



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? ₁ Male ₂ Female ₉₈ Other
3. What is your current marital status?

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

<input type="checkbox"/> ₁ 6 th grade or less
<input type="checkbox"/> ₂ 7 th to 12 th grade, no high school diploma
<input type="checkbox"/> ₃ High school graduate or equivalent (e.g. GED)
<input type="checkbox"/> ₄ Technical or vocational school degree
<input type="checkbox"/> ₅ Some college education, but not completed degree
<input type="checkbox"/> ₆ College graduate
<input type="checkbox"/> ₇ Professional or graduate degree (e.g. Master's, PhD, JD, MD)
6. What do you consider yourself to be? ₁ Hispanic or Latino ₂ 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"/> ₁ Yes	<input type="checkbox"/> ₀ No
b. Asian/Asian American	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₀ No
c. Black/African American	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₀ No
d. Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₀ No
e. White/Caucasian	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₀ 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	



Participant ID: _____

Participant Initials: _____

Clinical Center: _____

Site: _____

Visit Number: _____

CRF Date: _____

RC ID: _____

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?

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

13. What is your total annual household income?

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

14. Have you been diagnosed with diabetes mellitus? ₁ Yes ₀ No

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

For Research Coordinator use only: CRF was: ₁ Self-administered ₂ Interviewer-administered