# **DEMOGRAPHICS FORM**

## Study Name

|  |  |
| --- | --- |
| **Participant ID:** | **Date (dd/mmm/yyyy):**  **Study Visit:** |

1. **Date Informed** **Consent obtained** (dd/mmm/yyyy):
2. **Date of Birth** (dd/mmm/yyyy):
3. **Sex:**

Female

Male

Unknown *(not known, not observed, not recorded or refused)*

Undifferentiated *(A person who is born with genitalia and/or secondary sexual characteristics of indeterminate sex, or who combines features of both sexes)*

1. **Race** *(“X” ONLY one with which the participant MOST CLOSELY identifies)***:**

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

More than one race

Unknown

Not reported

Other (specify)

1. **Ethnicity** *(“X” ONLY one with which the participant MOST CLOSELY identifies)***:**

Hispanic or Latino

Not Hispanic or Latino

Unknown

Not reported

1. **Educational level** *(“X” highest level completed)***:**

Less than 9th grade

9th – 12th grade, No diploma

High School Diploma or Equivalent

Some College, No Degree

College Degree

Graduate or Professional Degree

1. **Marital status:**

Never Married

Married

Other (specify)

Separated

Divorced

Widowed

**Completed by** (Signature):

**Date** (dd/mmm/yyyy):

*Version\_November 2020*

### Demographics Form Completion Instructions

* **Date Informed Consent obtained:** Record the date participant signed the informed consent form in dd-mmm-yyyy format.
* **Date of Birth:** Record participant’s date of birth in dd-mmm-yyyy format.
* **Sex:** Select one option. Unknown can mean not known, not observed, not recorded or refused. Undifferentiated means a person who is born with genitalia and/or secondary sexual characteristics of indeterminate sex, or who combines features of both sexes.
* **Race:** Select one option with which the participant most closely identifies. If participant’s response is not listed, record in **Other (specify)**.
* **Ethnicity:** Select one option with which the participant most closely identifies.
* **Educational level (Optional):** Select one option for participant’s highest level completed.
* **Marital status (Optional):** Choose only one from the list provided. If not listed, record in **Other (specify)**.
* **Completed by:** Person who completes form signs it and records the date of his/her signature in dd-mmm-yyyy format.