

Client ID # _____

Date of Administration: _____

DEMOGRAPHICS AND BACKGROUND

CLIENT SELF-ADMINISTERED OR CLINICIAN-ADMINISTERED

1. What is your date of birth?

___ ___ (Month) ___ ___ ___ ___ (Year)

2. What was your biological sex assigned at birth?

Select one.

- Female
- Male
- Intersex
- None of these describe me
- Prefer not to say

3. How do you identify your gender identity?

Select one.

- Male
- Female
- Non-binary
- Transgender male (female at birth)
- Transgender female (male at birth)
- Unsure/Don't know
- Prefer not to say
- Other (Specify: _____)

4. What is your sexual orientation?

Select one.

- Heterosexual or straight
- Gay or lesbian
- Bisexual
- Unsure/Don't know
- Prefer not to say
- Other (Specify: _____)

5. What is your race?

Check all that apply.

- Black or African-American
- White
- Asian
- American Indian or Alaskan Native
- Native Hawaiian or Pacific Islander
- Prefer not to say
- Unsure/Don't know

6. What is your ethnicity?

Select one.

- Hispanic
- Non-Hispanic
- Prefer not to say
- Unsure/Don't know

7. What is your preferred language?

Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Spanish/Spanish Creole | <input type="checkbox"/> Mandarin |
| <input type="checkbox"/> African Languages | <input type="checkbox"/> Other Indo-European |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Portuguese/Portuguese Creole |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Farsi | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> French/French Creole | <input type="checkbox"/> Yiddish |
| <input type="checkbox"/> Hebrew | <input type="checkbox"/> Other Asian languages |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Indic (e.g. Hindi, Urdu, Sindhi) | <input type="checkbox"/> Other (Specify: _____) |
| <input type="checkbox"/> Italian | <input type="checkbox"/> Prefer not to say |

8. What is your current marital status?

Select one.

- Never married
- Married
- Domestic partnership
- Separated
- Divorced
- Widowed
- Prefer not to say
- Other (Specify: _____)

9. Do you have any children?

Check all that apply.

- No children
- Expecting a child
- Children less than age 18, in my custody
- Children less than age 18, not in my custody
- Children 18 or older
- Prefer not to say
- Unsure/Don't know

10. What is the highest education level completed by your mother?

Select one.

- 8th grade or less
- Some high school
- High school diploma or GED
- Some college, including AA and technical certificates or diploma
- Graduated 4-year college
- Advanced degree (e.g., MA, MD, PhD)
- Unsure/Don't know
- Prefer not to say
- Not applicable → *Skip to Q12*

11. [OPTIONAL] What type of work does your mother currently do or did she do most recently?

Select one.

- Professional/Technical/Managerial (e.g. doctor, lawyer, accountant, teacher, project manager)
- Office and Administrative Support Occupations and Sales Positions
- Personal Care and Service (e.g. cashier, dog walker, food preparation)
- Construction/Mechanical/Factory Worker/ Maintenance
- Agricultural (e.g. farm, fishery, forest)
- Transportation (e.g. bus, taxi driver)
- Military, emergency services (e.g., police, firefighter), or security
- Domestic/Homemaker
- Unemployed/furloughed
- Other (Specify: _____)
- Unsure/Don't know
- Prefer not to say
- Not applicable

12. What is the highest education level completed by your father?

Select one.

- 8th grade or less
- Some high school
- High school diploma or GED
- Some college, including AA and technical certificates or diploma
- Graduated 4-year college
- Advanced degree (e.g., MA, MD, PhD)
- Unsure/Don't know
- Prefer not to say
- Not applicable → *Skip to Q14*

13. [OPTIONAL] What type of work does your father currently do or did he do most recently?

Select one.

- Professional/Technical/Managerial (e.g. doctor, lawyer, accountant, teacher, project manager)
- Office and Administrative Support Occupations and Sales Positions
- Personal Care and Service (e.g. cashier, dog walker, food preparation)
- Construction/Mechanical/Factory Worker/ Maintenance
- Agricultural (e.g. farm, fishery, forest)
- Transportation (e.g. bus, taxi driver)
- Military, emergency services (e.g., police, firefighter), or security
- Domestic/Homemaker
- Unemployed/furloughed
- Other (Specify: _____)
- Unsure/Don't know
- Prefer not to say
- Not applicable

14. What is your current housing situation?

Select one.

- Alone or with roommates (unsupervised)
- Living with biological or adoptive family
- Living in foster care
- Supervised apartment (some staff support), supported housing, or dependent living setup, without other individuals
- Group home or residential care with other individuals
- Homeless shelter, or sleeping outdoors
- In temporary housing (e.g., couch surfing, temporarily living with family or friends)
- Other (Specify: _____)
- Prefer not to say
- Unsure/Don't know

15. Are you a Veteran?

- Yes
- No
- Prefer not to say
- Unsure/Don't know

16. Were you ever in the foster care system?

- Yes
- No
- Prefer not to say
- Unsure/Don't know

17. What type of health insurance do you currently have?

- Commercial insurance
- Medicaid
- No Insurance
- Unsure/Don't know
- Other (Specify: _____)

18. Do you receive financial support from any of the following people?

Check all that apply.

- Mother
- Father
- Guardian
- Spouse
- Other (Specify: _____)
- Unsure/Don't know
- I do not receive financial support from anyone

19. Do you currently receive Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI)?

- Yes
- No, I never received SSI/SSDI → *Skip to Q21*
- No, I used to receive SSI/SSDI, but I no longer receive it
- Unsure/Don't know → *Skip to Q21*

20. About how old were you when you began receiving SSI/SSDI?

_____ years

21. Have you applied for SSI/SSDI in the past six months?

- Yes
- No

22. Do you currently receive any of the following other monetary supports?

Check all that apply.

- Disability benefits other than SSI/SSDI
- TANF or other income assistance
- Unemployment
- Supplemental Nutrition Assistance Program (SNAP)/ Food Stamps
- Other (Specify: _____)
- Unsure/Don't know
- None

23. Who referred you to this program?

Select one.

- Someone from another program within this facility/agency
- Emergency room
- Crisis stabilization unit (i.e., a 24-hour non-hospital setting)
- Hospital – inpatient unit in a general medical setting
- Hospital – inpatient unit from a psychiatric unit or setting
- School or university
- Family Care Doctor/Primary Care Physician
- Community outpatient mental health provider (e.g., psychiatrist, social worker, psychologist)
- Legal system (e.g., police, detention center, juvenile court)
- Family member or friend
- Self
- Other (Specify: _____)

24. Since March 2020, have you had COVID-19 related symptoms like a cough, fever, shortness of breath or difficulty breathing?

- Yes
- No

25. Have you been tested for the coronavirus?

- Yes
- No → *Skip to next section*

26. What was the result?

Select one.

- I have been tested and I tested positive (I had/have coronavirus)
- I have been tested and I tested negative (I did not have coronavirus)
- I have been tested and I do not know the result