

Demographics

STUDY NAME

Site Number: _____

Visit Date: ____ / ____ / 20 ____
d d m m m y y y y

Pt_ID: _____

Visit Type (circle one):

Screening

Baseline

1. Gender:

Female Male

2. Date of Birth: ____ / ____ / ____

dd mmm yyyy

3. Race ("X" ONLY one with which you MOST CLOSELY identify):

- American Indian or Alaska Native
- Asian
- Black or African-American
- Native Hawaiian or Other Pacific Islander
- White
- More than one race
- Unknown or not reported

4. Ethnicity ("X" ONLY one with which you MOST CLOSELY identify):

- Hispanic or Latino
- Not Hispanic or Latino
- Unknown or not reported

Date Informed Consent Signed:

____ / ____ / 20 ____
d d m m m y y y y

Investigator Signature: _____

____ / ____ / 20 ____
d d m m m y y y y