

Demographic Information Sheet

1. AGE: _____

2. GENDER: _____

3. Do you identify yourself as Hispanic or Latino?
 - A. Yes, Hispanic or Latino
 - B. No, Not of Hispanic or Latino Origin
 - C. Refused

4. Which of these groups best identifies your race? (Please select all that apply)
 - A. American Indian or Alaska Native
 - B. Asian
 - C. Black or African-American
 - D. Native Hawaiian or Other Pacific Islander
 - E. White/Caucasian
 - F. Refuse to answer

5. EMPLOYMENT STATUS (please circle the answer that best describes you):
 - A. Employed full-time
 - B. Employed part-time
 - C. Not currently employed
 - D. Retired
 - E. Student

6. What type of SCD have you been diagnosed with?

7. Do you receive care at a Comprehensive SCD Center(please circle the answer that best describes you?)

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A. Yes

B. No