Race and Ethnicity Data Collection Tool

The State of Washington, Department of Health, has requested we provide race and ethnic background on all patients. This data is collected to identify health trends or medical issues related to specific to populations. Please use this optional self-reporting form for statistical data collection.

Which category best describes your race and ethnicity?

RaceAmerican Indian or Alaskan NativeAsianBlack or African AmericanNative Hawaiian or Other Pacific IslanderWhiteUnavailable or UnknownDeclined to Answer	Not Hi Unava	oup nic or Latino spanic or Latino nilable or Unknown ed to Answer
Ethnic Background		
Afghani	Filipino	Pathan/Pashtun
African	Guatemalan	Persian/Iranian
Alaska Native	Hmong	Polish
Albanian	Honduran	Puerto Rican
Amara/Amhara	Hong Kong	Romanian
American Indian	Indian (South Asia)	Russian
Asian	Indonesian	Salvadoran
Australian or New Zealander Indigenous	Iraqi	Serbian
Bangladeshi	lsraeli	Slovak
Bengali	Japanese	Somali
Bhutanese	Kenyan	South American
Black or African American	Khmer	South American Indian/ Indigenous
Bosnian	Korean	South African
Bulgarian	Kurdish/Kurd	Southern European
Burmese	Laotian/Lao	Southwest Indian
Cambodian	Latino/Hispanic	Sudanese
Canadian	Malay	Syrian
Central African	Mexican	Taiwanese
Central American	Mexican American/Chic	canoThai
Central American Indian/Indigenous	Middle Eastern/North A	fricanTibetan
Central Asian	Mongolian	Tigre
Central European	Native Hawaiian/ Other	PacificTurkish/Turk
Chinese	Islander	Ukrainian
Costa Rican	Nepalese/Nepali	United States
Croatian	Nicaraguan	Vietnamese
Cuban	North African	West African
Dinka	North American	West Indian/Caribbean
East African	Northern European	Western European
East European	Oromo	0.1
Eritrean	Pacific Northwest India	
Ethiopian	Pakistani	Unavailable or Unknown
European	Palestinian	Declined to Answer
	Panamanian	