

Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status

I and II. Race and Ethnicity

Ethnicity Data Standard	Categories
<p><i>Are you Hispanic, Latino/a, or Spanish origin (One or more categories may be selected)</i></p> <p>a. <input type="checkbox"/> <i>No, not of Hispanic, Latino/a, or Spanish origin</i></p> <p>b. <input type="checkbox"/> <i>Yes, Mexican, Mexican American, Chicano/a</i></p> <p>c. <input type="checkbox"/> <i>Yes, Puerto Rican</i></p> <p>d. <input type="checkbox"/> <i>Yes, Cuban</i></p> <p>e. <input type="checkbox"/> <i>Yes, another Hispanic, Latino, or Spanish origin</i></p>	<p>These categories roll-up to the Hispanic or Latino category of the OMB standard</p>

Race Data Standard	Categories
<p><i>What is your race? (One or more categories may be selected)</i></p> <p>a. <input type="checkbox"/> <i>White</i></p> <p>b. <input type="checkbox"/> <i>Black or African American</i></p> <p>c. <input type="checkbox"/> <i>American Indian or Alaska Native</i></p>	<p>These categories are part of the current OMB standard</p>
<p>d. <input type="checkbox"/> <i>Asian Indian</i></p> <p>e. <input type="checkbox"/> <i>Chinese</i></p> <p>f. <input type="checkbox"/> <i>Filipino</i></p> <p>g. <input type="checkbox"/> <i>Japanese</i></p> <p>h. <input type="checkbox"/> <i>Korean</i></p> <p>i. <input type="checkbox"/> <i>Vietnamese</i></p> <p>j. <input type="checkbox"/> <i>Other Asian</i></p>	<p>These categories roll-up to the Asian category of the OMB standard</p>
<p>k. <input type="checkbox"/> <i>Native Hawaiian</i></p> <p>l. <input type="checkbox"/> <i>Guamanian or Chamorro</i></p> <p>m. <input type="checkbox"/> <i>Samoan</i></p> <p>n. <input type="checkbox"/> <i>Other Pacific Islander</i></p>	<p>These categories roll-up to the Native Hawaiian or Other Pacific Islander category of the OMB standard</p>

III. Sex

Sex Data Standard

What is your sex?

- a. *Male*
- b. *Female*

IV. Primary Language

Data Standard for Primary Language

How well do you speak English? (5 years old or older)

- a. *Very well*
- b. *Well*
- c. *Not well*
- d. *Not at all*

Data Collection for Language Spoken (Optional)

1. *Do you speak a language other than English at home? (5 years old or older)*
 - a. *Yes*
 - b. *No*

For persons speaking a language other than English (answering yes to the question above):

2. *What is this language? (5 years old or older)*
 - a. *Spanish*
 - b. *Other Language (Identify)*

V. Disability Status

Data Standard for Disability Status

1. *Are you deaf or do you have serious difficulty hearing?*
 - a. *Yes*
 - b. *No*

2. *Are you blind or do you have serious difficulty seeing, even when wearing glasses?*
 - a. *Yes*
 - b. *No*

3. *Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (5 years old or older)*
 - a. *Yes*
 - b. *No*

4. *Do you have serious difficulty walking or climbing stairs? (5 years old or older)*
 - a. *Yes*
 - b. *No*

5. *Do you have difficulty dressing or bathing? (5 years old or older)*
 - a. *Yes*
 - b. *No*

6. *Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (15 years old or older)*
 - a. *Yes*
 - b. *No*