

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 is your sex?**

Select one.

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

**3. 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

**4. What is your ethnicity?**

Select one.

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

**5. 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            |

**6. What is your current marital status?**

Select one.

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

**7. 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

**8. 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*

**9. [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

**10. 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*

**11. [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

**12. 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

**13. Are you a Veteran?**

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

**14. Were you ever in the foster care system?**

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

**15. What type of health insurance do you currently have?**

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

**16. 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

**17. 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*

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

\_\_\_\_\_ years

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

- Yes
- No

**20. 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

**21. 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: \_\_\_\_\_)