

FORM 01

Revision 2015-07-01-v2

Does the subject consider himself or herself to be Latino/a or of Hispanic origin?

☐ No

☐ Yes

☐ Declined to respond

CRU 1233: Social Support in Congestive Heart Failure**FORM 01**

Case Report Form: Demographics

Revision 2015-07-01-v2

Study ID 	Page 2 of 2	Form Completed By: <i>(initials)</i> _____
Date Form Completed		
 	 	
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What does the subject consider to be his or her race?

(check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> American Indian / Alaska Native | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> Asian | |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Declined to respond |
| <input type="checkbox"/> Native Hawaiian / Pacific Islander | |
| <input type="checkbox"/> White or Caucasian | |

In what type of dwelling does the subject live?

- | | |
|--|---|
| <input type="checkbox"/> Apartment or flat | <input type="checkbox"/> Single-family detached home |
| <input type="checkbox"/> Homeless shelter or halfway house | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> Condominium or town home | <input type="checkbox"/> Declined to respond |

How many people live with the subject?

(if the subject declines to respond, enter -9)

What is the ZIP code where the subject lives?

(if the subject declines to respond, enter -99999)

Entered By <i>(initial)</i> : _____	Date Entered	 	 	
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Verified By <i>(initial)</i> : _____	Date Verified	 	 	
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