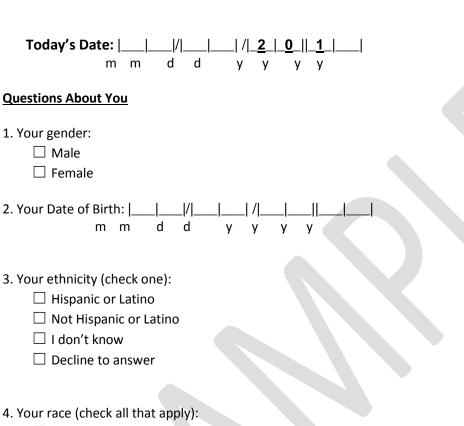




SENSITIVE TEETH STUDY Patient Demographic Form



□ American Indian or Alaska Native

🗌 Asian

- □ Black or African-American
- □ Native Hawaiian or Other Pacific Islander

🗌 White

🗌 I don't know

□ Decline to answer

5. Select the type(s) of <u>dental</u> insurance that covers your dental care (check all that apply):

□ Private insurance (e.g., commercial, HMO, etc.)

Dublic/Government insurance (e.g., Medicaid, military or veterans, etc.)

 \Box No insurance coverage

Other (please specify): _____

🗌 I don't	know
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6. Indicate your highest level of education (check one):

- \Box Less than a high school diploma
- \Box High school graduate (including equivalency, GED, etc.)
- □ Some college or Associate Degree
- □ Bachelor's Degree
- Graduate Degree (including Master's, Doctoral, etc.)
- $\hfill\square$ Decline to answer

7. Zip code where you live: _____

Thank you for completing the form!

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