# Demographics

**STUDY NAME**

**Site Number:**

**Pt\_ID:**

**Visit Date:**

/ /    .

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**Visit Type:** Checkbox. **Screening** Checkbox. **Baseline**

1. Gender: Checkbox. Female Checkbox. Male
2. Date of Birth: / / .

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1. Race (“X” ONLY one with which you MOST CLOSELY identify):

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 (“X” ONLY one with which you MOST CLOSELY identify):

Checkbox. Hispanic or Latino

Checkbox. Not Hispanic or Latino

Checkbox. Unknown or not reported

Date Informed Consent Signed: / / .

d d m m m y y y y

Investigator Signature: / / ..

d d m m m y y y y