

Attachment I. Demographic Survey

Form Approved
 OMB No: 0920-1351
 Exp. Date: 10-31-2024

Public Reporting burden of this collection of information is estimated at 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NW, MS D-74, Atlanta, GA 30333; Attn: PRA (0920-1351).

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 total annual income from all sources before taxes? (Include money from jobs, social security, retirement income, per capita payments, unemployment payments, public or	[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).

	tribal assistance such as housing 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	
Revised 7)	What is the gender identity you best identify with?	<input type="checkbox"/> _____ <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	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian	If you DID NOT select American Indian or Alaska

	apply.	<input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <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	Native, please skip to question 15
Revised 9)	In your own words, if you could describe your race or origin in any way you wanted, how would you describe yourself?	<input type="checkbox"/> _____ <input type="checkbox"/> Prefer not to answer	
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 the name of tribe.	<input type="checkbox"/> List: _____	
Revised 11)	What tribe(s) do you identify with? List names of tribe(s).	<input type="checkbox"/> List: _____ <input type="checkbox"/> Prefer not to answer	
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	
Revised 15)	In the last two weeks, would you say your physical health was excellent, very good, good, fair, or poor (in the way you understand it)?	<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	

Revised	In the last two weeks, would you say your emotional health was 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	
Revised	In the last two weeks, would you say your cultural and spiritual health was 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