Maryland Department of Health and Mental Hygiene, Center for Cancer Surveillance and Control Cancer Prevention, Education, Screening, and Treatment Program

## **Core Demographic Screening Form**

Program Use	Only						
Jurisdiction:		Client I dentification					
Interviewer:		CDB ID: (system generated)					
Interview Da	te: / /	Local ID: (optional)					
Enrollment Date:		Date of Data Entry into CDB:	(mm/dd/yyyy) / /				
(mm/dd/yyyy)		Initials:					
Patient Infor	rmation						
Last Name:		Suffix: First Name: (Jr., etc.)	Middle:				
Date of Birth		Age at	SSN:				
(mm/dd/yyyy)	, ,	Enrollment:	(last 4 digits)				
Residential	Street Address:	Apar	Apartment/Room/Unit #:				
Address	City:	County: State:	Zipcode:				
Telephone:	Home ( ) -	- Work ( ) – (	Cell ( ) –				
		m residential address?	Sell ( ) =				
☐ Yes (Enter information below) ☐ No (Go to next section)							
Mailina	Street Address:	Apar	tment/Room/Unit #:				
Mailing Address	City:	State: Zipc	ode:				
		•					
Contact Information (person to contact if we cannot reach you)							
Last Name:		First Name:	Relationship:				
Street Address:		Apartment/Room/Unit #:					
City:		State: Zipcode:					
Telephone:	Home ( )	- Cell:	( ) –				
How did you le		program? (check all that apply)					
☐ Billboard	a o. a oo. oo. oog	☐ Breast and Cervical Cancer Program	☐ Brochure				
☐ Church		☐ Community Event	☐ Doctor				
☐ Family Member		☐ Friend	☐ Internet				
☐ Magazine article		☐ Mailing	☐ Newspaper				
☐ Other Health Care Provider		☐ Poster	☐ Radio				
☐ Television		☐ Unknown					
☐ Community	Agency, specify:						
		), specify:					
Other, specify: Comments							
Comments							

Maryland Department of Health and Mental Hygiene, Center for Cancer Surveillance and Control Cancer Prevention, Education, Screening, and Treatment Program

## Core Demographic Screening Form

Gender:									
Ethnicity (His	Female	-	☐ Male		Unkn	own			
Race:	-		☐ Yes		□ No			Unknown	
kace: (check all			n/Alaskan N		☐ Asiar			☐ Black/African Amer	rican
that apply)	∐ Hawaii	an/Other	Pacific Isla	ınder	☐ White	e/Caucasiar	ı L	Unknown	
Education:	☐ No hig	h school			☐ Some	high school	ol [	☐ High school gradua	ite
(highest level)	☐ Greate	reater than high school							
Marital (			Divorce	ed	☐ Wido	wed	Г	☐ Separated	
Status:	□ Never		☐ Partner					⊒ Unknown	
Primary	☐ English		Spanish		Chinese	☐ Korean		Other, specify:	
.anguage:			эранізн		Crimese	□ Korean		Other, specify.	
s an interprete	er needed?	? 🗆	No		Yes				
Oo you have ar	ny needs d	or disabili	ties of whic	h we sl	hould be	aware?	□ 1	No	
Г	☐ Yes, che	ck all tha	t apply froi	m the li	ist below:				
	□ Неа	ring impa	irment	☐ Spe	ech Impa	irment	□Le	arning Disability	
	☐ Phy	sical Disa	bility	☐ Han	dicap Acc	ess	☐ Ch	nild care/Elder care	
	☐ Nee	d help ma	aking appo				☐ Tra	ansportation	
		er, specif	•					•	
Household p	Annual inc		<i>J</i> ·		Income d	ocumentatio	n. [	☐ Verbal ☐ Writte	n
nfo:			in househo				J. 1. L	_ vorsar _ writte	
Previous Enr	rollment								
	Omnem								
Have you eve		creened	or treated	l for co	olon, ora	l, skin, or	prost	ate cancer by any	
Maryland Pul	er been se blic Healt	h Progra	am? 🗆 No		Unknowr	ı 🗆 Yes		ate cancer by any cify county(s):	
Maryland Pul Have you ever	er been so blic Healt been scre	h Progra	am? 🗆 No breast or o	 cervical	Unknowr	ı 🗆 Yes	s, spe		
Maryland Pul	er been so blic Healt been scre	h Progra	am? 🗆 No breast or o	 cervical	Unknowr	n □ Yes	s, spe	cify county(s):	
Maryland Pul Have you ever the Breast and	er been so blic Healt r been scre d Cervical	ch Progra eened for Cancer Pr	am? □ No breast or o ogram (BC	cervical	Unknowr cancer b	n □ Yes	s, spe	cify county(s):	
Maryland Pul Have you ever the Breast and Health Care	er been so blic Healt r been scre d Cervical Provider	th Progra eened for Cancer Pr and Insu	am? No breast or cogram (BC	cervical CCP)?	Unknowr cancer b	n □ Yes Y □ Ye	s, spec	cify county(s): ☐ No	
Maryland Pul Have you ever the Breast and  Health Care I Do you have	blic Healt been scre control contr	ch Progra eened for Cancer Pr and Insu y health	am? No No breast or cogram (BC urance Info	cervical CCP)? Cormati	Unknowr cancer b ion	n □ Yes Y □ Ye	s, spe	cify county(s): ☐ No	
Maryland Pul Have you ever the Breast and  Health Care I Do you have	blic Healt been scre control contr	ch Progra eened for Cancer Pr and Insu y health	am? No No breast or cogram (BC urance Info	cervical CCP)? Cormati	Unknowr cancer b ion	n □ Yes Y □ Ye	s, spec	oify county(s):	
Maryland Pul Have you ever the Breast and  Health Care I Do you have  If yes, identify	blic Healt been scre d Cervical  Provider a primar	ch Progra eened for Cancer Pr and Insu y health	am? No No breast or cogram (BC urance Info	cervical CCP)? Cormati	Unknowr cancer b ion	n □ Yes Y □ Ye	s, spec	cify county(s): ☐ No	
Maryland Pul Have you ever the Breast and  Health Care I Do you have  If yes, identify  Street Address	blic Healt been scre d Cervical  Provider a primar	ened for Cancer Pr and Insu y health	am? No breast or cogram (BC urance Information care proving, first nar	cervical cCP)? formati ider?	Unknowr cancer b ion Yes practice:	n □ Yes Y □ Ye	, spec s /Unkr	nown  Suite:	
Maryland Pul Have you ever the Breast and  Health Care I Do you have  If yes, identify  Street Address	blic Healt been scre d Cervical  Provider a primar	ened for Cancer Pr and Insu y health	am? No No breast or cogram (BC urance Info	cervical CCP)? Cormati	Unknowr cancer b ion Yes practice:	n □ Yes Y □ Ye	, spec s /Unkr	oify county(s):	
Maryland Pul Have you ever the Breast and  Health Care I Do you have  If yes, identify  Street Address  City:	blic Healt been scre continued to be been screen.	ened for Cancer Pr and Insu y health (last nam	breast or cogram (BC)  wrance Inference care provue, first nare  State:	cervical cCP)?  formation ider? ne) or p	Unknowr cancer b ion Yes practice:	Yes	, spec s /Unkr	nown  Suite:	
Maryland Pul Have you ever the Breast and  Health Care I Do you have  If yes, identify  Street Address  City:	blic Healt been screet Cervical  Provider a primar provider s:	ened for Cancer Prand Insury health (last name)	breast or cogram (BC)  urance Inficare provine, first nar  State:  urance?	cervical cCP)?  format ider? ne) or    Zipcod	Unknowr cancer b	Yes Y Yes	/Unkr	nown  Suite:  Unknown	nknow
Maryland Pul Have you ever the Breast and  Health Care I Do you have  If yes, identify  Street Address  City:  Are you cove  If yes, type primary he	blic Healt been screet Cervical  Provider a primar provider s:	ened for Cancer Prand Insury health (last name)	breast or corogram (BC urance Information care provine, first narrostate:  urance?  are-Type A	cervical cCP)?  formati ider? ne) or    Zipcod	Unknowr cancer b	Yes Y Yes	/Unkr	nown  Suite:  Dhone: ( ) -  Unknown  Medicare-Type u	nknowi
Maryland Pul Have you ever the Breast and  Health Care I Do you have  If yes, identify  Street Address  City:  Are you cove  If yes, type	blic Healt been screet Cervical  Provider a primar provider s:	ened for Cancer Promote y health (last name)  ealth insection of the cancer Promote y health (last name)	breast or corogram (BC urance Information care provine, first narrostate:  urance?  are-Type A	cervical cCP)?  formati ider? ne) or    Zipcod	Unknowr cancer b	Yes Y Yes	/Unkr	nown  Suite:  Unknown	nknowi
Maryland Pul Have you ever the Breast and  Health Care I Do you have  If yes, identify  Street Address  City:  Are you cove  If yes, type primary he	blic Healt been screet Cervical  Provider a primar provider s: ered by he e of alth	ened for Cancer Property health (last name)  ealth insumous Medica Medica PAC	breast or cogram (BC)  urance Inficare provine, first nar  State:  urance?  are-Type A	cervical (CP)?	Unknowr cancer b  ion Yes oractice:  le:  Yes Medicare- Commerce	Yes Y Yes	/Unkr	nown  Suite:  Dhone: ( ) -  Unknown  Medicare-Type u	nknowi
Maryland Pul Have you ever the Breast and  Health Care Do you have If yes, identify Street Address City:  Are you cove If yes, type primary he insurance: Name and	blic Healt been screet Cervical  Provider a primar provider s: ered by he e of alth  policy nun	ened for Cancer Property Health (last name)  ealth insumed Medica Medica PAC Cancer Property Medica PAC Cancer of property Proper	breast or corogram (BC)  urance Inficare provine, first narr  State:  urance?  are-Type A aid	cervical cCP)?  format ider? ne) or    Zipcoc	Unknowr cancer b	Yes Y Yes	/Unkr	cify county(s):  No  No  No  Suite:  phone: ( ) -  Unknown  Medicare-Type u  Other	
Maryland Pul Have you ever the Breast and  Health Care I Do you have  If yes, identify  Street Address  City:  Are you cove If yes, type primary he insurance:  Name and Type of sec	blic Healt r been screet d Cervical  Provider a primar r provider s: ered by he e of alth policy nun condary	ened for Cancer Program and Insury health (last name)  ealth insury Medica   Medica   PAC   PAC   Medica   Medica   Medica   PAC   Medica   Medica	breast or cogram (BC  urance Inf care prov ne, first nar  State:  urance?  are-Type A  aid  rimary heal	cervical (CP)?  formation (CP) (CP) (CP) (CP) (CP) (CP) (CP) (CP)	Unknowr cancer b  ion Yes practice:  He: Yes Medicare Commerc rer: Medicare	No N	/Unkr	cify county(s):  No  No  No  Suite:  phone: ( ) -  Unknown  Medicare-Type u  Medicare-Type u	
Maryland Pul Have you ever the Breast and  Health Care Do you have If yes, identify Street Address City:  Are you cove If yes, type primary he insurance: Name and	blic Healt r been screet d Cervical  Provider a primar r provider s: ered by he e of alth policy nun condary	ened for Cancer Property y health (last name)  ealth instead   Medica   Medica   PAC   Medica   Medica	breast or cogram (BC  urance Inf care prov ne, first nar  State:  urance?  are-Type A  aid  rimary heal	cervical (CP)?  formation (CP) (CP) (CP) (CP) (CP) (CP) (CP) (CP)	Unknowr cancer b	No N	/Unkr	cify county(s):  No  No  No  Suite:  phone: ( ) -  Unknown  Medicare-Type u  Other	
Maryland Pul Have you ever the Breast and  Health Care I Do you have  If yes, identify  Street Address  City:  Are you cove  If yes, type primary he insurance:  Name and  Type of sec health insu	er been so blic Healt been scred Cervical  Provider a primary provider  S:  Pred by he e of alth policy numerondary pronder if	ened for Cancer Program and Insury health (last name)  ealth insury Medica    Medica    PAC    Medica    Medica    PAC    Medica    Medica    PAC    Medica    PAC    Medica    PAC    Medica    PAC    Medica    PAC    Medica    PAC    PAC	am? No breast or cogram (BC arance Informate Informate Informate)  State:  urance?  are-Type A aid  are-Type A aid	cervical ccP)?  format ider?  ne) or    Zipcoc	Unknowr cancer b  ion Yes oractice:  le:  Yes Medicare- Commerc Medicare- Commerc	No State A arrial	/Unkr	cify county(s):  No  No  No  Suite:  phone: ( ) -  Unknown  Medicare-Type u  Medicare-Type u	

Maryland Department of Health and Mental Hygiene, Center for Cancer Surveillance and Control Cancer Prevention, Education, Screening, and Treatment Program

## **Core Demographic Screening Form**

Client Name (Last, First):					ID:
Health History					
Do you have a history of an	ny kind of car	ncer?	] Yes	□ No	☐ Unknown
If yes, specify the type, date,			g table:		
Type of Cancer	Date of D	iagnosis		Trea	atment Details
Have you had any of the follow	wing illnesses/	conditions?	Check all th	nat apply	and provide details:
☐ Allergies, details:					
☐ Diabetes, details:					
☐ Disabilities, details					
☐ Heart disease, details:					
$\square$ High blood pressure, d	letails:				
☐ Kidney problems, deta	ils:				
☐ Lung disease, details:					
☐ Other illness/condition	, details:				
List any medications you are o	currently takin	g:			
Have you ever used tobacc	-		a.m.)		[] Halmann (Ctan)
☐ Yes (Continue this section Do you currently use t	•	□ No (St			☐ Unknown (Stop)
	Obacco:	☐ Yes	□ No	)	☐ Unknown
products used:	] Cigarette	☐ Pipe	☐ Cigar	☐ Spit t	tobacco (snuff, chewing, etc.)
Have you smoked 100 or cigarettes over your lifeti		☐ Yes	□No	(Stop)	☐ Unknown
If yes, at what age did	you first smol	ke?	Age:		☐ Unknown
If you quit smoking, at	what age did	you quit?	Age:		□ Unknown
Average number of page			ce(d) each d	dav (20 c	
	or organization	J = 1 = 1.1.2.			.g.,
Program Use Only					
Provided literature/info. to clie				☐ Yes	□ No
Is client eligible for any car		ig, diagnos	is or treat	ment in	the Program?
□ No (Do not enter client	•		.b al all +1		
⊔ Yes, enroll client in t □ Colorectal	_	module ( <i>d</i> ostate	<i>neck all tr</i> □ Or		y, must select at least one) □ Skin
		Jatate		aı	
Comments:					