**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: ________________________________