

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