



Caregiver Information (CA-1)

Purpose: Record demographic information about the caregiver.
When: At EN visit and any time a caregiver changes.
Completed by: CitAD certified coordinator.
Information obtained from: Caregiver.
Instructions: This form is to be completed at the enrollment visit and any time when the caregiver changes. The caregiver should sign consent prior to participating in the study.

A. Clinic, patient, and visit identification

1. Clinic ID: _____
2. Patient ID: C _____
3. Patient four-letter code: _____
4. Date of visit:
 ____ - ____ - ____
 day month year
5. Visit ID: _____
6. Form revision date:
 1 1 - a u g - 0 9
 day month year
7. Caregiver four-letter code: _____

B. Caregiver demographic information

8. Age: _____ years
9. Date of birth:
 ____ - ____ - ____
 day month year
10. Gender:
 Male (1)
 Female (2)
11. *Read question as written:* How do you primarily describe your ethnicity (*check only one*):
 Hispanic or Latino (1)
 Not Hispanic or Latino (2)

12. Read question as written: How do you primarily describe your race (*check only one*):

- White (1)
 - Black or African American (2)
 - American Indian/Alaskan Native (3)
 - Asian (4)
 - Native Hawaiian or other Pacific Islander (5)
 - Other (6)
- _____ specify

13. What is the caregiver's marital status: (*check only one*):

- Married (1)
- Widowed (2)
- Separated (3)
- Divorced (4)
- Never married (5)

14. What is the highest level of school or educational degree obtained (*check only one*):

- No formal education (1)
- Some schooling, no high school diploma (2)
- High school diploma or General Education Development (GED) certificate (3)
- Some college (4)
- Associate's degree (5)
- College degree; BA, BSc, etc. (6)
- Some graduate work (7)
- Post baccalaureate degree; MA; MSc, etc. (8)
- Some doctoral work (9)
- Doctoral degree (PhD, MD, JD, PharmD, etc.) (10)

15. Total number of complete years of formal education: _____ years

16. What is the relationship of the caregiver to the patient (*check only one*):

- Spouse (1)
- Significant other (2)
- Sibling (3)
- Son/son-in-law/daughter/
daughter-in-law (4)
- Grandchild (5)
- Paid caregiver (6)
- Friend (7)
- Parent/parent-in-law (8)
- Other (9)

_____ specify

C. Administrative information

17. Date form reviewed by study coordinator:

____-____-____
day month year

18. Study coordinator ID: _____

19. Study coordinator signature:
