Sports-Related Concussion Demographics Form

## Form Administration

1. Who filled out this form?

*Select one. If other is selected, please write in response:*

Brother

Chart/Medical Record

Daughter

Father

Friend

Mother

Participant/Subject

Physician

Sister

Son

Spouse

Other, specify:

## Patient Demographics Questions

1. What is the subject’s date of birth?

YYYY-MM-DD

*Write in response.*

1. What is the subject’s gender?

*Select one:*

Female

Male

Not reported

Unknown

Unspecified

4. Sex at birth

 XX; XX

 XY; XY

 XXX; XXX

 XYY; XYY

 XXY; XXY

Unspecified; Undifferentiated/ Indeterminant/ Intersex

 Unknown

Other, specify:

5. Sexual orientation

Heterosexual

Gay/Lesbian

Bisexual

Unknown

Not Reported

 Other

1. What is the subject’s handedness preference, or dominant hand?

*Select one:*

Both

Left

Right

Unknown

1. What is the subject’s racial background (as defined by OMB)?

*Select all that apply.*

American Indian or Alaska Native

Asian

Black or African-American

Native Hawaiian or Other Pacific Islander

White

Not Reported

Unknown

1. What is the subject’s racial background (expanded categories)?

*Select all that apply.*

Alaskan Native

Black African

Black African American

Black Afro Caribbean

Far Eastern Asian

Hawaiian

Inuit

North American Indian

Pacific Islander

South/Central American Indian

South Asian

Western Asian

White African

White Australian

White European

White Middle Eastern

White North American

White South American

Other

Not Reported

1. What is the subject’s ethnic background?

*Select one: If other is selected, please write in response:*

Hispanic or Latino

Not Hispanic or Latino

Not reported

Unknown

Other, specify:

1. What is the subject’s birth country (use ISO code)?

For full list of codes, see BirthCntryISOCode variable in the data dictionary and provide information in the Other category

*Select one: If other is selected, please write in response:*

Australia (AU)

Canada (CA)

Mexico (MX)

United Kingdom (GB)

USA (US)

Other, specify:

1. What is the subject’s birth country name?

*Write in response.*

1. What is the subject’s current country of residence?

For full list of codes, see CntryResdnceISOCode variable in the data dictionary and provide information in the Other category

*Select one: If other is selected, please write in response:*

Australia (AU)

Canada (CA)

Mexico (MX)

United Kingdom (GB)

USA (US)

Other, specify:

1. What is the subject’s current country of residence name?

*Write in response.*

1. What is the subject’s primary language (use ISO code)?

*Select one: If other is selected, please write in response:*

eng (English)

spa (Spanish)

sgn (Sign Language)

chi (Chinese)

fre (French)

ger (German)

Other, specify

1. What are the ISO codes for each language the subject can speak fluently? The ISO codes represent the international codes for different countries.

*Write in response.*

1. Please list each language the subject can speak fluently:

*Write in response.*

1. What are the ISO codes for each language the subject can write fluently?

*Write in response.*

1. Please list each language the subject can write fluently:

*Write in response.*

## FITBIR Demographics Parent, Guardian, or Caregiver Info

1. What is the relationship between the person who acts as the primary caregiver for the subject and the subject?

*Select all that apply. If other is selected, please write in response:*

Adoptive father

Adoptive mother

Adoptive parents

Biological father

Biological father - not a primary caregiver

Biological mother

Biological mother - not a primary caregiver

Biological parents

Child

Grandfather

Grandmother

Home aide

Legal guardian

Long-term care staff

Parent

Relative

Self

Sibling

Spouse or partner

Stepfather

Stepmother

Stepparent

Unknown

Other, specify:

1. What are the living statuses of the subject's parents?

*Select all that apply:*

Father alive

Father deceased

Father unknown

Mother alive

Mother deceased

Mother unknown

1. What is the parent, guardian, or caregiver’s gender?

*Select one:*

Female

Male

Not reported

Unknown

Unspecified

1. What is the parent, guardian, or caregiver’s race, based on the OBM race standards?

*Select all that apply:*

American Indian or Alaska Native

Asian

Black or African-American

Native Hawaiian or Other Pacific Islander

White

Not Reported

Unknown

1. What is the parent, guardian, or caregiver’s race, using expanded race categories?

*Select all that apply:*

Alaskan Native

Black African

Black African American

Black Afro Caribbean

Far Eastern Asian

Hawaiian

Inuit

North American Indian

Pacific Islander

South/Central American Indian

South Asian

Western Asian

White African

White Australian

White European

White Middle Eastern

White North American

White South American

Other

Not Reported

1. What is the parent, guardian, or caregiver’s ethnicity?

*Select one. If other is selected, please write in response:*

Hispanic or Latino

Not Hispanic or Latino

Not reported

Unknown

Other, specify:

1. What is the parent, guardian, or caregiver’s birth country ISO code?

For full list of codes, see BirthCntryISOCode variable in the data dictionary

*Select one. If other is selected, please write in response:*

Australia (AU)

Canada (CA)

Mexico (MX)

United Kingdom (GB)

USA (US)

Other, specify:

1. What is the parent, guardian, or caregiver’s birth country name?

*Write in response*