

Pediatric Q Generic Demographics

Record ID

Questionnaire - Metadata

Session ID

Questionnaire Started At

Questionnaire Completed At

Questionnaire Duration (seconds)

Who is completing this survey?

- ☐ Self
☐ Assistant
☐ Parent/Caregiver

Address Information

City

State/Province

Zipcode

Country

- ☐ USA
☐ Canada

Patient Demographics

What is your gender identity?

- ☐ Female gender identity
☐ Male gender identity
☐ Non-binary or genderqueer gender identity
☐ Other
☐ Prefer not to answer

If you selected "other" for gender identity, please specify:

Please specify gender identity

- ☐ Cis: same gender as the sex assigned at birth
☐ Trans

What is your sexual orientation?

- ☐ Bisexual
 - ☐ Heterosexual
 - ☐ Homosexual
 - ☐ Other (Please specify)
 - ☐ Prefer not to answer
-

If you selected "other" for sexual orientation, please specify:

Which race category best describes you? Choose all that apply

- ☐ American Indian or Alaska Native
 - ☐ Asian
 - ☐ Black or African American
 - ☐ Native Hawaiian or other Pacific Islander
 - ☐ White
 - ☐ Canadian Indigenous or Aboriginal
 - ☐ Other
 - ☐ Prefer not to answer
-

American Indian or Alaska Native

- ☐ American Indian
 - ☐ Alaska Native
-

Asian

- ☐ Asian Indian
 - ☐ Bangladeshi
 - ☐ Bhutanese
 - ☐ Burmese
 - ☐ Cambodian
 - ☐ Chinese
 - ☐ Taiwanese
 - ☐ Filipino
 - ☐ Hmong
 - ☐ Indonesian
 - ☐ Japanese
 - ☐ Korean
 - ☐ Laotian
 - ☐ Malaysian
 - ☐ Okinawan
 - ☐ Pakistani
 - ☐ Sri Lankan
 - ☐ Thai
 - ☐ Vietnamese
 - ☐ Iwo Jiman
 - ☐ Maldivian
 - ☐ Nepalese
 - ☐ Singaporean
 - ☐ Madagascar
-

Black or African American

- ☐ African American
- ☐ African
- ☐ Bahamian
- ☐ Barbadian
- ☐ Dominican
- ☐ Dominica Islander
- ☐ Haitian
- ☐ Jamaican
- ☐ Tobagoan
- ☐ Trinidadian
- ☐ West Indian

Native Hawaiian or other Pacific Islander

- ☐ Polynesian
☐ Micronesian
☐ Melanesian
☐ Other Pacific Islander

White

- ☐ European
☐ Middle Eastern Or North African
☐ Arab

Canadian Indigenous or Aboriginal

- ☐ First Nation
☐ Inuk/inuit
☐ Metis

If race not listed above, please specify:

What is your ethnic or cultural origin?

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino
☐ Prefer not to answer

Check all that apply

- ☐ Spaniard
☐ Mexican
☐ Central American
☐ South American
☐ Latin American
☐ Puerto Rican
☐ Cuban
☐ Dominican

Education

What is your highest level of education?

- ☐ No formal education
☐ Some elementary school
☐ Some secondary or high school education
☐ High School or secondary school degree complete
☐ Some college education
☐ Associate's or technical degree complete
☐ College or baccalaureate degree complete
☐ Some post-baccalaureate education
☐ Graduate or professional degree complete
☐ Doctoral or post graduate education
☐ Other
☐ Prefer not to answer

If you selected "other" level of education, please specify:

Disability Questions

Are you deaf or do you have serious difficulty hearing?

- ☐ No
☐ Yes
☐ Prefer not to answer

Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- ☐ No
☐ Yes
☐ Prefer not to answer

Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- ☐ No
☐ Yes
☐ Prefer not to answer

Do you have serious difficulty walking or climbing stairs?

- ☐ No
☐ Yes
☐ Prefer not to answer

Do you have difficulty dressing or bathing?

- ☐ No
☐ Yes
☐ Prefer not to answer