

Appendix D
Medicare Beneficiaries and Family Members Demographic Survey

**Centers for Medicare and Medicaid Services
American Indian and Alaska Native Transportation Barriers**

Medicare Beneficiaries and Family Members Demographic Survey

Please answer all of the following questions by circling the number that corresponds to the correct answer or by filling in the appropriate blank.

01. Please indicate your gender.

- 1 Male
- 2 Female

02a. What is the month and year of your birth?

____ MONTH 19 ____ YEAR

02b. If you do not know the month and year of your birth, please enter your approximate age.

____ years

03. What is/are your tribal affiliation(s)? _____

04. What is your ZIP code? _____

05. How many years of school have you completed?

____ YEARS **Please read the following options and enter the appropriate code; see below.**

- 00 = 00 to less than 1 year
- 01 = 01-04 years
- 02 = 05-08 years
- 03 = 09-12 years (no high school diploma)
- 04 = high school diploma or GED
- 05 = Attended, but did not complete college or university
- 06 = College degree or more

05b. Did you attend a trade school or receive other specialized training?

- 1 Yes
- 2 No

06. What is your employment status?

- | | |
|-----------------------|-------------|
| 1 Full-time employed | 5 Homemaker |
| 2 Part-time employed | 6 Retired |
| 3 Self-employed | 7 Disabled |
| 4 Seasonally employed | |