

REAL Data Collection Script and Definition

This document can be provided to staff during orientation or training on the collection of REAL data to ensure consistent screening and documentation are being collected across all points of registration. These are recommended script and suggested responses when screening patients.

Recommended Script for Patient’s Ethnicity, Race, and Language Screening

“I would like you to tell me your race and ethnic background. We use this information to review the treatment patients received and make sure everyone gets the highest quality of care.”

- *“What categories best describe your race and/or ethnicity? You can select all that apply and let us know if there are additional details.” (See race and ethnicity definitions at the end of document)*

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- White
- Declined
- Unknown
- Other



- *What language do you feel most comfortable speaking with your doctor or nurse (patient’s primary language)?*

- Provide a list of options. Consider the community you serve, for example if your community is mostly Asian, provide a list of Asian languages (i.e., Mandarin, Hindi, Japanese, etc.) along with your commonly spoken language such as English and Spanish.

Patient Response	Suggested Response	Hints	Recommended Documentation
“I’m American.”	Would you like to use an additional term, or would you like me to just put American?		American or other if specified.
“Can’t you tell by looking at me?”	Well, usually I can. But sometimes I’m wrong, so we think it is better to let people tell us. I don’t want to put in the wrong answer. I’m trained not to make any assumptions.		

Patient Response	Suggested Response	Hints	Recommended Documentation
"I don't know. What are the responses?"	You can say White, Black or African American, Latino or Hispanic, Asian American Indian or Alaska Native, Pacific Islander or Native Hawaiian, some other race, or any combination of these. You can also use more specific terms like Irish, Jamaican or Mexican.		
"I was born in Nigeria, but I've really lived here all my life. What should I say?"	That is really up to you. You can use any term you like. It is fine to say that you are Nigerian.	It's best not to ask for this information again.	
A patient returning for care with the "DECLINED" code.	DO NOT ASK AGAIN		
A patient returning for care with the "UNKNOWN" or "Unable to provide information" code.	Proceed to ask for the information per routine.		
"I'm human."	Is that your way of saying that you don't want to answer the question? If so, I can just say that you didn't want to answer.	DON'T SAY "I'll just code as a declined."	Declined
"It's none of your business."	I'll just put down that you didn't want to answer, which is fine.	DON'T SAY "I'll just code as a declined."	Declined
"Why do you care? We're all human beings."	Well, many studies from around the country have shown that a patient's race and ethnicity can influence the treatment they receive. We want to make sure this doesn't happen here, so we use this information to check and make sure that everyone gets the best care possible. If we find a problem, we fix it.	If patient still refuses, DON'T SAY "I'll just code as a declined."	Declined
"Are you saying that this has happened at _____?"	We don't know, but we want to make sure that all our patients get the best care possible.		

Patient Response	Suggested Response	Hints	Recommended Documentation
"Are you trying to find out if I'm a US citizen?"	No, definitely not. Also, please know that the confidentiality of what you say is protected by law, and we do not share this information with anyone.		

Race and Ethnicity Definitions/Categories

- **American Indian or Alaska Native:** Individuals with origins in any of the original peoples of North, Central and South America, including, for example, Navajo Nation, Blackfoot Tribe of the Blackfoot Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec and Maya.
- **Asian:** Individuals with origins in any of the original peoples of Central or East Asia, Southeast Asia or South Asia, including, for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean and Japanese.
- **Black or African American:** Individuals with origins in any of the Black racial groups of Africa, including, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian and Somali.
- **Hispanic or Latino:** Includes individuals of Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan and other Central or South American or Spanish culture or origin.
- **Middle Eastern or North African:** Individuals with origins in any of the original peoples of the Middle East or North Africa, including, for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi and Israeli.
- **Native Hawaiian or Pacific Islander:** Individuals with origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands, including, for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian and Marshallese.
- **White:** Individuals with origins in any of the original peoples of Europe, including, for example, English, German, Irish, Italian, Polish and Scottish.
- **Declined:** A person who is unwilling to choose/provide a race category or cannot identify themselves with one of the listed races/ethnicities.
- **Unknown/Unavailable:** Select this category if the patient is unable to physically respond, there is no available family member or caregiver to respond for the patient or if, for any reason, the demographic portion of the medical record cannot be completed.
- **Other:** A person who does not self-identify themselves with any of the listed categories.

*Adapted from: [Race and Ethnicity Data Improvement Toolkit](#)

This material was prepared by Health Quality Innovators (HQI), a Quality Innovation Network-Quality Improvement Organization (QIN-QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this document do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. 12SOW/HQI/HQIC-0783-05/07/24