



SENSITIVE TEETH STUDY Patient Demographic Form

Today's Date: |__|_|_|/|__|_|_|/|2|0||1|_|_|
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Questions About You

1. Your gender:

- Male
 Female

2. Your Date of Birth: |__|_|_|/|__|_|_|/|__|_|_|||_|_|_|
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3. Your ethnicity (check one):

- Hispanic or Latino
 Not Hispanic or Latino
 I don't know
 Decline to answer

4. Your race (check all that apply):

- American Indian or Alaska Native
 Asian
 Black or African-American
 Native Hawaiian or Other Pacific Islander
 White
 I don't know
 Decline to answer

5. Select the type(s) of **dental** insurance that covers your dental care (check all that apply):

- Private insurance (e.g., commercial, HMO, etc.)
 Public/Government insurance (e.g., Medicaid, military or veterans, etc.)
 No insurance coverage
 Other (please specify): _____
 I don't know

Pre-printed SID number



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6. Indicate your highest level of education (check one):

- Less than a high school diploma
- High school graduate (including equivalency, GED, etc.)
- Some college or Associate Degree
- Bachelor's Degree
- Graduate Degree (including Master's, Doctoral, etc.)
- Decline to answer

7. Zip code where you live: |_|_|_|_|_|

Thank you for completing the form!

SAMPLE