|  |  |
| --- | --- |
| SPONSOR | PROTOCOL |
| PI: SITE#: | SUBJECT ID: |

**DEMOGRAPHICS FORM**

1. **Sex at Birth:** Checkbox. Female Checkbox. Male
2. **Date of Birth**: / / . **Age:** \_\_\_\_\_\_\_\_\_

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1. **Race**:

Checkbox. American Indian or Alaska Native

Checkbox. Asian

Checkbox. Black or African American

Checkbox. Native Hawaiian or Other Pacific Islander

Checkbox. White

Checkbox. More than one race

Checkbox. Unknown or not reported

1. **Ethnicity**:

Checkbox. Hispanic or Latino

Checkbox. Not Hispanic or Latino

Checkbox. Unknown or not reported

Collected by: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_