Form Approved

OMB No: 0920-XXXX

Exp. Date: XX/XX/XXXX

**Patient Demographic Information**

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-New)

**Patient Demographic Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Birth (month/year)** | | | | | | \_\_\_\_\_/ \_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | |
| **Sex: (check all that apply)** | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ Male | | | | | | | □ Female | | | | | | | | | | □ Transgender | | | | | | | | |
| **Race (check all that apply)** | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ White | □ Black/African American | | | | □ Asian | | | | □ Native Hawaiian/Pacific Islander | | | | | | □ American Indian/Alaska Native | | | | | | □ Other: \_\_\_\_\_\_\_\_\_\_ | | | | |
| **Ethnicity** | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ Hispanic/Latino | | | □ Not Hispanic/Latino | | | | | | | | | | | | | □ Unknown | | | | | | | | | |
| **Education level** | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ less than high school | | | □ high school only | | | | | | | | □ some college | | | | | □ college or above | | | | | | □ Unknown | | | |
| **Number of people in household:** \_\_\_\_\_\_\_\_\_ □ Unknown | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Annual household income** | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ < $15,000 | | | □ ≥ $15,000 - < $30,000 | | | | | | | | | | | □ ≥ $30,000 | | | | | □ Unknown | | | | | | |
| **Housing status** | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ currently homeless | | □ not currently, but homeless in the past 12 months | | | | | | | | | □ homeless previously, but not homeless in the past 12 months | | | | | | | | □ Never homeless | | | | | □ Unknown | |
| **Employment status** **(check all that apply)** | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ unemployed | | □ employed | | | | | | | | □ disabled | | | | □ student | | | | □ retired | | | | | □ Unknown | | |
| **If patient is employed, is he/she employed part time or full time?** | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ N/A | | | | □ part time | | | | | | | | □ full time | | | | | | | | □ Unknown | | | | | |
| **Medical Insurance status (check all that apply)** | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ Private insurance | | □ Medicaid | | | | | | □ Medicare | | | | | □ Ryan White/ADAP | | | | | | □ uninsured | | | | | | □ Unknown |