**Demographic** **Information**

**(Target Caregiver)**

Please respond to each of the following questions:

1.) Caregiver’s gender:

1. Male
2. Female

2.) What is your relationship to [target participant’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 (go to 2a)

2a). Please describe: \_\_\_\_\_\_\_\_\_\_

3.) Caregiver’s 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 participant]?

1. No ***(If ‘No”: Skip to question #6)***

2. Yes *(If “yes”): Complete 5a-5c, if more than one adult resides in household, list the one who is most involved with target participant.*

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

5b.) How long has [other adult’s name] been involved in caring for [target participant]?

1. Most of my child’s life
2. Less than seven years
3. Four to six years
4. Two to three years
5. One year
6. Less than one year

5c.) How much time does [other adult’s name] spend with [target participant]?

1. Less than monthly
2. Monthly
3. Once a week
4. A few times a week
5. Everyday or nearly everyday

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

1. Biological Parent

2. Adoptive Parent

3. Step-parent

4. Grandparent

5. Uncle

6. Adult sibling

7. Adult cousin

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

5e.) *If responded 3-8 for question 5d, then ask:*

Is this person a biological relative to your child?

1. Yes

2. No

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

1. Spouse
2. Sibling
3. Offspring
4. Romantic partner/significant other
5. Other (go to 5g)

5g.) Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6.) Target participant’s birth month (2 digit):\_\_\_\_\_\_\_\_\_\_\_\_\_

7.) Target participant’s age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8.) Has [target participant’s name] graduated high school?

1. Yes

2. No

9.) [Target participant’s name]’s educational status (if summer then report plans for Fall):

1. Attending 2 year college

2. Attending 4 year college

3. Attending technical/trade school

4. Attending high school

5. Not currently in school

10.) What is [target participant’s name] occupational status?

1. Employed full time

2. Employed part time

3. Unemployed

4. Military

11.) Where has [target participant’s name] lived in the past 12 months? (check all that apply)

1. At home, with parents

1a. For how long? Months

2. Away from home (e.g.: dormitory, apartment, other)

2a. For how long? Months

12.) How many siblings does [target participant’s name] have living in the home? \_\_\_\_\_\_\_\_

13.) 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

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

15.) Do you receive public assistance income (i.e. food stamps, housing assistance, Medicare)?

1. No

2. Yes

16.) Does [target participant’s name] take medication regularly?

1. No *(If “No”, questionnaire complete)*
2. Yes *(If “Yes”, Complete 16a)*

16a.) Please list the medications that [target participant’s name] takes regularly:

The following questions are about your race and ethnicity.

1. Would you describe your ethnicity as Hispanic or Latino(a)?

1. Yes

2. No

2. Please select the race you identify with most.

1. American Indian or Alaska Native

2. Asian

3. Native Hawaiian or other Pacific Islander

4. Black or African American

5. White

6. Other (If other, answer 2a)

2a. Other (please describe): \_\_\_\_\_\_\_\_\_