

# ANNUAL DEMOGRAPHICS FORM



Patient ID: \_\_\_\_\_

Date: \_\_\_\_\_

Please fill out form as completely as possible. Please print clearly.

## DEMOGRAPHICS

Full Name: \_\_\_\_\_

*Last*

*First*

*M.I.*

<b>Marital Status:</b>	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Separated <input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed <input type="checkbox"/> Other
<b>Sexual Orientation:</b>	<input type="checkbox"/> Heterosexual/Straight <input type="checkbox"/> Lesbian, Gay or Homosexual	<input type="checkbox"/> Bisexual <input type="checkbox"/> Choose Not to Disclose	<input type="checkbox"/> Don't Know <input type="checkbox"/> Something Else/Other
<b>Gender Identity:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Transgender Female (Male-to-Female) <input type="checkbox"/> Transgender Male (Female-to-Male) <input type="checkbox"/> Choose Not to Disclose	
<b>Preferred Language:</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish	<input type="checkbox"/> Other _____ <input type="checkbox"/> Translation/Interpretation Requested	
<b>Housing Status:</b>	<input type="checkbox"/> Not Homeless <input type="checkbox"/> Street	<input type="checkbox"/> Shelter <input type="checkbox"/> Doubling Up	<input type="checkbox"/> Transitional
<b>Agriculture Work Status:</b>	<input type="checkbox"/> Non-Agriculture <input type="checkbox"/> Employed Year-round Ag <input type="checkbox"/> Seasonal Ag <input type="checkbox"/> Migrant Ag <input type="checkbox"/> Retired Farmworker <input type="checkbox"/> Disabled Farmworker	<input type="checkbox"/> I live with someone who works year-round in ag <input type="checkbox"/> I live with someone who works seasonally <input type="checkbox"/> I live with someone who is a migrant <input type="checkbox"/> I live with someone who is a retired farmworker <input type="checkbox"/> I live with someone who is a disabled farmworker	
<b>Employment Status:</b>	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> Student <input type="checkbox"/> Child <input type="checkbox"/> Retired <input type="checkbox"/> Other	<input type="checkbox"/> Self-Employed
<b>Race:</b>	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Multiracial <input type="checkbox"/> Refuse to Answer	
<b>Ethnicity:</b>	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Non-Hispanic/Latino	<input type="checkbox"/> Refuse to Answer
<b>Are You a Veteran?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

For Assistance, Please Ask CHSI Staff

Entered by (Staff Initials): \_\_\_\_\_