

**Appendix D**  
**Medicare Beneficiaries and Family Members Demographic Survey**

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

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*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 |             |