**PrimaryOne Health UDS Questionnaire**

PrimaryOne Health is funded by the Health Resources and Services Administration (HRSA) which requires that we collect the following information to evidence improvement in the health of the Nation’s underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care services.

The information provided here will be kept confidential. All data are reported in aggregate form; individual patients are not identifiable in reports to outside agencies. Let us know if you have any questions or if you need help completing this form.

**Name: Patient Number:**

**Please Circle appropriate answer below as it pertains to the Patient:**

**Do you need an interpreter?** Yes No

**Language:** English Spanish Somali Amharic Arabic French Chinese Bengali Cantonese Fulani Korean American Sign Language Other\_\_\_\_\_\_\_\_\_\_\_\_\_

**Race:** Black/African American Hispanic/Latino Somali White Asian

More Than One Race Other Pacific Islander American Indian/ Alaskan Native Native Hawaiian

Choose Not to Disclose

**Ethnicity:** Hispanic/Latino Non-Hispanic/Latino

**Sexual Orientation:** Straight (Heterosexual) Lesbian or Gay (Homosexual) Bisexual Something Else I Don’t know Choose Not to Disclose

**Gender Identity:** Female Male Transgender- Male to Female

Transgender Female to Male Other Choose Not To Disclose

**Do you live in Public Housing (CMHA)?** Yes No

**Are you a Veteran?** Yes No

**Does the Patient Encounter Transportation Barriers?** Yes No Sometimes

**Primary Means of Transportation:** I have Transportation I depend on Family/Friends

I need Transportation Assistance COTA Cab/Taxi Rideshare (Uber/Lyft)

Insurance Transportation Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_