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| ***Tell us about yourself:*** | |
| **1**. **My age falls into the following group**:  \_\_\_\_ Younger than age 30  \_\_\_\_ 31-40  \_\_\_\_ 41-50  \_\_\_\_ 51-60  \_\_\_\_ 61-70  \_\_\_\_ 71 years and older | **2. I am**:  \_\_\_\_ Female  \_\_\_\_ Male |
| **3**. **I am a (select the ONE that best describes you):**  \_\_\_\_ Person with Alzheimer’s or related dementia  \_\_\_\_ Caregiver for a person with memory loss  \_\_\_\_ Caregiver | **4. I am caregiving for:**  \_\_\_\_ Spouse or partner  \_\_\_\_ Parent  \_\_\_\_ Child  \_\_\_\_ Myself  \_\_\_\_ Other Caregiver |
| **5. I live in a:**  \_\_\_\_ Urban area (community of more than 50,000 people)  \_\_\_\_ Rural area | **6. I have:**  \_\_\_\_ Served in the military  \_\_\_\_ Not served in the military |
| **7. I would describe myself as**:  \_\_\_\_ Hispanic or Latino  \_\_\_\_ Not Hispanic or Latino | **8. My race is:**  \_\_\_\_ American Indian or Alaskan Native  \_\_\_\_ Asian or Asian American  \_\_\_\_Black or African American  \_\_\_\_ Native Hawaiian or other Pacific  Islander  \_\_\_\_ White |
| **9. I would consider myself:**  \_\_\_\_ Minority  \_\_\_\_ Not Minority | **10. If the person you are caring for has dementia, what is their living arrangement**:  \_\_\_\_ Lives alone, has an identified  caregiver  \_\_\_\_ Live alone, no identified caregiver  \_\_\_\_ Does not live alone |
| **11. How did you hear about AAA services:**  \_\_\_\_ Area for Aging Website \_\_\_\_ Community service provider  \_\_\_\_ Healthcare provider \_\_\_\_ Advertisement  \_\_\_\_ Employer or colleague \_\_\_\_ Family member or friend  \_\_\_\_ Other, please describe: | |

*Your participation in the evaluation is voluntary and confidential. You may skip any question(s) you do not feel comfortable answering. If you have questions, contact your class leaders or Sarah Toevs, Director, Study of Aging, 1910 University Drive, Boise ID 83725-1835, 208-426-2452 or the Institutional Review Board at Boise State University, Office of Research Administration, 1910 University Drive, Boise, ID 83725-1135 or (208) 426-1574. Completion of this survey implies your consent to participate. Thank You!*

**Caregiver Assessment Participant Demographics**