

DEMOGRAPHIC INFORMATION

ID NUMBER:

FORM CODE: **DEM**
 VERSION: 1.0 11/19/2024

Event: _____

0a) Date of Collection: / /

0b) Staff Code:

Instructions: This form should be completed during the participant's clinic visit. Please read all questions exactly as written.

1) What is your age? years old
NOTE: This value will populate based on the Date of Birth entered in the PID.

- 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 → **Go to 2a**
 - Declines to answer₁₀

2a) If Graduate or professional degree, please specify: _____

- 3) What is your current marital status?
- Never Married₁
 - Married/Living as Married/Living with Partner₂
 - Widowed₃
 - Separated₄
 - Divorced₅
 - Declines to answer₆

ID NUMBER:										
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4) What is your total yearly household income?

- Under \$15,000₁
- \$15,000 - \$34,999₂
- \$35,000 - \$49,999₃
- \$50,000 - \$74,999₄
- \$75,000 or more₅
- Declines to answer₆

5) Are you of Hispanic or Latino heritage?

- Not Hispanic or Latino₀ → **Go to 6**
- Hispanic or Latino (of Spanish culture or origin regardless of race)₁

5a) Which of the following best describes your Hispanic/Latino heritage?

- Central American or Central American descent₁
- Cuban or Cuban descent₂
- Mexican or Mexican descent₃
- Puerto-Rican or Puerto-Rican descent₄
- South American or South American descent₅
- Dominican or Dominican descent₆
- More than one heritage₇
- Other₈

5a1) If Other, please specify: _____

6) Which of the following categories would you use to describe yourself? (check all that apply)

	<u>No</u> ₀	<u>Yes</u> ₁
6a) Caucasian/White (a person having origins in any of the original peoples of Europe, the Middle East, or North Africa)	<input type="checkbox"/>	<input type="checkbox"/>
6b) Black or African American (a person having origins in any of the black racial groups of Africa)	<input type="checkbox"/>	<input type="checkbox"/>
6c) Asian (a person having origins in any of the original peoples of the Far East, Southeast Asia including the Philippine Islands, or the Indian subcontinent)	<input type="checkbox"/>	<input type="checkbox"/>
6d) American Indian or Alaska Native (a person having origins in any of the original peoples of North, Central, or South America, and who maintains tribal affiliations or community attachment)	<input type="checkbox"/>	<input type="checkbox"/>

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6e) **Native Hawaiian or Other Pacific Islander**
(a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

7) What was your assigned sex at birth?

- Male₁
- Female₂
- Declines to answer₃

8) Are you transgender?

- No₀
- Yes₁
- Other₂
- Declines to answer₃

8a) If Other, please specify: _____

9) What is your gender identity?

- Male₁
- Female₂
- Other₃
- Declines to answer₄

9a) If Other, please specify: _____

END OF FORM