Texas Flood Registry- Demographics Survey Questions

Demographics module that is required the first time a person registers with the registry. This survey is not administered again when a registrant returns to complete additional surveys.

Background Information

Please tell us a little about yourself and your overall health condition. We ask these questions because environmental exposures affect people with different health conditions differently.

#	Condition	Question	Comments
D-010		Choose the answer that best describes your educational background. ◯ I completed 8th grade ◯ I obtained a high school diploma ◯ I obtained a GED ◯ I attended some college ◯ I obtained an Associate degree ◯ I obtained a Bachelor's degree ◯ I obtained a graduate degree (Master's, PhD)	This can change over time.
D-020	*Required*	What is your race? (Check one or more boxes.) ☐ White ☐ Black/African American ☐ American Indian/Alaska Native ☐ Asian ☐ Native Hawaiian/Pacific Islander ☐ Some other race: _____	
D-030	*Required*	Are you of Hispanic, Latino, or Spanish origin? ◯ Yes ◯ No	
D-040	*Required*	What is your gender?	This can change over time, but is treated is as an un-changing demographic.

<table>
<tr><td></td><td></td><td>○ Male
○ Female
○ Other</td><td></td></tr>
<tr><td>D-050</td><td></td><td>Which of the following statements best describes your tobacco use (including smokeless tobacco and e-cigarettes)?
○ Current user (used in the last 30 days)
○ Former user
○ Never used</td><td>This can change over time.</td></tr>
<tr><td>D-060</td><td></td><td>Compared to other persons your age, would you say your health is…
○ Excellent
○ Very good
○ Good
○ Fair
○ Poor</td><td>This can change over time.</td></tr>
<tr><td>D-070</td><td></td><td>Has a health professional ever told you that you had

<table><tr><th>Medical condition</th><th>Yes</th><th>No</th><th>Don’t remember</th></tr><tr><td>Heart disease</td><td>○</td><td>○</td><td>○</td></tr><tr><td>Hypertension</td><td>○</td><td>○</td><td>○</td></tr><tr><td>Diabetes</td><td>○</td><td>○</td><td>○</td></tr><tr><td>Asthma or other lung disease</td><td>○</td><td>○</td><td>○</td></tr><tr><td>Kidney disease</td><td>○</td><td>○</td><td>○</td></tr><tr><td>A physical disability</td><td>○</td><td>○</td><td>○</td></tr><tr><td>Cancer</td><td>○</td><td>○</td><td>○</td></tr></table></td><td>This can change over time.</td></tr>
<tr><td>D-080</td><td></td><td>What is your height: _____ feet _____ inches</td><td>Valid values for feet: integer 2 - 9
Valid values for inches: integer 0 - 11</td></tr>
<tr><td>D-090</td><td></td><td>How much do you weigh: _____ pounds</td><td>This can change over time.
Valid values: integer with max of 999</td></tr>
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