FOCUS GROUP PARTICIPANT DEMOGRAPHIC FORM
OVERVIEW/PROTOCOL

PURPOSE: This form is designed to obtain information on demographic characteristics of the care providers participating in the focus group. This information will be used for descriptive purposes.

HOW COLLECTED: Each care provider participating in a focus group will complete this form one time.

WHEN COLLECTED: The Focus Group Participant Demographic Form should be completed prior to the facilitation of the focus group in which the care provider is participating.

INSTRUCTIONS: The care provider completes the form her/himself, and answers are to be recorded directly on the instrument. The care provider should mark the correct response as appropriate or print numbers/answers where requested.
FOCUS GROUP PARTICIPANT DEMOGRAPHIC FORM

1. Today's Date: ___ ___ / ___ ___ / ___ ___ ___ ___
   month        day           year

2. Gender:
   □ 1 - Male
   □ 2 - Female

3. Ethnicity:
   □ 1 - American Indian or Alaska Native
   □ 2 - Asian
   □ 3 - Black or African American
   □ 4 - Hispanic or Latino
   □ 5 - Native Hawaiian or Pacific Islander
   □ 6 - White
   □ 9 - Unknown

4. Age:
   □ 1 - 20-25
   □ 2 - 26-31
   □ 3 - 32-37
   □ 4 - 38-42
   □ 5 - 43-48
   □ 6 - 49-54
   □ 7 - 55-59
   □ 8 - 60+

5. Your Discipline:
   □ 1 - RN
   □ 2 - LPN

6. How long have you been providing home health care?
   _____ years
   or
   □ Less than one year

7. How long have you been with this agency?
   _____ years
   or
   □ Less than one year