

Form A1: Participant Demographics

 In-person ☐ Remote ☐

ADRC name: _____ Participant ID: _____ Form date: ____ / ____ / ____

 Visit #: _____ Examiner's initials: _____ Language: English ☐ Spanish ☐ Chinese ☐

INSTRUCTIONS: This form may be completed by intake interviewer based on ADRC scheduling records, participant interview, medical records, and proxy co-participant report (as needed). This information can be collected by mail-in survey, electronic capture (web-based), phone or video interview, or during the in-person visit to accommodate and lessen participant visit burden. For additional clarification and examples, see the [UDS Coding Guidebook for Initial Visit Packet, Form A1](#). Check only one box per question unless otherwise specified.

Section 1 – Demographics

| | | | |
|---|--|---|---|
| 1. | Participant's month and year of birth (MM / YYYY): | ____ / ____ | |
| 2. | What does the participant report as his or her ethnicity and race? | Check <u>all</u> that apply: 2a. <input type="checkbox"/> 1 White 2b. <input type="checkbox"/> 1 Black or African American 2c. <input type="checkbox"/> 1 American Indian or Alaska Native 2d. <input type="checkbox"/> 1 Native Hawaiian or other Pacific Islander | 2e. <input type="checkbox"/> 1 Asian 2f. <input type="checkbox"/> 1 Hispanic 2g. <input type="checkbox"/> 1 Other (SPECIFY): _____ 2h. <input type="checkbox"/> 1 Unknown |
| The next four questions ask about your gender identity, sex assigned at birth, sexual orientation, and intersex status. This information will be used to help us improve health, well-being, and quality of care. By gender identity, we mean the inner sense that you have of yourself as being a man, woman, or a different gender. Gender identity can be different from your sex assigned at birth or your sexual orientation, and it can change over time. | | | |
| 3. | Which term(s) best describes your current gender identity? | Check <u>all</u> that apply: 3a. <input type="checkbox"/> 1 Man 3b. <input type="checkbox"/> 1 Woman 3c. <input type="checkbox"/> 1 Transgender man 3d. <input type="checkbox"/> 1 Transgender woman 3e. <input type="checkbox"/> 1 Non-binary/genderqueer | 3f. <input type="checkbox"/> 1 Two-Spirit (if respondent is AIAN) 3g. <input type="checkbox"/> 1 I use a different term (SPECIFY): _____ 3h. <input type="checkbox"/> 1 Don't know 3i. <input type="checkbox"/> 1 Prefer not to answer |
| 4. | What sex were you assigned at birth, on your original birth certificate? | Select one: <input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female <input type="checkbox"/> 3 Don't know <input type="checkbox"/> 9 Prefer not to answer | |
| 5. | Have you ever been diagnosed by a medical doctor or other health professional with an intersex condition or a "Difference of Sex Development (DSD)" or were you born with (or developed naturally in puberty) genitals, reproductive organs, and/or chromosomal patterns that do not fit standard definitions of male or female? | <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 Don't know <input type="checkbox"/> 9 Prefer not to answer | |

Section 1 – Demographics*continued...*

| | | | |
|---|---|--|---|
| 6. | Which term(s) best describes your sexual orientation? | Check <u>all</u> that apply: 6a. <input type="checkbox"/> 1 Lesbian or gay 6b. <input type="checkbox"/> 1 Straight/heterosexual 6c. <input type="checkbox"/> 1 Bisexual 6d. <input type="checkbox"/> 1 Two-Spirit (if respondent is AIAN) | 6e. <input type="checkbox"/> 1 I use a different term (SPECIFY, e.g., asexual, queer, questioning): _____ 6f. <input type="checkbox"/> 1 Don't know 6g. <input type="checkbox"/> 1 Prefer not to answer |
| 7. | Participant's primary language <i>(Primary language is defined as the predominant language the subject has used throughout their life. It needs to take into consideration first language learned and used as well as considerations of length of use at the discretion of the center staff conducting the interview.)</i> | Check the <u>most</u> appropriate box: <input type="checkbox"/> 1 English <input type="checkbox"/> 2 Spanish <input type="checkbox"/> 3 Chinese dialect <input type="checkbox"/> 50 Other (SPECIFY): _____ | |
| 8. | Is the participant left- or right-handed (for example, which hand would normally be used for writing or throwing a ball)? | <input type="checkbox"/> 1 Left-handed <input type="checkbox"/> 2 Right-handed <input type="checkbox"/> 3 Ambidextrous <input type="checkbox"/> 9 Unknown | |
| 9. | Participant's years of education—Use the codes below to report the level achieved. If an attempted level is not completed, enter the number of years completed: | 12 = High School or GED 16 = Bachelor's degree 18 = Master's degree 20 = Doctorate 99 = Unknown | <input type="text"/> |
| 10. | What is the participant's living situation? | Check the <u>most</u> appropriate box: <input type="checkbox"/> 1 Lives alone <input type="checkbox"/> 2 Lives with a spouse or partner <input type="checkbox"/> 3 Lives with a relative, friend, or roommate <input type="checkbox"/> 4 Lives with caregiver who is not spouse/partner, relative, or friend | <input type="checkbox"/> 5 Lives with a group (related or not related) in a private residence <input type="checkbox"/> 6 Lives in group home (e.g., assisted living, nursing home, convent) <input type="checkbox"/> 99 Unknown |
| 11. | ZIP Code (first three digits) of participant's primary residence: | <input type="text"/> (If unknown, leave blank) | |
| The next two questions use the Area Deprivation Index (ADI) lookup at https://www.neighborhoodatlas.medicine.wisc.edu/mapping Enter the participant's state and full address. | | | |
| 12. | ADI state-only decile: | <input type="text"/> (If unknown, leave blank) | |
| 13. | ADI national percentile: | <input type="text"/> (If unknown, leave blank) | |
| 14. | Participant's primary occupation throughout their working life (See Addendum on Pages 5-6 for codes): | <input type="text"/> (If unknown, leave blank) | |

Section 1 – Demographics*continued...*

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| 15. | Have you ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? | <input type="checkbox"/> 0 No (IF NO, SKIP TO QUESTION 17) <input type="checkbox"/> 1 Yes |
| 16. | Have you ever obtained medical care or prescription drugs from a Veterans Affairs (VA) facility? | <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes |
| 17. | ADRC enrollment type: | Check the <u>most</u> appropriate box: <input type="checkbox"/> 1 Primarily ADRC-funded (Clinical Core, Satellite Core, or other ADRC Core or project) <input type="checkbox"/> 2 Participant is supported primarily by a non-ADRC study (e.g., R01, including non-ADRC grants supporting FTLD Module participation) |

Section 2 – Social Determinants of Health and Lifestyle

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|-----|--|--|---|
| 18. | Is your household income... | Check the <u>most</u> appropriate box: <input type="checkbox"/> 1 Insufficient to meet your needs <input type="checkbox"/> 2 Able to meet your basic needs only | <input type="checkbox"/> 3 In excess of your basic needs allowing some excess spending <input type="checkbox"/> 4 Able to meet all of your basic and excess spending needs without concern or limitation <input type="checkbox"/> 9 Prefer not to answer |
| 19. | Which of these income groups represents your household income <u>for the past year</u> ? Include income from all sources such as wages, salaries, social security or retirement benefits, help from relatives, rent from property, and so forth. <i>This information will be kept confidential and will not be shared in a way that identifies you with any other person, organization or Government entity.</i> | Check the <u>most</u> appropriate box: <input type="checkbox"/> 1 \$0 - \$4,999 <input type="checkbox"/> 2 \$5,000 - \$9,999 <input type="checkbox"/> 3 \$10,000 - \$14,999 <input type="checkbox"/> 4 \$15,000 - \$19,999 <input type="checkbox"/> 5 \$20,000 - \$24,999 | <input type="checkbox"/> 6 \$25,000 - \$29,999 <input type="checkbox"/> 7 \$30,000 - \$34,999 <input type="checkbox"/> 8 \$35,000 - \$49,999 <input type="checkbox"/> 9 \$50,000 - \$74,999 <input type="checkbox"/> 10 \$75,000 and over <input type="checkbox"/> 99 Prefer not to answer |
| 20. | Regarding your health insurance, access to healthcare services, and access to medications, do you feel that these... | Check the <u>most</u> appropriate box: <input type="checkbox"/> 1 Are not available to any extent <input type="checkbox"/> 2 Are below the level of your needs | <input type="checkbox"/> 3 Are able to meet your needs <input type="checkbox"/> 4 Exceed your needs <input type="checkbox"/> 9 Prefer not to answer |
| 21. | In your day-to-day life how often have any of the following things happened to you? 1. You are treated with less courtesy or respect than other people. 2. You receive poorer service than other people at restaurants or stores. 3. People act as if they think you are not smart. 4. People act as if they are afraid of you. 5. You are threatened or harassed. | <input type="checkbox"/> 1 Almost every day <input type="checkbox"/> 2 At least once a week <input type="checkbox"/> 3 A few times a month <input type="checkbox"/> 4 A few times a year <input type="checkbox"/> 5 Less than once a year (SKIP TO QUESTION 25) <input type="checkbox"/> 6 Never (SKIP TO QUESTION 25) <input type="checkbox"/> 9 Prefer not to answer (SKIP TO QUESTION 25) | |

Section 2 – Social Determinants of Health and Lifestyle*continued...*

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|-----|---|--|---|
| 22. | What do you think is the main reason for these experiences? | <i>Select all that apply:</i> 22a. <input type="checkbox"/> 1 Your Ancestry or National Origins 22b. <input type="checkbox"/> 1 Your Gender 22c. <input type="checkbox"/> 1 Your Race 22d. <input type="checkbox"/> 1 Your Age 22e. <input type="checkbox"/> 1 Your Religion 22f. <input type="checkbox"/> 1 Your Height | 22g. <input type="checkbox"/> 1 Your Weight 22h. <input type="checkbox"/> 1 Some other Aspect of Your Physical Appearance 22i. <input type="checkbox"/> 1 Your Sexual Orientation 22j. <input type="checkbox"/> 1 Your Education or Income Level 22k. <input type="checkbox"/> 1 A physical disability 22l. <input type="checkbox"/> 1 Your shade of skin color 22m. <input type="checkbox"/> 1 Prefer not to answer |
| 23. | Thinking back over these types of day-to-day experiences, compared with when you were younger, are they more frequent, less frequent, or about the same? | <input type="checkbox"/> 1 More frequent <input type="checkbox"/> 2 Less frequent <input type="checkbox"/> 3 About the same | <input type="checkbox"/> 7 Don't know <input type="checkbox"/> 9 Prefer not to answer |
| 24. | When you have had day-to-day experiences like these, would you say they have been very stressful, moderately stressful, or not stressful? | <input type="checkbox"/> 1 Very stressful <input type="checkbox"/> 2 Moderately stressful <input type="checkbox"/> 3 Not stressful | <input type="checkbox"/> 7 Don't know <input type="checkbox"/> 9 Prefer not to answer |
| 25. | How safe do you feel in your home and community? | <i>Check the <u>most</u> appropriate box:</i> <input type="checkbox"/> 1 Very safe <input type="checkbox"/> 2 Mostly safe | <input type="checkbox"/> 3 Unsafe at times <input type="checkbox"/> 4 Always unsafe <input type="checkbox"/> 9 Prefer not to answer |
| 26. | Within the past 12 months, has a lack of transportation kept you from medical appointments or from doing things needed for daily living? | <i>Check the <u>most</u> appropriate box:</i> <input type="checkbox"/> 1 Always limits you <input type="checkbox"/> 2 Sometimes limits you | <input type="checkbox"/> 3 Rarely limits you <input type="checkbox"/> 4 Never limits you <input type="checkbox"/> 9 Prefer not to answer |
| 27. | How many relatives and/or friends, who do not live with you, are you in close contact with on a regular basis? | <i>Check the <u>most</u> appropriate box:</i> <input type="checkbox"/> 1 None <input type="checkbox"/> 2 1 | <input type="checkbox"/> 3 2-5 <input type="checkbox"/> 4 >5 <input type="checkbox"/> 9 Prefer not to answer |
| 28. | How much time each week do you spend working, traveling (walking, running, cycling) or performing exercise activities that cause large increases in breathing or heart rate for at least 10 minutes continuously? | <i>Check the <u>most</u> appropriate box:</i> <input type="checkbox"/> 1 None <input type="checkbox"/> 2 1 hour or less | <input type="checkbox"/> 3 2.5 hours or less <input type="checkbox"/> 4 More than 2.5 hours <input type="checkbox"/> 9 Prefer not to answer |

Section 3 – Memory

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| 29. | Do you feel like your memory is becoming worse? | <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes, but this does not worry me <input type="checkbox"/> 2 Yes, and this worries me | |
| 30. | About how often do you have trouble remembering things? | <input type="checkbox"/> 1 Very often <input type="checkbox"/> 2 Often <input type="checkbox"/> 3 Sometimes | <input type="checkbox"/> 4 Rarely <input type="checkbox"/> 5 Never |
| 31. | Compared to 10 years ago, would you say that your memory is much worse, a little worse, the same, a little better, or much better? | <input type="checkbox"/> 1 Much worse <input type="checkbox"/> 2 A little worse <input type="checkbox"/> 3 The same | <input type="checkbox"/> 4 A little better <input type="checkbox"/> 5 Much better |

NACC Occupation Codes Addendum

| NACC Occ Codes | Occupation | NACC Occ Code | Occupation | NACC Occ Code | Occupation | NACC Occ Code | Occupation |
|---|--------------------------------------|--|------------------------------------|--|---------------------------------------|--|----------------------------|
| Major professionals/ Higher Executives/ Proprietors of Large Concerns | | Lesser Professionals/ Business Managers of Medium-sized Businesses | | Administrative Personnel/ Small Business Owners/ Minor Professionals | | Clerical and Sales Workers/ Technicians/Owners of Little Businesses | |
| 101 | Architect | 201 | Accountant | 301 | Actors | 401 | Bank Teller |
| 102 | Bank President | 202 | Advertising Executive | 302 | Administrative Assistant | 402 | Bill Collector |
| 103 | Business Owner | 203 | Branch Manager | 303 | Advertising Agent | 403 | Bookkeeper |
| 104 | Certified Public Accountant | 204 | Building Contractor | 304 | Artist | 404 | Claims Examiner |
| 105 | Chief Executive (CEO, CFO, COO) | 205 | Business Manager | 305 | Baker | 405 | Dental Technician |
| 106 | Clergy | 206 | Chiropractor | 306 | Beauty Shop Owner | 406 | Draftsman |
| 107 | Commissioned Officer in the Military | 207 | Computer Programmer | 307 | Chef | 407 | Driving Teacher |
| 108 | Dentist | 208 | Database Developer | 308 | Chief Clerk | 408 | Factory Supervisor |
| 109 | Dentist | 209 | Engineer (No advanced degree) | 309 | Clergy (Not professionally trained) | 409 | Farmer |
| 110 | Economist | 210 | Executive Manager | 310 | Court Reporter | 410 | Flower Shop Worker |
| 111 | Engineer (Masters level or above) | 211 | Farm Owner | 311 | Credit Manager | 411 | Human Resource Interviewer |
| 112 | Lawyer/Judge | 212 | Furniture Business | 312 | Department Store Manager | 412 | Laboratory Technician |
| 113 | Major Contractor | 213 | Government Official | 313 | Deputy Sheriff | 413 | Newstand Operator |
| 114 | Physician | 214 | Jeweler | 314 | Dispatcher | 414 | Post Office Clerk |
| 115 | Professor/University Teacher | 215 | Labor Relations Consultant | 315 | Federal and State Government Official | 415 | Railroad Conductor |
| 116 | Psychologist | 216 | Librarian | 316 | Florist | 416 | Railroad Train Engineer |
| 117 | Research Scientist (PhD) | 217 | Manufacturing Owner | 317 | Funeral Director | 417 | Route Manager |
| 118 | Veterinarian | 218 | Musician | 318 | Government Official | 418 | Sales Clerk |
| 119 | VP of Large Business | 219 | Nurses | 319 | Insurance Agent | 419 | Secretary/Stenographer |
| | | 220 | Office Manager | 320 | Laboratory Assistant | 420 | Shipping Clerk |
| | | 221 | Optician | 321 | Landscape Planner | 421 | Tailor |
| | | 222 | Personnel Manager | 322 | Military Non-Commissioned Officer | 422 | Tax Clerk |
| | | 223 | Pharmacist | 323 | Mortician | 423 | Telephone Company Worker |
| | | 224 | Police Chief/Sheriff | 324 | Newspaper/TV Reporter | 424 | Telephone Operator |
| | | 225 | Postmaster | 325 | Oral Hygienist | 425 | Timekeeper |
| | | 226 | Production Manager (TV/Radio) | 326 | Photographer | 426 | Toll Collector |
| | | 227 | Public Health Officer | 327 | Piano Teacher | 427 | Tower Operator |
| | | 228 | Purchasing Manager | 328 | Plumber | 428 | Truck Dispatcher |
| | | 229 | Real Estate Broker | 329 | Radio/TV Announcer | 429 | Typist |
| | | 230 | Research Assistant | 330 | Real Estate Agent | 430 | Utility Worker |
| | | 231 | Sales Engineer | 331 | Restaurant Owner | 431 | Warehouse Clerk |
| | | 232 | Sales Manager | 332 | Sales Representative | 432 | Window Store Trimmer |
| | | 233 | Social Worker | 333 | Service Manager | | |
| | | 234 | Teacher (Elementary & High School) | 334 | Small Business Owner | | |
| | | 235 | Theatre Owner | 335 | Store Manager | | |
| | | | | 336 | Surveyor | | |
| | | | | 337 | Title Searcher | | |
| | | | | 338 | Tool Designer | | |
| | | | | 339 | Traffic Manager | | |
| | | | | 340 | Travel Agent | | |
| | | | | 341 | Yard Master (Railroad) | | |

NACC Occupation Codes Addendum

| NACC Occ Codes | Occupation | NACC Occ Code | Occupation | NACC Occ Code | Occupation | NACC Occ Code | Occupation |
|--------------------------|-----------------------|--------------------------------------|----------------------|--|--|---------------------|--------------------------|
| Skilled Manual Employees | | Skilled Manual Employees (continued) | | Machine Operators/ Semiskilled Employees | | Unskilled Employees | |
| 501 | Auto Body Repairman | 538 | Piano Tuner | 601 | Apprentice (Electrician/ Printers/etc) | 701 | Amusement Park Worker |
| 502 | Barber | 539 | Plumber | 602 | Assembly Line Worker | 702 | Cafeteria Worker |
| 503 | Blacksmith | 540 | Policeman | 603 | Bartender | 703 | Car Cleaner |
| 504 | Boiler Repairman | 541 | Postman | 604 | Building Superintendent | 704 | Construction Laborer |
| 505 | Bookbinder | 542 | Printer | 605 | Bus Driver | 705 | Dairy Worker |
| 506 | Brewer | 543 | Radio/TV Maintenance | 606 | Cab/Taxi Driver | 706 | Deck Hand |
| 507 | Bulldozer Operator | 545 | Repairman | 607 | Cashier | 707 | Domestic |
| 508 | Bulldozer Operator | 546 | Sheetmetal Worker | 608 | Cook (Short Order) | 708 | Farm Helper |
| 509 | Cabinet Maker | 547 | Shipsmith | 609 | Deliveryman | 709 | Fisherman |
| 510 | Carpenter | 548 | Shoe Repairman | 610 | Dry Cleaning Presser | 710 | Freight Handler |
| 511 | Cement Layer/Finisher | 549 | Tile Layer | 611 | Elevator Operator | 711 | Grave Digger |
| 512 | Cheese Maker | 550 | Tool Maker | 612 | Enlisted Military Personnel | 712 | Homemaker |
| 513 | Construction Foreman | 551 | Upholsterer | 613 | Factory Machine Operator | 713 | Hospital Housekeeper |
| 514 | Diemaker | 552 | Utility Lineman | 614 | Factory Worker | 714 | Janitor |
| 515 | Electrician | 553 | Watchmaker | 615 | Foundry Worker | 715 | Junk/Recycle Sorter |
| 516 | Engraver | 554 | Weaver | 616 | Garage/Gas Station Assistant | 716 | Laundry Worker |
| 517 | Exterminator | 555 | Welder | 617 | Greenhouse Worker | 717 | Messenger |
| 518 | Fireman | | | 618 | Guard/Security Watchman | 718 | Peddler |
| 519 | Gardner/Landscaper | | | 619 | Housekeeper | 719 | Porter |
| 520 | Glassblower | | | 620 | Machine Operator | 720 | Roofer/Laborer |
| 521 | Glazier | | | 621 | Meat Cutter/Packer | 721 | Shoe Shiner |
| 522 | Gun Smith | | | 622 | Meter Reader | 722 | Stagehand |
| 523 | Hair Stylist | | | 623 | Oil Deliveryman | 723 | Stock Handler |
| 524 | Home Repairman | | | 624 | Practical Nurse | 724 | Street Cleaner |
| 525 | Kitchen Worker (Cook) | | | 625 | Pump Operator | 725 | Unemployed |
| 526 | Locksmith | | | 626 | Receiver and Checker | 726 | Unskilled Factory Worker |
| 527 | Machinist | | | 627 | Roofer | 727 | Unspecified Laborer |
| 528 | Mailman | | | 628 | Seamstress | 728 | Window Cleaner |
| 529 | Maintenance Foreman | | | 629 | Signal Man (Railroad) | 729 | Woodchopper |
| 530 | Mason | | | 630 | Tester | | |
| 531 | Mechanic | | | 631 | Truck Driver | | |
| 532 | Millwright | | | 632 | Waiter/Waitress | | |
| 533 | Painter | | | 633 | Wine Bottler | | |
| 534 | Painter | | | 634 | Wood Worker | | |
| 535 | Paperhanger | | | 635 | Wrapper (Store/Factory) | | |
| 536 | Patrolman | | | | | | |
| 537 | Piano Builder | | | | | | |