



Form A1: Participant Demographics

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

Visit #: _____ Examiner's initials: _____

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?	<p><i>Check <u>all</u> that apply:</i></p> <p>2a. <input type="checkbox"/> 1 White</p> <p>2b. <input type="checkbox"/> 1 Black or African American</p> <p>2c. <input type="checkbox"/> 1 American Indian or Alaska Native</p> <p>2d. <input type="checkbox"/> 1 Native Hawaiian or other Pacific Islander</p>	<p>2e. <input type="checkbox"/> 1 Asian</p> <p>2f. <input type="checkbox"/> 1 Hispanic</p> <p>2g. <input type="checkbox"/> 1 Other (SPECIFY): _____</p> <p>2h. <input type="checkbox"/> 1 Unknown</p>
<p>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.</p>			
3.	Which term(s) best describes your current gender identity?	<p><i>Check <u>all</u> that apply:</i></p> <p>3a. <input type="checkbox"/> 1 Man</p> <p>3b. <input type="checkbox"/> 1 Woman</p> <p>3c. <input type="checkbox"/> 1 Transgender man</p> <p>3d. <input type="checkbox"/> 1 Transgender woman</p> <p>3e. <input type="checkbox"/> 1 Non-binary/genderqueer</p>	<p>3f. <input type="checkbox"/> 1 Two-Spirit (if respondent is AIAN)</p> <p>3g. <input type="checkbox"/> 1 I use a different term (SPECIFY): _____</p> <p>3h. <input type="checkbox"/> 1 Don't know</p> <p>3i. <input type="checkbox"/> 1 Prefer not to answer</p>
4.	What sex were you assigned at birth, on your original birth certificate?	<p><i>Select one:</i></p> <p><input type="checkbox"/> 1 Male</p> <p><input type="checkbox"/> 2 Female</p> <p><input type="checkbox"/> 3 Don't know</p> <p><input type="checkbox"/> 9 Prefer not to answer</p>	
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?	<p><input type="checkbox"/> 0 No</p> <p><input type="checkbox"/> 1 Yes</p> <p><input type="checkbox"/> 2 Don't know</p> <p><input type="checkbox"/> 9 Prefer not to answer</p>	

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...*

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

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...*

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

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						