

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