**Using Lived Experience to Identify Personal Biases**

## Please check each statement that is true for you.

## This document will remain anonymous.

## None of the answers will be linked to you individually. Do not write your name on this document.

## When you are done, turn the page over in front of you. A facilitator will collect it without looking at your answers.

* I floss my teeth every day.
* I always wear my seat belt.
* I have always lived in the state of Texas.
* I have never left the United States.
* I have never left the state of Texas.
* I am the first person in my family to finish high school.
* I always knew my parents loved me.
* I have faced discrimination because of the color of my skin.
* I have feared for my safety because of the color of my skin.
* I have faced discrimination because of my gender.
* I have experienced bias from a health care provider.
* At times in my life, I have not known where my next meal would come from.
* I have been homeless.
* Someone in my family is addicted to drugs or alcohol.
* Someone in my family has a mental illness.
* I have friends or family who live in the US without documentation.
* I experienced a great deal of physical pain for a long time after giving birth to my child.
* I have taken prescription pain medicine.
* I am gay, lesbian, transgender or some other sexual minority.
* I have never used a drug that was not prescribed by my doctor.
* I have found it stressful coordinating affordable care for my children.
* I have gone into debt trying to pay off medical bills.

