

3 OPTIONAL QUESTIONS

1. In what language would you prefer to read healthcare information? Check one only.

- | | | |
|--|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Hindi | <input type="checkbox"/> Somali |
| <input type="checkbox"/> Amharic | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Italian | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Karen | <input type="checkbox"/> Tamil |
| <input type="checkbox"/> Braille | <input type="checkbox"/> Korean | <input type="checkbox"/> Tigrinya |
| <input type="checkbox"/> Chinese (Simplified) | <input type="checkbox"/> Nepali | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Chinese (Traditional) | <input type="checkbox"/> Polish | <input type="checkbox"/> Twi |
| <input type="checkbox"/> Czech | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> Dari | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Farsi | <input type="checkbox"/> Russian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> French | <input type="checkbox"/> Serbian | |
| <input type="checkbox"/> Greek | <input type="checkbox"/> Slovak | |
| <input type="checkbox"/> Other (<i>Please specify</i>) _____ | | |
| <input type="checkbox"/> Prefer not to answer | | |
| <input type="checkbox"/> Do not know | | |

2. What is your religious or spiritual affiliation? Check one only.

- Christian Orthodox
- Protestant
- Roman Catholic
- Christian, *not included elsewhere on this list*
- I do not have a religious or spiritual affiliation
- Animism or Shamanism
- Atheism
- Baha'i Faith
- Buddhism
- Confucianism
- Hinduism
- Jainism
- Judaism
- Islam
- Native Spirituality
- Rastafarianism
- Sikhism
- Spiritual
- Unitarianism
- Pagan
- Zoroastrianism
- Other (*Please specify*) _____
- Prefer not to answer
- Do not know

3. What type of housing do you live in?

- Own Home
- Renting Home
- Boarding Home
- Correctional Facility
- Homeless/on street
- Group Home
- Shelter/Hostel
- Supportive Housing
- Other (specify): _____
- Prefer not to answer
- Do not know