

Race and Ethnicity Data Collection Tool

The State of Washington, Department of Health, has requested we provide race and ethnic background on all patients. This data is collected to identify health trends or medical issues related to specific to populations. Please use this optional self-reporting form for statistical data collection.

Which category best describes your race and ethnicity?

<p>Race</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Unavailable or Unknown</p> <p><input type="checkbox"/> Declined to Answer</p>	<p>Ethnic Group</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p><input type="checkbox"/> Unavailable or Unknown</p> <p><input type="checkbox"/> Declined to Answer</p>
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Ethnic Background

<p><input type="checkbox"/> Afghani</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Alaska Native</p> <p><input type="checkbox"/> Albanian</p> <p><input type="checkbox"/> Amara/Amhara</p> <p><input type="checkbox"/> American Indian</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Australian or New Zealander Indigenous</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Bengali</p> <p><input type="checkbox"/> Bhutanese</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Bosnian</p> <p><input type="checkbox"/> Bulgarian</p> <p><input type="checkbox"/> Burmese</p> <p><input type="checkbox"/> Cambodian</p> <p><input type="checkbox"/> Canadian</p> <p><input type="checkbox"/> Central African</p> <p><input type="checkbox"/> Central American</p> <p><input type="checkbox"/> Central American Indian/Indigenous</p> <p><input type="checkbox"/> Central Asian</p> <p><input type="checkbox"/> Central European</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Costa Rican</p> <p><input type="checkbox"/> Croatian</p> <p><input type="checkbox"/> Cuban</p> <p><input type="checkbox"/> Dinka</p> <p><input type="checkbox"/> East African</p> <p><input type="checkbox"/> East European</p> <p><input type="checkbox"/> Eritrean</p> <p><input type="checkbox"/> Ethiopian</p> <p><input type="checkbox"/> European</p>	<p><input type="checkbox"/> Filipino</p> <p><input type="checkbox"/> Guatemalan</p> <p><input type="checkbox"/> Hmong</p> <p><input type="checkbox"/> Honduran</p> <p><input type="checkbox"/> Hong Kong</p> <p><input type="checkbox"/> Indian (South Asia)</p> <p><input type="checkbox"/> Indonesian</p> <p><input type="checkbox"/> Iraqi</p> <p><input type="checkbox"/> Israeli</p> <p><input type="checkbox"/> Japanese</p> <p><input type="checkbox"/> Kenyan</p> <p><input type="checkbox"/> Khmer</p> <p><input type="checkbox"/> Korean</p> <p><input type="checkbox"/> Kurdish/Kurd</p> <p><input type="checkbox"/> Laotian/Lao</p> <p><input type="checkbox"/> Latino/Hispanic</p> <p><input type="checkbox"/> Malay</p> <p><input type="checkbox"/> Mexican</p> <p><input type="checkbox"/> Mexican American/Chicano</p> <p><input type="checkbox"/> Middle Eastern/North African</p> <p><input type="checkbox"/> Mongolian</p> <p><input type="checkbox"/> Native Hawaiian/ Other Pacific Islander</p> <p><input type="checkbox"/> Nepalese/Nepali</p> <p><input type="checkbox"/> Nicaraguan</p> <p><input type="checkbox"/> North African</p> <p><input type="checkbox"/> North American</p> <p><input type="checkbox"/> Northern European</p> <p><input type="checkbox"/> Oromo</p> <p><input type="checkbox"/> Pacific Northwest Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Palestinian</p> <p><input type="checkbox"/> Panamanian</p>	<p><input type="checkbox"/> Pathan/Pashtun</p> <p><input type="checkbox"/> Persian/Iranian</p> <p><input type="checkbox"/> Polish</p> <p><input type="checkbox"/> Puerto Rican</p> <p><input type="checkbox"/> Romanian</p> <p><input type="checkbox"/> Russian</p> <p><input type="checkbox"/> Salvadoran</p> <p><input type="checkbox"/> Serbian</p> <p><input type="checkbox"/> Slovak</p> <p><input type="checkbox"/> Somali</p> <p><input type="checkbox"/> South American</p> <p><input type="checkbox"/> South American Indian/ Indigenous</p> <p><input type="checkbox"/> South African</p> <p><input type="checkbox"/> Southern European</p> <p><input type="checkbox"/> Southwest Indian</p> <p><input type="checkbox"/> Sudanese</p> <p><input type="checkbox"/> Syrian</p> <p><input type="checkbox"/> Taiwanese</p> <p><input type="checkbox"/> Thai</p> <p><input type="checkbox"/> Tibetan</p> <p><input type="checkbox"/> Tigre</p> <p><input type="checkbox"/> Turkish/Turk</p> <p><input type="checkbox"/> Ukrainian</p> <p><input type="checkbox"/> United States</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> West African</p> <p><input type="checkbox"/> West Indian/Caribbean</p> <p><input type="checkbox"/> Western European</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Unavailable or Unknown</p> <p><input type="checkbox"/> Declined to Answer</p>
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