



ANX DEMOGRAPHICS FORM

ID NUMBER:

FORM CODE:

DATE: 07/21/2022
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

Instructions: Enter the answer given by the ACHIEVE de novo participant for each response.

[HAND RESPONSE CARD 1 TO PARTICIPANT AND READ EACH CATEGORY ALOUD.]

1. I would like you to look at this card while I read it to you. Please tell me the letter which best describes your CURRENT employment status.

- A = Homemaking, not working outside the home → go to Item 4
- B = Employed at a job for pay, either full or part-time → go to Item 3
- C = Employed, but temporarily away from my regular work..... → go to Item 3
- D = Unemployed, looking for work → go to Item 3
- E = Unemployed, not looking for work → go to Item 3
- F = Retired from my usual occupation and not working
- G = Retired from my usual occupation, but working for pay

2. Did you retire because of health reasons?

- Y = Yes → go to Item 4
- N = No → go to Item 4

[HAND RESPONSE CARD 2 TO RESPONDENT AND READ ALOUD (if necessary)]

3. Please look at the categories on the card and tell me the letter that best describes your current or most recent occupation. If you cannot decide, tell me your occupation and we can decide together.

- A = Homemaker
- B = Technician, sales, or clerical
- C = Mechanic, repairman, construction worker or craftsman
- D = Service: hairdresser, domestic, restaurant, security
- E = Management, professional
- F = Farming, forestry, fishing
- G = Driver, machine operator, sanitation, laborer
- H = Unknown

[HAND RESPONSE CARD 3 TO RESPONDENT AND READ ALOUD (if necessary)]

4. Please look at this card. Which of these income groups represents your total combined family income for the past 12 months? Include income from all sources such as wages,

salaries, social security or retirement benefits, help from relatives, rent from property, and so forth. Please tell me the letter only.

- _A = Under \$5,000
- _B = \$5,000 - \$7,999
- _C = \$8,000 - \$11,999
- _D = \$12,000 - \$15,999
- _E = \$16,000 - \$24,999
- _F = \$25,000 - \$34,999
- _G = \$35,000 - \$49,999
- _H = \$50,000 - \$74,999
- _I = \$75,000 - \$99,999
- _J = \$100,000 and over

5. On average, how many people lived in your house during the last 12 months?

6a. No longer used

6b. No longer used

7. What is your first name?

8. What is your last name?

9. What is your date of birth? //
Month Day Year

10. What is your sex?

- _F = Female
- _M = Male

11. No longer used

12. No longer used

a. No longer used

b. No longer used

c. No longer used

13. What is your primary spoken language?

- _E = English
- _S = Spanish
- _O = Other

14. What is the highest grade or year of school you completed?

- _E = Eighth grade or less
- _S = Some high school

- _H = High school graduate or GED Certificate
- _C = Some college or Technical School
- _B = College graduate (Bachelor's Degree)
- _P = Postgraduate or professional degree

15. What is your current marital status?

- _M = Married
- _L = Living with partner
- _D = Divorced
- _S = Separated
- _W = Widowed
- _N = Single, never married

16. What is your current address?

- a. Street Address 1: _____
- b. Street Address 2: _____
- c. City: _____
- d. State: _____
- e. Zip Code: _____

17. What is your home phone number? - -

18. What is your cell phone number? - -

19. What is your current email address?

20. Which of these methods is the best way to contact you?

- _H = Home Phone
- _C = Cell Phone
- _E = Email
- _P = Postal Mail
- _T = Other Electronic Device (e.g. tablet)

21. Will you provide the contact information (name, address, phone number, and email address) of someone who would be able to provide study data on your behalf? This person will be asked to agree to provide information about you prior to being interviewed.

a. First Name: _____

b. Last Name:

c. Address:

d. City:

e. State:

f. Zip Code:

g. Primary Telephone: - -

h. Alternate Telephone: - -

i. Email Address:

PHYSICIAN INFORMATION

22a. Physician First Name: _____

b. Physician Last Name: _____

23. Physician Mailing Address:

a. Clinic/Building: _____

b. Address 1: _____

c. Address 2: _____

d. City: _____

e. State:

f. Zip Code: -

LEGALLY AUTHORIZED REPRESENTATIVE CONTACT INFORMATION

24. Will you provide the contact information (name, address, telephone number, and email address) of someone who would be able to provide consent to participate in the research study on your behalf? The identified person is considered to be a legally authorized representative (LAR) or research agent and may or may not be the same person identified in Question 21.

a. First Name:

b. Last Name:

c. Address:

d. City:

e. State:

f. Zip Code:

g. Primary Telephone: - -

h. Alternate Telephone: - -

i. Email Address:
