

Lung HIV Study (LHIV)
DEMOGRAPHICS FORM

Form
000_002
Revision 0

Fri Jul 01 10:10:01 EDT 2011

Subject: SUBJECT_ID	Letter Code: LETTER_CD	Visit: VISIT_NBR
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1. Visit Date: VISIT_DT

I. DEMOGRAPHIC DATA

A. What is your date of birth?

BIRTH_DT

B. What is your sex?

SEX

C. Are you Hispanic or Latino/Latina?

HISPANIC_LATINO_LA

D. Which one of the following categories best describe you?

RACE

D1. specify:

RACE_SP

E. What is the highest level of education you have completed?

EDUCATION

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F. What is your current employment status?
(Choose only one.)

EMPLOYMENT

G. When employed, what kind of work do you perform?
(Choose only one.)

JOB_TYPE

G1. specify:

JOB_TYPE_SP

H. What is your marital status?

MARITAL_STATUS

I. How many people do you share income with in your household (including any children)?

FAMILY_SIZE

number

J. What is your annual household income from all sources?

FAMILY_INCOME

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K. Which of the following best describes your current living arrangement?
(Choose only one.)

HOMELESS

II. ADMINISTRATIVE MATTERS

- A. General Comments
- B. Form completed by
- C. Date form completed
- D. Lung HIV Staff No.

GEN_CMNT

CERT_SIG

COMPL_DT

CERT_NO