

**Focus Group Participant Information Questionnaire
Residents/Family Members**

Please complete this questionnaire. This information will be used only for summarizing participant information at this meeting. Please DO NOT write your name or address on this questionnaire.

Date: _____

Time: _____

1. I am the:

- Resident
- Family member (SPECIFY): _____
- Friend
- Guardian
- Other: _____

2. I live in a (respond on behalf of resident if the respondent is not the resident):

- Nursing home
- Board and care home (assisted living, residential care, and other non-nursing home settings)
- Other: _____

3. I am:

- Male
- Female

4. I was born in _____.

5. My marital status is:

- Single, never married
- Married or domestic partnership
- Widowed
- Divorced
- Separated

6. I am:

- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- White
- Black or African American
- Asian
- Other (SPECIFY): _____

THANK YOU FOR YOUR HELP!

INSERT OMB INFORMATION HERE