

PATIENT DEMOGRAPHICS

1. What is your age? \_\_\_\_\_

2. Are you male or female? (circle)

Male <sub>0</sub>  
Female <sub>1</sub>

3. Which one or more of the following would you say is your race? (Please circle all that apply)

American Indian/Alaska Native <sub>1</sub>  
Asian <sub>2</sub>  
Black/African American <sub>3</sub>  
Native Hawaiian/other Pacific Islander <sub>4</sub>  
White <sub>5</sub>

4. Are you Hispanic or Latino? (circle)

Yes <sub>1</sub>  
No <sub>0</sub>

5. What is the highest grade or level of school you completed? (circle)

Less than 8 years <sub>1</sub>  
8 through 11 years <sub>2</sub>  
12 years or completed high school <sub>3</sub>  
Post-high school training other than college (vocational or technical) <sub>4</sub>  
Some college <sub>5</sub>  
College graduate <sub>6</sub>  
Postgraduate <sub>7</sub>