Appendix C. Data Collection Form for Caregivers

o Divorced

	<u> </u>
•	Are you interested in participating in the research study involving peer mentoring of patients with chronic kidney disease and their caregivers?
	o Yes
	o No
	Are you a caregiver to someone who has been diagnosed with chronic kidney disease?
	• Yes
	o No
•	How old were you on your last birthday?Years
•	Are you able to read or write in English?
	o Yes
	o No
•	Do you have access to a computer with internet and email capability?
	o Yes
	o No
•	What is your sex
	o Male
	o Female
	5 Temale
•	Which of the following best represents your racial heritage?
	o White
	o Black or African American
	o Asian
	 Native Hawaiian or Pacific Islander
	 American Indian or Alaska Native
	Other or Multi-Racial
•	Are you Hispanic, Latino, Latina, or Spanish origin?
	o Yes
	o No
•	What is the highest degree or level of school you have completed?
	 Less than a HS Diploma
	High School Diploma
	o Some College
	College Graduate
	o conege diamate
•	What is your marital status?
	 Married

- Widowed
- Separated
- o Single, Never Married
- o A Member of an Unmarried Couple
- o Other
- What is your current employment status
 - o Employed
 - Out of Work > 1 Year
 - Out of Work < 1 Year
 - Homemaker
 - Student
 - Retired
 - o Unable to Work
- Please write your zip code: