Native Hawaiian or Other Pacific Islander
12. White/Caucasian
13. Refuse to answer
14. EMPLOYMENT STATUS ( please circle the answer that best describes you):
15. Employed full-time
16. Employed part-time
17. Not currently employed
18. Retired
19. Student
20. What type of SCD have you been diagnosed with? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
21. Do you receive care at a Comprehensive SCD Center( please circle the answer that best describes you?
22. Yes
23. No