

SCREENING DEMOGRAPHIC

DATA SECTION	COMPLETION INSTRUCTIONS
<p>PURPOSE</p> <p>PERSON(S) RESPONSIBLE</p> <p>SOURCE(S) OF INFORMATION</p> <p>WHEN TO ADMINISTER FORM:</p>	<p>The Screening Demographic Form is a patient self-administered questionnaire that captures demographic information. This form is for site use only and is never sent to the Coordinating Center.</p> <p>Patient</p> <p>Patient</p> <p>This form is to be completed by the patient at the initial screening visit.</p>
<p>GENERAL INFORMATION</p>	<p>The Screening Demographic Form is not entered in the study database but the information from the form, excluding patient's name, is transcribed by the coordinator to the Screening Evaluation Form.</p> <p>SPECIFIC INSTRUCTIONS:</p> <p><u>Name</u>: Record the patient's name.</p> <p><u>Today's date</u>: Record the date (month/day/year) on which the patient completed the form.</p> <p><u>Gender</u>: Check the box that indicates if the patient is male or female.</p> <p><u>Date of birth</u>: Record the month, day, and year of the patient's birth. If any part of the birth date is unknown, record "Unk" in that field and complete the remaining fields.</p> <p><u>Hispanic or Latino, or Latina</u>: Defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.</p> <p>(1) Check "Yes" if the patient identifies himself/herself as Hispanic, Latino, or Latina. If not, check "No". If the patient asks for a definition, provide the definition specified above.</p> <p>(2) If Yes, mark the appropriate box that specifies origin.</p> <p>(3) If origin is not Cuban, Mexican, or Puerto Rican mark "Other" and print the place of origin.</p> <p><u>Race</u>: Check the appropriate box to indicate the race of the patient. If the patient identifies with more than one race, check all that apply. If the patient asks you to define race, use the following definitions:</p> <p><u>White or Caucasian</u>: A person having origins in any of the original peoples of Europe, the Middle East, or North America.</p> <p><u>Black or African-American</u>: A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African-American".</p> <p><u>Asian</u>: A person having origins in any of the original peoples of</p>

DATA SECTION	COMPLETION INSTRUCTIONS
	<p>the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.</p> <p><u>American Indian or Alaska Native</u>: A person having origins in any of the original peoples of North, Central, or South America, and who maintains tribal affiliations or community attachment.</p> <p><u>Native Hawaiian or Pacific Islander</u>: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p><u>Other</u>: Check this box if the patient's racial background is not listed and specify in the space provided.</p> <p>NOTE: Some patients may identify their race with a specific country, such as indicating that they are "Scottish" or "Spanish" or "Swedish". They are describing their ethnicity/origin, which should be correctly categorized as either "Hispanic, Latino, or Latina", if applicable. They should identify race as one of the six race categories listed.</p> <p>If a patient provides an ethnicity for the race, clarify the difference between race and ethnicity with the patient.</p> <p>"Ethnicity", or origin, is defined as "The heritage, nationality group, lineage, or country of birth of the person or person's parents or ancestors before their arrival in the United States".</p> <p>If after the clarification, the patient continues to insist the ethnicity is their race, record "Unk" (Unknown) for race.</p>