Virginia Geriatric Education Center (VGEC)  
Demographic Survey

Instructions: In order to report on this project for the Bureau of Health Professions, Health Resources and Services Administration, this questionnaire should be completed by everyone who participates in VGEC training. You must be 18 years of age or older to participate in training. Your answers are extremely valuable and important for continued grant funding (Grant No. U1QHP28744). This and any other forms you complete related to this project are strictly confidential. We ask that you provide a personal code so that your responses to training evaluation questions will not be linked with your name in any data base. Your contact information will be used only for tracking purposes and we will not share it with anyone for any reason. All results reported back to the funder will be grouped, so that no single person or organization may be distinguished. Your participation in this survey is voluntary. If you choose to participate, you may stop at any time without penalty and you may choose not to answer particular questions that are asked in this survey. We thank you for your participation.

Date:  
Name:  
Credentials:  (ex: CNA, RN, LCSW, MD, etc)  
Email address:  

The following demographic information is used only to encourage funding support for underserved communities:

1. Age Group:  
   - □ 19 or younger  
   - □ 20-29 years old  
   - □ 30-39 years old  
   - □ 40-49 years old  
   - □ 50-59 years old  
   - □ 60-69 years old  
   - □ 70 years or older  

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

3. Are you Hispanic or Latino?  
   - □ Yes  
   - □ No  

4. Race/Ethnicity  
   (Check only ONE)  
   - □ American Indian or Alaska Native  
   - □ African American or Black  
   - □ Caucasian or White  
   - □ Asian: (Specify)  
   - □ Native Hawaiian / Other Pacific Islander  
   - □ More than one race  
   - □ Other: (Specify)  

5. Do you consider yourself ever to have been from an economically disadvantaged background?  
   - □ Yes  
   - □ No  
   (i.e. From a family with an annual income below federal low income thresholds?)

6. Do you consider yourself ever to have been from an educationally disadvantaged background?  
   - □ Yes  
   - □ No  
   (i.e. From an environment which inhibited obtaining knowledge, skill, and abilities required to enroll in and graduate from an allied health or health professions school?)

7. In which kind of community did you grow up? (Select Only One)  
   - □ Urban/Inner City  
   - □ Suburban  
   - □ Rural  
   - □ Frontier*  
   *A remote area in which weather and distance can prevent severely injured or ill patients from getting immediate transport to an acute care hospital.

8. Are you an informal/family caregiver for an adult age 50 or older?  
   - □ Yes  
   - □ No  

9. Highest degree you hold:  
   - □ High School/GED  
   - □ Associate's Degree  
   - □ Other Diploma or Certificate  
   - □ Associate's Degree  
   - □ Bachelor's Degree  
   - □ Master's Degree  
   - □ Doctoral Degree  
   - □ MD  
   - □ DO  
   - □ Other, specify  

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10. Identify the three (3) aging and health topics below most important to your continued education.

PLEASE ONLY CHECK THREE (3) TOPICS

[ ] Healthy Aging  [ ] Diabetes  [ ] Pain Management
[ ] Geriatric Assessment  [ ] Mental Health and Aging  [ ] Falls Prevention
[ ] Elder-caregiving  [ ] Arthritis  [ ] Cultural Sensitivity
[ ] Physiology of Aging  [ ] Medications/Polypharmacy  [ ] Physical Rehabilitation
[ ] Substance Abuse  [ ] Ethics  [ ] Health Care Literacy
[ ] Community-based care  [ ] Nutrition and Diet  [ ] Medicare/Medicaid
[ ] Osteoporosis  [ ] Palliative Care  [ ] Depression
[ ] Dementia  [ ] Elder Abuse  [ ] Other: __________________________

11. Are you currently a student?  □ Yes, please answer questions 12 and 13.
□ No, please skip to question 14.

12. I am   □ an undergraduate student   □ a graduate student   □ other student __________________________

13. What profession/discipline are you studying? Please check only ONE.

□ Allied Health
□ Alternative/ Complementary Nursing
□ Behavioral Health
□ Certified Nursing Assistant
□ Chiropractic
□ Clinical Laboratory Services
□ Clinical Nurse Leader (CNL)
□ CNS - Adult gerontology
□ CNS - Family
□ CNS - Geropsychiatric
□ CNS - Psychiatric/Mental health
□ CNS - Women’s health
□ Community Health Nursing
□ Dental Assistant
□ Dental Hygiene
□ Dental School
□ Home Health Aide
□ LPN/Vocational Nurse
□ Medical Assistant
□ Medical School
□ NP—Adult
□ NP—Adult gerontology
□ NP—Emergency care
□ NP—Family
□ NP—Family Mental Health
□ NP—Geropsychiatric
□ NP—Mental health
□ NP—Women’s health
□ NP—Other
□ Nurse Administrator
□ Nurse Anesthetist
□ Nurse Educator
□ Nurse Researchers/Scientists
□ Nursing Doctorate
□ Nursing Informatics
□ Nursing Masters
□ Occupational Therapy
□ Optometry
□ Pharmacy
□ Physical Therapy
□ Physician Assistant
□ Podiatry
□ Psychology
□ Public Health
□ Public Health Nurse
□ Radiological Assistant
□ Registered Nurse
□ Rehabilitation Therapy
□ Social Work
□ Speech Language Pathology
□ Discipline Not Listed - Please Specify: __________________________

End of survey. Thank you very much for your time and consideration!