

DEMOGRAPHIC INFORMATION FORM

ID NUMBER: FORM CODE: DEM VERSION: 3.0 07/08/11 VERSION: 3.0 07/08/11 SEQ #													
0a) Form Date:													
<u>Instructions:</u> This form should be completed during the participant's visit. Please read all questions exactly as written.													
This questionnaire gathers demographic information. Please select the answer that is most acc for you.	urat												
1) What is your birth year? 1a) What is your age?													
2) What is the highest grade you completed in school?													
3) What is your current marital status? Never Married													

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	5b) Which o	of the	e fol	llον	wing b	oes	t de	scri	es your Hispanic	/Latino he	eritage? (se	elect o	only one)		
	<i>heck all that a</i> Caucasian/\	<i>ppl</i> y Whit avir	y): te ng c	 ori	Cuba Mexi Puer Sout Dom More Othe If g cate	an c car to - h A inic e tha er f oth gor n a	or C n or Ricomer can c ner, ies	uba Mexican cicar or D plea wou	e original peopl	escent an descer cribe your	nt				
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	Native Hawa	aiiar	or or	Ot	ther F	aci	fic I	slan	er						
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	Participant r	efus	sed	to	answ	er.									