

Date //

Participant ID

Attachment G
PARTICIPANT DEMOGRAPHIC INFORMATION

For optimum accuracy, please print carefully in capital letters and avoid contact with the edges of the box. Use the following as examples:

A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

For choice questions, please mark only one box:

1. Marital Status

- Single, Never Married
- Married
- Widowed
- Separated
- Divorced
- Common-Law (Living together but not legally married)
- Living with a Significant Other or Partner

Public reporting burden for this collection of information is estimated to average 6 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Form Approved: OMB Number 0935-XXXX Exp. Date xx/xx/20xx. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.

Demographic Information

Participant ID

2. Education

- Less than High School Diploma or Equivalent
- High School Diploma or Equivalent
- Trade or Technical School
- Some College
- Bachelor's Degree
- Advanced Degree

3. Employment

- Employed Full Time
- Employed Part Time
- A Homemaker
- Unemployed
- Disabled
- In School
- Retired
- Something Else? (Specify)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4. Annual Household Income

- Less than \$10,000
- \$10,000 - \$14,999
- \$15,000 - \$19,999
- \$20,000 - \$24,999
- \$25,000 - \$29,999
- \$30,000 - \$39,999
- \$40,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- \$100,000-\$124,999
- \$125,000 or Up
- Refuse to Answer

5. Language

English

Spanish

Spanish and English

Some other language (Specify)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

6. Ethnicity

1. Are you Hispanic or Latino/Latina?

No

Yes

2. What is your race? Please select one or more.

American Indian or Alaska Native

Asian

Native Hawaiian or other Pacific Islander

Black or African American

White

8. Gender

Male

Female

Demographic Information

Participant ID

7. Insurance

- No insurance
- Private Insurance - HMO
- Private Insurance - PPO
- Private Insurance - Don't know
- Medicaid (Gold Card)
- Medicare
- VA (CHAMPS)
- Other (Specify)

--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--

Please tell us anything that you were not able to talk about with the group.

Physician Demographics

- 1) I graduated from medical school in _____
year
- 2) I finished my most recent post-graduate training (residency or fellowship) in _____
year
- 3) Gender: Male _____ Female _____
- 4) Age: _____
- 5) Specialty:
 - _____ Family Practice
 - _____ Pediatrics
 - _____ General Internal Medicine
 - _____ Other Internal Medicine Subspecialty _____
 - _____ Other specialty _____

Pharmacist Demographics

- 1) I graduated from pharmacist's school in _____
year
- 2) I have worked as a pharmacist for _____ years and _____ months
- 3) Gender: Male _____ Female _____
- 4) Age: _____