

**DEMOGRAPHIC AND HOUSEHOLD INFORMATION**

**PART I: IDENTIFYING INFORMATION**

1. Patient's ID Number:  ID
2. Current Clinic:  SITE
3. Patient's Letter Code:  INITS
4. Visit:  VISIT -  sequence # SEQNO
5. Form Completed Date:  -  -  VIS\_DT  
 Month Day Year

**PART II: DEMOGRAPHICS**

1. Participant's racial category(ies). **NOTE:** More than one racial category may be answered 1-Yes.
- |   |     |     |          |
|---|-----|-----|----------|
|   | Yes | No  |          |
| A. American Indian/Alaska Native          | (1) | (2) | AMINDALN |
| B. Asian                                  | (1) | (2) | ASIAN    |
| C. Native Hawaiian/Other Pacific Islander | (1) | (2) | NHWNOPIS |
| D. Black or African-American              | (1) | (2) | BLACK    |
| E. White or Caucasian                     | (1) | (2) | WHITE    |
| F. Unknown/Not Reported                   | (1) | (2) | ETHUNKN  |
| G. Other                                  | (1) | (2) | ETHOTHER |
2. Hispanic/Latino (1) (2) (3) N/A HISPANIC
3. Caribbean (1) (2) (3) CARIBBN
4. Gender Male (1) GENDER  
 Female (2)
5. How many rooms are in the patient's residence? (Not counting kitchen, bathrooms, halls, or foyers.) ROOMS  N/A (1) ROOMS\_NA
6. How many people live in the patient's household not counting the patient? N/A
- |                                 |       |   |              |
|---------------------------------|-------|---|--------------|
| A. Number of people under 18    | CHLDN | <input type="text"/> <input type="text"/> | (1) CHLDN_NA |
| B. Number of people 18 and over | ADULT | <input type="text"/> <input type="text"/> | (1) ADULT_NA |

7. Who is the patient's PRIMARY caretaker (the one who takes care of him/her most of the time)?

PRCARTKR

- Mother (1)
- Stepmother (2)
- Father (3)
- Stepfather (4)
- Adoptive mother (5)
- Adoptive father (6)
- Foster mother (7)
- Foster father (8)
- Sister(s)/Stepsister(s) (9)
- Brother(s)/Stepbrother(s) (10)
- Aunt(s)/Uncle(s) (11)
- Grandparent(s) (12)
- Other female relative(s) (13)
- Other male relative(s) (14)
- Other unrelated female(s) (15)
- Other unrelated male(s) (16)
- N/A (17)

8. What is the highest level of school that the patient's PRIMARY caretaker completed?

PCSCHOOL

- None (1)
- 4<sup>th</sup> Grade or Less (2)
- 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup> or 8<sup>th</sup> Grade (3)
- 9<sup>th</sup>, 10<sup>th</sup>, or 11<sup>th</sup> Grade (4)
- High School Diploma or Equivalent (5)
- Some College, But No Degree (6)
- Associate Degree in College (7)
- Bachelor's Degree (BA, AB, BS) (8)
- Master's Degree (MA, MS, MEng, MBA, MEd.) etc.) (9)
- Professional School Degree (MD, DDS, etc.) (10)
- Doctorate Degree (Ph.D., Ed.D.,etc.) (11)
- N/A (12)

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9.	What is the employment status of the patient's PRIMARY caretaker?		Yes	No	N/A
A.	Full-time work (35 hours week or more)	PCFTWORK	(1)	(2)	(3)
B.	Part-time work (Less than 35 hours/week)	PCPTWORK	(1)	(2)	(3)
C.	Laid off, unemployed or currently looking for work	PCUNEMPL	(1)	(2)	(3)
D.	Disabled	PCDISABL	(1)	(2)	(3)
E.	Retired	PCRETIRE	(1)	(2)	(3)
F.	Keeping house	PCKHOUSE	(1)	(2)	(3)
G.	Attending school 35 hours a week or more	PCAS35HM	(1)	(2)	(3)
H.	Attending school less than 35 hours a week	PCAS35HL	(1)	(2)	(3)
I.	Doing volunteer work	PCVRWORK	(1)	(2)	(3)
J.	Other	PCOTWORK	(1)	(2)	(3)
K.	Employed in the last 5 years?	PCEMP5YR	(1)	(2)	(3)

If not employed in last 5 years, Skip to Item 10.
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L.	What is/was the PRIMARY caretaker's main occupation? (What kind of work does she/he usually do?)	
	<u>Professional or technical</u> , for example: teacher, clergyperson, scientist, librarian, engineer or writer.	(1) <span style="color: red;">PCRTOCPN</span>
	<u>Manager or administrator (except farm)</u> , for example: school administrator, office manager, treasurer, inspector, sales manager, bank officer.	(2)
	<u>Sales worker</u> , for example: advertizing agent, sales person, sales demonstrator.	(3)
	<u>Clerical worker</u> , for example: cashier, dispatcher, file clerk, messenger, secretary.	(4)
	<u>Operative</u> , for example: assembler, dressmaker, gas station attendant, butcher, painter, bus or truck driver.	(5)
	<u>Laborer (except farm)</u> , for example: construction worker, gardener, fisherman, garbage collector.	(6)
	<u>Farm owner, tenant or manager</u>	(7)
	<u>Farm foreman or laborer</u>	(8)
	<u>Service worker</u> , for example: chambermaid, janitor, waiter, practical nurse, child care giver, hairdresser, airline attendant, firefighter, police officer.	(9)
	Other	(10)
	N/A	(11)

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10. Who is the patient's OTHER caretaker (who also takes care of him/her)? **OTHCRTKR**

- Mother (1)
- Stepmother (2)
- Father (3)
- Stepfather (4)
- Adoptive mother (5)
- Adoptive father (6)
- Foster mother (7)
- Foster father (8)
- Sister(s)/Stepsister(s) (9)
- Brother(s)/Stepbrother(s) (10)
- Aunt(s)/Uncle(s) (11)
- Grandparent(s) (12)
- Other female relative(s) (13)
- Other male relative(s) (14)
- Other unrelated female(s) (15)
- Other unrelated male(s) (16)
- No other caretaker (17)
- N/A (18)

If there is NO father or other caretaker, skip to item 13.

11. What is the highest level of school that the patient's father or OTHER caretaker completed?

**OC SCHOOL**

- None (1)
- 4<sup>th</sup> Grade or Less (2)
- 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup> or 8<sup>th</sup> Grade (3)
- 9<sup>th</sup>, 10<sup>th</sup>, or 11<sup>th</sup> Grade (4)
- High School Diploma or Equivalent (5)
- Some College, But No Degree (6)
- Associate Degree in College (7)
- Bachelor's Degree (BA, AB, BS) (8)
- Master's Degree (MA, MS, MEng, MBA, MEd., etc.) (9)
- Professional School Degree (MD, DDS, DVM, LLB, etc.) (10)
- Doctorate Degree (Ph.D., Ed.D., etc.) (11)
- N/A (12)

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12.	What is the employment status of the patient's father or OTHER caretaker?	Yes	No	N/A	
A.	Full-time employment (35 hours week or more)	(1)	(2)	(3)	OCFTWORK
B.	Part-time employment (Less than 35 hours/week)	(1)	(2)	(3)	OCPTWORK
C.	Laid off, unemployed or currently looking for work	(1)	(2)	(3)	OCUNEMPL
D.	Disabled	(1)	(2)	(3)	OCDISABL
E.	Retired	(1)	(2)	(3)	OCRETIRE
F.	Keeping house	(1)	(2)	(3)	OCKHOUSE
G.	Attending school 35 hours a week or more	(1)	(2)	(3)	OCAS35HM
H.	Attending school less than 35 hours a week	(1)	(2)	(3)	OCAS35HL
I.	Doing volunteer work	(1)	(2)	(3)	OCVRWORK
J.	Other	(1)	(2)	(3)	OCOTWORK
K.	Employed in last 5 years?	(1)	(2)	(3)	OCEMP5YR

If not employed in last 5 years, Skip to Item 13.

L.	What is/was the OTHER caretaker's main occupation? (What kind of work does she/he usually do?)				
	Professional or technical, for example: teacher, clergyperson, scientist, librarian, engineer or writer.			(1)	OCRTOCPN
	Manager or administrator (except farm), for example: school administrator, office manager, treasurer, inspector, sales manager,			(2)	
	Sales worker, for example: advertizing agent, sales person, sales demonstrator.			(3)	
	Clerical worker, for example: cashier, dispatcher, file clerk, messenger, secretary.			(4)	
	Operative, for example: assembler, dressmaker, gas station attendant, butcher, painter, bus or truck driver.			(5)	
	Laborer (except farm), for example: construction worker, gardener, fisherman, garbage collector.			(6)	
	Farm owner, tenant or manager			(7)	
	Farm foreman or laborer			(8)	
	Service worker, for example: chambermaid, janitor, waiter, practical nurse, child care giver, hairdresser, airline attendant, firefighter, police			(9)	
	Other			(10)	
	N/A			(11)	

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13. Counting ALL sources of income, such as salary, wages, tips, Social Security, SSI, pensions, interest, dividends, and contributions from others, which category (ask for the number response) includes your HOUSEHOLD'S total annual income before taxes LAST YEAR (Answer only one (1) response)

- |                        |      |                 |
|------------------------|------|-----------------|
| Less than \$10, 000    | (1)  | <b>FAMINCOM</b> |
| \$10,000 to \$19,999   | (2)  |                 |
| \$20,000 to \$29,999   | (3)  |                 |
| \$30,000 to \$39,999   | (4)  |                 |
| \$40,000 to \$49,999   | (5)  |                 |
| \$50,000 to \$59,999   | (6)  |                 |
| \$60,000 to \$69,999   | (7)  |                 |
| \$70,000 to \$79,999   | (8)  |                 |
| \$80,000 to \$89,999   | (9)  |                 |
| \$90,000 to \$99,999   | (10) |                 |
| \$100,000 to \$124,999 | (11) |                 |
| \$125,000 to \$149,999 | (12) |                 |
| \$150,000 or More      | (13) |                 |
| N/A                    | (14) |                 |

14. What type of medical insurance does the patient have? (Answer each item)

- |                      | Yes | No  | N/A |                 |
|----------------------|-----|-----|-----|-----------------|
| A. Private Insurance | (1) | (2) | (3) | <b>PRIVTINS</b> |
| B. Medicare          | (1) | (2) | (3) | <b>MEDICARE</b> |
| C. Medicaid          | (1) | (2) | (3) | <b>MEDICAID</b> |
| D. State Program     | (1) | (2) | (3) | <b>STATEPRG</b> |
| E. No Insurance      | (1) | (2) | (3) | <b>NOINSRNC</b> |
| F. Any managed care? | (1) | (2) | (3) | <b>AMNGCARE</b> |

PART III: COORDINATION

1. Checked for completeness and accuracy:

A. Certification number:   -   **CERT\_NO**

B. Signature: \_\_\_\_\_ **CERT\_SIG**

C. General Comments: **GEN\_CMNT**

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