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|--|---|---|--|
| <b>1. Date Received:</b> <input type="text"/> - <input type="text"/> - <input type="text"/> (M/D/Y)<br><b>2. Reviewed By:</b> <input type="text"/>   |   | <b>- Affix label here-</b><br>Clinical Center/ID: ____ - ____ - ____<br>First Name _____ M.I. _____<br>Last Name _____  |  |
| <b>3. Contact Type:</b><br><input type="checkbox"/> <sub>1</sub> Phone <input type="checkbox"/> <sub>3</sub> Visit<br><input type="checkbox"/> <sub>2</sub> Mail <input type="checkbox"/> <sub>8</sub> Other   | <b>4. Visit Type:</b><br><input type="checkbox"/> <sub>2</sub> Semi-Annual    # <input type="text"/><br><input type="checkbox"/> <sub>3</sub> Annual    # <input type="text"/><br><input type="checkbox"/> <sub>4</sub> Non-Routine | <b>5. Form Administration</b><br><input type="checkbox"/> <sub>1</sub> Self <input type="checkbox"/> <sub>3</sub> Interview<br><input type="checkbox"/> <sub>2</sub> Group <input type="checkbox"/> <sub>4</sub> Assistance | <b>6. Language</b><br><input checked="" type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub><br>E    S |
| <b>OFFICE USE ONLY</b>   |   |   |  |
| <small>Public reporting for this collection of information is estimated to average 2 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the information needed and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0414). Do not return the completed form to this address.</small> |   |   |  |

**These questions ask about your racial/ethnic background. This information will help us describe the groups of women who are participating in the WHI. Please answer both questions. Mark the appropriate box with an “x” (☒) or write the information in the space provided.**

1. Are you Spanish/Hispanic/Latino? Mark the “No” box if **not** Spanish/Hispanic/Latino.

- ☐<sub>0</sub> No, not Spanish/Hispanic/Latino
- ☐<sub>1</sub> Yes, Puerto Rican
- ☐<sub>2</sub> Yes, Mexican, Mexican American, or Chicano
- ☐<sub>3</sub> Yes, Cuban
- ☐<sub>4</sub> Yes, other Spanish/Hispanic/Latina

(Please specify what group: \_\_\_\_\_)

**Go to the next page**

2. What is your race? **Mark one or more races** to indicate what you consider yourself to be.

- ☐<sub>1</sub> White
- ☐<sub>2</sub> Black, African-American, or Negro
- ☐<sub>3</sub> American Indian or Alaska Native  
(Please specify enrolled or principal tribe: \_\_\_\_\_)
- ☐<sub>4</sub> Asian Indian
- ☐<sub>5</sub> Chinese
- ☐<sub>6</sub> Filipino
- ☐<sub>7</sub> Japanese
- ☐<sub>8</sub> Korean
- ☐<sub>9</sub> Vietnamese
- ☐<sub>10</sub> Other Asian (Please specify race: \_\_\_\_\_)
- ☐<sub>11</sub> Native Hawaiian
- ☐<sub>12</sub> Guamanian or Chamorro
- ☐<sub>13</sub> Samoan
- ☐<sub>14</sub> Other Pacific Islander (Please specify race: \_\_\_\_\_)
- ☐<sub>15</sub> Some other race (Please specify race: \_\_\_\_\_)