



## **INSTRUCTIONS FOR THE DEMOGRAPHICS (DEMG) FORM**

### **I. General Instructions**

The Demographics Form is completed during the interview portion of the participant's clinic visit. The interviewer must be certified.

All interviewers must be consistent in reading the questions clearly and using the exact wording on the form. It is important that there be no omissions or additions in reading the questions. Do not add any interpretations. Problems should be recorded in a note log.

### **II. Detailed Instructions For Each Item**

#### **Background**

1. Record the participant's date of birth (MM/DD/YYYY).
2. Record the participant's sex at birth.
3. Record whether the participant is Hispanic or Latino(a).
4. a-c. Record the participant's race(s).
  - a. Check the box that corresponds to their response on their primary racial background( Add any other options in a notelog)
  - b. Check the box that corresponds to their response on their secondary racial background. If they do not have a secondary racial background leave this blank.
  - c. Check the box that corresponds to their response on their tertiary racial background. If they do not have a tertiary racial background leave this blank.
5. Record the participant's highest level of education.
6. Record the participant's marital status.

#### **Insurance**

7. Record whether the participant has health insurance and the type they have (a-d). If they do not have health insurance, skip to Question 8.
  - a. Record whether the participant has a prepaid insurance or health plan. This includes plans provided by health insurance companies like Blue Cross Blue Shield.
  - b. Record whether the participant has Medicare.
  - c. Record whether the participant has Medicaid.
  - d. Record whether the participant has another type of health insurance not asked in (a-c).

## Occupation

8. Hand response card 1 to the participant and read each category aloud. Read Question 8 aloud, emphasizing the underlined word, and check the box which corresponds to the participant's current occupation.
  - If the response to Question 8 is a, b, c, d, or e: Skip to Question 10.
9. Record whether the participant retired due to health reasons.
10. Hand response card 2 to the participant and read aloud (if necessary). For a "Prefer not to answer" option **use field status drop down**. Read Question 10 aloud and check the box which corresponds to the participant's income group.
11. This question asks about the number of people (not including yourself) living in the participants house in the past year. Read the question aloud and record the participants response.
12. Record whether the participant is caring for a sick or disable relative.

## ARIC Linkage

13. Record whether the participant knows anyone in the ARIC study. If the answer is no, go to the end of the form.
14. Record if the participant has a family member in the ARIC study. If the answer is no, skip to Question 19.
15. Record how many family members are in the ARIC study.
16. Record the name of the **first** family member.
  - 16a. Record the date of birth of that family member.
  - 16b. Enter the ARIC cohort ID of that family member.
  - 16c. Choose the relationship to this family member (drop down).
17. Record the name of the **second** family member.
  - 17a. Record the date of birth of that family member.
  - 17b. Enter the ARIC cohort ID of that family member.
  - 17c. Choose the relationship to this family member (drop down).
18. Record the name of the **third** family member.
  - 18a. Record the date of birth of that family member.
  - 18b. Enter the ARIC cohort ID of that family member.
  - 18c. Choose the relationship to this family member (drop down).
19. Record if the participant has a friend or neighbor in the ARIC study.
  - 19a. Record the name of the friend or neighbor.
  - 19b. Enter the ARIC cohort ID of that friend or neighbor.