

## **DEMOGRAPHIC INFORMATION FORM**

ID NUMBER: FORM CODE: <b>DEM</b> VERSION: 4.0 10/23/2017  Event:
0a) Date of Collection / / 0b) Staff Code
<u>Instructions:</u> This form should be completed during the participant's clinic visit. Please read all questions exactly as written.
This questionnaire gathers demographic information. Please select the answer that is most accurate for you.
1a) What is your age?
2) What is the highest grade you completed in school?  Eighth grade or below1  Trade school or business school instead of high school2  Some high school3  High school graduate4  Trade school or business school after graduating high school5  Some college6  Received bachelor's degree7  Graduate or professional education beyond the bachelor's degree8  Graduate or professional degree9  2a) If Graduate or professional degree, please specify:  Declines to answer10
3) What is your current marital status?  Never Married1  Married/Living as Married/Living with Partner2  Widowed3  Separated4  Divorced5  Declines to answer6
4) What is your total yearly household income?  Under \$15,000 <sub>1</sub> \$15,000 - \$34,999 <sub>2</sub> \$35,000 - \$49,999 <sub>3</sub> \$50,000 - \$74,999 <sub>4</sub> \$75,000 or more <sub>5</sub> Declines to answer <sub>6</sub> END OF FORM