DEMographers and background

Client ID: ________________________ Date of Administration: ________________________

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