

HABP/VABP Formative and Delphi: Patient and Caregiver Demographic Questionnaires

Demographic Questionnaire – Patients

PIN: _____

Thank you for completing this short questionnaire so we can know more about you.

| No. | Question | Answer |
|-----|--|--|
| 1. | What is your age today? <i>Write your age in years</i> | _____ |
| 2. | What is your gender? <i>Select gender with which you identify</i> | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Prefer not to respond |
| 3. | What is your race? <i>Select all that apply</i> | <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Prefer not to respond |
| 4. | What is your ethnicity? <i>Select only one</i> | <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Prefer not to respond |

| No. | Question | Answer |
|-----|---|---|
| 5. | What is the highest degree or level of school you have completed? <i>Select only one</i> | <input type="checkbox"/> 8 th grade or equivalent or less <input type="checkbox"/> Some high school (9 th to 12 th grade) <input type="checkbox"/> High school diploma or equivalent <input type="checkbox"/> Some college credit <input type="checkbox"/> Associate degree (for example, AA, AS) <input type="checkbox"/> Bachelor's degree (for example, BA, BS) <input type="checkbox"/> Master's degree (for example, MBA, MA) <input type="checkbox"/> Doctorate or professional degree (for example, MD, PhD) |
| 6. | For your employment status, are you: <i>Select only one</i> | <input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Out of work and looking for work <input type="checkbox"/> Out of work but not currently looking for work <input type="checkbox"/> A homemaker <input type="checkbox"/> A student <input type="checkbox"/> Military <input type="checkbox"/> Retired <input type="checkbox"/> Unable to work |
| 7. | What is your marital status? <i>Select only one</i> | <input type="checkbox"/> Single, never married <input type="checkbox"/> Married or domestic partnership <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated |
| 8. | What is the primary language spoken in your home? <i>Select only one</i> | <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (specify): _____ |
| 9. | Have you ever been admitted to the intensive care unit (ICU)? | <input type="checkbox"/> Yes <input type="checkbox"/> No → skip to question #13 <input type="checkbox"/> Don't know → skip to question #13 |

| No. | Question | Answer |
|-----|--|---|
| 10. | When was the last time you were in the ICU? <i>Provide an estimate</i> | <input type="checkbox"/> Less than a month ago <input type="checkbox"/> Less than a year ago but more than one month ago <input type="checkbox"/> More than a year ago |
| 11. | How long was your last stay in the ICU? <i>Provide an estimate if exact number of days is unknown</i> | _____ days |
| 12. | What type of ICU were you in? <i>Select only one</i> | <input type="checkbox"/> Medical <input type="checkbox"/> Surgical/Trauma <input type="checkbox"/> Cardiac/Cardiac Surgery <input type="checkbox"/> Neurosciences <input type="checkbox"/> Mixed <input type="checkbox"/> Don't know |
| 13. | Have you ever been on a machine to help you breathe? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know |
| 14. | Have you ever been given antibiotics for pneumonia and/or sepsis? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know |
| 15. | Have you ever taken part in a research study? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know |

Thank you.

Demographic Questionnaire – Caregiver

PIN: _____

Thank you for completing this short questionnaire so we can know more about you.

| No. | Question | Answer |
|-----|---|---|
| 1. | What is your age today? <i>Write your age in years</i> | _____ |
| 2. | What is your gender? <i>Select gender with which you identify</i> | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Prefer not to respond |
| 3. | What is your race? <i>Select all that apply</i> | <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Prefer not to respond |
| 4. | What is your ethnicity? <i>Select only one</i> | <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Prefer not to respond |
| 5. | What is the highest degree or level of school you have completed? <i>Select only one</i> | <input type="checkbox"/> 8 th grade or equivalent or less <input type="checkbox"/> Some high school (9 th to 12 th grade) <input type="checkbox"/> High school diploma or equivalent <input type="checkbox"/> Some college credit <input type="checkbox"/> Associate degree (for example, AA, AS) <input type="checkbox"/> Bachelor’s degree (for example, BA, BS) <input type="checkbox"/> Master’s degree (for example, MBA, MA) <input type="checkbox"/> Doctorate or professional degree (for example, MD, PhD) |

| No. | Question | Answer |
|--|---|--|
| 6. | For your employment status, are you: <i>Select only one</i> | <input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Out of work and looking for work <input type="checkbox"/> Out of work but not currently looking for work <input type="checkbox"/> A homemaker <input type="checkbox"/> A student <input type="checkbox"/> Military <input type="checkbox"/> Retired <input type="checkbox"/> Unable to work |
| 7. | What is your marital status? <i>Select only one</i> | <input type="checkbox"/> Single, never married <input type="checkbox"/> Married or domestic partnership <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated |
| 8. | What is the primary language spoken in your home? <i>Select only one</i> | <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (specify): _____ |
| The following questions are about a spouse, partner, loved one, or an adult dependent. Please think of only one person who represents this when answering these questions. | | |
| 9. | Has your spouse/partner/loved one/adult dependent ever been admitted to the intensive care unit (ICU)? | <input type="checkbox"/> Yes <input type="checkbox"/> No → skip to question #13 <input type="checkbox"/> Don't know → skip to question #13 |
| 10. | When was the last time your spouse/partner/loved one/adult dependent was admitted to the intensive care unit (ICU) of a hospital? <i>Provide an estimate</i> | <input type="checkbox"/> Less than a month ago <input type="checkbox"/> Less than a year ago but more than one month ago <input type="checkbox"/> More than a year ago |

| No. | Question | Answer |
|-----|--|--|
| 11. | <p>How long was their stay the last time this person was admitted to the ICU?</p> <p><i>Provide an estimate if exact number of days is unknown</i></p> | <p>___ ___ ___ days</p> |
| 12. | <p>What type of ICU were they in?</p> <p><i>Select only one</i></p> | <p><input type="checkbox"/> Medical</p> <p><input type="checkbox"/> Surgical/Trauma</p> <p><input type="checkbox"/> Cardiac/Cardiac Surgery</p> <p><input type="checkbox"/> Neurosciences</p> <p><input type="checkbox"/> Mixed</p> <p><input type="checkbox"/> Don't know</p> |
| 13. | <p>Has your spouse/partner/loved one/adult dependent ever been on a machine to help her/him breathe?</p> | <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p> |
| 14. | <p>Has your spouse/partner/loved one/adult dependent ever been given antibiotics for pneumonia and/or sepsis?</p> | <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p> |

Thank you.