



NDWS public use files (PUFs) will be available through the National Archive of Computerized Data on Aging (NACDA). Access to the linkable NDWS surveys and associated data sources will be provided through the secure NIA-supported Linked Information for Knowledge on Aging Enclave (LINKAGE) data platform.

This document outlines variables that will be masked or modified in the PUFs to safeguard respondent privacy in one of the following ways:

- 1) not available in any survey data file
- 2) available with modification in NACDA and without modification in LINKAGE
- 3) not available in NACDA but available without modification in LINKAGE

**This document applies to the Wave 1 surveys (Community Clinician, Nursing Home Staff, Assisted Living Staff, and Home Care Staff).**

Any questions not listed in this document will be available without modification in all surveys.

### 1. Not available in any survey data released

| Question number | Question |
|-----------------|----------|
|-----------------|----------|

#### Community Clinician Survey

|      |   |
|------|---|
| CC28 | Please enter the zip code where your principal site is located. |
|------|---|

### 2. Available with modification in NACDA and without modification in LINKAGE

| Question number | Question |
|-----------------|----------|
|-----------------|----------|

#### Community Clinician Survey

**CC, NH, AL and HC survey variables that will be masked in PUF**

|                        |   |
|------------------------|---|
| <b>CC3</b>             | If you are a nurse practitioner, what was your field of study?<br><i>Example modification: NACDA file will be available where 0=FAMILY NURSE PRACTITIONER or ADULT PRIMARY CARE NURSE PRACTITIONER; all other responses will be given a value of 1.</i> |
| <b>CC4</b>             | What year did you complete your highest clinical degree?<br><i>Example modification: Responses will be categorized by decade.</i>   |
| <b>CC5</b>             | In what country did you complete your highest clinical degree?  |
| <b>CC6</b>             | If US, in what state did you complete your highest clinical degree?   |
| <b>CC8a</b>            | If you are a physician who completed a residency, fellowship, or specialty training, in what field?   |
| <b>CC8b</b>            | What year did you complete your residency training?   |
| <b>CC8c</b>            | In what area, if any, did you complete your fellowship training?  |
| <b>CC8d</b>            | What year did you complete your last fellowship training?   |
| <b>CC9a</b>            | If you are a nurse practitioner or physician assistant, what was the area of specialty?   |
| <b>CC9b</b>            | If you are a nurse practitioner or physician assistant, in what year did you complete your residency, fellowship, or specialty training?  |
| <b>CC11a, 11b, 11c</b> | Which board certifications do you hold?   |
| <b>CC13a, 13b</b>      | How many years have you been practicing?  |
| <b>CC14</b>            | How many paid clinical jobs do you have?  |
| <b>CC15</b>            | Do you have any other non-clinical paid jobs (i.e. jobs that don't involve patient care)?   |
| <b>CC16</b>            | Which of the following best describes your non-clinical employment?   |
| <b>CC17</b>            | How many years have you been working for your current employer?   |
| <b>CC18</b>            | In a typical week, how many hours do you usually work in your principal clinical job?   |
| <b>CC19</b>            | In a typical month, how many days are you responsible for after-hours on call coverage as part of your principal clinical job?  |

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| CC23  | Which of the following describes where you provide or supervise patient care for your principal clinical job?  |
| CC30a to 30i  | How many of the following clinicians, including yourself, work in your practice?   |
| CC56  | What is your birth year?   |
| CC57  | Are you of Latino or Hispanic identity?  |
| CC58  | What is your racial background?  |
| CC59  | Where were you born?   |
| CC60  | What year did you come to live in the United States?   |
| CC61a   | In what year did you become a naturalized citizen?   |
| CC63  | Do you think of yourself as (sexual orientation options listed here)?  |
| CC64  | Do you think of yourself as (gender options listed here)?  |
| CC65  | Have you ever served on active duty in the US Armed Forces, Reserves, or National Guard?   |
| CC66  | Do you speak any languages other than English with sufficient proficiency to communicate with patients?  |
| CC67  | What language?   |
| CC68  | Do you identify as a person with a disability?   |
| CC69  | Not counting yourself, how many other people in your household are the following ages? Only count people who normally stay with you for at least 2 nights per week. If no one of that age lives in your household, please enter "0". |
| CC70  | Do you have responsibility for assisting or caring for any adult family members who need help because of a condition related to aging or a disability? Do not include paid positions.  |
| <b>Nursing Home, Assisted Living, and Home Care Surveys</b> |  |
| NH7a, AL7a, HC7a  | How many years have you been working for pay in long-term care, with any type of employer?   |
| NH7b, AL7b, HC7b  | How many months have you been working for pay in long-term care, with any type of employer?  |

**CC, NH, AL and HC survey variables that will be masked in PUF**

|                            |   |
|----------------------------|---|
| <b>NH8a, AL8a, HC8a</b>    | How many jobs do you currently hold for pay?  |
| <b>NH8b, AL8b, HC8b</b>    | How many jobs do you currently hold for pay in the field of long-term care?   |
| <b>NH8bc, AL8c, HC8c</b>   | How many jobs do you currently hold for pay in other fields?  |
| <b>NH9, AL9, HC9</b>       | How many hours do you work in a normal week [in all your jobs]?   |
| <b>NH10, AL10, HC10</b>    | What type of employer do you have for your other job(s)?  |
| <b>NH11a, AL11a, HC11a</b> | How long have you worked with this employer?  |
| <b>NH11b, AL11b, HC11b</b> | How many months have you worked with this employer?   |
| <b>NH12, AL12, HC12</b>    | How many hours per week do you usually get paid for your work in this job?  |
| <b>NH13, AL13, HC13</b>    | How many weeks per year do you usually work in this job?  |
| <b>NH22b, AL22b, HC22b</b> | During the past month, how many shifts did you miss because of transportation problems?   |
| <b>NH22c, AL22c, HC22c</b> | During the past month, how many times were you late because of transportation problems?   |
| <b>NH24a, AL24a, HC24a</b> | What is your hourly wage before taxes?  |
| <b>NH24b, AL24b, HC24b</b> | What is your weekly salary before taxes?  |
| <b>NH24c, AL24c, HC24c</b> | What is your twice-monthly salary before taxes?   |
| <b>NH24d, AL24d, HC24d</b> | What is your monthly salary?  |
| <b>NH48, AL48, HC48</b>    | What is your birth year?  |
| <b>NH49, AL49, HC49</b>    | Are of Latino or Hispanic ethnicity?  |
| <b>NH50, AL50, HC50</b>    | What is your racial background?   |
| <b>NH51, AL51, HC51</b>    | Where were you born?  |
| <b>NH52, AL52, HC52</b>    | What year did you come to live in the United States? If you came to live in the United States more than once, enter the most recent year. |
| <b>NH53b, AL53b, HC53b</b> | In what year did you become a naturalized citizen?  |

|                  |   |
|------------------|---|
| NH55, AL55, HC55 | Do you think of yourself as (sexual orientation options listed here)?   |
| NH56, AL56, HC56 | Do you think of yourself as (gender options listed here?)   |
| NH57, AL57, HC57 | Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?  |
| NH58, AL58, HC58 | Do you speak any languages other than English well enough to communicate with residents?  |
| NH59, AL59, HC59 | If yes, what language?  |
| NH61, AL61, HC61 | Do you identify as a person with a disability?  |
| NH62, AL62, HC62 | Not counting yourself, how many other people in your household are the following ages? Only count people who normally stay with you for at least 2 nights per week.                   |
| NH63, AL63, HC63 | Do you have responsibility for assisting or caring for any adult family members who need help because of a condition related to aging or a disability? Do not include paid positions. |

### 3. Not available in NACDA but available without modification in LINKAGE

| Question number                   | Question   |
|-----------------------------------|--|
| <b>Community Clinician Survey</b> |  |
| CC12                              | To what extent has your formal training prepared you to provide care to people with dementia?  |
| CC50a to 50o                      | How much do these factors interfere with your ability to provide care for people with dementia?  |
| CC52                              | Overall, how satisfied or dissatisfied are you with your principal clinical job?   |
| CC53a to 53i                      | How satisfied are you with the following aspects of your principal clinical job?   |
| CC55                              | Do you plan to leave your clinical job within the next year?   |
| CC61                              | Are you a citizen of the United States?  |
| CC62                              | Regardless of your own immigration or citizenship status, do you ever worry that you or a family member could be detained or deported? |
|                                   |  |

**Nursing Home, Assisted Living, and Home Care Surveys**

|                            |  |
|----------------------------|--|
| <b>NH53a, AL53a, HC53a</b> | Are you a citizen of the United States?  |
| <b>NH54, AL54, HC54</b>    | Regardless of your own immigration or citizenship status, do you ever worry that you or a family member could be detained or deported? |

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