1. **Please fill in today's date:**

   Month / Day / 2020

2. **Are you an NHATS participant or someone else filling out the questionnaire for an NHATS participant?**
   - [ ] I am an NHATS participant → Please go to Question 5, next page
   - [ ] I am filling out this questionnaire for an NHATS participant → Please answer Question 3

3. **What is your relationship to the NHATS participant?**
   - [ ] Spouse or partner
   - [ ] Adult child
   - [ ] Another relative
   - [ ] I am not related to the NHATS participant

4. **What is the reason you are answering for the NHATS participant?**
   *Mark all that apply.*
   - [ ] The NHATS participant has dementia or cognitive impairment
   - [ ] The NHATS participant is too ill / has physical health issues
   - [ ] The NHATS participant does not read well enough
   - [ ] The NHATS participant is temporarily unavailable
   - [ ] Other reason, please specify: