

Entered: \_\_/\_\_/20\_\_

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

Verified: \_\_/\_\_/20\_\_

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

Patient ID \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ID

Visit: 1

For office use only.

Demographic Information (DIB) – Version: 06/15/2006 FORMV

Form Completion Date \_\_/\_\_/20\_\_ DIBDAT  
mm dd yy

Directions: Please check one answer per question, unless otherwise indicated.

1. What is your current marital status? MARI

- 1. Never married and never lived as married
- 2. Married
- 3. Living as married
- 4. Separated or lived as married but no longer living as married
- 5. Divorced
- 6. Widowed

2. What is the highest education level that you completed? EDUC

- 1. Less than seventh grade
- 2. At least seventh grade – but less than ninth grade
- 3. Some high school
- 4. High school diploma or General Equivalency Degree (GED)
- 5. Some college (at least one year)
- 6. Other post high school education
- 7. College diploma (Bachelors degree)
- 8. Graduate or professional degree

3. Are you currently a student? STUDENT

- 0. No
- 1. Yes



Skip to question 4



3.1 Are you full-time or part-time?  
STUDSTAT

- 1. Full-time
- 2. Part time

4. Have you ever been employed for pay? EMP

- 0. No
- 1. Yes



Skip to question 5

4.1 What is the primary occupation you have had for most of your working life? Since many people have more than one job at a given time, we would like to know about the job that is/was your primary source of income.

Job Title: EMPS \_\_\_\_\_

(Nam-Powers Code in QxQ): NAMS \_\_\_\_\_ (to be completed by the LABS coordinator only)

5. What is your current employment status? **EMPSTAT**

- 1. Full-time (35 or more hours per week) for pay
- 2. Part-time for pay
- 3. Homemaker
- 4. Disabled
- 5. Leave of Absence
- 6. Unemployed
- 7. Retired
- 8. Other (Specify): **EMPSTATS**\_\_\_\_\_

6. Which of the categories below represents your Annual Household Income? **HINCOME**

- 1. less than \$25,000
- 2. \$25,000-\$49,999
- 3. \$50,000-\$74,999
- 4. \$75,000-\$99,999
- 5. \$100,000-\$199,999
- 6. \$200,000 or more

7. Which of the categories below represent your Annual Personal Income? **PINCOME**

- 1. less than \$25,000
- 2. \$25,000-\$49,999
- 3. \$50,000-\$74,999
- 4. \$75,000-\$99,999
- 5. \$100,000-\$199,999
- 6. \$200,000 or more

8. Do you have medical insurance? **MEDINS**

- 0. No
- 1. Yes

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8.1 Do you know what type? **INSTYPE**

- 0. No
- 1. Yes

↓  
*Skip to next page*

8.1.1 What type of medical insurance do you have?  
(Check "no" or "yes" to each):

- | No                       | Yes  |
|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> Medicaid HMO <b>MCAIDHMO</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> Medicaid not HMO <b>MCAID</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> Medicare HMO <b>MCAREHMO</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> Medicare Traditional <b>MCARE</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> Tricare <b>TRICARE</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> Private Insurance HMO <b>PIHMO</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> Private Insurance not HMO <b>PI</b>                                       |
| <input type="checkbox"/> | <input type="checkbox"/> Other Health Insurance <b>OTHHLTH</b><br>(Specify: <b>OTHHLTHS</b> _____) |