





Study ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Page <input type="text" value="1"/> of <input type="text" value="2"/>	Form Completed By: (initials)
 Date Form Completed <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	M M D D Y Y Y Y	

 What is the subject's date of birth?

M M D D Y Y Y Y

 Check if subject refused to answer: ☐


What was the subject's sex at birth?

 ☐ Male

☐ Female

☐ Declined to respond

What is the subject's gender?

☐ Male 


☐ Female

☐ Declined to respond

☐ Other, please specify:




What is the highest level of education completed by the subject?

 <input type="checkbox"/> Did not attend high school	<input type="checkbox"/> Completed four-year degree
<input type="checkbox"/> Attended high school	<input type="checkbox"/> Attended graduate school
<input type="checkbox"/> Completed high school	<input type="checkbox"/> Completed graduate degree
<input type="checkbox"/> Completed trade or vocational school	<input type="checkbox"/> Declined to respond
<input type="checkbox"/> Attended college or university	

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

☐ No

 ☐ Yes

☐ Declined to respond

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Date Form Completed <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span>								
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What does the subject consider to be his or her race?

*(check all that apply)*

☐

American Indian / Alaska Native

☐

Other, please specify:

☐

Asian

☐

Black or African American

☐

Declined to respond

☐

Native Hawaiian / Pacific Islander

☐

White or Caucasian

In what type of dwelling does the subject live?

☐

Apartment or flat

☐

Single-family detached home

☐

Homeless shelter or halfway house

☐

Other, please specify:

☐

Condominium or town home

☐

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> : <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span>	Date Entered	<span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span>					
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Verified By <i>(initial)</i> : <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span>	Date Verified	<span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span>					
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