NATIONAL AGING PROGRAM INFORMATION SYSTEMS (NAPIS) REGISTRATION FORM

Welcome! We're glad you're here. Would you help us by telling us a bit about you? Services are funded in part by the Older American Act, a federal program since 1965. Annually, we report demographics of participants. All information is confidential. We do not report personal information - only such things as age, gender, race, zip code, poverty, etc.

NAPIS Date	Volunteer	Yes	No
Section 1 - Tell us about YOU			'
Last Name First		MI	
Phone # Cell #	Date of Birth:		
Street Address City		ZIP	
Mailing Address City		ZIP	
MONTHLY HOUSEHOLD INCOME HH = 1			ary?
Contact Name	Phone #		
Child Spouse Friend Grandchild Other Family	Neighbor	Not Relate	ed
Contact Name Child Spouse Friend Grandchild Other Family	Phone #	Not Relate	ed
Section 3 - Nutritional Data - Please check all that apply			
I have an illness/condition, and have had to change the kinds (and I eat fewer than 2 meals per day. I eat few fruits, vegetables, and milk products. I have three or more drinks of beer, liquor, or wine almost every dated and I have teeth (and/or mouth) problems that make it hard for me to eat alone most of the time. I take three or more different prescribed (and/or over-the-counter) Without wanting to, I have lost or gained 10 pounds in the last six in I am not always physically able to shop, cook, and/or feed myself.	ay. at. drugs a day.	d I eat.	

Bathing	Behavior		Dressing	
Eating	Elimination/	Toileting	Mobility/Walkir	ng
Personal Hygiene/Gr	ooming Transferring	9	Food Preparat	ion
Heavy Housework	Housekeep	ing	Managing Fina	nces
Medication Managem	nent Shopping		Taking Medica	tions
Using Telephones	Using Trans	sportation		
Section 5 - Special Diet	Needs (Check all that app	ly)		
Bland	Clear Liquid	Dairy Free	Diabetic	High Calorie
High Fiber	High Protein	Kosher	Liquid	Low Calorie
Low Carbohydrate	Low Cholesterol	Low Fat	Low Fiber	Low Sodium
Low Vitamin K	Nasogastric Feeding	Renal	Soft	Supplements
Thickened Liquid	Vegan	Vegetarian	Gluten Free	Other
Mickenea Liquia	vegan	vegetanan	Giulen Free	Other
DISCLOSURE STATEME				

The following questions are asked to everyone. This is to make sure everyone receives the highest quality of services. You can answer these questions any way you want. You can always choose not to answer a question. Your answers are confidential.

Section 6 - REALD

1. How do you identify your race, ethnicity, tribal affiliation, country of orgin, or ancestry?

2. Which of the following describes your racial or ethnic identity? Please check ALL that apply.

2. Which of the following describes	your racial or ethnic identity?	riease cneck ALL that apply.
Hispanic or Latino/a/x	American Indian or Alaskan Native	Asian
Central American	American Indian	Asian Indian
Mexican	Alaska Native	Cambodian
South American	Canadian Inuit, Metis, OR	Chinese
Other Hispanic or Lantino/a/x	Indigenous Mexican, Central American, Or South American	Communities of Myanmar
Native Hawaiian and	Black and African American	Filipino/a
Pacific Islander	Black and American	Hmong
Chamoru, (Chamorro)	African American	Japanese
Marshallese	Afro-Caribbean	Korean
Communities of Micronesian	Ethiopian	Laotian
Native Hawaiian	Somali	South Asian
Samoan	Other African (Black)	Vietnamese
Other Pacific Islander	Other Black	Other Asian
White	Middle Eastern/North African	Other Categories
Eastern European	Middle Eastern	Other Please List:
Slavic	North African	
Western European		Don't know
Other White		Don't want to answer

	If you checked more than one category above, is	there	one you thir	nk of	as your pri	mary racial or	ethnic
lae	ntity?]Yes. Please circle your primary racial or ethnic identity above.		N/A I only o	chec	ked one cat	egory above	
	I do not have just one primary racial or ethnic		Don't know	,			
	identity No, I identify as Biracial or Multiracial		Don't want	to a	nswer		
4.	Language						
	a. What language or languages do you use at h						
	Skip to question 7 in	f you ir	ndicated Eng	glish	only		
	b. In what language do you want us to commun	icate ir	n person, or	the	phone, or v	virtually with yo	ou?
	c. In what language do you want us to write to y	/ou?					
5.	Interpreter						
	a. Do you need or want an interpreter for us to			youʻ	?		
	Yes		n't know				
	No		n't want to a				
	b. If you need or want an interpreter, what type						
	Spoken language interpreter		•	er fo	r Deafblind,	additional bar	rriers, or
	American Sign Language Interpreter	bo	th				
	Other (please list):	Со	ntact sign la	angu	age (PSE) i	nterpreter	
6.	How well do you speak English?						
	Very well	No	t at all				
	Well	Do	n't know				
	Not well	Do	n't want to a	answ	er/er		
Υοι	ur answers will help us identify health and	Yes	*If Yes, at	No	Don't	Don't want	Don't
	vice differences among people with and without		what age		know	to answer	know wha
	ctional difficulties. Your answers are		did this				this
cor	nfidential. (*Please write in "don't know" if you		condition				question
dor	n't know when a health change was identified, or		begin?				is asking
"Do	on't want to answer" if you don't want to answer						
	question.						
7.	Are you deaf or do you have serious difficulty hearing?						
8.	Are you blind or do you have serious difficulty						
	seeing, even when wearing glasses?						
9.	Do you have serious difficulty walking or climbing stairs?						
10.	Because of a physical, mental, or emotional						
	condition, do you have serious difficulty						
	concentrating, remembering, or making						
	decisions?						
11.	Do you have difficulty dressing or bathing?						

Aging and People with Disabilities

Man or Boy Agender/No Gender I do Non-Binary Questioning 3. Are you transgender? Yes No Not Listed/Please Specify: Don I do	or	*If Yes, at what age did this condition begin?	No	Don't know	Don't want	Don't
do things most people your age can learn? 13. Using your usual (customary) language, do you have serious difficulty communicating (example understanding or being understoo others? 14. Because of a physical, mental, or emotional condition, do you have difficulty doing errar alone such as visiting a doctor's office or shopping? 15. Do you have serious difficulty with the following: mood, intense feelings, controllin your behavior, or experiencing delusions or hallucinations? Section 7 - Sexual Orientation and Gender Id 1. Please describe you gender in any way your sexual Orientation and Gender Id 2. What is your gender (check all that apply Woman or Girl Non-Binary Don Agender/No Gender I do Non-Binary I do Non-Binary Ouestioning 3. Are you transgender? Yes Don No I do Not Listed/Please Specify: I do 4. Please describe your sexual orientation 5. How do you describe your sexual orientation 5. How do you describe your sexual orientation 5. How do you describe your sexual orientation	or	did this condition		know	40 0000000	
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