

104.49
Today's Date is: _____ / _____ / _____ month day year
Who filled out this form? Patient with no help <input type="checkbox"/> Patient with help from family or friends <input type="checkbox"/> Patient with help from health care provider <input type="checkbox"/> Family/friends filled it out <input type="checkbox"/> Health care provider filled it out <input type="checkbox"/> Other <input type="checkbox"/>

Patient ID	_____
Physician ID	_____
Clinic/Site ID	_____

0.0.0, 104.52, 104.53

PERSONAL CHARACTERISTICS

1. What is your birth date? _____ / _____ / _____ 104.204
 month day year

2. What is your sex? 100.357

Male	1	
Female	2	

3. Which of the following best describes your racial background? *(circle one number)* 100.364

Black/African-American	1	
White/Caucasian	2	
Asian/Oriental or Pacific Islander	3	
American Indian or Alaskan Native	4	
Other	5	

4. Are you of Spanish or Hispanic origin or ancestry? *(circle one number)* 100.364.2

Yes	1	
No	2	

5. Which of the following best describes your current marital status? *(circle one number)* 100.1458

Married	1	
Widowed	2	
Separated	3	
Divorced	4	
Never married	5	

6. What is the highest grade you completed in school? *(circle one number)* 100.111

8th grade or less	1	
Some high school	2	
High school graduate	3	
Some college	4	
College graduate	5	
Any post-graduate work	6	

7. How many people **other than yourself** live in your household? 1.224

Number of adults:	_____
Number of children:	_____

8. Which of the following categories best describes **your household's** total income before taxes last year? Please include income from all sources such as salaries and wages, Social Security, retirement income, investments, and other sources. (circle one number)

- | | | |
|----------------------------|---|---------|
| Less than \$20,000 | 1 | 100.450 |
| \$20,000-\$39,999 | 2 | |
| \$40,000-\$59,999 | 3 | |
| \$60,000-\$79,999 | 4 | |
| \$80,000 or more | 5 | |
| Prefer not to answer | 6 | |

9. What is your zip code? _____ 1.227

HEALTHCONDITIONS

10. Do you **NOW** have any of the following conditions? (circle one number for each condition) 100.1460

- | | YES | NO |
|---|-----|----|
| a. Congestive heart failure? | 1 | 2 |
| b. Chronic lung disease (including bronchitis or emphysema)? | 1 | 2 |
| c. Blindness or trouble seeing, even when wearing glasses? | 1 | 2 |
| d. Deafness or trouble hearing? | 1 | 2 |
| e. Sugar diabetes (diabetes mellitus)? | 1 | 2 |
| f. Asthma? | 1 | 2 |
| g. Ulcer or gastrointestinal bleeding (not counting hemorrhoids)? | 1 | 2 |
| h. Arthritis or rheumatism? | 1 | 2 |
| i. Sciatica or chronic back problem? | 1 | 2 |

11. Has a doctor **EVER** told you that you had any of the following conditions? (circle one number for each condition)

- | | YES | NO | 100.1470 |
|---|-----|----|----------|
| a. Hypertension or high blood pressure? | 1 | 2 | |
| b. Angina? | 1 | 2 | |
| c. Heart attack or myocardial infarction? | 1 | 2 | |
| d. Stroke? | 1 | 2 | |
| e. Kidney disease? | 1 | 2 | |
| f. Cancer (not counting skin cancer)? | 1 | 2 | |