

DEMOGRAPHIC INFORMATION FORM

ID NUMBER:

FORM CODE: DEM
VERSION: 1.0 06/24/2021

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"/> |
| 6e) Native Hawaiian or Other Pacific Islander | | |

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(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 → **Go to End**
- Yes₁
- Other₂
- Declines to answer₃ → **Go to End**

8a) If Other, please specify: _____ → **Go to End**

9) If you are transgender, what is your gender identity?

- Male₁ → **Go to End**
- Female₂ → **Go to End**
- Other₃
- Declines to answer₄ → **Go to End**

9a) If Other, please specify: _____

END OF FORM