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:
   9__ Resident
   9__ Family member (SPECIFY):__________
   9__ Friend
   9__ Guardian
   9__ Other: ___________________________

2. I live in a (respond on behalf of resident if the respondent is not the resident):
   9__ Nursing home
   9__ Board and care home (assisted living, residential care, and other non-nursing home settings)
   9__ Other: ___________________________

3. I am:
   9__ Male
   9__ Female

4. I was born in ____.

5. My marital status is:
   9__ Single, never married
   9__ Married or domestic partnership
   9__ Widowed
   9__ Divorced
   9__ Separated

6. I am:
   9__ American Indian or Alaska Native
   9__ Native Hawaiian or other Pacific Islander
   9__ White
   9__ Black or African American
   9__ Asian
   9__ Other (SPECIFY): ___________________________

THANK YOU FOR YOUR HELP!

INSERT OMB INFORMATION HERE