



Study ID _____ Date: _____ (Month, day, year)

In-Touch Study: Demographic Questionnaire – Care Partner Advisory Group

Thank you for agreeing to participate in our study. Please answer the following questions about you. The purpose of collecting this information is so we will be able to describe, as a group, the Care Partner Advisory Group.

1. What is your gender identity? Select one:
☐ Man
☐ Woman
☐ I identify in another way (feel free to describe if you wish): _____
☐ I prefer not to respond
2. What is your age? _____
3. What is your relationship to a resident of long-term care?
☐ Spouse
☐ Child
☐ Sibling
☐ Other relative (ex. Niece, nephew, cousin)
☐ Friend
☐ Other (please describe): _____
4. We believe “race” is a social idea rather than something rooted in biology. Yet, because this idea is widespread, it can affect how people are treated. If you are comfortable doing so, please select the race category (or categories) that describe(s) you. Please check all that apply:
☐ Black (African, Afro-Caribbean)
☐ Indigenous (First Nations, Inuk/Inuit descent, Metis)
☐ Latino (Hispanic descent, Latin American)
☐ Middle Eastern (Arab, Persian, West Asian descent)
☐ South Asian (Bangladeshi, East Indian, Indo-Caribbean, Pakistani, Sri Lankan)
☐ Southeast Asian (Cambodian, Filipino, Indonesian, Malaysian, Thai, Vietnamese)
☐ East Asian (Chinese, Japanese, Korean, Taiwanese)
☐ White (European descent)
☐ Another race category: _____
☐ Do not know
☐ Prefer not to answer
5. Are you currently employed?
☐ Yes
☐ No
6. If you are currently employed, what do you do for a career? If you are retired/no longer working, what did you do previously in your career?

Thank you for taking the time to answer this survey.

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