



Participant ID: \_\_\_\_\_

Participant Initials: \_\_\_\_\_

Clinical Center: \_\_\_\_\_

Site: \_\_\_\_\_

Visit Number: \_\_\_\_\_

CRF Date: \_\_\_\_\_

RC ID: \_\_\_\_\_

### DEMOGRAPHIC INFORMATION

1. What is your date of birth? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yyyy)
2. What is your gender/sex? <sub>1</sub> Male <sub>2</sub> Female <sub>98</sub> Other
3. What is your current marital status?
 

<input type="checkbox"/> <sub>1</sub> Never married	<input type="checkbox"/> <sub>4</sub> Separated
<input type="checkbox"/> <sub>2</sub> Currently married	<input type="checkbox"/> <sub>5</sub> Divorced
<input type="checkbox"/> <sub>3</sub> Domestic partner	<input type="checkbox"/> <sub>6</sub> Widowed
4. What are your current living arrangements? <sub>1</sub> Live alone <sub>2</sub> Live with others
5. What is the highest level of education that you have completed?
 

<input type="checkbox"/> <sub>1</sub> 6 <sup>th</sup> grade or less
<input type="checkbox"/> <sub>2</sub> 7 <sup>th</sup> to 12 <sup>th</sup> grade, no high school diploma
<input type="checkbox"/> <sub>3</sub> High school graduate or equivalent (e.g. GED)
<input type="checkbox"/> <sub>4</sub> Technical or vocational school degree
<input type="checkbox"/> <sub>5</sub> Some college education, but not completed degree
<input type="checkbox"/> <sub>6</sub> College graduate
<input type="checkbox"/> <sub>7</sub> Professional or graduate degree (e.g. Master's, PhD, JD, MD)
6. What do you consider yourself to be? <sub>1</sub> Hispanic or Latino <sub>2</sub> Not Hispanic or Latino
7. Using the categories below, what do you consider to be your racial background?
 

a. American Indian/Alaskan Native	<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>0</sub> No
b. Asian/Asian American	<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>0</sub> No
c. Black/African American	<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>0</sub> No
d. Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>0</sub> No
e. White/Caucasian	<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>0</sub> No
8. If **Asian/Asian American**, do you consider yourself to be.....? **(Check all that apply.)**

<input type="checkbox"/> Chinese	<input type="checkbox"/> Southeast Asian (e.g. Vietnamese, Thai, Cambodian, Laotian, Burmese)
<input type="checkbox"/> East Indian/South Asian (e.g. Indian, Pakistani)	<input type="checkbox"/> Other ( <i>Specify country:</i> _____)
<input type="checkbox"/> Japanese	<input type="checkbox"/> Don't know
<input type="checkbox"/> Filipino	
<input type="checkbox"/> Korean	
9. If **Black or African American**, do you consider yourself to be.....? **(Check all that apply.)**

<input type="checkbox"/> American	<input type="checkbox"/> Dominican
<input type="checkbox"/> African ( <i>Specify country:</i> _____)	<input type="checkbox"/> Other Caribbean Island
<input type="checkbox"/> Haitian	<input type="checkbox"/> Central/South American
<input type="checkbox"/> Jamaican	<input type="checkbox"/> Other ( <i>Specify country:</i> _____)
<input type="checkbox"/> Cuban	<input type="checkbox"/> Don't know
<input type="checkbox"/> Puerto Rican	



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### DEMOGRAPHIC INFORMATION

10. If you checked **Hispanic or Latino**, do you consider yourself to be.....? **(Check all that apply.)**

- |  |   |
|--|---|
| <input type="checkbox"/> Mexican American or Mexican | <input type="checkbox"/> Dominican                              |
| <input type="checkbox"/> Central American            | <input type="checkbox"/> Spaniard or Portuguese                 |
| <input type="checkbox"/> South American              | <input type="checkbox"/> Other ( <i>Specify country:</i> _____) |
| <input type="checkbox"/> Puerto Rican                | <input type="checkbox"/> Don't know                             |
| <input type="checkbox"/> Cuban                       |   |

11. What is your current employment status? **(Check all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Employed part-time             | <input type="checkbox"/> Permanently disabled           |
| <input type="checkbox"/> Employed full-time             | <input type="checkbox"/> Retired, not currently working |
| <input type="checkbox"/> Student                        | <input type="checkbox"/> Full-time home maker           |
| <input type="checkbox"/> Temporarily laid off/on strike | <input type="checkbox"/> Unemployed                     |
| <input type="checkbox"/> On temporary medical leave     |   |

a. If **not** currently employed, when was the last time you were employed? \_\_\_\_\_ / \_\_\_\_\_ (mm/yyyy)

12. What type of work do you/did you primarily do?

- <sub>1</sub> Professional, executive occupation, business owner
- <sub>2</sub> Manager, technical occupation
- <sub>3</sub> Clerical, sales, administrative support occupation, technician
- <sub>4</sub> Skilled labor (e.g. certified electrician, carpenter, welder)
- <sub>5</sub> Semi-skilled labor (e.g. construction help, mechanic's help)
- <sub>6</sub> Unskilled labor (e.g. porters, bell hops, manual labor)
- <sub>7</sub> Home maker
- <sub>98</sub> Other (*Specify work:* \_\_\_\_\_)

13. What is your total annual household income?

- <sub>1</sub> \$20,000 or under
- <sub>2</sub> \$20,001 – \$50,000
- <sub>3</sub> \$50,001 – \$100,000
- <sub>4</sub> More than \$100,000
- <sub>97</sub> Don't wish to answer

14. Have you been diagnosed with diabetes mellitus? <sub>1</sub> Yes <sub>0</sub> No

a. If **YES**, are you treating your diabetes mellitus with oral medications, insulin or through diet control? <sub>1</sub> Yes <sub>0</sub> No

**For Research Coordinator use only:** CRF was: <sub>1</sub> Self-administered <sub>2</sub> Interviewer-administered