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.
   - [ ] English
   - [ ] Spanish/Spanish Creole
   - [ ] African Languages
   - [ ] Arabic
   - [ ] Armenian
   - [ ] Cambodian
   - [ ] Cantonese
   - [ ] Farsi
   - [ ] French/French Creole
   - [ ] Hebrew
   - [ ] Hmong
   - [ ] Indic (e.g., Hindi, Urdu, Sindhi)
   - [ ] Italian
   - [ ] Korean
   - [ ] Mandarin
   - [ ] Other Indo-European
   - [ ] Polish
   - [ ] Portuguese/Portuguese Creole
   - [ ] Russian
   - [ ] Tagalog
   - [ ] Vietnamese
   - [ ] Yiddish
   - [ ] Other Asian languages
   - [ ] Sign Language
   - [ ] Other (Specify: ________________)
   - [ ] 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: ______________________)
   - 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: _________________)