



Demographics

{visit.label}

Date of Assessment: / /
 Day Month Year

ID: {ID}

1. Date of Birth: / /
 Day Month Year

2. Gender: (DEMO:GENDER) Male (DEMO:GENDER) Female

Mark the box or boxes that most closely identify the subject's ethnicity and race, as reported by the subject.

3. Ethnicity: (DEMO:ETHNIC) Hispanic or Latino
 (DEMO:ETHNIC) Not Hispanic or Latino

4. Race: (Check all that apply)
 (DEMO:RACE1) White
 (DEMO:RACE2) Black
 Characterize further if possible; otherwise, check "Not otherwise specified"
 (DEMO:RACE2A) African American (both parents born in America)
 (DEMO:RACE2B) African Briton (both parents born in United Kingdom)
 (DEMO:RACE2C) African (both parents born in Africa)
 (DEMO:RACE2D) Caribbean (both parents born in West Indies)
 (DEMO:RACE2E) South or Central American (both parents born in South or Central America)
 (DEMO:RACE2F) Not otherwise specified
 (DEMO:RACE3) Asian
 (DEMO:RACE4) Native Hawaiian or Pacific Islander
 (DEMO:RACE5) American Indian or Alaska Native
 (DEMO:RACE6) No Response
 (DEMO:RACE7) Unknown
 (DEMO:RACE8) Other, specify

5. Countries of ancestry: (DEMO:CYUNK) Unknown

6. Has the subject received medical care **outside** the U.S. or United Kingdom for period(s) exceeding 1 year? (DEMO:OUTCARE) No (DEMO:OUTCARE) Yes
 If **Yes**, for how many years has the subject received medical care **in** the U.S. or United Kingdom?

7. Where was the subject born?

	Mother	Father
8. Where was parent born?	<input type="text" value="DEMO:MWHERE"/>	<input type="text" value="DEMO:FWHERE"/>
9. Parent's ethnicity:	<input type="checkbox"/> (DEMO:METHNIC) Hispanic or Latino <input type="checkbox"/> (DEMO:METHNIC) Not Hispanic or Latino <input type="checkbox"/> (DEMO:METHNIC) Unknown	<input type="checkbox"/> (DEMO:FETHNIC) Hispanic or Latino <input type="checkbox"/> (DEMO:FETHNIC) Not Hispanic or Latino <input type="checkbox"/> (DEMO:FETHNIC) Unknown
10. Parent's race:	(Check all that apply) <input type="checkbox"/> (DEMO:MRACE1) White <input type="checkbox"/> (DEMO:MRACE2) Black Characterize further if possible; otherwise, check "Not otherwise specified" <input type="checkbox"/> (DEMO:MRACE2A) African American (both parents born in America) <input type="checkbox"/> (DEMO:MRACE2B) African Briton (both parents born in United Kingdom) <input type="checkbox"/> (DEMO:MRACE2C) African (both parents born in Africa) <input type="checkbox"/> (DEMO:MRACE2D) Caribbean (both parents born in West Indies) <input type="checkbox"/> (DEMO:MRACE2E) South or Central American (both parents born in South or Central America) <input type="checkbox"/> (DEMO:MRACE2F) Not otherwise specified <input type="checkbox"/> (DEMO:MRACE3) Asian <input type="checkbox"/> (DEMO:MRACE4) Native Hawaiian or Pacific Islander <input type="checkbox"/> (DEMO:MRACE5) American Indian or Alaska Native	(Check all that apply) <input type="checkbox"/> (DEMO:FRACE1) White <input type="checkbox"/> (DEMO:FRACE2) Black Characterize further if possible; otherwise, check "Not otherwise specified" <input type="checkbox"/> (DEMO:FRACE2A) African American (both parents born in America) <input type="checkbox"/> (DEMO:FRACE2B) African Briton (both parents born in United Kingdom) <input type="checkbox"/> (DEMO:FRACE2C) African (both parents born in Africa) <input type="checkbox"/> (DEMO:FRACE2D) Caribbean (both parents born in West Indies) <input type="checkbox"/> (DEMO:FRACE2E) South or Central American (both parents born in South or Central America) <input type="checkbox"/> (DEMO:FRACE2F) Not otherwise specified <input type="checkbox"/> (DEMO:FRACE3) Asian <input type="checkbox"/> (DEMO:FRACE4) Native Hawaiian or Pacific Islander <input type="checkbox"/> (DEMO:FRACE5) American Indian or Alaska Native

	<input type="checkbox"/> (DEMO:MRACE6) No Response <input type="checkbox"/> (DEMO:MRACE7) Unknown <input type="checkbox"/> (DEMO:MRACE8) Other, specify <input type="text"/> DEMO:MOTH_SP	<input type="checkbox"/> (DEMO:FRACE6) No Response <input type="checkbox"/> (DEMO:FRACE7) Unknown <input type="checkbox"/> (DEMO:FRACE8) Other, specify <input type="text"/> DEMO:FOTH_SP
11. Is parent alive?	<input type="checkbox"/> (DEMO:MALIVE) No <input type="checkbox"/> (DEMO:MALIVE) Yes	<input type="checkbox"/> (DEMO:FALIVE) No <input type="checkbox"/> (DEMO:FALIVE) Yes
If No, cause of death:	<input type="text"/> DEMO:MCAUSE	<input type="text"/> DEMO:FCAUSE
12. Diseases and disorders on parent's side of family:	<input type="text"/> DEMO:MDIS	<input type="text"/> DEMO:FDIS

13. Number of full siblings: DEMO:FULLSIB (DEMO:FULLUNK) Unknown

14. Number of half siblings: DEMO:HALFSIB (DEMO:HALFUNK) Unknown

Add a Sibling Record for each full and half sibling.

Relationship to subject	Year of Birth	Have Sickle Cell Trait?	Have Sickle Cell Disease?	Living?	Date of Death	Cause of Death	
<input type="checkbox"/> (SIBL:RELATE) Full sibling <input type="checkbox"/> (SIBL:RELATE) Half sibling	<input type="text"/> SIBL:YOB	<input type="checkbox"/> (SIBL:SCT) No <input type="checkbox"/> (SIBL:SCT) Yes <input type="checkbox"/> (SIBL:SCT) Unknown	<input type="checkbox"/> (SIBL:SCD) No <input type="checkbox"/> (SIBL:SCD) Yes <input type="checkbox"/> (SIBL:SCD) Unknown	<input type="checkbox"/> (SIBL:LIVING) No <input type="checkbox"/> (SIBL:LIVING) Yes	<input type="text"/> SIBL:DODDA / <input type="text"/> SIBL:DODMO / <input type="text"/> SIBL:DODYR Day Month Year	<input type="text"/> SIBL:CAUSE	Remo

Add Sibling Record

Comments for page:

 DEMO:COMM

Submit Query

Cancel

Form Completion Help

Print

Rho