## Virginia Geriatric Education Center (VGEC) Demographic Survey

**Instructions:** Please complete this survey so the VGEC can provide vital information to inform federal decisions regarding education and training to improve older adult care. If you choose to participate, you may stop at any time without penalty and choose not to answer particular questions. Your answers are confidential. You must be 18 years or older to complete this survey. **We thank you for your participation.** 

Date:		_		
1. Age Group:	☐ 19 years 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 olde	r
2. Gender:	□ Female	□ Male	□ Non-binary	
3. Are you Hispan	ic or Latina/o?	□ Yes	□ No	
4. Race/Ethnicity:	☐ American Indian or A	Alaska Native	☐ Native Hawaiian/Other Pacific Islander	
(Check only <b>ONE</b> )	☐ African American or Black		☐ More than one race	
	☐ Asian	☐ Other (specify):		
	☐ Caucasian or White			
5. Are you an info age 50 or older	rmal or family caregiver ?	for an adult	□ Yes	□ No
6. Do you work in health care or a health care-related		care-related field?	☐ Yes, please answer questions 7-12.	
			□ No, <i>you nave c</i>	ompleted this survey.
7. What are your o	credentials? (e.g., CNA, R	N, LCSW, MD, BS)		<del></del>
8. Location of you	ır primary workplace:			
City/County	:	State:	Zi	p Code:
9. Do you work in	a Primary Care setting?	□ Yes		No
	des day-to-day health care a care for patients within a he		act and principal	
10. Do you have a	faculty appointment at a	an institution of higl	her education? □	Yes □ No
11. What is your jo	ob title?			
			continue on to n	

## 12. Indicate your primary discipline. Please check only ONE and note specialty if requested.

ALLIED HEALTH	☐ General Dentistry	☐ Community Health Nursing
☐ Activities or Recreation Therapy	☐ Public Health Dentistry	☐ Home Health Aide
☐ Medical Assistant	☐ Other (specify):	☐ LPN/Vocational Nurse (LPN/LVN)
☐ Occupational Therapy		□ NP (specialty):
□ Pharmacy	PHYSICIAN	☐ Nurse Administrator
☐ Physician Assistant	☐ Emergency Medicine	☐ Nurse Anesthetist
☐ Physical Therapy	☐ Family Medicine	☐ Nurse Educator
☐ Registered Dietician	☐ Geriatric Psychiatry	☐ Patient Care Associate (PCA)
☐ Respiratory Therapy	☐ Geriatrics	☐ Public Health Nurse (PHN)
☐ Speech Therapy	☐ Internal Medicine	☐ Registered Nurse (RN)
□ Other (specify):	☐ Occupational Medicine	☐ Other (specify):
	☐ Palliative Care	
BEHAVIORAL HEALTH	☐ Psychiatry	OTHER
☐ Counseling Psychology	☐ Radiology – Diagnostic	☐ Community Health Worker
☐ Psychology – Clinical	□ Other (specify):	☐ Direct Service Worker
☐ Psychology – Other		☐ Facility Administrator
☐ Social Work – Clinical	PUBLIC HEALTH	☐ First Responder/EMT
☐ Social Work – Other	☐ Disease Prev. & Health Promotion	☐ Health Education Specialist
$\square$ Sub. Abuse/Addictions Counseling	☐ Epidemiology	☐ Medical Laboratory Technology
☐ Marriage and Family Therapy	☐ Health Policy & Management	
☐ Pastoral/Spiritual Care	☐ Other (specify):	☐ Profession Not Listed
□ Other (specify):		Specify:
	NURSING	
DENTISTRY		
	☐ Certified Nursing Assistant (CNA)	
☐ Dental Assistant	<ul><li>☐ Certified Nursing Assistant (CNA)</li><li>☐ CNL – Generalist</li></ul>	

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