

A1. Site/Study ID #: \_\_\_\_\_ / P \_\_\_\_\_

A2. Visit Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

A3. Staff Initials: \_\_\_\_\_

A5. 7.  ScreeningTo DCC 

A6. This form is to be completed by interview with the subject, subject's parent(s) or guardian(s). Please indicate below the source(s) of information for this form: **(check all that apply)**

- a.  Biological Mother DMGAA6A V2(3)    b.  Mother, not biological DMGAA6B V2(3)    c.  Biological Father DMGAA6C V2(3) .  
 d.  Father, not biological DMGAA6D V2(3)    e.  Guardian(s) DMGAA6E V2(3)    f.  Medical Record DMGAA6F V2(3)  
 g.  Subject DMGAA6G V2(3)    h.  CF/ Toronto Registry DMGAA6H V2(3)  
 i.  Other (Specify: \_\_\_\_\_ DMGAA6I V2(3) \_\_\_\_\_ DMGAA6ISP V2(300) \_\_\_\_\_)

A7. The source speaks English adequately:    DMGAA07 V2(3)    1.  Yes → Go to B1    2.  No

A8. There was an interpreter who interpreted:    DMGAA08 v2(3)    1.  Yes    2.  No

### SECTION B: SUBJECT DEMOGRAPHICS

B1. What is the subject's gender?    1.  Male    DMGAB01 V2(3)    2.  Female

B2. What is the subject's ethnicity? **(check only one)**    DMGAB02 V2(3)

1.  Hispanic, Latino, or Spanish origin  
 2.  Not Hispanic, Latino, or Spanish origin  
 55.  Don't Know  
 9.  Refused

B3. What is the subject's racial background? **(check all that apply)**

- a.  American Indian or Alaska Native DMGAB03A V2(3)  
 b.  Asian DMGAB03B V2(3)  
 c.  Black or African American DMGAB03C V2(3)  
 d.  Native Hawaiian or Other Pacific Islander DMGAB03D V2(3)  
 e.  White DMGAB03E V2(3)  
 55.  Don't Know DMGAB03F V2(3)  
 9.  Refused DMGAB03G V2(3)

Comment DMGACMMNT V2(800)