2.4: Demographic and Biological Data

Demographic and biographic data includes basic characteristics about the patient, such as their name, contact information, birthdate, age, gender and preferred pronouns, allergies, languages spoken and preferred language, relationship status, occupation, and resuscitation status.\[1\] See Table \(\PageIndex{1}\) for sample focused questions used to gather demographic and biological data.

Table \(\PageIndex{1}\): Demographic and Biological Data

<table>
<thead>
<tr>
<th>Data</th>
<th><strong>Focused Interview Questions</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>What is your full name?</td>
</tr>
<tr>
<td></td>
<td>What do you prefer to be called?</td>
</tr>
<tr>
<td>Contact Information</td>
<td>What is your address?</td>
</tr>
<tr>
<td>Emergency Contact Information</td>
<td>Whom can we contact in an emergency?</td>
</tr>
<tr>
<td></td>
<td>What is their relationship to you?</td>
</tr>
<tr>
<td></td>
<td>At what number can we contact them?</td>
</tr>
<tr>
<td>Birthdate</td>
<td>What is your birthdate?</td>
</tr>
<tr>
<td>Age</td>
<td>What is your current age?</td>
</tr>
</tbody>
</table>

[1] https://med.libretexts.org/Bookshelves/Nursing/Nursing_Skills_(OpenRN)/02%3A_Health_History/2.04%3A_Demographic_an…

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What is your biological gender?

With what gender do you identify? What are your preferred pronouns (he/him/his, she/her/hers, them/they/their, etc.)?

Do you have any allergies?

How do you react to each allergen?

What is your primary language that you prefer to speak?

Note: If English is not their primary language, offer to obtain a medical interpreter as needed.

Tell me about your relationship status.

*Avoid questions that imply expected behaviors, such as:

- Are you married?
- Do you have a boyfriend?
- Do you have wife?

What is your occupation?

Where do you work or go to school?

What is the highest level of education you have completed?

Have you considered preferences for resuscitation if your heart stops or you stop breathing, also called CPR?

Do you have any advance directives on file with a hospital or provider, such as a "Living Will" or "Power of Attorney for Health Care"?

Would you like more information about advance directives?

See Table \(\PageIndex{2}\)) for a sample demographic form used during a complete health history.
Demographic Information Form

Interview Date:

Patient Name:

Address:

Emergency Contact Name:

Relationship:

Date of Birth:

Age:

Sex:  Male / Female / Another Option

Gender You Self-Identify With:

Preferred Pronouns:

Allergies:

Primary Language:

Interpreter needed: Yes  No

Relationship Status:

Occupation/Education:

Resuscitation Status:
Information from: Patient / Other

Patient Accompanied: Yes / No

Details:

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