



NDWS NATIONAL DEMENTIA WORKFORCE STUDY

Thank you for participating in the National Dementia Workforce Study.

This survey is sponsored by the National Institute on Aging and is being given to nursing home staff who care for people living with dementia. The survey should take about 25 minutes.

Your responses are confidential and will never be shared with your employer.

Dementia is a general term for a condition causing loss of memory, language, problem-solving, and other thinking abilities that are severe enough to interfere with daily life. Alzheimer's disease is the most common cause of dementia.

General Information

Topic: The University of Michigan and the University of California, San Francisco are conducting a study to learn more about healthcare workers who provide care to persons living with dementia. RTI International has partnered with the study team to deliver this survey to nursing home staff such as yourself. To get information, we'd like 4,400 people to answer a survey. We expect it to take about 25 minutes to complete the survey.

Voluntary: Answering this survey is voluntary. You don't have to answer it if you'd rather not. You can skip any questions that you don't want to answer, whatever the reason, and you don't have to tell us why.

Risk: It's possible that some of the questions may make you feel uncomfortable. If a question makes you uncomfortable, you can just skip it and go to the next question. Although unlikely, there is always a risk of breach of confidentiality.

Confidentiality: To keep your information as confidential as possible, we will label your survey with a code, rather than your name or any other details that researchers could use to identify you. All published data will remain de-identified, which means all information that could be used to identify you will be removed (for example, your name).

Benefit: Answering our survey won't benefit you directly. We hope what we learn will help improve the quality of dementia care in the future.

Data Sharing: Funding for this study is provided by the National Institute on Aging (NIA) of the National Institutes of Health (NIH). Your de-identified survey data will be combined with data collected from other participants and stored in a NIH data repository. The de-identified survey data will be used for future research studies without additional informed consent.

Your de-identified survey responses may be combined with responses about the organization where you work. All of the data will be de-identified and will not include your name or the name of the organization where you work. You cannot be identified from the survey responses you provided.

NIA has partnered with the University of Michigan to manage and store the de-identified data from your survey responses. In the future, the NIA may transfer the management of the study data to another institution.

Compensation: To thank you for taking part in our study, we'll send you [FILL1] after you take the survey. You will be asked for your name and address in order to receive your incentive. This information will be kept separate from your survey responses.

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Contact Information

To find out more about the study, to ask a question or express a concern about the study, or to talk about any problems you may have as a study subject, you may contact one of the following:

Principal Investigator: Donovan Maust, MD
Telephone: 734-998-8826
Email: info@ndws.org

Study Coordinator: Ariana Napier

Mailing Address:

RTI International
3040 East Cornwallis Road
P.O. Box 12194
Research Triangle Park, NC 27709.2194
Telephone: 866-881-2515
Email: anapier@rti.org

You may also express a concern about a study by contacting the Institutional Review Board:

University of Michigan Medical School Institutional Review Board (IRBMed)
2800 Plymouth Road
Building 520, Room 3214
Ann Arbor, MI 48109-2800
734-763-4768
Email: irbmed@umich.edu

If you are concerned about a possible violation of your privacy or concerned about a study, you may contact the University of Michigan Health System Compliance Help Line at 1-866-990-0111.

By completing this questionnaire, you confirm that you have read and understand the consent, **are 18 years or older**, and are willing to voluntarily take part in this study.

INSTRUCTIONS

Answer all of the questions by completely filling in the circle to the left of your answer, like this:

☒ Yes

☐ No

You are sometimes told to skip over some questions in this survey. When this happens, you will see an arrow with a note that tells you which question to answer next, like this:

28. During the past month, did you miss any time from work because of problems with transportation?

☐ Yes

☐ No → Go to #31

→ 29. During the past month, how many shifts did you miss because of transportation problems?

Number of shifts

In this example, if you answer “Yes” to Question 28, you should continue to Question 29.

If you answer “No” to Question 28, you should skip to Question 31.

START HERE

This survey asks questions about your job with:

[FACILITY NAME]

[ADDRESS1]

[ADDRESS2]

[CITY], [STATE], [ZIP]

1. You have been selected to complete this survey based on your employment at this facility. Do you still work at this facility?

☐ Yes

☐ No → Go to #84 on page 15

If this facility is associated with others that have a separate license, answer all questions in relation to only the one licensed nursing home named above.

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EDUCATION, TRAINING, AND EXPERIENCE

2. Have you ever held a state license, certification, or registration related to your job in a nursing home?

- ☐ Yes
☐ No → Go to #5

3. Please select the state licenses, certifications, or registrations that you currently hold: Select all that apply.

Licenses

- ☐ RN
☐ LPN/LVN
☐ Other (please specify):

Certification or Registration

- ☐ Certified Nursing Assistant
☐ Home Health Aide
☐ Personal Care Aide/Assistant
☐ Medication Aide
☐ Other (please specify):

☐ None of the above

4. Please check any state licenses, certifications, or registrations that you have ever held in the past, even if it is not current: Select all that apply.

Licenses

- ☐ RN
☐ LPN/LVN
☐ Other (please specify):

Certification or Registration

- ☐ Certified Nursing Assistant
☐ Home Health Aide
☐ Personal Care Aide/Assistant
☐ Medication Aide
☐ Other (please specify):

5. Are you currently working towards a certificate, license, or degree related to healthcare?

- ☐ Yes
☐ No

6. Which of the following describes your highest level of education?

- ☐ Some high school coursework
☐ High school diploma or equivalent
☐ Some college coursework
☐ Practical/vocational nursing diploma or certificate
☐ Diploma from a hospital-based RN program
☐ Associate degree
☐ Bachelor's degree
☐ Master's degree
☐ Doctoral degree
☐ Other (please specify):

7. Have you ever received formal training (online or in-person course) in...

	Yes	No
a. Understanding dementia?	<input type="radio"/>	<input type="radio"/>
b. Responding to resident behaviors?	<input type="radio"/>	<input type="radio"/>
c. Communicating with people with dementia?	<input type="radio"/>	<input type="radio"/>
d. Working with families of people with dementia?	<input type="radio"/>	<input type="radio"/>
e. Identifying changes in residents' condition?	<input type="radio"/>	<input type="radio"/>
f. Providing end-of-life care?	<input type="radio"/>	<input type="radio"/>
g. Caring for residents of different cultures, values, or beliefs?	<input type="radio"/>	<input type="radio"/>
h. Respecting residents' rights?	<input type="radio"/>	<input type="radio"/>
i. Protecting residents against injury?	<input type="radio"/>	<input type="radio"/>
j. Protecting yourself against injury?	<input type="radio"/>	<input type="radio"/>

8. Have you ever received informal on-the-job training or completed self-study in...

	Yes	No
a. Understanding dementia?	<input type="radio"/>	<input type="radio"/>
b. Responding to resident behaviors?	<input type="radio"/>	<input type="radio"/>
c. Communicating with people with dementia?	<input type="radio"/>	<input type="radio"/>
d. Working with families of people with dementia?	<input type="radio"/>	<input type="radio"/>
e. Identifying changes in residents' condition?	<input type="radio"/>	<input type="radio"/>
f. Providing end-of-life care?	<input type="radio"/>	<input type="radio"/>
g. Caring for residents of different cultures, values, or beliefs?	<input type="radio"/>	<input type="radio"/>
h. Respecting residents' rights?	<input type="radio"/>	<input type="radio"/>
i. Protecting residents against injury?	<input type="radio"/>	<input type="radio"/>
j. Protecting yourself against injury?	<input type="radio"/>	<input type="radio"/>

EMPLOYMENT STATUS

9. How well did your training prepare you for what it is like to actually work at your current job?

- ☐ Not at all prepared
☐ Somewhat prepared
☐ Well prepared

10. How many years have you been working for pay in long-term care, with any type of employer?

Year(s) → Go to #12

- ☐ Less than one year

→ 11. How many months have you been working for pay in long-term care, with any type of employer?

Months

12. How many jobs do you currently hold for pay?

current jobs for pay

→ If you have one job, go to #16

→ If you have more than one job, continue to #13

13. How many jobs do you currently hold for pay in the field of long-term care?

paid jobs in long-term care

14. How many jobs do you currently hold for pay in other fields?

paid jobs in other fields

15. What type of employer do you have for your other job(s)? Select all that apply.

- ☐ Another nursing home
☐ Assisted living community
☐ Home care agency
☐ Privately employed to provide home care
☐ Another type of health care employer
☐ Other (please specify):

16. How many hours do you work in a normal week? If you have more than one job, include all your jobs.

hours per week

The rest of the questions in this survey are related to your job with the facility identified on page 2.

17. How long have you worked with this employer?

Years → Go to #19

☐ Less than one year

→18. How many months have you worked with this employer?

Months

19. How many hours per week do you usually get paid for your work in this job?

hours per week

20. How many weeks per year do you usually work in this job?

weeks per year

21. What shifts do you normally work in this job? *Select all that apply.*

- ☐ Days
- ☐ Evenings
- ☐ Nights
- ☐ Weekends
- ☐ No regular shift schedule

22. Do you supervise other staff in your job?

- ☐ Yes
- ☐ No

23. Do you administer any of the following to your residents?

	Yes	No
a. Prescription oral medication	<input type="radio"/>	<input type="radio"/>
b. Prescription creams/ointments	<input type="radio"/>	<input type="radio"/>
c. Over-the-counter medications	<input type="radio"/>	<input type="radio"/>

How much do you agree or disagree with the following statements:

24. Last minute adjustments are often made to your schedule by your employer.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly agree

25. You can easily anticipate what days and times you will be working week-to-week.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly agree

26. Are you assigned to care for the same residents on most weeks you work, or do the residents you are assigned to change each week?

- ☐ Same residents
- ☐ Residents change
- ☐ Combination

27. During the past month, how did you usually travel from home to your job?

- ☐ Drove yourself
- ☐ Got a ride from others
- ☐ Public transportation
- ☐ Walking or bicycle
- ☐ Taxi, van, or rideshare service
- ☐ Other

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28. During the past month, did you miss any time from work because of problems with transportation?

- ☐ Yes
☐ No → Go to #31

→29. During the past month, how many shifts did you miss because of transportation problems?

Number of shifts

30. During the past month, how many times were you late because of transportation problems?

Number of times

31. How are you paid?

First, select one (hourly, weekly, twice-monthly or monthly) and then report your wage.

- ☐ Hourly wage
 →What is your hourly wage before taxes?
 \$.
- ☐ Weekly salary
 →What is your weekly salary before taxes?
 \$,
- ☐ Twice-monthly salary
 →What is your twice-month salary before taxes?
 \$,
- ☐ Monthly salary
 →What is your monthly salary before taxes?
 \$,

32. Do you currently have health insurance?

Select all that apply.

- ☐ Yes, from this job
☐ Yes, from another job
☐ Yes, from spouse's or partner's job
☐ Yes, from parent or parent's job
☐ Yes, Medicaid
☐ Yes, Medicare
☐ Yes, Veterans Affairs(VA)
☐ Yes, from the Affordable Care Act/Exchange
☐ No, I do not have health insurance

33. Does this facility offer the following benefits? *If yes, how many days per year do you currently receive?*

	Benefit offered? <i>If yes</i>		# days per year
	No	Yes	
a. Paid time off (PTO) that combines sick and vacation	<input type="radio"/>	<input type="radio"/> → <input type="text"/> <input type="text"/> <input type="text"/>	
b. Paid sick time that is separate from vacation time	<input type="radio"/>	<input type="radio"/> → <input type="text"/> <input type="text"/> <input type="text"/>	
c. Paid vacation time that is separate from sick time	<input type="radio"/>	<input type="radio"/> → <input type="text"/> <input type="text"/> <input type="text"/>	

34. Does this facility currently offer health insurance for employees' families?

- ☐ Yes
☐ No → Go to #36 on page 7

→35. Is your family currently enrolled in health insurance from this facility?

- ☐ Yes
☐ No

36. Does this facility currently offer dental insurance?

- ☐ Yes
☐ No → Go to #38

→37. Are you currently enrolled in dental insurance from this facility?

- ☐ Yes
☐ No

38. Does this facility currently offer vision insurance?

- ☐ Yes
☐ No → Go to #40

→39. Are you currently enrolled in vision insurance from this facility?

- ☐ Yes
☐ No

40. Does this facility currently offer tuition reimbursement or education scholarship?

- ☐ Yes
☐ No → Go to #42

→41. Have you ever received tuition reimbursement or an education scholarship from this facility?

- ☐ Yes
☐ No

42. Does this facility currently offer paid parental leave?

- ☐ Yes
☐ No → Go to #44

→43. Have you ever received paid parental leave from this facility?

- ☐ Yes
☐ No

44. Does this facility currently offer retirement benefits (401K, 403B, pension, other)?

- ☐ Yes
☐ No → Go to #46

→45. Are you currently enrolled in retirement benefits from this facility?

- ☐ Yes
☐ No

46. Do you have enough support in your job to grieve patients who are dying or who have died?

- ☐ Yes
☐ No

DEMENTIA CARE KNOWLEDGE, ATTITUDES, AND PRACTICES

Please continue to answer the questions related to your job with the facility listed on page 2.

47. Do you provide direct care to people with dementia?

- ☐ Yes
☐ No

48. Do you work in a memory care unit?

- ☐ Yes, all of the time
☐ Yes, some of the time
☐ No, never

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49. Please indicate your level of agreement or disagreement with the following statements:

	Strongly disagree	Disagree	Somewhat disagree	Neutral	Somewhat agree	Agree	Strongly agree
a. It is rewarding to work with people who have dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I am comfortable touching people with dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I feel relaxed around people with dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. People with dementia can be creative.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. It is possible to enjoy interacting with people with dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. People with dementia can enjoy life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

50. For each item below, how confident are you in your ability to do these things with residents who have dementia?

	Not at all confident	A little confident	Somewhat confident	Very confident
a. I can use information about their past (such as what they used to do and their interests) when talking to a resident with dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I can change my work to match the changing needs of a resident with dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I can keep up a positive attitude towards residents with dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I can keep up a positive attitude towards the relatives of residents with dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I can keep myself motivated during a working day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I can play an active role in my team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I can protect the dignity of a resident with dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I can deal with personal care, such as incontinence, in a resident with dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I can offer choice to a resident with dementia (such as what to wear, or what to do).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

51. Please indicate how much you agree or disagree with the following statements:

	Strongly disagree	Disagree	Agree	Strongly agree
a. I have appropriate personal protective equipment (PPE).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Equipment or assistive devices are available when needed to help move, transfer, or lift residents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Other staff are available when needed to help move, transfer, or lift residents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The health and safety of workers is a high priority with management where I work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. The demands of my job interfere with my personal or family life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

52. Thinking about your job at this facility, please indicate your level of satisfaction or dissatisfaction with each of the following:

	Very dissatisfied	Dissatisfied	Satisfied	Very satisfied
a. Overall job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Schedule of hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Salary or wages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Type of work that you do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Opportunities to learn new skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Independence at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Working with your supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Working with your coworkers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Opportunities for career advancement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Relationship with residents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Relationship with family members of residents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Your workload	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Respect for your role	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Work schedule flexibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Work environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Ability to take enough sick time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

53. Thinking about your job at this facility, how much do you agree or disagree with each of the following?

	Strongly disagree	Disagree	Agree	Strongly agree
a. I have enough time to give individual attention to residents who need assistance with dressing, bathing, transferring, or using the toilet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I have enough time to complete other duties that don't directly involve the residents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Residents and/or families let me know when I am doing a good job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. My supervisor(s) lets me know when I am doing a good job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I am encouraged to discuss the care and well-being of residents with their families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I participate as a member of a care team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

54. In your job at this facility over the past year, how often have you experienced the following:

	Never	Rarely	Sometimes	Often
a. Communication problems with co-workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Communication problems with supervisor(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Communication problems with residents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Communication problems with residents' family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Disrespectful behavior from residents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Disrespectful behavior from residents' family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Racial, ethnic, religious, or other personal insults from residents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Inappropriate sexual behavior from residents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Hitting or other physical aggression from residents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Yelling or other verbal aggression from residents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

55. Would you recommend this facility to your family and friends needing care?

- ☐ Definitely no
- ☐ Maybe no
- ☐ Maybe yes
- ☐ Definitely yes

56. In your current job have you ever been discriminated against by your employer because of your race or ethnic origin?

- ☐ Yes
- ☐ No

57. I feel burned out from my work...

- ☐ Never
- ☐ A few times a year or less
- ☐ Once a month or less
- ☐ A few times a month
- ☐ Once a week
- ☐ A few times a week
- ☐ Every day

58. During the past 12 months, did you experience any work-related injuries?

- ☐ Yes
- ☐ No → Go to #61

→59. Did any of these injuries require any first aid or medical treatment, change in job activities, or lost time from work?

- ☐ Yes
- ☐ No

60. Was any injury with your job at this facility?

- ☐ Yes
- ☐ No

61. How long do you think you will continue to work at this facility? Please remember this survey is confidential.

- ☐ Less than 6 months
- ☐ 6 months - 1 year
- ☐ More than 1 year
- ☐ Don't know/unsure

DEMOGRAPHICS

Finally, we have a few short questions that will help us ensure we receive feedback from a diverse group of people.

62. What is your birth year?

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 Year of birth

63. Are you of Latino or Hispanic ethnicity?

Select all that apply.

- ☐ No, not Hispanic/Latino
- ☐ Yes, Central American
- ☐ Yes, South American
- ☐ Yes, Caribbean
- ☐ Yes, Mexican
- ☐ Yes, Other Hispanic

64. What is your racial background? Select all that apply.

- ☐ African-American, Black, African
- ☐ American Indian, Native American, Alaskan Native
- ☐ Asian

→ Please specify (select all that apply):

- ☐ Filipino
- ☐ Chinese
- ☐ South Asian (e.g., Indian, Pakistani)
- ☐ Southeast Asian (e.g., Vietnamese, Malaysian)
- ☐ Other Asian
- ☐ Native Hawaiian or Pacific Islander
- ☐ Middle Eastern or North African
- ☐ White/European
- ☐ Other (please specify):

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65. Where were you born?

- ☐ In a U.S. state or D.C.

(please specify):

→ Go to #69

- ☐ In a U.S. territory

(please specify):

→ Go to #69

- ☐ Outside the United States

(please specify country):

66. 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.

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 Year

67. Are you a citizen of the United States?

- ☐ Yes, U.S. citizen by naturalization

- ☐ Yes, born abroad to U.S. citizen parent(s)

- ☐ No, not a U.S. citizen

- ☐ Prefer not to answer

Go to #69

68. In what year did you become a naturalized citizen?

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 Year

69. Regardless of your own immigration or citizenship status, do you ever worry that you or a family member could be detained or deported?

- ☐ Yes

- ☐ No

- ☐ Prefer not to answer

70. Do you think of yourself as:

- ☐ Straight or heterosexual

- ☐ Lesbian or gay

- ☐ Bisexual

- ☐ Queer, pansexual, and/or questioning

- ☐ Something else (please specify):

- ☐ Don't know

- ☐ Prefer not to answer

71. Do you think of yourself as:

- ☐ Male/man

- ☐ Female/woman

- ☐ Transgender man/trans man

- ☐ Transgender woman/trans woman

- ☐ Non-binary

- ☐ Genderqueer/gender nonconforming/neither exclusively male nor female

- ☐ Another gender category or other

(please specify):

- ☐ Prefer not to answer

72. Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?

- ☐ Never served in the military

- ☐ Only on active duty for training in the Reserves or National Guard

- ☐ Now on active duty

- ☐ On active duty in the past, but not now

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73. Do you speak any languages other than English well enough to communicate with residents?

- ☐ Yes
☐ No → Go to #75

74. What language(s)? Select all that apply.

- ☐ Spanish
☐ Hindi
☐ French
☐ Persian/Farsi
☐ Chinese
☐ Arabic
☐ German
☐ Russian
☐ Italian
☐ Hebrew
☐ Other language (please specify):

75. Do you identify as a person with a disability?

- ☐ Yes
☐ No
☐ Prefer not to answer

76. 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".

Children, age 17 or younger

Adults, age 18-64 years

Adults, age 65 and older

77. 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.

- ☐ Yes
☐ No

THANK YOU

Thank you for participating in the National Dementia Workforce Study. We will conduct a follow-up study in 2025 and would like to invite you to participate. Learning about how your experiences change over time will help provide a better understanding of the challenges and opportunities faced by the dementia care workforce.

When we do the study next year, we would like to reach you directly.

78. Please provide your first and last name so that we can contact you directly when we launch the study next year.

First Name:

Last Name:

79. What is the best address where we can send the information you will need to complete the survey next year?

Address:

City:

State:

ZIP Code:

80. What email address can we use to send the information you will need to complete the survey next year?

Email address:

☐ Yes

☐ No

Area Code				Number															

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Research Triangle Park, NC 27709

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