

Site Number:
Date of Visit:
Person Completing Form:

Participant ID:
Participant Letters:

DEMOGRAPHIC INFORMATION

1. Date of birth: / /
DAY MONTH YEAR
2. Age (years): -
3. Sex: Male Female
4. Ethnicity (*select one*):
 Hispanic or Latino Not Hispanic or Latino Unknown
5. Race (*check all that apply*):
- | | | | |
|-----------------------------|---|-----------------------------|----------|
| a. <input type="checkbox"/> | American Indian or Alaskan Native | e. <input type="checkbox"/> | White |
| b. <input type="checkbox"/> | Asian | f. <input type="checkbox"/> | Unknown |
| c. <input type="checkbox"/> | Black or African American | g. <input type="checkbox"/> | Declined |
| d. <input type="checkbox"/> | Native Hawaiian or Other Pacific Islander | | |