



Genesis Health Agency Demographic Survey

Please assist Genesis Health Agency by filling out the brief survey below. Your answers are confidential and will guide us in better serving you. Your answers may also help bring additional resources to our operations.

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| Age: |
| Gender: |
| Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____ |
| County of Residence: |
| Number of Family Members Per Household (Including yourself): |
| How did you hear about us? <input type="checkbox"/> Social Media <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Print/Newspaper <input type="checkbox"/> Television <input type="checkbox"/> Email |

