PROVIDER DEMOGRAPHICS

1. Age: _____________ (If 90 or older, use 90+)

2. Gender: ☐$_0$ Male ☐$_1$ Female

3. Race (check all that apply):

   ☐$_1$ White
   ☐$_2$ Black or African American
   ☐$_3$ Asian
   ☐$_4$ American Indian/Alaskan Native
   ☐$_5$ Pacific Islander/Native Hawaiian
   ☐$_6$ Other
   List: ________________________________

4. Ethnicity:

   ☐$_1$ Hispanic or Latino
   ☐$_0$ Not Hispanic or Latino

5. Years in practice______

6. What is the practice setting in which you spend the majority of your time?

   ☐$_1$ Academic Center
   ☐$_2$ Non-Academic Hospital
   ☐$_3$ Private Practice (group or solo)
   ☐$_4$ Community Health Center
   ☐$_5$ Nursing home or long term care facility
   ☐$_6$ ER or acute care center in academic setting
   ☐$_7$ ER or acute care center not in academic setting
   ☐$_8$ Other
   List: ________________________________

7. Profession?

   ☐$_1$ Physician
   ☐$_2$ Physician's Assistant
   ☐$_3$ Nurse/Advanced Nurse Practitioner
   ☐$_4$ Genetic Counselor
   ☐$_5$ Pharmacist
   ☐$_6$ Other
   List: ________________________________

8. What is your primary practice specialty? (*If you have more than one, please choose the one where you spend the most time.*)

   ☐$_1$ Allergy/Immunology
   ☐$_2$ Cardiology
   ☐$_3$ Dermatology
   ☐$_4$ Endocrinology/Diabetes/Metabolism
   ☐$_5$ Family Medicine
   ☐$_6$ Gastroenterology
   ☐$_7$ Geriatrics
   ☐$_8$ Internal Medicine
   ☐$_9$ Hematology/Oncology
   ☐$_{10}$ Infectious Diseases
   ☐$_{11}$ Medical Genetics
   ☐$_{12}$ Neurology
   ☐$_{13}$ Obstetrics/Gynecology
   ☐$_{14}$ Ophthalmology
   ☐$_{15}$ Pediatrics
   ☐$_{16}$ Pulmonary
   ☐$_{17}$ Psychiatry
   ☐$_{18}$ Rheumatology
   ☐$_{19}$ Surgery
   ☐$_{20}$ Other
   List: ______________________________