

Comprehensive Sickle Cell Centers	NIH Ethnicity/Race	CSCC ID: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Site: <input type="text"/> <input type="text"/> <input type="text"/>
Epidemiology NIHQ Priapism	Interview Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <small>INTDT Day INTMO Month INTYR Year</small>	Identifier acrostic: _____ <small>(for internal use only)</small> Form completed by: <input type="text"/> <input type="text"/> <input type="text"/> <small>INTINIT</small>

Read the following statement and ask the 2 questions of the patient/parent/guardian AT THE END OF THE SURVEY. Read all of the choices before accepting an answer.

Mark the open circle to the left of the question number if the patient declines to answer that question.

The federal government requires that the following questions are asked of all people taking part in a study. Please answer in a way that you feel best describes you.

Q1NA **ETHNIC**
 1. What is your ethnicity? Hispanic or Latino Not Hispanic or Latino

Q2NA
 2. Which of the following racial groups do you consider yourself a part of? **(check all that apply)**

- | | | |
|---|--|--|
| <input type="checkbox"/> AMERIND
American Indian/Alaska Native | <input type="checkbox"/> ASIAN
Asian | <input type="checkbox"/> AFRAMER
Black or African-American |
| <input type="checkbox"/> HAWAII
Native Hawaiian or other Pacific Islander | <input type="checkbox"/> WHITE
White | <input type="checkbox"/> Other, specify: RACEOTS _____ |