

VA COOPERATIVE STUDY #578

Participant ID: _____ - _____

**SOURCE DOCUMENT WORKSHEET FOR
FORM 07: DEMOGRAPHICS**

To be completed by study personnel at the angiography visit via medical record review and participant interview. Once completed, this data should be entered into eDC and this form should be filed in the Participant's Study Binder.

1. What is the participant's date of birth? ____/____/____ **BrthDat**

2. What is the participant's sex? **Sex** **Blank: -1**

- Male **1**
- Female **2**

What is the participant's race? (Check all that apply. For example, if the participant is of mixed origin, you may check more than one.)

- 3. American Indian/Alaskan Native **RaceAI**
- 4. Asian **RaceAs**
- 5. Black/African American **RaceAA**
- 6. Indigenous Australian (including Aboriginal and Torres Strait Islander) **RaceAb**
- 7. Native Hawaiian/Pacific Islander/Maori **RacePI**
- 8. White/Caucasian **RaceWt**
- 9. Other **RaceOt** (10. Specify: **RaceOtS**)

For 3-8: Yes: 1 No: 2 Participant chose not to answer: 3 Blank: -1

For 9 & 10: Yes: 1 No: 2 Blank: -1

11. What is the participant's ethnicity? (Check only one) **Ethnic** **Blank: -1**

- Not Spanish, Hispanic, or Latino **1**
- Mexican, Mexican American or Chicano **2**
- Puerto Rican **3**
- Cuban **4**
- Other Spanish, Hispanic or Latino **5**
- Participant chose not to answer **6**

12. Date form completed: **F07Complete**

Signature of person completing the form: _____