

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
