SENSITIVE TEETH STUDY
Patient Demographic Form

Today’s Date: [mm/dd/yyyy] 12/01

Questions About You

1. Your gender:
   - [ ] Male
   - [ ] Female

2. Your Date of Birth: [mm/dd/yyyy] mm/dd/yyyy

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
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!