CRU 1233: Social Support in Congestive Heart Failure FORM 01

Case Report Form: Demographics	Revision 2015-07-01-v2
	Form Completed By:
Date Form Completed M M D D D	Y Y Y Y
What is the subject's date of birth? Check if subject refused to answer:	M M D D Y Y Y Y
What was the subject's sex at birth?	What is the subject's gender?
Male	Male
Female	Temale
Declined to respond	Declined to respond
	Other, please specify:
What is the highest level of education completed by the subject?	
Did not attend high school	Completed four-year degree
Attended high school	Attended graduate school
Completed high school	Completed graduate degree
Completed trade or vocational sch	ool Declined to respond
Attended college or university	
Does the subject consider himself or herself to be Latino/a or of Hispanic origin?	
O No	
Yes	
Declined to respond	

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FORM 01

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Study ID Page 2 of 2	Form Completed By:	
	Y	
What does the subject consider to be his or her race? (check all that apply)		
	er, please specify:	
Asian Black or African American Dec.	lined to respond	
Native Hawaiian / Pacific Islander White or Caucasian		
In what type of dwelling does the subject live?		
	gle-family detached home er, please specify:	
Condominium or town home	er, prease specify.	
<u> </u>	lined to respond	
How many people live with the subject? (if the subject declines to respond, enter -9)	<u> </u>	
What is the ZIP code where the subject lives? (if the subject declines to respond, enter -99999)		
Entered By (initial): Date Entered	D D Y Y Y Y	
Verified By (initial): Date Verified	D D Y Y Y Y	