

Site Number:
Date of Visit:
Person Completing Form:

Participant ID:
Participant Letters:

DEMOGRAPHIC INFORMATION

1. Date of birth:

___/___/___
DAY MONTH YEAR

2. Age (years):

3. Sex:

☐ Male ☐ Female

4. Ethnicity (*select one*):

☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

5. Race (*check all that apply*):

- a. ☐ American Indian or Alaskan Native
- b. ☐ Asian
- c. ☐ Black or African American
- d. ☐ Native Hawaiian or Other Pacific Islander

- e. ☐ White
- f. ☐ Unknown
- g. ☐ Declined