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