DEMOGRAPHICS FORM

ARIC GENERATION 2

ID NUMBER: ☐☐☐☐☐☐   FORM CODE: | D | E | M | G |

ADMINISTRATIVE INFORMATION

0a. Completion Date: ☐☐ / ☐☐ / ☐☐☐☐
　　　　　　　　　　　Month　　Day　　　Year

0b. Staff ID: ☐☐☐

A. BACKGROUND

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

2. What is your sex?

　　☐ F = Female

　　☐ M = Male

3. Are you Hispanic or Latino(a)?

　　☐ Y = Yes

　　☐ N = No

4. Which of the following best describes your racial background? *(select one or more)*

　　4a. Race #1:
　　　　☐ A = Asian
　　　　☐ B = Black or African American
　　　　☐ I = American Indian/Native American
　　　　☐ N = Native Hawaiian/Pacific Islander
　　　　☐ W = White

　　4b. Race #2:
　　　　☐ A = Asian
　　　　☐ B = Black or African American
　　　　☐ I = American Indian/Native American
　　　　☐ N = Native Hawaiian/Pacific Islander
　　　　☐ W = White

　　4c. Race #3:
　　　　☐ A = Asian
　　　　☐ B = Black or African American
　　　　☐ I = American Indian/Native American
　　　　☐ N = Native Hawaiian/Pacific Islander
　　　　☐ W = White

5. 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

6. What is your current marital status?
☐M = Married
☐L = Living with partner
☐D = Divorced
☐S = Separated
☐W = Widowed
☐N = Single, never married

B. INSURANCE

7. Do you have health insurance, Medicaid, Medicare, or a medical plan, such as an HMO, which pays part of a hospital, doctor's, or surgeon's bill?
Yes .... ☐Y
No .... ☐N→ **GO TO QUESTION 8**

7a. Prepaid insurance or health plan, such as Blue Cross Blue Shield or HMO?
Yes .... ☐Y
No .... ☐N

7b. Medicare
Yes .... ☐Y
No .... ☐N

7c. Medicaid
Yes .... ☐Y
No .... ☐N

7d. Other
Yes .... ☐Y
No .... ☐N

C. OCCUPATION

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

8. I would like you to look at this card while I read it to you. Please tell me the letter which <u>best</u> describes your CURRENT occupation.

   ☐A = Homemaking, not working outside the home ....→ go to Item 10
   ☐B = Employed at a job for pay, either full or part-time ....→ go to Item 10
   ☐C = Employed, but temporarily away from my regular work ....→ go to Item 10
   ☐D = Unemployed, looking for work ....→ go to Item 10
   ☐E = Unemployed, not looking for work ....→ go to Item 10
   ☐F = Retired from my usual occupation and not working
   ☐G = Retired from my usual occupation, but working for pay

9. Did you retire because of health reasons?

   Yes ....☐Y
   No..☐N

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

10. 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 - $124,999
    ☐K = $125,000 - $149,999
    ☐L = $150,000 or more

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

12. Are you currently caring for a sick or disabled relative?

    Yes ....☐Y
    No..☐N

D. ARIC LINKAGE

13. Do you know anyone who is already part of the ARIC study?

Yes .... ☐ Y
No .... ☐ N → **GO TO END OF FORM**

14. Do you have a family member who is already part of the ARIC study?

Yes .... ☐ Y
No .... ☐ N → **GO TO ITEM 19**

15. How many family members are a part of the ARIC study? ☐☐

16. What is the name of your [first] family member?

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

16a. What is the date of birth of your [first] family member?
☐☐ / ☐☐ / ☐☐☐☐
Month   Day   Year

16b. ID of family member: ☐☐☐☐☐☐☐

16c. Relationship to this family member? ☐ ▼

17. What is the name of your [second] family member?

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

17a. What is the date of birth of your [second] family member?
☐☐ / ☐☐ / ☐☐☐☐
Month   Day   Year

17b. ID of family member: ☐☐☐☐☐☐☐

17c. Relationship to this family member? ☐ ▼

18. What is the name of your [third] family member?

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

18a. What is the date of birth of your [third] family member?
☐☐ / ☐☐ / ☐☐☐☐
Month   Day   Year

18b. ID of family member: ☐☐☐☐☐☐☐

18c. Relationship to this family member? ☐ ▼

19. Do you have a friend or neighbor who is part of the ARIC study?

Yes ....☐ Y
No...☐ N → **GO TO END OF FORM**

19a. What is the name of your friend/neighbor?
☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

19b. ID of friend/neighbor member: ☐☐☐☐☐☐☐

Appendix 1

Drop-down menu items for 'Relationship' questions on the DEM.

Relationship	Value in CDART
AUNT	A
BROTHER	B
BROTHER (IN LAW)	C
BROTHER (STEP)	D
COUSIN	E
EX WIFE	F
FATHER	G
FATHER (IN LAW)	H
FATHER (STEP)	I
HUSBAND	J
MOTHER	K
MOTHER (IN LAW)	L
MOTHER (STEP)	M
SISTER	N
SISTER (IN LAW)	O
SISTER (STEP)	P
UNCLE	Q
WIFE	R
OTHER - SPECIFY IN NOTE LOG	S