Patient Demographics

1. What is your gender?
   - Male
   - Female

2. What is your year of birth?  |_ |_ |_|___|___|
   Y   Y   Y   Y

3. Are you Hispanic, Latino or Spanish origin?
   - Yes
   - No

4. Which one or more of the following would you say is your race? (check all that apply):
   - White/Caucasian
   - Black/African American
   - Asian
   - American Indian or Alaska Native
   - Native Hawaiian or Other Pacific Islander
   - Other, specify ________________

5. Do you have insurance (dental or medical) or third party coverage for any care you will receive to treat your jaw or temple problems? (check all that apply)
   - Dental insurance -----→ Go to question 5A
   - Medical insurance ----→ Go to question 5B
   - No insurance ----------→ Skip to question 6

5A. What type of dental insurance do you have?
   - Private insurance (e.g., employer sponsored, commercial, HMO, etc.)
   - Public/government insurance (Medicaid, military or veterans benefit, etc.)
   - Other, specify ________________
   - I don't know

5B. What type of medical insurance do you have?
   - Private insurance (e.g., employer sponsored, commercial, HMO, etc.)
   - Public/government insurance (Medicaid, military or veterans benefit, etc.)
   - Other, specify ________________
   - I don't know

6. What is the highest level of education that you have completed? (check one)
   - Less than a high school diploma
   - High school graduate (including equivalency, GED, etc.)
   - Some college or Associate Degree
   - Bachelor’s Degree
   - Graduate Degree (including Master’s, Doctoral, etc.)
7. What is your marital status? **(check one)**
   - Married
   - Domestic partnership
   - Divorced
   - Separated
   - Widowed
   - Single/ never married

8. What is your family’s current annual household income from all sources? **(check one)**
   - ☐ Under $20,000
   - ☐ $20,000 – 39,999
   - ☐ $40,000 - $59,999
   - ☐ $60,000 - $79,999
   - ☐ $80,000 to 99,999
   - ☐ $100,000 to 149,999
   - ☐ $150,000 or higher
   - ☐ $60,000 - $79,999
   - ☐ Decline to answer

9. Including you, how many people live in your household? ____

10. What is your zip code? |____|____|____|____|