

## 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