

Study ID# _____

Subject ID# _____

Date _____

1. Age _____
2. Sex _____
3. What is the highest grade or year of school completed?
____ 6 or less
____ 7-11
____ High School Grad
____ 13- 15
____ College grad
____ 17- 18 More than 18
4. Type of insurance coverage
____ Public (Medicare/Medicaid)
____ Private
____ Military
____ None
5. Do you consider yourself to be of Hispanic origin such as Mexican, Puerto Rican, Cuban or other Spanish background?
____ Yes
____ No
6. What race do you consider yourself to be?
____ White
____ African American
____ Native/Asian/Pacific/other
____ Don't know
____ Refused
7. What is your Zip code? _____
8. How far must you travel for **EMERGENCY** medical care? In answering this question think about a potential emergency such as a serious cut from broken glass. How far (**ONE WAY**) must you travel to get assistance such as stitches? Please try to be as accurate as possible when recording the distance, for example 8 city blocks or 3 3/4 miles, etc.
____ Number of Miles (one way)
____ Approximate Travel Time (One way)
9. Please describe your source of emergency care (For example: nurse practitioner, hospital, physician's office, etc.) _____
10. I would describe myself as living: (Please **CIRCLE** only **ONE** response)
 - a. On a Farm/Ranch
 - b. In a Rural Area (not a farm/ranch)
 - c. In a small rural town
 - d. In a small town
 - e. In a medium size city
 - f. In a large city
 - g. In a suburban area
 - h. In a major metropolitan area