**New Participant Demographic Form**

|  |  |
| --- | --- |
| 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |