

Demographics

Form #:

Subject #:

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Initials:

Date: (mm-dd-yyyy)

 - -

Date of Birth: (mm-dd-yyyy)

 - -

Sex:

(M = Male, F = Female)

Dominant Hand:

(R=Right; L=Left; M=Mixed)

Race:

AM=American Indian/Alaskan Native

WH=White

AS=Asian

MR=More than one race

NH= Native Hawaiian/Other Pacific Islander

UN=Unknown or not reported

BL=Black/African American

Ethnicity: Hispanic/Latino?

(Y=Yes, N= No)

Mother's Maiden Name: _____

 Reviewer Signature

Initials

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Date (mm-dd-yyyy)