

Client ID # _____

Date of Administration: _____

DEMOGRAPHICS AND BACKGROUND

CLIENT SELF-ADMINISTERED OR CLINICIAN-ADMINISTERED

1. What is your current marital status?

Select one.

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

2. 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

3. [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

4. [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

5. 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

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

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

7. 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

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

- Yes
- No, I never received SSI/SSDI → *Skip to Q10*
- No, I used to receive SSI/SSDI, but I no longer receive it
- Unsure/Don't know → *Skip to Q10*

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

_____ years

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

- Yes
- No

11. 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

12. Since the last assessment, have you had COVID-19 related symptoms like a cough, fever, shortness of breath or difficulty breathing?

- Yes
- No

13. Since the last assessment, have you been tested for the coronavirus?

- Yes
- No → *Skip to next section*

14. 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