

**MSH Patients' Follow-Up  
Form 41 - Demographics**

**Instructions**

This form is to be completed by MSH Patients' Follow-Up staff on the basis of information provided by the patient. For items denoted by an asterisk (\*), the patient is shown the corresponding card of possible answers. The patient should be instructed to answer only by letter to identify the correct answer. If the patient does not provide an answer for an item, check the N/R answer.

<b>MSH PATIENTS' FOLLOW-UP</b>  <b>DEMOGRAPHICS</b>	Clinic	CLINIC						
	Patient ID	ID						
	Namecode	NAMECODE						
	Annual Visit	AV			A	V	0	
	Visit Date	VIS_DT						

**HOUSING**

- \*1. The patient's primary residence is a HOUSE (1) N/R
2. How many rooms are in the patient's residence (Not counting kitchen, bathrooms, halls or foyers.) ROOMS (1)

**EDUCATION**

- \*3. How much school has the patient completed? EDUCATN (1)

**INCOME**

- \*4. The patient's personal income last year was INCOME\_P (1)
- \*5. The total income in the patient's household last year was INCOME\_H (1)

**FAMILY**

6. Patient's marital status: MARITAL
- Now married \_\_\_\_\_ (1)
  - Living as married \_\_\_\_\_ (2)
  - Widowed \_\_\_\_\_ (3)
  - Divorced \_\_\_\_\_ (4)
  - Separated \_\_\_\_\_ (5)
  - Never married \_\_\_\_\_ (6)
  - N/A \_\_\_\_\_ (7)
7. Total number of persons in household PERSONS (1)

**MEDICAL CARE RESOURCES**

8. Patient's medical coverage (answer each item):
- |                      |                 |     |         |
|----------------------|-----------------|-----|---------|
|                      | Yes             | No  | N/R     |
| A. Private insurance | <u>PRIVINS</u>  | (1) | (2) (3) |
| B. Medicare          | <u>MEDICARE</u> | (1) | (2) (3) |
| C. Medicaid          | <u>MEDICAID</u> | (1) | (2) (3) |
| D. State program     | <u>STATEINS</u> | (1) | (2) (3) |

**EMPLOYMENT**

- \*9. Employment status EMPLMNT (1) N/R
- A. If not currently employed, time since last employed?
- UNEMP\_YR yrs UNEMP\_MO mos N/A (1)
10. Has the patient been employed within the last five years? EMP-5YRS (1) (2) (3) Yes No N/R

IF PATIENT NOT EMPLOYED IN LAST FIVE YEARS, SKIP TO ITEM 11.

- \*A. What is/was the patient's main occupation? (What kind of work does/did the patient usually do? .... (1) N/R
- \*B. What kind of place does/did the patient work for? (What do/did they make or do?) INDUSTRY (1)
- C. Total years of part or full-time work YRS\_WRKD (1)

11. Checked for completeness and accuracy	F41_SIGN							
A. Signature								
B. Certification number								
C. Date								

Retain a copy of this form for your files. Send the original to the Medical Coordinating Center, Maryland Medical Research Institute, 600 Wyndhurst Avenue, Baltimore, Maryland 21210. By FAX transmission to 410/435-4232. Thank you.

Patient ID					
Annual Visit			A	V	0

- \*9. Employment status
- A. Full-time work (35 or more hours/week)
  - B. Part-time work (less than 35 hours/week)
  - C. Out of work, laid off, or unemployed  
(Currently Looking for work)
  - D. Disabled, unable to work
  - E. Retired on pension or savings
  - F. Mostly keeping house
  - G. Attending school 35 hours/week or more
  - H. Attending school less than 35 hours/week
  - I. Mostly volunteer work
  - J. Other main activity

- \*10B. What kind of place do/did you work for? (What do/did they make or do?)
- A. Professional services
  - B. Public administration
  - C. Finance, insurance or real estate
  - D. Entertainment or recreation
  - E. Business or repair services
  - F. Wholesale trade
  - G. Retail trade
  - H. Transportation, communication or public utility
  - I. Construction
  - J. Manufacturing
  - K. Agriculture, forestry or fisheries
  - L. Mining

\*10. If employed within the last five years, what is/was your main occupation? (What kind of work do/did you usually do?)

- A. Professional or technical, for example:  
teacher, clergyman, scientist, librarian,  
researcher, engineer, writer
- B. Manager or administrator (except farm), for  
example:  
school administrator, office manager, treasurer,  
inspector, sales manager, bank officer
- C. Sales worker, for example:  
advertising agent, salesperson, sales demonstrator
- D. Clerical worker  
cashier, dispatcher, file clerk, messenger,  
secretary
- E. Craftsman, for example:  
mechanic, machinist, baker, tailor, repair person,  
jeweler
- F. Operative, for example:  
assembler, dressmaker, gas station attendant,  
butcher, painter, bus or truck driver
- G. Laborer (except farm), for example:  
construction worker, gardener, fisherman,  
garbage collector
- H. Farm owner, tenant or manager
- I. Farm foreman or laborer
- J. Service worker, for example:  
chambermaid, janitor, waiter, practical nurse,  
child care giver, hairdresser, airline attendant,  
firefighter, police officer

**\*1. Your primary residence is a**

- A. A mobile home or trailer**
- B. A house detached from any other**
- C. A house attached to one or more houses**
- D. A building with 2 apartments**
- E. A building with 3 or 4 apartments**
- F. A building with 5 or more apartments**
- G. Other**

**\*3. How much school have you completed?**

- A. None**
- B. Fourth grade or lower**
- C. 5th, 6th, 7th or 8th grade**
- D. 9th, 10th, or 11th grade**
- E. High school diploma or equivalent**
- F. Some college but no degree**
- G. Associate degree in college**
- H. Bachelor's degree (BA, AB, BS or other)**
- I. Master's degree (MA, MS, MBA, Med or other)**
- J. Professional school degree (MD, DDS, or other)**
- K. Doctorate degree (PhD, EdD or other)**

**4. AND 5.**

- A. Less than \$10,000**
- B. \$10,000 to \$19,999**
- C. \$20,000 to \$29,999**
- D. \$30,000 to \$39,999**
- E. \$40,000 to \$49,999**
- F. \$50,000 to \$59,999**
- G. \$60,000 to \$69,999**
- H. \$70,000 to \$79,999**
- I. \$80,000 to \$89,999**
- J. \$90,000 to \$99,999**
- K. \$100,000 to \$149,999**
- L. \$150,000 or more**