***Patient/Family Advisory Council***

*Membership Demographics*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Age Group:** {Check age group}**Gender:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 []0-18 []19-39 []40-50 []51-64 []65-79 []80+

**Employment Status:** [] Employed []Unemployed [] Retired []other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you ever served in the Military**? []Yes []No if yes when and branch of service? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Education Level**: []Grade School []High School/GED []College []other:\_\_\_\_\_\_\_\_\_\_\_\_

**RACE:** {Check all those that apply} [ ] Bi-Racial [ ] Tri-Racial

[ ] Caucasian or White [ ] African American or Black

[ ] Asian [ ] American Indian or Alaskan Native

[ ] Pacific Islander or Hawaiian Native

[ ] Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HISPANIC/LATINO INDICATOR:** {Check one box}HISPANIC or LATINO [ ] NON-HISPANIC or NON-LATINO [ ]

**LANGUAGE SPOKEN:**

Primary Language [] English [] Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Secondary Language [] None [] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ETHNICITY:** Relating to large groups of people classed according to common racial, national, tribal, religious, linguistic, or cultural origin or background.

**Examples of Ethnicity:**

If your father came from France and your mother came from Ireland your ethnicity will be French and Irish. If your parents were both born in the United States but your great maternal grandparents were from Italy and paternal grandparents were from

Poland; your ethnicity would be Italian and Polish. ***Have you and /or your family been a patient at Heywood Hospital? []Yes []No***

*Please describe your experience: Positive [] Negative []*

*Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Revised 9.3.21bn*