

Today's Date:

Month Day Year

Have you filled out a Sign-In Form like this since July, 2013?

- ☐ Yes
☐ No
☐ I don't know

First Name: _____ Last Name: _____

Address: _____

City: _____ State: Zip Code:

E-mail Address: _____ Telephone Number:

*The following questions help the Alzheimer's Association meet the needs of the community. Your answers will be kept confidential to the Alzheimer's Association. Please only select **ONE** answer per question.*

1. Year of Birth:

2. Gender: ☐ Male ☐ Female

3. Race/Ethnicity (mark **ONE** you identify with):

☐ White/Caucasian

☐ Black/African-American

Hispanic/Latino:

☐ Mexican/Mexican-American

☐ Cuban

☐ Puerto Rican

☐ Other Hispanic/Latino _____

Asian:

☐ Chinese

☐ Japanese

☐ Korean

☐ Vietnamese

☐ Other Asian _____

☐ Native Hawaiian/Other Pacific Islander

☐ American Indian/Alaskan Native

☐ Two or More Races

☐ Other _____

4. Do you, personally, identify as lesbian, gay, bisexual, or transgender? ☐ No ☐ Yes

5. Check the highest level of education that you have attained:

☐ Less than high school degree

☐ High school graduate (or equivalent)

☐ Some college or associate's degree

☐ Bachelor's degree

☐ Post/professional degree

6. Choose the **one** that best describes you.

I am a:

☐ Person with Alzheimer's or a related dementia

☐ Care Partner (family/friend)

☐ Physician/other healthcare professional

☐ Social worker

☐ Other

7. Have you or the person you care for been diagnosed with one of the following?

Please select disease from list below:

☐ Alzheimer's disease

☐ A related dementia

☐ Suspected but no diagnosis

☐ No diagnosis

8. If you or the person you care for has been diagnosed with Alzheimer's disease or a related dementia, please list the approximate date of diagnosis : Month: _____ Year:

Chapter Resources (please check all that apply)

revised: 8/23/2013

I would like more information about:

☐ Clinical Trials

☐ Walk to End Alzheimer's

☐ Being an Advocate

☐ Other _____

Please add me to the: ☐ Chapter mailing list ☐ Chapter newsletter list

Please contact me via: ☐ Telephone ☐ E-mail ☐ Postal Mail