

# Caregiver Demographics

Patient ID (Auto assigned for all screened patients)

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**DYAD ID [dyadid]**

**Patient ID [record\_id]**

**Caregiver First Name [cg\_name\_prefer]**

Who is entering this information (research personnel name)?

- Virginia LeBaron  
 Penny Amos  
 Other

If Other, please write your name:

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Date caregiver information collected:

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Caregiver's Date of Birth

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Caregiver's Age

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What is the caregiver's preferred gender?

- Male  
 Female  
 Nonbinary  
 Transgender  
 Other  
 Prefers not to answer

If Other, please enter the caregiver's preferred gender

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What is caregiver's preferred racial identity?

- White  
 Black or African American  
 American Indian or Alaska Native  
 Asian  
 Native Hawaiian or Pacific Islander  
 Other  
 Multi-racial  
 Prefers not to answer

If Other, please enter the caregiver's preferred racial identity:

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If Multi-racial, please enter the caregiver's preferred racial identity:

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What is caregiver's preferred ethnic identity?

- Hispanic  
 Non-Hispanic  
 Other  
 Prefers not to answer

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If Other, please enter the caregiver's preferred ethnic identity: \_\_\_\_\_

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What is caregiver's current occupational status?

- Employed, full time
- Employed, part time
- Unemployed, looking for work
- Unemployed, not looking for work
- Retired
- Student
- Disabled
- Other
- Prefers not to answer

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If Other, please enter caregiver's current occupational status: \_\_\_\_\_

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What is caregiver's current occupation?  
(Please select 1 category that best describes the person's occupation.)

- Education
- Healthcare
- Business/Finance
- Arts/Culture
- Service/Sales
- Social/Community Services
- Agriculture/Farming
- Construction/Building
- Technology/Science
- Other (write in)

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If Other, please enter caregiver's current occupation: \_\_\_\_\_

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What was caregiver's prior/former primary occupation?

(Please select 1 category that best describes the person's occupation.)

- Education
- Healthcare
- Business/Finance
- Arts/Culture
- Service/Sales
- Social/Community Services
- Agriculture/Farming
- Construction/Building
- Technology/Science
- Other (write in)

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If Other, please enter caregiver's prior/former primary occupation: \_\_\_\_\_

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What is caregiver's highest level of completed education?

- Less than high school
- High school graduate
- Some college
- 2-year degree
- 4-year degree
- Graduate/Doctorate
- Prefers not to answer

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What is the caregiver's relationship to the patient?

- Spouse
- Significant other / Partner
- Sibling
- Child
- Friend
- Neighbor
- Other
- Prefers not to answer

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If other, please specify:

\_\_\_\_\_

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Does caregiver live full-time and in same residence with patient?

- Yes    Other living arrangement

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If other, please specify living arrangement

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