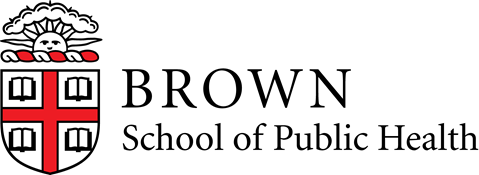
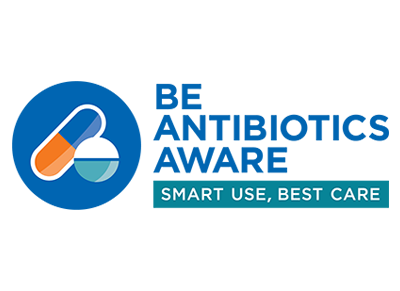
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**CENTER FOR LONG-TERM CARE   
 QUALITY & INNOVATION**





**Sponsored by The Centers for Disease Control and Prevention (CDC)**

**PROJECT TITLE:** Core Elements of Antimicrobial Stewardship in Nursing Homes

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# Prescriber Assessment

You received this needs assessment based on your affiliation with [nursing home corporation] and your credentials to prescribe. For this assessment, please consider residents to include all individuals for whom you are credentialed to prescribe and:

1) Which receive care in a Skilled Nursing Center or Long-term Care Center, and

2) Whose health information is reportable to the Centers for Medicare & Medicaid Services (CMS).

Please take a few minutes to provide some information about yourself and your experiences with prescribing. Thank you for your participation.

Deciding to Start: Antibiotics

This section is about you, the prescriber, and your perceptions about antibiotic prescribing.

### **In the past month**, how many antibiotic prescriptions did you write for residents at this [center]: (number of prescriptions)

|  |  |  |  |
| --- | --- | --- | --- |
| 0  prescriptions | 1-2  prescriptions | 3-4  prescriptions | 5+  prescriptions |
|  |  |  |  |

### How **frequently do you encounter** each of the following conditions at this [center]:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never | Rarely | Sometimes | Often | Always |
| 1. Suspected Urinary Tract Infection |  |  |  |  |  |
| 1. Suspected Upper Respiratory Infection |  |  |  |  |  |
| 1. Suspected Lower Respiratory Infection |  |  |  |  |  |
| 1. Suspected Skin or Soft Tissue Infection |  |  |  |  |  |

When considering the following two questions:

* **Medical necessity** refers to the use of antibiotics only in the case of bacterial infection.
* The determination of bacterial infection can be based on **physical assessment or examination of the resident, documented signs and symptoms, culture results or diagnostic test results**.

### How **confident are you in your ability to distinguish between the two conditions presented**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not at all** confident | **Not very** confident | **Somewhat** confidant | **Very** Confident | **Extremely** confident |
| 1. Asymptomatic bacteriuria   Vs.  Symptomatic Urinary Tract Infection |  |  |  |  |  |
| 1. Viral sinusitis   Vs.  Bacterial sinusitis |  |  |  |  |  |
| 1. Viral Lower Respiratory Infection   Vs.  Bacterial Pneumonia |  |  |  |  |  |
| 1. Colonized wound   Vs.  infected wound |  |  |  |  |  |

### How frequently do **you perform** each of the following: (select one)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Never** | **Rarely** | **Sometimes** | **Often** | **Always** |
| 1. Prescribe **antibiotics as** **prophylaxis** for urinary tract infection (UTI) |  |  |  |  |  |
| 1. **Wait for results of a urine culture before** prescribing antibiotics for UTI |  |  |  |  |  |
| 1. **Prescribe an antibiotic** **just in case** there is an infection |  |  |  |  |  |
| 1. Delay antibiotic therapy and **Monitor symptoms** |  |  |  |  |  |
| 1. Delay antibiotic therapy and **Provide supportive therapy** (e.g., hydration) |  |  |  |  |  |
| 1. **Review site-specific definitions** of infection (revised McGeer criteria) or minimum prescribing criteria (Loeb’s criteria) |  |  |  |  |  |
| 1. **Use order sets** for prescribing antibiotics |  |  |  |  |  |
| 1. Use **order sets** that include **non-pharmacologic** orders |  |  |  |  |  |

### When **you** **are not the one to personally identify a change** in condition for a resident, how often do the follow situations occur regarding a change in condition?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Never** | **Rarely** | **Sometimes** | **Often** | **Always** |
| 1. I am notifiedby the **resident or a family member** of the resident. |  |  |  |  |  |
| 1. I am **present** at the center and am notified of a change in condition by **nursing staff.** |  |  |  |  |  |
| 1. I am **not** **present** at the center and am notified of a change in condition by **nursing staff.** |  |  |  |  |  |

### For each item below, indicate how **frequently**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Never** | **Rarely** | **Sometimes** | **Often** | **Always** |
| 1. You are physically present at the skilled nursing center when a **change in condition is identified**. |  |  |  |  |  |
| 1. You are **familiar** with the resident for whom you are prescribing an antibiotic. |  |  |  |  |  |
| 1. **Nursing staff** performs a physical assessment prior to starting an antibiotic. |  |  |  |  |  |
| 1. **You** perform an exam prior to your prescribing an antibiotic. |  |  |  |  |  |
| 1. You have **sufficient clinical information** to confidently start an antibiotic. |  |  |  |  |  |
| 1. Lab results or other relevant objective **data are available prior** making an antibiotic prescribing decision. |  |  |  |  |  |

Selecting an appropriate antibiotic: diagnosed bacterial infection

For the following questions, please think about your experiences selecting and prescribing an antibiotic regimen for your residents.

### How **confident are you in your ability to appropriately select** an antibiotic for the following conditions: (select)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not at all confident | Not very confident | Somewhat confidant | Very Confident | Extremely confident |
| 1. Symptomatic Urinary Tract Infection |  |  |  |  |  |
| 1. Diagnosed bacterial sinusitis |  |  |  |  |  |
| 1. Diagnosed bacterial pneumonia |  |  |  |  |  |
| 1. Cellulitis or infected wound |  |  |  |  |  |

### For each of the following tasks, how **confident are you in your ability to perform** each task relating to prescribing an antibiotic:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not at all** confident | **Not very** confident | **Somewhat** confidant | **Very** Confident | **Extremely** confident |
| 1. Choosing an **appropriate antibiotic** for a given site of infection |  |  |  |  |  |
| 1. Choosing an **appropriate** **antibiotic** **dose** |  |  |  |  |  |
| 1. Choosing the correct **dosing interval** (e.g., daily or twice daily) |  |  |  |  |  |
| 1. Choosing an appropriate **length of therapy** |  |  |  |  |  |
| 1. Choosing the **correct antibiotic based on resident factors** (e.g., age, weight, renal function, allergies, drug interactions, contraindications) |  |  |  |  |  |
| 1. Using **culture results** to inform your prescribing decision |  |  |  |  |  |
| 1. Reading Nursing Center specific **antibiograms,** when they are available, to inform your prescribing decision. |  |  |  |  |  |

Influence of nurses

The following questions ask about your perceptions of the influence the nurse staff have on antibiotic prescriptions.

### For the following question, consider the situation where:

*“You receive a phone call from a nurse at a nursing center. Your resident is experiencing isolated behavioral change, and is without fever or localizing symptoms.”*

Thinking of **your experiences** at [center] how frequently do the following occur:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never | Rarely | Sometimes | Often | Always |
| 1. Nurse provides **thorough assessment** |  |  |  |  |  |
| 1. Nurse communicates details **without prompting** |  |  |  |  |  |
| 1. Nurse provides **sufficient information** to determine if an antibiotic is needed |  |  |  |  |  |
| 1. Nurse requests **diagnostic testing** of resident for presumed infection |  |  |  |  |  |
| 1. Nurse **requests an antibiotic** for a resident |  |  |  |  |  |
| 1. **You trust** the nurse’s assessment |  |  |  |  |  |
| 1. **You comply** with the nurse’s requests for diagnostic testing |  |  |  |  |  |
| 1. **You comply** with the nurse’s request for an antibiotic and prescribe the antibiotic |  |  |  |  |  |

1. For each item below, please indicate **how important** you feel it is to a productive collaboration with nursing staff (choose one answer):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not at all** important | **Not very** important | **Somewhat** important | **Very** important | **Extremely** important |
| 1. Acknowledging the role of nurses in Skilled Nursing Centers |  |  |  |  |  |
| 1. Seeking contributions from nurses regarding antibiotic prescribing |  |  |  |  |  |
| 1. Addressing misconceptions about the roles when I observe them. |  |  |  |  |  |
| 1. Respecting the expertise and unique contributions of nursing staff |  |  |  |  |  |
| 1. Identifying overlapping professional skills that I share with nursing staff |  |  |  |  |  |
| 1. Valuing the benefits of a collaborative experience with nursing staff |  |  |  |  |  |

Influence of family and caregivers

### For the following question, please think about the following situation:

*“Your resident has experienced a change in condition. You have been notified by nursing staff, and you are still considering whether or not to start an antibiotic.”*

In reference to the decision to prescribe an antibiotic, how frequently do the following occur at [center]?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never | Rarely | Sometimes | Often | Always |
| 1. A **family member or caregiver contacts** you to discuss the change in condition |  |  |  |  |  |
| 1. Nursing staff informs you a family member or caregiverwouldlike to **discuss the change in condition** with you. |  |  |  |  |  |
| 1. A family member or caregiver **asks you to prescribe an antibiotic in response to a non-specific change in condition**. |  |  |  |  |  |
| 1. A family member or caregiver asks you to **avoid using antibiotics** in response to a non-specific change in condition. |  |  |  |  |  |
| 1. A family member or caregiver **asks you to assess the resident** in person. |  |  |  |  |  |

### For the following question, please think about the following situation:

*“Your resident has experienced a change in condition. A family member or caregiver has contacted you to discuss starting an antibiotic in response to a change in condition.”*

In reference to the discussion with the family member or caregiver, how frequently do the following occur at [center]?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never | Rarely | Sometimes | Often | Always |
| 1. Educate him/her on the **importance of using an antibiotic only when an infection is bacterial**, not viral. |  |  |  |  |  |
| 1. Educate him/her on the possibility that **other health conditions may resemble a bacterial infection**. |  |  |  |  |  |
| 1. Educate him/her of the **risks of using antibiotics** (for example, *C. difficile* infection or antimicrobial resistance). |  |  |  |  |  |
| 1. **Prescribe an antibiotic because a family member or caregiver has requested it**, though you are not certain the antibiotic is needed. |  |  |  |  |  |

### In your opinion, how important are each of the following when deciding to prescribe an antibiotic or not? (select one)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not at all** important | **Not very** important | **Somewhat** important | **Very** important | **Extremely** important |
| 1. Consider the requests of family members or caregivers. |  |  |  |  |  |
| 1. Counsel the family about appropriate antibiotic prescribing. |  |  |  |  |  |
| 1. Involve family members and caregivers in antibiotic decision making, even if they do not initiate contact. |  |  |  |  |  |

### For each of the following tasks, how **confident are you in your ability to discuss antibiotic use** witha resident’s family member or caregiver?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not at all** confident | **Not very** confident | **Somewhat** confidant | **Very** Confident | **Extremely** confident |
| 1. Educating a family member or caregiver on the risks of unnecessary antibiotic use. |  |  |  |  |  |
| 1. Discussing the process of diagnosing a bacterial infection with a family member or caregiver. |  |  |  |  |  |
| 1. Discussing the process of monitoring a resident whose change in condition does not clearly indicate a bacterial infection. |  |  |  |  |  |
| 1. Discussing the process of choosing an appropriate antibiotic for a diagnosed bacterial infection. |  |  |  |  |  |

Cross-covering prescribers

The following questions focus on the role of cross-covering prescribers in prescribing antibiotics

### **In the past month, how many antibiotic prescriptions were started one of your residents by a cross-covering prescriber at [center]?** (select one)

|  |  |  |  |
| --- | --- | --- | --- |
| 0  prescriptions | 1-2  prescriptions | 3-4  prescriptions | 5+  prescriptions |
|  |  |  |  |

### Thinking about your experiences at [center], **where are your residents** when they are started on an antibiotic? (select all that apply)

Skilled nursing center where they reside

Outpatient clinic

Urgent care

Emergency department (not admitted to inpatient)

Hospital stay (inpatient or observation stay)

### For the following question, please think about the following situation:

*“Your resident is started on antibiotics by a covering prescriber. This prescriber can be a cross-covering prescriber or an Emergency Department prescriber.”*

In reference to the antibiotic **prescribed by the covering prescriber**, how frequently do the following occur at [center]?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never | Rarely | Sometimes | Often | Always |
| 1. You are **unsure why your resident was started** on the antibiotic. |  |  |  |  |  |
| 1. You **change the antibiotic** that was prescribed. |  |  |  |  |  |
| 1. You **change the antibiotic dose** that was prescribed. |  |  |  |  |  |
| 1. You **change the duration** the antibiotic was prescribed. |  |  |  |  |  |
| 1. You **discontinue the antibiotic** prescribed. |  |  |  |  |  |

Nursing Center Influence

The following questions focus on your experiences and perceptions at [center]

### How often does [center] **provide feedback** to you on your use of antibiotics? (Select one)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Never | Once a year | Twice a year | Quarterly | Monthly |
|  |  |  |  |  |

### **Appropriate antibiotic prescribing** refers to a comprehensive approach to antibiotic prescribing. This approach includes:

1) Using antibiotics only for bacterial infections,

2) Selecting an antibiotic that matches the infection site or bacterial pathogen,

3) Selecting the an appropriate antibiotic dose and duration, and

4) Re-evaluating the resident after an antibiotic has been started.

Below is a list of policies or activities that could be implemented to improve appropriate antibiotic use at Skilled Nursing Centers. Each item may affect one or more components of appropriate antibiotic use.

### How impactful would each of the following be at improving appropriate antibiotic use at [center]?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not at all** impactful | **Not very** impactful | **Somewhat** impactful | **Very** impactful | **Extremely** Impactful |
| 1. Nursing center specific antibiotic diagnosing **guidelines** |  |  |  |  |  |
| 1. Minimum antibiotic prescribing **guidelines** |  |  |  |  |  |
| 1. **Computer-assisted** order entry |  |  |  |  |  |
| 1. Nursing center specific **antibiogram** |  |  |  |  |  |
| 1. Pharmacist review of **antibiotic choice** |  |  |  |  |  |
| 1. Pharmacist review of **antibiotic dose and duration** |  |  |  |  |  |
|  | **Not at all** impactful | **Not very** impactful | **Somewhat** impactful | **Very** impactful | **Extremely** Impactful |
| 1. Pharmacist review of **culture and sensitivity results** |  |  |  |  |  |
| 1. Access to resident **culture data** at time of antibiotic prescribing |  |  |  |  |  |
| 1. Thorough **nurse assessment** of resident |  |  |  |  |  |
| 1. **Clear communication** of resident change in condition from nurse |  |  |  |  |  |
| 1. **Condition-specific, protocol-driven antibiotic prescribing recommendation** from nurse |  |  |  |  |  |
| 1. **Timely notification** of updates or changes in resident condition |  |  |  |  |  |
| 1. Annual **staff influenza immunization** |  |  |  |  |  |
| 1. **Policies restricting or eliminating** antibiotic starts overnight |  |  |  |  |  |
| 1. **Limiting choice of antibiotics** **on units** to antibiogram susceptible antibiotics |  |  |  |  |  |
| 1. **Developing a formulary** based on the Nursing Center antibiogram |  |  |  |  |  |

Post-prescribing Optimization

For the following questions please think about what happens after a resident is prescribed an antibiotic.

### In the past month, at [center], **how many antibiotic prescriptions did you review for appropriateness** after it was started**?** Please include reviews you performed on antibiotics prescribed by a cross-covering prescriber. (select one)

|  |  |  |  |
| --- | --- | --- | --- |
| 0  prescriptions | 1-2  prescriptions | 3-4  prescriptions | 5+  prescriptions |
|  |  |  |  |

### How frequently do the following occur either **by you or another staff member** (for example, nursing staff, pharmacy staff, or other prescribers) when caring for residents at [center]:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Never** | **Rarely** | **Sometimes** | **Often** | **Always** |
| 1. Residents are **re-examined** for resolution of infection-related symptoms. |  |  |  |  |  |
| 1. Antibiotic prescriptions are reviewed when **culture and sensitivity data** becomes available. |  |  |  |  |  |
| 1. Antibiotic prescriptions are reviewed when other **diagnostic test results** become available |  |  |  |  |  |

### How **important it is for you to perform** the following:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not at all important | Not very important | Somewhat important | Very Important | Extremely important |
| 1. Review an antibiotic prescription when **culture and sensitivity data** become available |  |  |  |  |  |
| 1. Switch to a narrower-spectrum antibiotic when culture and sensitivity data support this. |  |  |  |  |  |
| 1. Review other **diagnostic test** results (labs, imaging, etc.) |  |  |  |  |  |
| 1. Re-assess a resident after starting an antibiotic for **resolution of symptoms** |  |  |  |  |  |
| 1. Stopping an antibiotic upon resolution of symptoms |  |  |  |  |  |
| 1. Evaluate a resident after starting an antibiotic for **side effects** |  |  |  |  |  |
| 1. Shortening a long course of antibiotic therapy |  |  |  |  |  |

Antibiotic Stewardship

Antibiotic Stewardship interventions often focus on one or more component of antibiotic prescribing. These three components are: 1) diagnosing an infection, 2) choosing an effective antibiotic, and 3) ensuring an antibiotic is optimally prescribed as the resident’s condition progresses.

In the next three questions, please provide your opinions as they relate to components of an Antibiotic Stewardship intervention.

### In your opinion, how important is each of the following items to appropriate antibiotic use in Skilled Nursing Facilities:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not at all** important | **Not very** important | **Somewhat** important | **Very** important | **Extremely** important |
| 1. Differentiating between asymptomatic bacteriuria and symptomatic Urinary Tract Infection (UTI) |  |  |  |  |  |
| 1. Differentiating between viral Upper Respiratory Tract Infection (URTI) and bacterial sinusitis |  |  |  |  |  |
| 1. Differentiating between viral Lower Respiratory Tract Infection (LRTI) and bacterial pneumonia |  |  |  |  |  |
| 1. Differentiating wound colonization and wound infection |  |  |  |  |  |
| 1. Choosing the appropriate antibiotic for diagnosed infection |  |  |  |  |  |
| 1. Follow up of residents started on antibiotics for diagnosed infection |  |  |  |  |  |

### In your opinion, how important are **your individual prescribing practices** to the overall development of antimicrobial resistance at [center]? (select one)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not at all** important | **Not very** important | **Somewhat** important | **Very** important | **Extremely** important |
| 1. Overall use of antibiotics |  |  |  |  |  |
| 1. Using as narrow spectrum an antibiotic as possible |  |  |  |  |  |
| 1. Avoiding long courses of antibiotic therapy |  |  |  |  |  |

### In your opinion, how important are each of the **Nursing Center attributes** in antibiotic stewardship interventions?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not at all** important | **Not very** important | **Somewhat** important | **Very** important | **Extremely** important |
| 1. Leadership of Nursing center administration |  |  |  |  |  |
| 1. Quality of care provided by Nursing center staff |  |  |  |  |  |
| 1. Communication between nursing staff and me, the prescriber |  |  |  |  |  |
| 1. Effectiveness of the Infection Control Professional (ICP) |  |  |  |  |  |
| 1. On-going Pharmacist review of medications |  |  |  |  |  |

## General Provider Information

Programming note: [facility] – indicates a program instruction to insert selected facility name in this place holder.

### Do you have **prescribing privileges**? (if no, terminate survey administration)

Yes

No

The following questions pertain to your role as a prescriber.

### How many **skilled nursing centers** do you currently work in? (number of centers)

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 2 | 3 | 4+ |
|  |  |  |  |

### **How long** have you been in practice? (years)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| < 1 year | 1 – 5 years | 6 – 10 years | 11 – 15 years | 16+ years |
|  |  |  |  |  |

For the next questions, please think about the skilled nursing center affiliated with [corporation] where you work most frequently. What is the name of this center?

[Drop down menu listing all centers]

### Thinking of your **affiliation** with [facility], how long have you been working at this center: (years)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | < 1 year | 1 – 5 years | 6 – 10 years | 11 – 15 years | 16+ years |
| In your **current position?** |  |  |  |  |  |
| In **total** at this location? |  |  |  |  |  |

### Thinking about the corporation that [facility] is a part of, how would you best describe your employment status?

I am:

Employed **full-time** by this corporation.

Employed **part-time** by this corporation.

**Not at all employed** by this corporation.

### What **percentage of your professional time** do you spend at this center? (percent of total professional time)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| < 20% | 21 - 40% | 41 – 60% | 61 – 80% | 81 – 100% |
|  |  |  |  |  |

### How **frequently are you on-site** at this center? (times on-site)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Less than once** per month | **Once** per month | **Multiple times** per month | **Once** per week | **Multiple times** per week | **Daily** |
|  |  |  |  |  |  |

### **In your opinion**, how important is quality improvement to leaders at this nursing center? (select one)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Not at all** important | **Not very** important | **Somewhat** important | **Very** important | **Extremely** important |
|  |  |  |  |  |

### Does this center have a **champion for antibiotic prescription/surveillance?** (select one)

No

Yes

Unsure

### **Who is the champion** for antibiotic prescription/surveillance at this center? (If more than one, select all that apply)

We **do not** have an antibiotic prescription/surveillance champion

**or**

Administrator

Director of Nursing

Medical Director

Infection Control Staff

Nursing Staff

Pharmacist

Infectious Disease Consultant

Other

Unsure

### **In your opinion**, if [facility] was rated today what quality star rating would they receive? (select one)

1 Star

2 Stars

3 Stars

4 Stars

5 Stars

## Demographics

### What **prescribing** degrees have you attained? (Select all that apply)

D.O.

M.D.

M.P.A

N.D.

N.P.

P.A.

Pharm.D.

Other – Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### What is your **primary specialty**? (Select one)

Family Practice

Geriatrics

Hospice and/or Palliative medicine

Infectious disease

Internal medicine

Pulmonary and/or Critical care

Other - Please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

N/A

### Number of years since **graduation from medical school**? (years)

|  |  |  |  |
| --- | --- | --- | --- |
| 0 – 10 | 11 – 20 | 21 – 30 | 31+ |
|  |  |  |  |

### What is your **gender**?

Male

Female

### Which best describes your **ethnicity**?

Hispanic

Non-Hispanic

### Which of the following best describes your **race**?

American Indian or Alaska Native

Asian

Black/African American

Hawaiian/Pacific Islander

Latino

White

Multiracial

Other – Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for your time.**