

EmPhAsIS: Empowering Pharmacists in Asthma management through Interactive SMS

Study #	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
	Site Number				Participant Number	

For Pharmacy use only

Date Completed: ____/____/____
dd mm yy

Reviewed by: _____
(Please Print name)

Signature: _____

Demographics Form **(Pharmacy staff please fax to: 604-827-4014)**

For completion by Subject

Please answer the following:

1. What is your age?

- ☐ 14 - 18 ☐ 19 - 29 ☐ 30 - 49
☐ 50 - 69 ☐ 70-89 ☐ 90 years old or older ☐ prefer not to answer

2. What is your gender?

- ☐ Female ☐ Male

3. What is your marital status?

- ☐ Single ☐ Married ☐ Divorced ☐ Widow

4. Ethnicity/race (please select which group you most identify yourself with):

- ☐ Arab ☐ Caucasian/White ☐ Asian/Pacific Islander ☐ Black
☐ First Nations ☐ Hispanic/Latino ☐ Other: _____

5. Which of the following best describes the area you live in?

- ☐ Urban ☐ Suburban ☐ Rural

6. What is the highest level of education you have completed?

- ☐ Elementary/grammar school
☐ High school or equivalent
☐ Vocational/technical school
☐ Some college/university
☐ Undergraduate college/university degree
☐ Graduate or professional degree
☐ Prefer not to answer
☐ other

7. Please indicate your annual household income before taxes

- ☐ Under \$10,000 ☐ \$10,000 - \$29,999
☐ \$30,000 - \$49,999 ☐ \$50,000 - \$74,999
☐ \$75,000 - \$99,999 ☐ \$100,000 - \$150,000
☐ Over \$150,000
☐ Prefer not to answer