Integrating Community Pharmacists and Clinical Sites

for Patient-Centered HIV Care

**Attachment 5 Patient Demographic Information Form**

**Patient Demographic Information Form**

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| **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 |