

## Form A1: Participant Demographics

ADRC: _____		PTID: _____		Form date: ____/____/____		Visit #: _____		Examiner's initials: _____	
<b>Language:</b> <input type="checkbox"/> 1 English <input type="checkbox"/> 2 Spanish	<b>Administration:</b> <input type="checkbox"/> 1 Self-administered <input type="checkbox"/> 2 Staff-administered	<b>Mode:</b> <input type="checkbox"/> 1 In-person <input type="checkbox"/> 2 Remote (reason): ____ <input type="checkbox"/> 1 Telephone <input type="checkbox"/> 2 Video <input type="checkbox"/> 3 Mail <input type="checkbox"/> 4 Electronic (e.g., email)	<b>Key (remote reason):</b> 1=Too cognitively impaired 2=Too physically impaired 3=Homebound/nursing home 4=Refused in-person visit 5=Other						

**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 Form A1**. Check only one box per question unless otherwise specified.

### Section 1 — Demographics

The next two questions ask about your gender identity and sexual orientation. 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.

<b>1.</b> Which term(s) best describes your current gender identity? (Check all that apply)	<b>1a.</b> <input type="checkbox"/> 1 Man <b>1b.</b> <input type="checkbox"/> 1 Woman <b>1c.</b> <input type="checkbox"/> 1 Transgender man <b>1d.</b> <input type="checkbox"/> 1 Transgender woman <b>1e.</b> <input type="checkbox"/> 1 Non-binary/genderqueer <b>1f.</b> <input type="checkbox"/> 1 Two-Spirit (if you are AIAN) <b>1g.</b> <input type="checkbox"/> 1 I use a different term ( <b>SPECIFY</b> ): _____ <b>1h.</b> <input type="checkbox"/> 1 Don't know <b>1i.</b> <input type="checkbox"/> 1 Prefer not to answer
<b>2.</b> Which term(s) best describes your sexual orientation? (Check all that apply)	<b>2a.</b> <input type="checkbox"/> 1 Lesbian or gay <b>2b.</b> <input type="checkbox"/> 1 Straight/heterosexual <b>2c.</b> <input type="checkbox"/> 1 Bisexual <b>2d.</b> <input type="checkbox"/> 1 Two-Spirit (if you are AIAN) <b>2e.</b> <input type="checkbox"/> 1 I use a different term ( <b>SPECIFY</b> ): _____ <b>2f.</b> <input type="checkbox"/> 1 Don't know <b>2g.</b> <input type="checkbox"/> 1 Prefer not to answer
<b>3.</b> What is your <u>current</u> marital status?	<input type="checkbox"/> 1 Married <input type="checkbox"/> 2 Widowed <input type="checkbox"/> 3 Divorced <input type="checkbox"/> 4 Separated <input type="checkbox"/> 5 Never married (or marriage was annulled) <input type="checkbox"/> 6 Living as married / domestic partner <input type="checkbox"/> 9 Don't know
<b>4.</b> What is your living situation?	<input type="checkbox"/> 1 Live alone <input type="checkbox"/> 2 Live with one other person: a spouse or partner <input type="checkbox"/> 3 Live with one other person: a relative, friend, or roommate <input type="checkbox"/> 4 Live with caregiver who is not spouse/partner, relative, or friend <input type="checkbox"/> 5 Live with a group (related or not related) in a private residence <input type="checkbox"/> 6 Live in group home (e.g., assisted living, nursing home, convent) <input type="checkbox"/> 9 Don't know
<b>5.</b> What is your primary type of residence?	<input type="checkbox"/> 1 Single- or multi-family private residence (apartment, condo, house) <input type="checkbox"/> 2 Retirement community or independent group living <input type="checkbox"/> 3 Assisted living, adult family home, or boarding home <input type="checkbox"/> 4 Skilled nursing facility, nursing home, hospital, or hospice <input type="checkbox"/> 6 Do not have housing (e.g., staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park) <input type="checkbox"/> 9 Don't know

**Section 1 — Demographics***continued...*

6.	What are the first three digits of the ZIP code of your primary residence? (For example, if your ZIP code is 12345, enter 123.)	____ _ (If unknown, leave blank)
7.	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 <input type="checkbox"/> 9 Don't know
8.	How much time in total do you spend each week exercising or engaged in physically strenuous activities that cause increases in your breathing or heart rate for at least 10 minutes continuously?  (Include activity at work, traveling to and from places, fitness activities, and recreational activities.)	<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"/> 8 Prefer not to answer <input type="checkbox"/> 9 Don't know

**Section 2 — Memory**

9.	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 <input type="checkbox"/> 9 Don't know / Prefer not to answer
10.	About how often do you have trouble remembering things?	<input type="checkbox"/> 1 Never <input type="checkbox"/> 2 Rarely <input type="checkbox"/> 3 Sometimes <input type="checkbox"/> 4 Often <input type="checkbox"/> 5 Very often <input type="checkbox"/> 9 Don't know / Prefer not to answer
11.	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 better <input type="checkbox"/> 2 A little better <input type="checkbox"/> 3 The same <input type="checkbox"/> 4 A little worse <input type="checkbox"/> 5 Much worse <input type="checkbox"/> 9 Don't know / Prefer not to answer

**For ADRC use only:**

The next two questions use the Area Deprivation Index (ADI) lookup at <a href="https://www.neighborhoodatlas.medicine.wisc.edu/mapping">https://www.neighborhoodatlas.medicine.wisc.edu/mapping</a> . Enter the participant's state and full address.		
12.	ADI state-only decile:	____ _ (If unknown, leave blank)
13.	ADI national percentile:	____ _ (If unknown, leave blank)