



SCREENING DEMOGRAPHIC

Instructions: The following questions ask about you and your background. Please record your answers in the space provided or check the box that corresponds to your response.

1. Please print your name: _____

2. Please record today's date: ____ / ____ / ____
month day year

3. Are you: Male Female

4. What is your birth date? ____ / ____ / ____
month day year

5. Do you consider yourself Hispanic, Latino, or Latina?

No

Yes



If yes, what is your Hispanic, Latino, or Latina origin?

Cuban

Mexican

Puerto Rican

Other _____

6. With what race do you most identify?

White or Caucasian

Black or African-American

Asian

American Indian or Alaska Native

Native Hawaiian or other Pacific Islander

Other _____

7. In what country were you born?

1 Continental U.S., Alaska, or Hawaii

2 Other: _____