

## 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
- Decline to answer

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

10. What is your zip code? |\_\_|\_\_|\_\_|\_\_|\_\_|