Caregiver Demographics Tool

inTeleScans powered by Teleform

Protocol ID:	Research Participant #	UPN:	Evaluation Code	Nurse ID:	Institution:
ProtocolID	RPN	UPN	EvaluationCode	NurseID	Institution

Because this is a computer read form, please use **BLACK ink only.** Please solidly fill bubbles for choice responses.

1. What was your age at your last birthday? Age

Gender

2. What is your gender? 1 Male 2 Female

3. PatientRelation ship to the Patient?
1 Spouse/Partner 2 Parent 3 Daughter 4 Son 5 Other, specify: SKFIPatientRelation

HispanicLatinoYN

4. Are you Hispanic/Latino? 1 Yes 0 No

5. RACE your race? (Fill in all that apply)
RaceCaucasian RaceAfricanAmerican RaceAsian RaceMiddleEastern
RaceNativeAmerican RaceOther ɔecify: SKFIRace

6. Education e highest level of formal education you completed?
1 Elementary School 2 Secondary/High School 3 College

7. Religion ɹr religious preference?
1 Protestant (e.g. Baptist, Methodist, Lutheran, Episcopalian, Evangelical, etc.)
4 Catholic
7 Jewish
9 Muslim
2 Buddhist
5 Mormon/LDS
8 Jehovah's Witness
10 Seventh Day Adventist
3 None
6 Other, specify: SKFIReligion

8. MaritalStatus ɜnt marital status?
1 Single 8 Widowed 4 Divorced
2 Separated 3 Married 7 Partnered

9. LiveWith do you live? (Fill in all that apply)
LiveSpousePartner
LiveChildrenYounger ɜars or younger
LiveChildrenOlder years or older
LiveParents Parent(s)-In-Law
LiveRelatives e, specify: SKFILiveWithOtherRelative
LiveAlone ne
LiveOther pecify: SKFILiveWithOther

10. EmploymentStatus mployment status?(Fill in all that apply)
Self ɜlf-employed
AtLeast32Hr ≥ 32 hours per week
Less32Hr yed < 32 hours per week
FTStudent ɜ student
PTStudent e student
Homemaker er
MedicalLeave l leave
Disabled ɜd
Unemployed yed
Retired ɜd
Other ıer, specify:
SKFIEmploymentStatus

©Copyright City of Hope,
COHADM3044v00 rev: 02/24/2015

0 0 0 1

18670

Annotations modified: 2/25/2015

CarBITS.dbo.NurseCaregiverDemogTool (vNurseCaregiverDemogTool)

Protocol ID:	Research Participant #:	UPN:	Evaluation Code:	Nurse ID:	Institution:

Because this is a computer read form, please use **BLACK ink only.** Please solidly fill bubbles for choice responses.

11. HouseholdIncome household income?
    - 1 $10,000 or less
    - 2 $10,001 to $20,000
    - 3 $20,001 to $30,000
    - 4 $30,001 to $40,000
    - 5 $40,001 to $50,000
    - 6 Greater than $50,000
    - 7 Prefer not to answer

SurgeryIllnessYN

12. In the past 3 months, did you have a surgery or other procedures for an illness? 1 Yes 0 No

13. CoMorbidity lnesses do you have? (Fill in all that apply)
    - None
    - Asthma a
    - Bronchitis ronchitis
    - COPD PD/Emphysema
    - Anxiety ty
    - Depression on
    - Arthritis
    - Osteoporosis sis
    - Diabetes es
    - Hypothyroidism m
    - Hypertension on
    - CHF ngestive Heart Failure
    - HeartDisease se
    - HighColesterol rol
    - GI tomach or gastrointestinal disorders
    - Obesity ity
    - Cancer cer
    - OtherA ther, specify: SKFICoMorbidA
    - OtherB ther, specify: SKFICoMorbidB

PrimaryMDYN

14. Do you have a primary doctor who manages your health? 1 Yes 0 No

15. Which of the following best describes your smoking history? (Choose only one)

SmokingHx

- 1 I have never smoked → **Skip to Question 17**
- 2 I currently smoke → Have yo TriedToQuitSmokingYN: 1 Yes 0 No → TriedToQuitSmokingHow
  - Patches es
  - Medications ns
  - ColdTurkey rkey"
  - Counseling ng
  - TryOther specify SKFIQuitSmokingHow
- 3 I was once a smoker → When did you quit?
  - Month: QuitSmokingWhenMonth
  - Year: QuitSmokingWhenYear

16. If you currently smoke OR have been a smoker in the past:
    How many packs per day on average? PacksSmokedDay any total years of smoking? YearsSmoking

OtherTobaccoYN

17. Do you use other tobacco products? (chewing tobacco, snuff, pipes, cigars, etc.) 1 Yes 0 No

SecondHandSmokeYN

18. Are you exposed to second-hand smoke? (at home or in the workplace) 1 Yes 0 No

©Copyright City of Hope,