Community Clinician
Wave 2 Survey: Short Version

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Welcome, Screener, Intro

CCIntro

Ensuring there is an effective workforce to care for the growing population of persons living with dementia or cognitive impairment is perhaps the top public health challenge facing the U.S. in the coming decades. By participating in the National Dementia Workforce Study, sponsored by the National Institute on Aging (part of the National Institutes of Health), you can help us better understand the challenges and opportunities faced by health care professionals, like yourself, who might provide care to persons living with dementia or cognitive impairment.

The survey should take about 15 minutes to complete and you will receive [FILL] as a token of appreciation. The Alzheimer's Association® is collaborating on the NDWS and welcomes your participation.

Thank you for participating in the National Dementia Workforce Study.

Section 1: Education, Training and Experience

CC1 License

These first questions ask about your professional education, training, and experience.

What type of license do you hold?

01. Physician
02. Physician assistant
03. Nurse practitioner
04. I do not hold active licensure of any of the above

[ALLOW ONLY ONE SELECTION]
[TERMINATE SURVEY IF CC1 = 04]

[IF CC1 = PHYSICIAN]
CC2a LicenseEduPh

What education qualified you for your license?

1. M.D.

2. D.O.
3. M.B.B.S.

CC2b LicenseEduPA
[IF CC1 = 2 PHYSICIAN ASSISTANT]

What education qualified you for your license?

Select one.

1. PA certificate/diploma
2. Associate degree
3. Military training certification
4. Bachelor's degree
5. Master's degree
6. Other (specify):_____

[ALLOW ONLY ONE SELECTION]

CC2c LicenseEduNP
[IF CC1 = 3 NURSE PRACTITIONER]

What education qualified you for your license?

Select one.

1. NP certificate
2. Master's degree
3. Doctor of Nursing Practice
4. Other (specify):_____

[ALLOW ONLY ONE SELECTION]

CC3 Field
[IF CC1 = NURSE PRACTITIONER]

What was your field of study? *Select all that apply.*

1. Family Nurse Practitioner
2. Adult Primary Care Nurse Practitioner
3. Adult Acute Care Nurse Practitioner

4. Adult Gerontology Primary Care Nurse Practitioner
5. Adult Gerontology Acute Care Nurse Practitioner
6. Gerontological Nurse Practitioner
7. Psychiatric Mental Health Nurse Practitioner
8. Women's Health Care Nurse Practitioner
9. Emergency Nurse Practitioner
10. Hospice and Palliative Care Nurse Practitioner
11. Other (specify):_____

[SELECT ALL THAT APPLY]

[VARIABLE CODING].

1.FieldFamilyNP	7.FieldPsychNP
2.FieldAdultPrimaryNP	8.FieldWomenHealthNP
3.FieldAdultAcuteNP	9.FieldEmergencyNP
4.FieldAdultGerPrimaryNP	10.FieldHospPalNP
5.FieldAdultGerAcuteNP	11.FieldOtherSpecify
6. FieldGerontologicalNP	

CC4 DegreeYear
What year did you complete your highest clinical degree?

Please enter a 4-digit year.

[   ]

[FOUR DIGIT YEAR; MIN = 1900, MAX = CURRENT YEAR 2024/25]

CC5 DegreeCountry

In what country did you complete your highest clinical degree?

Please select a country.

[   ]

[Dropdown for countries with "United States of America" first]

CC6 DegreeState

[IF CC5 = US]

In what state did you complete your highest clinical degree?

[   ]

CC7 Residency

Did you complete a residency, fellowship, or specialty training?

1. Yes
2. No

CC8 ResidencyField

In what field did you complete your residency training? *Select all that apply.*

1. Family Medicine
2. Internal Medicine
3. Neurology
4. Psychiatry
5. Other (specify):_____

CC8b ResidencyYear

What year did you complete your residency training?

Please enter a 4-digit year.

[   ]

CC8c FellowArea

In what area, if any, did you complete your fellowship training? *Select all that apply.*

01. Geriatrics
02. Geriatric Psychiatry
03. Hospice and Palliative Medicine
04. Other (specify) _____
05. Did not complete a fellowship

CC8d FellowYear

What year did you complete your last fellowship training?

Please enter a 4-digit year.

[   ]

CC9a NPPAArea

What was the area of specialty?

_____

CC9b NPPAFellowYear
[IF CC7 = YES and CC1 = NURSE PRACTITIONER OR PHYSICIAN ASSISTANT]

What year did you complete your residency, fellowship, or specialty training?

Please enter a 4-digit year.

[   ]

[FOUR DIGIT YEAR; MIN = 1900, MAX = CURRENT YEAR 2024/25]

CC10 BoardCert

Are you currently certified by a professional board?

1. Yes
5. No

CC11a BoardCertPh
[IF CC10 = YES and CC1 = PHYSICIAN]

Which board certification(s) do you hold?

Select all that apply.

1. Family Medicine (ABFM or AOA)
2. Internal Medicine (ABIM or AOA)
3. Geriatrics (ABFM or ABIM)
4. Psychiatry (ABPN or AOA)
5. Neurology (ABPN or AOA)
6. Hospice and Palliative Medicine (ABIM and co-sponsoring boards, or AOA)
7. Certified Medical Director (ABPLM)
8. Hospice Medical Director (HMDCB)
9. Other Medical Specialty Board (specify): _____

[SELECT ALL THAT APPLY]
[VARIABLE CODING].

1.BoardPHFamMed	6.BoardPHHospPal
2.BoardPHIntMed	7.BoardPHMedDir
3.BoardPHGer	8.BoardPHHospMedDir
4.BoardPHPsych	9.BoardPHOtherSpecify
5.BoardPHNeuro	

CC11b BoardCertPA

Which board certification(s) do you hold? *Select all that apply.*

1. Physician Assistant (NCCPA)
2. Other (specify): _____

CC11c BoardCertNP

Which board certification(s) do you hold?

Select all that apply.

1. Family Nurse Practitioner (ANCC or AANP)
2. Adult Gerontology Primary Care Nurse Practitioner (ANCC or AANP)
3. Adult Gerontology Acute Care Nurse Practitioner (ANCC or AACN)
4. Psychiatric Mental Health Nurse Practitioner (ANCC or AANP)
5. Women's Health Care Nurse Practitioner (NCC)
6. Emergency Nurse Practitioner (AANP)
7. Advanced Certified Hospice and Palliative Nurse (HPCC)
8. Other (specify):_____

CC12 TrainPrepare

To what extent has your formal training prepared you to provide care to people with dementia?

01. Not well prepared
02. Somewhat prepared
03. Adequately prepared

CC13 YearsPracticed

How many years have you been practicing as a <PHYSICIAN, NURSE PRACTITIONER, OR PHYSICIAN ASSISTANT> - FILL RESPONSE FROM CC1

___ Full-time years (average of 30 hours a week or more for the year) [PracticeFT]

___ Part-time years (average of less than 30 hours a week for the year) [PracticePT]

[RANGE 0 - 99]
[VARIABLE CODING]   [PracticeFT]
                                                     [PracticePT]

Section 2: Employment Status

These next questions ask about your employment status.

[THESE TWO SECTIONS TO BE ON THE SAME PAGE OF THE SURVEY]
CC14 JobsClinical

How many paid **clinical** jobs do you have? Include all full-time, part-time, per diem, and agency positions in which you provide and/or supervise patient care.

A single job may involve you providing care in multiple settings for a single employer.

_____ Number of paid clinical jobs

[RANGE 0 - 99]

[If "0" entered or blank display custom prompt, "You entered 0 suggesting you do not currently have a clinical job. Is that correct? Enter at least 1 if you currently work as a clinician."]

Section 3: Practice Setting and Characteristics

The rest of the questions in this survey are related to your principal clinical job, that is, the job in which you work the most hours providing or supervising patient care.
[THESE TWO SECTIONS TO BE ON THE SAME PAGE OF THE SURVEY]

CC17 JobYears

How many years have you been working for your current employer? *If you have worked here less than 1 year, enter 0.*

_____ year(s)

[RANGE 0 - 99]

CC18 JobHoursWeek

In a **typical week**, how many hours do you usually work in your principal clinical job? **Exclude** after-hours on call time where you are only available for phone/remote coverage. **Include** after-hours on call time where you are physically on-site and available to see patients.

_____ hour(s) per week

[RANGE 0 - 168]

CC20 JobSupervise

Are you in a supervisory or management role in your principal clinical job?

1. Yes
5. No

The next questions ask for information about where you practice for your principal clinical job (i.e., the job in which you work the most hours providing and/or supervising patient care).

CC22 JobType

Which of the following best describes your **employer** for your principal clinical job?

1. Office or clinic-based practice [GO TO Q22a]
2. Hospital or medical center (non-VA) [GO TO CC22b]
3. Veterans Administration [GO TO Q22c]
4. Long-term care or residential care facility [GO TO Q22d]
5. An organization providing home health or community-based care [GO TO Q22e]
6. Hospice organization
7. An inpatient rehabilitation or treatment facility [GO TO Q22f]
8. Health plan or health insurance company [GO TO Q22g]
9. Other [GO TO Q22h]

CC22a JobOffice

Which of these best describes your practice setting?

1. Solo practice
2. Single-specialty group practice
3. Multi-specialty group practice
4. Federally Qualified Health Center
5. Other community clinic

[ALLOW ONLY ONE SELECTION]

CC22b JobHospital

Which of these best describes your practice setting?

1. Inpatient department
2. Outpatient department or ambulatory care center
3. Emergency department

[ALLOW ONLY ONE SELECTION]

CC22c JobVA

Which of these best describes your practice setting?

1. Inpatient department
2. Outpatient department or ambulatory care center
3. Emergency department

[ALLOW ONLY ONE SELECTION]

CC22d JobLTC

Which of these best describes your practice setting?

1. Nursing home
2. Assisted living community
3. Other residential care setting

CC22e JobOrg
[IF CC22 = 5 AN ORGANIZATION PROVIDING HOME HEALTH OR COMMUNITY-BASED CARE]

Which of these best describes your practice setting?

1. Program of All-Inclusive Care for the Elderly (PACE)
2. Home health agency or visiting nurse service
3. House call or hospital-at-home
4. Other (specify):_____

CC22f JobRehab
[IF CC22 = 6 AN INPATIENT REHABILITATION OR TREATMENT FACILITY]

Which of these best describes your practice setting?

1. Behavioral health inpatient facility
2. Inpatient rehabilitation facility
3. Inpatient substance abuse treatment facility

CC22g JobInsurance
[IF CC22 = 7 HEALTH PLAN OR HEALTH INSURANCE COMPANY]

Which of these best describes your practice setting?

1. A special needs plan (e.g., ISNP or D-SNP)
2. Other health plan

CC22h JobOther
[IF CC22 = 8 OTHER]

Which of these best describes your practice setting?
1. Urgent care
2. Correctional facility
3. Telemedicine company
4. Other (specify):_____

FCC23 JobWhere

Which best describes **where** you provide or supervise patient care for your principal clinical job? *Select all that apply*.

a. Inpatient general medicine service
b. Inpatient geriatric service
c. Inpatient neurology service
d. Inpatient psychiatry service
e. Other inpatient department or service (specify):_____
f. Office or clinic-based internal or family medicine practice
g. Office or clinic-based geriatric practice
h. Office or clinic-based neurology practice
i. Office or clinic-based psychiatry practice
j. Other office-based practice (specify):_____
k. Telehealth
l. Nursing home
m. Assisted living community
n. Program of All-Inclusive Care for the Elderly
o. Other long-term care setting
p. Hospice
q. Home health care
r. Urgent care
s. Other (specify):_____

[VARIABLE CODING].   a.JobLocInpGenMed   k.JobLocTelehealth
         b.JobLocInpGeriatric   l.JobLocNH
         c.JobLocInpNeuro   m.JobLocALC
         d.JobLocInpPsych   n.JobLocElderProgram

e.JobLocInpOther	o.JobLocOtherLTC
f.JobLocOutpIntFam	p.JobLocHospice
g.JobLocOutpGeriatric	q.JobLocHHC
h.JobLocOutpNeurology	r.JobLocUrgent
i.JobLocOutpPsych	s.JobLocOtherSpecify
j.JobLocOutpPsych	

CC24 JobPrimaryCare

Do you provide primary care in your principal clinical job?

1. Yes, it is my main role
2. Yes, but it is not my main role
5. No

[ALLOW ONLY ONE SELECTION]

CC25 JobDementia

Is your principal clinical job in an Alzheimer's Disease Research Center or similar tertiary referral center that specializes in the diagnosis and treatment of dementia?

1. Yes
5. No

[ALLOW ONLY ONE SELECTION]

CC26 JobUnderserved

Are any of your practice sites in an underserved community?

1. Yes
5. No

[ALLOW ONLY ONE SELECTION]

CC27 JobAcademia

Is your practice affiliated with an academic health system?

1. Yes
5. No

CC28 JobZipCode

Please enter the zip code in which your principal practice site is located:

_____ 5-DIGIT ZIP CODE

CC30a-i NumClinicians

How many of the following **clinicians**, including yourself, work in your practice?

If you do not have these clinicians in your practice, please enter 0. Please provide your best estimate if you do not know the exact numbers. If you work within a large health system, provide an estimate based on the practice, division, or department that you consider to be your primary work unit.

a. _____	Physicians
b. _____	Nurse practitioners or other advanced practice nurses
c. _____	Physician assistants
d. _____	Social workers

Section 4: Patient Panel and Scheduling

These questions ask for information about the patients you provide care for in your principal clinical job (i.e., the job in which you work the most hours providing and/or supervising patient care).

CC33a-m Patients
Please characterize your current patient panel to the best of your knowledge. If none of your patients have the specified characteristic, please enter 0.

Percentages do not need to add to 100%.

What percent of the patients on your current panel…

    c. _____   have any stage of dementia?

    d. _____   have advanced or severe dementia?

CC34a-f PatientsDay

In a **typical workday**, approximately how many patients do you see? Include all face-to-face and telehealth visits.

_____ patient(s) per day

CC36 FamilyPresent

Among visits you conduct with patients who are cognitively impaired, how often is a family member or other caregiver present who can assist in providing a reliable history?

1. Never
2. Rarely
3. Sometimes
4. Often

Section 5: Processes of Care: Dementia Screening, Diagnosis, and Management

These next questions ask about care that you provide in your principal clinical job (i.e., the job in which you work the most hours providing and/or supervising patient care).

CC40a-i CognitiveAssessmentType

Do you or someone else in your practice administer any of the following cognitive assessments?

	No	Yes, occasionally	Yes, routinely	Don't Know
a. Montreal Cognitive Assessment (MoCA)	o	o	o	o
b. Saint Louis University Mental Status (SLUMS) Examination	o	o	o	o
c. Mini-Mental State Examination (MMSE)	o	o	o	o
d. Mini-Cog	o	o	o	o
e. Clock Drawing test	o	o	o	o
f. Rowland Universal Dementia Assessment Scale (RUDAS)	o	o	o	o
g. Confusion Assessment Method (CAM)	o	o	o	o
h. Comprehensive neuropsychological testing	o	o	o	o
i. Other cognitive assessment (specify): _____	o	o	o	o

[If at least one answer in CC40a through i = 'yes, routinely' or 'yes, occasionally', GO TO CC41]

[VARIABLE CODING]
a.[CogMoCA]
b.[CogSLUMS]
c.[CogMMSE]
d.[CogMiniCog]
e.[CogClock]
f.[CogRUDAS]
g.[CogCAM]
h.[CogCNT]
i.[CogOther]

CC41 CognitiveAssessmentAdministrator
[If at least one answer in CC40 = 'yes, routinely' or 'yes, occasionally']

In your practice, who usually conducts the cognitive assessment? *Select all that apply.*

1. I do
2. Other physician, advanced practice nurse, or physician assistant
3. Registered nurse or licensed practical nurse
4. Social worker
5. Medical assistant
6. Neuropsychologist
7. Other psychologist
8. Other licensed health professional

9. Other non-licensed staff

CC42a-j DiagnoseDementia

[IN WEB VERSION DISPLAY ALL ON ONE SCREEN; IN MOBILE DISPLAY ONE ITEM PER PAGE WITH APPROPRIATE INTRO]

To what extent do you feel confident **diagnosing**:

Dementia and mild cognitive impairment:

	Not at all confident	Not very confident	Somewhat confident	Very confident
a. Dementia in persons under age 65	o	o	o	o
b. Dementia in persons age 65 or older	o	o	o	o
c. Mild cognitive impairment in persons under age 65	o	o	o	o
d. Mild cognitive impairment in persons age 65 or older	o	o	o	o

DiagnoseDementia2?

To what extent do you feel confident **diagnosing**:

Dementia subtypes:	Not at all confident	Not very confident	Somewhat confident	Very confident
e. Alzheimer's dementia	o	o	o	o
f. Vascular dementia	o	o	o	o
g. Parkinson's disease dementia	o	o	o	o
h. Dementia with Lewy bodies	o	o	o	o

	Never	Rarely	Sometimes	Routinely
i. Frontotemporal dementia	o	o	o	o
j. Other forms of dementia not listed above	o	o	o	o

[VARIABLE CODING]   [DiagAD]   [DiagLewy]
                        [DiagVD]   [DiagFD]
                        [DiagPD]   [DiagOther]

CC43a-f DiagnoseTests

Among your patients with **suspected** cognitive impairment including dementia, how often do you order, or refer to a specialist to order, the following as part of the diagnostic evaluation?

	Never	Rarely	Sometimes	Routinely
a. Comprehensive neuropsychological testing	o	o	o	o
b. Plasma biomarker testing	o	o	o	o
c. Cerebrospinal fluid (CSF) biomarker testing	o	o	o	o
d. CT scan or MRI of the brain	o	o	o	o
e. PET imaging	o	o	o	o
f. Genetic testing	o	o	o	o

[VARIABLE CODING]   [TestNeuro]   [TestCT]
                        [TestPlasma]   [TestPET]
                        [TestCSF]   [TestDNA]

CC47 PracticeCare1 PracticeCare2 (Two screens)

Thinking of the care **your practice provides**, how often is each of the following provided to people with dementia?

[RANDOMIZE ITEMS IN CC47]

	Never	Rarely	Sometimes	Routinely
b. Caregiver burden assessment and referrals	o	o	o	o
c. Home safety evaluation	o	o	o	o

d. Driving safety evaluation	o	o	o	o
e. Firearm safety evaluation	o	o	o	o
f. Home care needs assessment and referrals	o	o	o	o
i. Advance care planning and advance directive completion	o	o	o	o
j. Assistance with legal and financial planning	o	o	o	o
k. Screening for elder abuse (e.g. financial, physical, emotional)	o	o	o	o
p. Prescription of anti-amyloid therapies (e.g. lecanemab [Leqembi])		o	o	o
q. Biomarker testing for Alzheimer's disease	o	o	o	o
s. De-prescribing / simplification of medication regimens	o	o	o	o

[VARIABLE CODING]

b.[ProvideTest]   j.[ProvideLegal]

c.[ProvideHome]   k.[ProvideAbuse]

d.[ProvideDriving]   p.[ProvideAmyloid]

e.[ProvideFirearm]   q.[ProvideBiomarker]

f.[ProvideHC]   s.[ProvideSimplify]

i.[ProvideAD]

CC48 a-f Drug

What are your thoughts on the appropriateness of prescribing the following drug classes to address dementia-related behaviors that are unresponsive to non-drug therapy?

	Never appropriate	Rarely appropriate	Sometimes appropriate	Often appropriate
a. Antipsychotics (e.g. risperidone, quetiapine)	o	o	o	o
b. Benzodiazepines (e.g. lorazepam, clonazepam)	o	o	o	o
c. Antidepressants (e.g. citalopram, mirtazapine)	o	o	o	o
d. Anti-seizure medications (e.g. gabapentin, valproic acid)	o	o	o	o

	Not a problem	Minor problem	Major problem	Not applicable
e. Cholinesterase inhibitors (e.g. donepezil)	o	o	o	o
f. Memantine	o	o	o	o

CC50 a-o Interference1 Interference2 (Two Screens)

How much do these factors interfere with your ability to provide care for people with dementia?

	Not a problem	Minor problem	Major problem	Not applicable to my practice
a. Inadequate time with patients	o	o	o	o
b. Lack of confidence or knowledge to provide comprehensive dementia care	o	o	o	o
g. Unable to bill for time spent on care coordination	o	o	o	o
i. Not enough interdisciplinary team support	o	o	o	o
j. Lack of appropriate specialists for timely referral of patients	o	o	o	o
m. Lack of community resources to support patients	o	o	o	o
o. Restrictions on my scope of practice	o	o	o	o

CC51 Guide

Did you or your practice apply or collaborate on an application to the Guiding an Improved Dementia Experience (GUIDE) model?

1. Yes, and we were awarded
2. Yes, but we were not awarded

5. No
9. I don't know

Section 6: Job Outcomes

CC52a-i Satisfied

Overall, how satisfied or dissatisfied are you with your principal clinical job?

1. Very dissatisfied
2. Somewhat dissatisfied
3. Somewhat satisfied
4. Very satisfied

CC54 JobBurnedOut

I feel burned out from my work:

1. Never
2. A few times a year or less
3. Once a month or less
4. A few times a month
5. Once a week
6. A few times a week
7. Every day

[ALLOW ONLY ONE SELECTION]

CC55 JobLeave

Do you plan to leave your principal clinical job within the next year?

1. Yes
5. No
9. Undecided

[ALLOW ONLY ONE SELECTION]

Section 7: Demographics

Finally, we have a few short questions which will help us ensure we received feedback from a diverse group of people. After this last section, we will confirm your address to send you the $[AMOUNT] [check / gift card] for your participation.

CC56 BirthYear

What is your birth year?

_____ Year of birth

[INPUT FOUR DIGITS, RANGE 1900 - (CURRENT YEAR MINUS 18)]

CC57 Ethnicity

Are you of Latino or Hispanic ethnicity? *Select all that apply.*

1. No, not Hispanic or Latino
2. Yes, Central American
3. Yes, South American
4. Yes, Caribbean
5. Yes, Mexican
6. Yes, other Hispanic

[SELECT ALL THAT APPLY]

CC58 Race

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

1. African-American, Black, or African
2. American Indian, Native American, or Alaskan Native
3. Asian [GO TO CC58a]
4. Native Hawaiian or Pacific Islander
5. Middle Eastern or North African
6. White or European
7. Other (specify):_____

[SELECT ALL THAT APPLY]

CC58a RaceAsian

[IF CC58 = ASIAN]

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

1. Filipino

2. Chinese
3. South Asian (e.g., Indian, Pakistani)
4. Southeast Asian (e.g., Vietnamese, Malaysian)
5. Other Asian

[SELECT ALL THAT APPLY]

CC59 Born
Where were you born?

1. In a U.S. state or D.C. (drop-down state list) [GO TO CC62]
2. In a U.S. territory (drop-down territory list [BornTerritory] [GO TO CC62]
3. Outside the United States (Specify country): _____ [GO TO CC60]

[VARIABLE CODING]   [BornState]   [BornOutside]
                           [BornTerritory]

[ALLOW ONLY ONE SELECTION]

CC60 LiveUS

[If CC59 = 3 OUTSIDE THE UNITED STATES]

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.

_____ year

[ENTER 4-DIGIT YEAR; RANGE 1900 - CURRENT YEAR]

CC61 Citizenship

[If CC59 = 3 OUTSIDE THE UNITED STATES]

Are you a citizen of the United States?

1. Yes, born abroad of U.S. citizen parent(s)
2. Yes, U.S. citizen by naturalization (GO TO CC61a)
3. No, not a U.S. citizen
9. Prefer not to answer

CC61a CitizenYear

In what year did you become a naturalized citizen?

_____

CC64 Sex

Do you think of yourself as:

1. Male
2. Female
-9. Prefer not to answer

[ALLOW ONLY ONE SELECTION]

CC65 Service

Have you ever served on active duty in the US Armed Forces, Reserves, or National Guard?

1. Never served in the military
2. Only on active duty for training in the Reserves or National Guard
3. Now on active duty
4. On active duty in the past, but not now

[ALLOW ONLY ONE SELECTION]

CC66 LanguageOther

Do you speak any languages other than English with sufficient proficiency to communicate with patients?

1. Yes
2. No [GO TO CC68]

CC67 Language

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

1. Spanish
2. Hindi
3. French
4. Persian/Farsi
5. Chinese
6. Arabic
7. German
8. Russian
9. Italian
10. Hebrew
11. Other Language (specify):_____

[SELECT ALL THAT APPLY]

CC68 Disability

Do you identify as a person with a disability?

1. Yes
2. No
9. Prefer not to answer

[ALLOW ONLY ONE SELECTION]

CC69 OtherHHMembers

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".

a. Children, age 17 or younger	_____
b. Adults, age 18-64 years	_____
c. Adults age 65 and older	_____

[VARIABLE CODING] [HHChildren] [HHAdults65]
[HHAdults]

[RANGE 0 - 99]

CC70 MarriageStatus

Are you now…?

1. Married
2. Living with a partner
3. Widowed
4. Divorced
5. Separated
6. Never married

CC71 FamDisability

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.

1. Yes
5. No

CC72 HealthOverall

Would you say that in general, your health is … ?

1 Poor
2 Fair
3 Good
4 Very good
5 Excellent

CC73 HouseholdIncome
Which category best describes how much income your total household received last year? This is the before-tax income of all persons living in your household:

1. Less than $25,000
2. $25,000 – 49,999
3. $50,000 - $74,999
4. $75,000 - $99,999
5. $100,000 - $149,999
6. $150,000 – $199,999
7. $200,000 or more

Thank you for your time. These are all the questions that we have for you today.

Contact1B

Thank you for participating in the National Dementia Workforce Study. We will conduct a follow-up in [2026] 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 again.

Please tell us if your first and last name are correct in our records.

[NAME]

Is this information correct?

1. Yes
5. No

Contact2B

Please tell us if the address we have on file is correct so that we can send you the information you will need to complete the survey next year.

[ADDRESS 1]
[ADDRESS 2]
[CITY,] [STATE] [POSTAL CODE]

Is your address information correct?

1. Yes
5. No

Contact3B

Please tell us if the email address we have on file is correct so that we can send you the information you will need to complete the survey next year?

[EMAIL ADDRESS]

Is your email address correct?

1. Yes
5. No

Contact4C

Please tell us the phone number we have on file is correct so that we can send you the information you will need to complete the survey next year.

[Phone number]

Is your phone number correct?

1. Yes
5. No

Contact4D

What phone number can we use to send the information you will need to complete the survey next year?

Phone: [Open field for phone number] 10 digit phone number (9999999999)

Contact4A

May we send text messages to your cell phone to contact you about the upcoming study?

1. Yes
5. No

Incent2

Thank you for completing the survey. You will receive a $100 electronic gift card as a token of appreciation for participating in this study.

What email address should we use to send your electronic gift card?

[Open field to accept email address]

End

Thank you for your time. These are all the questions that we have for you today. You will receive an email from RTI-eIncentives@rti.org within 24 hours with details on how to claim your incentive.

Thank you for your participation.