



All hospitals collect information on Race and Ethnicity (ancestry)

**MOTHER'S RACE AND ETHNICITY INFORMATION**

**MOTHER'S RACE** Please mark the *one* category that *best describes* the mother's race:  
 White/Caucasian  Black  Asian/Pacific Islander  American Indian  Hispanic  Other (specify):

**MOTHER'S ANCESTRY** Please mark the *one* category that *best describes* the mother's ancestry or ethnic heritage:

**HISPANIC/LATINA**

1  Puerto Rican  
 2  Dominican  
 3  Mexican  
 4  Cuban  
 5  Colombian  
 6  Salvadoran

7  Other Central American (specify): \_\_\_\_\_  
 8  Other South American (specify): \_\_\_\_\_  
 9  Other Hispanic/Latina (specify): \_\_\_\_\_

**AFRICAN/AFRICAN AMERICAN**

29  African-American/Afro-American  
 30  Nigerian  
 31  Other African (specify): \_\_\_\_\_

**ASIAN/PACIFIC ISLANDER**

10  Chinese  
 11  Vietnamese  
 12  Cambodian  
 13  Asian Indian  
 14  Korean  
 15  Filipino  
 16  Japanese

17  Laotian  
 18  Pakistani  
 19  Thai  
 20  Hawaiian  
 21  Other Asian/Pacific Islander (specify): \_\_\_\_\_

**MIDDLE EASTERN**

32  Lebanese  
 33  Iranian  
 34  Israeli  
 35  Other Middle Eastern (specify): \_\_\_\_\_

**PORTUGUESE SPEAKING**

22  Cape Verdean  
 23  Brazilian

24  Other Portuguese (specify): \_\_\_\_\_

**AMERICAN ANCESTRY**

36  Native American/American Indian (specify tribe/affiliation): \_\_\_\_\_  
 37  American

**WEST INDIAN/CARIBBEAN ISLANDER**

25  Haitian  
 26  Jamaican  
 27  Barbadian

28  Other West Indian/Caribbean Islander (specify): \_\_\_\_\_

**EUROPEAN and OTHER ancestries**

38  European (specify): \_\_\_\_\_  
 39  Other (specify): \_\_\_\_\_

**NEWBORN'S RACE AND ETHNICITY INFORMATION**

**NEWBORN'S RACE** Please mark the *one* category that *best describes* the newborn's race:  
 White/Caucasian  Black  Asian/Pacific Islander  American Indian  Hispanic  Other (specify):

**MULTIPLE BIRTHS?**  Yes  No

**NEWBORN'S ANCESTRY** Please mark the *one* category that *best describes* the newborn's ancestry or ethnic heritage:

**HISPANIC/LATINA**

1  Puerto Rican  
 2  Dominican  
 3  Mexican  
 4  Cuban  
 5  Colombian  
 6  Salvadoran

7  Other Central American (specify): \_\_\_\_\_  
 8  Other South American (specify): \_\_\_\_\_  
 9  Other Hispanic/Latina (specify): \_\_\_\_\_

**AFRICAN/AFRICAN AMERICAN**

29  African-American/Afro-American  
 30  Nigerian  
 31  Other African (specify): \_\_\_\_\_

**ASIAN/PACIFIC ISLANDER**

10  Chinese  
 11  Vietnamese  
 12  Cambodian  
 13  Asian Indian  
 14  Korean  
 15  Filipino  
 16  Japanese

17  Laotian  
 18  Pakistani  
 19  Thai  
 20  Hawaiian  
 21  Other Asian/Pacific Islander (specify): \_\_\_\_\_

**MIDDLE EASTERN**

32  Lebanese  
 33  Iranian  
 34  Israeli  
 35  Other Middle Eastern (specify): \_\_\_\_\_

**PORTUGUESE SPEAKING**

22  Cape Verdean  
 23  Brazilian

24  Other Portuguese (specify): \_\_\_\_\_

**AMERICAN ANCESTRY**

36  Native American/American Indian (specify tribe/affiliation): \_\_\_\_\_  
 37  American

**WEST INDIAN/CARIBBEAN ISLANDER**

25  Haitian  
 26  Jamaican  
 27  Barbadian

28  Other West Indian/Caribbean Islander (specify): \_\_\_\_\_

**EUROPEAN and OTHER ancestries**

38  European (specify): \_\_\_\_\_  
 39  Other (specify): \_\_\_\_\_

In what language do you prefer to discuss health related concerns?

ENGLISH  FRENCH  FARSI  
 GERMAN  GREEK  HEBREW  
 HAITIAN CREOLE  HINDI  HMONG  
 HUNGARIAN  ITALIAN  JAPANESE  
 KOREAN  LAO  MANDARIN  
 RUSSIAN  PHILIPPINO  PORTUGUESE  
 VIETNAMESE  SPANISH  TURKISH

Other Please specify \_\_\_\_\_

Do you require an interpreter?  Yes  No