**Demographic** **Information**

Please respond to each of the following questions:

1.) Caregiver’s gender:

1. Male
2. Female

2.) What is your relationship to [Child’s name]?

 1. Biological Mother

 2. Biological Father

 3. Adoptive Mother

 4. Adoptive Father

 5. Step Mother

 6. Step Father

 7. Grandmother

 8. Grandfather

 9. Other Relative (e.g., aunt, uncle)

 10. Legal Guardian

 11. Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.) Caregiver age: \_\_\_\_\_\_\_\_\_\_\_\_

4.) Current Marital Status:

 1. Married

 2. Divorced/Separated

 3. Single, never married

 4. Widowed

 5. Living with a romantic partner

` 5.) Is there another adult living in the home who is involved in caring for [target child]?

If ‘NO’🡪 Inquire about bio.-parent’s (ex. Ex-spouse, etc.) involvement with child. If they do not live in the home, you still hit “NO” to this question, but answer the substance use questions about bioparent if they meet the two requirements (involved in decision making about the child, and see the child at least 2x/month)

 1. No

 2. Yes

*(If “no”): Skip to question (#6).*

*(If “yes”): Complete 15a-15c, if more then one adult resides in household, list the one who is most involved with child.*

 5a.) What is this person’s name? \_\_\_\_\_\_\_\_\_\_\_\_

5b.) What is [other adult’s name] relation to the [target child]?

 1. Biological Parent

If the answer to 5b is anything but #1🡪 Inquire about bio.-parent’s (ex. Ex-spouse, etc.) involvement with Child. If bio.-parent meets 2 criteria for involvement then🡪 Collect S/O Alc. and Cig. (in Pt.2) and ABC S/O (in Pt. 4) on bio.-parent.

 2. Adoptive Parent

 3. Step-parent

 4. Grandparent

 5. Uncle

 6. Adult sibling

 7. Adult cousin

 8. Other: \_\_\_\_\_\_\_\_\_\_\_\_

 5c.) What is your relationship with [other adult]?

1. Spouse
2. Sibling
3. Offspring
4. Romantic partner/significant other

 6.) Child’s Gender:

 1. Male

 2. Female

7.) How would you best describe your child’s race?

 1. Caucasian/non-Hispanic White

2. African American

 3. American Indian

 4. Hispanic

 5. Asian/Pacific Islander

 6. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8.) Child’s Birthdate (mm/dd/yyyy):\_\_\_\_\_\_\_\_\_\_\_\_\_

9.) Child Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10.) [Child’s name]’s grade (If summer then report grade entering in fall) [please use numbers to describe child’s grade i.e., 8 for eighth grade, 9 for ninth grade]: \_\_\_\_\_\_\_\_

11.) How many siblings does [child’s name] have living in the home? \_\_\_\_\_\_\_\_

 12.) Highest level of education you have completed:

 1. Grade school

 2. Some high school

 3. High school graduate

 4. Technical school

 5. Some college

 6. College graduate

 7. Graduate or professional school

 13.) Current annual family income before taxes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 14.) Do you receive public assistance income?

1. No

2. Yes

 15.) Does [child’s name] take medication regularly?

1. No
2. Yes

*(If “no”): Questionnaire complete.*

*(If “yes”): Complete 15a:*

15a.) Please list the medications that [child’s name] takes regularly: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_