

Enrollment CRF

| Enrollment/Demographics   |   |
|---|---|
| Subject ID  | <i>System generated</i>   |
| Date of Birth   |   |
| Sex assigned at birth   | <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other <input type="radio"/> Not Reported  |
| Gender Identity <i>Select best response</i>   | <input type="radio"/> Man <input type="radio"/> Woman <input type="radio"/> Gender Non-Conforming <input type="radio"/> Genderqueer <input type="radio"/> Trans Woman <input type="radio"/> Trans Man <input type="radio"/> Other <input type="radio"/> Don't Know <input type="radio"/> Prefer not to answer <input type="radio"/> Not Reported  |
| Preferred Pronoun   | <input type="radio"/> He/Him/His <input type="radio"/> She/Her/Hers<br><input type="radio"/> Other (list): _____<br><input type="radio"/> Not Reported  |
| Consent Status  |   |
| Date of Informed Consent  |   |
| Relationship of consent provider to patient   | <input type="radio"/> Self <input type="radio"/> Parent <input type="radio"/> Legal Representative <input type="radio"/> Other: _____   |
| Date of Informed Assent (if under 18 or dependent adult)  |   |
| Date of Enrollment  | Auto populated with today's date but can be edited  |
| Ethnicity   | <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino<br><input type="radio"/> Not Reported   |
| Race<br><i>Check all that apply</i>   | <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White<br><input type="checkbox"/> Asian <input type="checkbox"/> Other<br><input type="checkbox"/> Black or African American <input type="checkbox"/> Unknown<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Not Reported  |
| Highest education level of Respondent / Proxy living in household (If patient is a minor or under adult care, choose best option for adult) | <input type="radio"/> None<br><input type="radio"/> Less than High School Graduate<br><input type="radio"/> High School Graduate or GED<br><input type="radio"/> Some college, no degree<br><input type="radio"/> Trade or Technical School Graduate<br><input type="radio"/> Academic Associate Degree<br><input type="radio"/> Bachelor Degree<br><input type="radio"/> Post Graduate Degree or higher<br><input type="radio"/> Unknown or not reported |
| Current Marital Status <i>Select best response</i>  | <input type="radio"/> Married/Domestic Partner <input type="radio"/> Divorced/Annulled<br><input type="radio"/> In Committed/Long-Term Relationship <input type="radio"/> Legally Separated<br><input type="radio"/> Single, Never Married <input type="radio"/> Widowed<br><input type="radio"/> Unknown or not reported   |