

# Demographics and Contact Information

Please complete the survey below.

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How old are you?

(ENTER age at last birthday in years)

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What is your date of your birth?

(ENTER MM/DD/YYYY)

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Are you Hispanic or Latina, or of Spanish origin?

- Yes  
 No

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IF YES, select those that apply. One or more categories may be selected.

- Puerto Rican  
 Cuban  
 Mexican American, or Chicana  
 Central or South American  
 Another Hispanic, Latina, or Spanish origin

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What is your race? Select all that apply. One or more categories may be selected.

- White  
 Black or African American  
 American Indian or Alaska Native  
 Asian Indian  
 Chinese  
 Filipino  
 Japanese  
 Korean  
 Vietnamese  
 Other Asian  
 Native Hawaiian  
 Guamanian or Chamorro  
 Samoan  
 Other Pacific Islander

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5) What is the highest grade of school you have completed?

- No formal schooling  
 1st grade  
 2nd grade  
 3rd grade  
 4th grade  
 6th grade  
 7th grade  
 8th grade  
 9th grade  
 10th grade  
 11th grade  
 12th grade  
 1 year of college or less  
 2 years of college  
 3 years of college  
 4 years of college/grad school  
 Other

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If selected other, please describe here

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Do you have a high school diploma, a GED certificate,  
or both?

- High school diploma only
- GED only
- Both
- Neither

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Parent Full Name

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Patient Full Name

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Patient Mobile Phone Number

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Home Phone Number

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Email Address

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