

# Attachment I. Demographic Survey

Form Approved  
 OMB No: 0920-xxxx  
 Exp. Date: xx-xx-xxxx

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Site ID: \_ \_ \_ \_ \_

Thank you for agreeing to participate in this study on how AI/AN communities support health and well-being. Before we begin the conversation, we ask that you complete this survey. The information we collect in this survey will help us learn more about the people who participated in the study. The survey asks that you provide some information about yourself and your experiences. This information will be used to describe characteristics of participants. For example, from this survey we would know and will be able to report the age range for participants. We know this information is personal and private. Your answers will be kept confidential to the best of our ability. The responses that you provide will not be shared or used for any purposes other than to provide demographic information about the participants who take part in this study. You will notice that we are not asking for your name as part of the survey. When we report on the survey, we will not use your name in any way. Your responses to the survey will be stored separately from your responses in a secure location only accessible by the study team. You can choose to skip or not answer any question for any reason. You can also decide to not complete this survey and still participate in the discussion today.

A. Personal Information			
1)	What year were you born?	<input type="checkbox"/> _____ <input type="checkbox"/> I don't know <input type="checkbox"/> Prefer not to answer	
2)	What is the highest level of education you have completed?	<input type="checkbox"/> No formal education <input type="checkbox"/> Grade school <input type="checkbox"/> High school or equivalent <input type="checkbox"/> 2-year junior or community college <input type="checkbox"/> Vocational, business, or trade school <input type="checkbox"/> 4-year college or university <input type="checkbox"/> Graduate or professional school <input type="checkbox"/> I don't know <input type="checkbox"/> Prefer not to answer	
3a)	What is your best estimate of your household's current <b>total annual income</b> from all sources before taxes? (Include money from jobs, social security, retirement income, per capita payments, unemployment payments, public or tribal assistance such as housing	[Write amount] \$ _____ <input type="checkbox"/> I don't know <input type="checkbox"/> Prefer not to answer	If you wrote in an amount, please skip to question 4).

	supplements and so forth. Also include income from interest, dividends, net income from business, farm, or rent and any other money income).		
3b)	If you responded to item 3a with “I don’t know” or “Prefer not to answer,” please indicate the range that best estimates your household’s total annual income.	<input type="checkbox"/> Less than \$20,000 <input type="checkbox"/> \$20,001 to \$30,000 <input type="checkbox"/> \$30,001 to \$40,000 <input type="checkbox"/> \$40,001 to 50,000 <input type="checkbox"/> \$50,001 to \$60,000 <input type="checkbox"/> \$60,001 to \$70,000 <input type="checkbox"/> \$70,001 to \$80,000 <input type="checkbox"/> \$80,001 to \$90,000 <input type="checkbox"/> \$90,001 to \$100,000 <input type="checkbox"/> \$100,000 to \$135,000 <input type="checkbox"/> Higher than \$135,000 <input type="checkbox"/> I don’t know <input type="checkbox"/> Prefer not to answer	
4)	How many people (adults and children under the age of 18) currently live in your household?	[Write number]____ ____ <input type="checkbox"/> Prefer not to answer	
5)	If you have children living in your home who attend childcare or school, is your household eligible for free or reduced lunch?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don’t know <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> N/A	
6)	What sex were you assigned at birth, on your original birth certificate?	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I don’t know <input type="checkbox"/> Prefer not to answer	
7)	Do you currently describe yourself as male, female, or transgender?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Two-spirit or other tribally- or culturally-specific term <input type="checkbox"/> Other <input type="checkbox"/> I don’t know <input type="checkbox"/> Prefer not to answer	
8)	Which of the following options best describes your ethnicity?	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I don’t know <input type="checkbox"/> Prefer not to answer	
9)	Which categories or category best describe your race? Check all that apply.	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> I don’t know <input type="checkbox"/> Prefer not to answer	If you DID NOT select American Indian or Alaska Native, please skip to question 15

10)	How many tribal nations do you identify with?	<input type="checkbox"/> One tribe <input type="checkbox"/> Two tribes <input type="checkbox"/> Three or more tribes <input type="checkbox"/> I don't know <input type="checkbox"/> Prefer not to answer	
11)	Which is the main tribe you identify with? List name of tribe.	<input type="checkbox"/> List: _____	
12)	Which is the second tribe you identify with? List name of tribe.	<input type="checkbox"/> List: _____	Answer only if you selected Two tribes or Three Tribes in question 10
13)	Are you enrolled in any tribal nation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/> Prefer not to answer	
14)	In which tribal nation are you enrolled? List name of tribal nation.	<input type="checkbox"/> List: _____	Answer only if you selected Yes in question 13
15)	Would you say your health is excellent, very good, good, fair, or poor?	<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> I don't know <input type="checkbox"/> Prefer not to answer	

**Thank You**