Integrating Community Pharmacists and Clinical Sites

for Patient-Centered HIV Care

**Attachment 5 Patient Demographic Information Form**

**Patient Demographic Information Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |