**New Participant Demographic Form**

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| Gender | * Male * Female |
| Age | * Less than 30 * 31-49 * 50-64 * 65 and above |
| Race | * American Indian or Alaska Native * Asian or Pacific Islander * Black or African American * White or Caucasian * Bi-racial or Multi-racial * Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Ethnicity | * Hispanic * Non-Hispanic |
| Do you have any form of disability (physical or cognitive)? | * Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * No * Prefer not to Answer |
| Health Insurance | * Medicare   Plan\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * Medicaid * Private insurance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Have no insurance |
| How did you hear about this program? | * Social media * Flyers and posters * Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |