

Demographics



Consent Information

Date for signed consent

(YYYY-MM-DD)

Contact Information

Date of birth

(YYYY-MM-DD)

Date of SLE diagnosis

(YYYY-MM-DD)

Sex

- Female
- Male

Ancestry

- Asian
- Black or African American
- Indigenous American
- White or Caucasian

Hispanic or Latino

- Hispanic or Latino
- Not Hispanic or Latino

Country of birth

Highest level of education

- Less than a high school diploma
- High school
- University