

Name: _____ Age: _____ Gender: _____

Ethnic & Racial Background
(Optional)

We are required by law to keep records concerning the participant population. The purpose of this requirement is to ensure that opportunities to participate in research (and corresponding benefits) are available to both males and females and to all ethnic and racial groups. You are not required to give ethnic/racial information. You or your child's participation in this study or in future studies will not be affected by your response. If you choose to respond, all information will be kept confidential.

1. What ethnicity do you consider yourself to be? (Select one)

_____ Hispanic or Latino

_____ Not Hispanic

2. What race do you consider yourself to be? (Select all that apply)

_____ American Indian or Alaska Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian or Other Pacific Islander

_____ White

_____ Check here if you do not wish to provide any or all of the information above.

Signature

Today's Date