

Proposed Data Collection Standards for Race, Ethnicity, Primary Language, Sex, and Disability Status Required by Section 4302 of the Affordable Care Act

I and II. Race and Ethnicity

Proposed Data Standard for Ethnicity

Are you Hispanic, Latino, or Spanish origin

- a. *No, not of Hispanic, Latino, or Spanish origin*
- b. *Yes, Mexican, Mexican American, Chicano†*
- c. *Yes, Puerto Rican†*
- d. *Yes, Cuban†*
- e. *Yes, another Hispanic, Latino, or Spanish origin†*

These categories roll-up to the Hispanic or Latino OMB category

† These categories roll-up to the Hispanic or Latino OMB category

Proposed Data Standard for Race

What is your race? (One or more categories may be marked)

- a. *White**
- b. *Black or African American**
- c. *American Indian or Alaska Native**

- d. *Asian Indian***
- e. *Chinese***
- f. *Filipino***
- g. *Japanese***
- h. *Korean***
- i. *Vietnamese***
- j. *Other Asian***

- k. *Native Hawaiian****
- l. *Guamanian or Chamorro****
- m. *Samoan****
- n. *Other Pacific Islander****

These categories are part of the OMB standard

These categories roll-up to the Asian OMB category

These categories roll-up to the Native Hawaiian or Other Pacific Islander OMB category

* These categories are part of the OMB standard

** These categories roll-up to the Asian OMB category

*** These categories roll-up to the Native Hawaiian or Other Pacific Islander OMB category

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III. Sex

Proposed Data Standard for Sex

What is your sex?

- a. Male
- b. Female

IV. Primary Language

Proposed Data Standard for Primary Language

How well do you speak English?

- a. Very well
- b. Well
- c. Not well
- d. Not at all

Proposed Data Collection for Spoken Language

Do you speak a language other than English at home?

- Yes
- No

For persons speaking a language other than English (answering yes to the question above):

What is this language?

- Spanish
- Other Language (Identify)

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V. Disability Status

Proposed Data Standard for Disability Status

1. *Are you deaf or do you have serious difficulty hearing?*
 - a. Yes
 - b. No

2. *Are you blind or do you have serious difficulty seeing, even when wearing glasses?*
 - a. Yes
 - b. No

3. *Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (5 years old or older)*
 - a. Yes
 - b. No

4. *Do you have serious difficulty walking or climbing stairs? (5 years old or older)*
 - a. Yes
 - b. No

5. *Do you have difficulty dressing or bathing? (5 years old or older)*
 - a. Yes
 - b. No

6. *Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (15 years older or older)*
 - a. Yes
 - b. No

C.