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| **C**ommunity **H**ealthcare for **A**sthma **M**anagement and **P**revention of **S**ymptoms | |
| Demographics | |
| **Patient Name:** | **Date:** |

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| The questions on this form capture basic demographic information about the patient and caretaker. Demographic data can be useful for diagnosing the patient’s asthma (asthma morbidity is known to differ by race and ethnicity), conducting asthma counseling, and reporting on program performance. Your practice probably has much of this information in the patient’s medical record. | |
| **1. What is the patient’s date of birth?** | **2. What is the patient’s gender?**  □ Male  □ Female |
| **3. What is the caretaker’s date of birth?** | **4. What is the caretaker’s gender?**  □ Male  □ Female |
| **5. How is the caretaker related to the patient?**  □ Parent  □ Grandparent  □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **6. What is caretaker’s current marital status?**  □ Married  □ Single  □ Divorced  □ Widowed |
| **7. Is the patient of Hispanic or Latino background?**  □ Yes  □ No | **8. What is the patient’s racial background?**  □ Black or African American  □ White  □ Asian  □ American Indian or Alaska Native  □ Native Hawaiian or Other Pacific Islander  □ Don’t know  □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |