INFORMANT REPORT

<u>INSTRUCTIONS</u>: This report is to be completed by the informant. The <u>INFORMANT</u> is defined as the person who gives information about/to another individual.

ORM	ATION REGARDING:				
	(Patient's Name)				
ORM	ANT'S NAME:				
1.	Your month/year o	of birth:/			
2.	Your sex:	Male Female			
3.	Are you of Hispanio	c/Latino ethnicity (i.e., having o	rigins from a ma	ainly Spanish-speaking	
	Latin American Cou	untry), regardless of race?	Yes	No	
•	 If YES, what are y 	our reported origins?			
_	Mexican/Chicano/	Mexican-American	Puerto Ri	can	
	Cuban	Dominican	Central A	merican	
	South American Other (specify)				
4.	What is your race?	(Race is defined as a socially m	eaningful categ	ory of people who share	
	biological traits tha	at are obvious and considered ir	nportant)		
_	White	Black/African American	American Indian or Alaska Native		
	Other (specify)	Native Hawaiian o 	Unknown		
5.	Any additional reportable race?				
	-	Black/African American	American	Indian or Alaska Native	
-	 Asian	Native Hawaiian or Other	acific Islander		
_	Other (specify)		Unknown		
-					
6.	Years of education	: How many years of school hav	e vou attended	? (Include primary throu	
		ed)	. ,	, (, p,,	
	uni, comege accoman				
7.	Your relationship to	o the patient/subject?			
	Spouse/partner		Sibling		
-		Friend/neighbor		giver/provider	
-	Other (specify)		raid care	giver/ provider	
-	Other (speemy)				
Q	Do you live with th	e subject? Ves	No		
٥.	•	te frequency of in-person visits:			
		· · · · · · · · · · · · · · · · · · ·	Mookk		
-	Daily	At least 3x/week	Weekly	anca a manth	
-	At least 3x/month		Less than once a month		
	If NO, approximate frequency of telephone contact:				
-	Daily	At least 3x/week	Weekly	. i	
_	At least 3x/month	Monthly	Less than	once a month	