

Centers of Medicare/Medicaid Services
Meaningful Use Necessary Questions

RACE:

Check only one.

- AMERICAN INDIAN OR AK INDIAN
- ASIAN
- BLACK/AFRICAN AMERICAN
- NATIVE HAWAIIAN OR PAIS
- WHITE
- DECLINED

ETHNICITY:

Check only one:

- HISPANIC OR LATINO
- NOT HISPANIC OR LATINO
- DECLINED

SMOKING INFORMATION:

Check only one

- SMOKER CURRENT STATUS
- CURRENT EVERYDAY SMOKER
- CURRENT SOMEDAY SMOKER
- FORMER SMOKER
- NEVER SMOKED
- UNKNOWN IF EVER SMOKED
- HEAVY TOBACCO SMOKER
- LIGHT TOBACCO SMOKER