**Demographic** **Information**

**(Target Participant)**

Please respond to each of the following questions:

1.) What is your gender?

1. Male
2. Female

2.) What is your age?

1. 15 years old 5. 19 years old 9. 23 years old

2. 16 Years old 6. 20 years old 10. 24 years old

3. 17 years old 7. 21 years old 11. 25 years old

4. 18 years old 8. 22 years old

3.) What is your birth month?

 1. January

 2. February

 3. March

 4. April

 5. May

 6. June

 7. July

 8. August

 9. September

 10. October

 11. November

 12. December

4.) Are you married?

 1. Yes

 2. No

 5.) Have you graduated high school?

 1. Yes

 2. No

 6.) Where have you lived in the past 12 months? (check all that apply)

 1. At home, with parents or another adult caregiver

 1a. For how long? Months

 1b. Is this your current living situation?

1. No
2. Yes

 2. Away from home without an adult caregiver (e.g.: dormitory, apartment, other)

 2a. For how long? Months

2b. Is this your current living situation?

1. No

 7.) What is your current 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

 8.) What is your current occupational status?

 1. Employed full time

 2. Employed part time

 3. Unemployed

 4. Military

 9.) How much money do you make each week (before taxes) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 10.) Do you receive public assistance income separate from your parents or your adult caregiver (i.e. food stamps, housing assistance, Medicare)?

1. No

2. Yes

11.) Do you have a cell phone?

 1. Yes

 2. No

12.) How much money do you spend each week doing things that you enjoy, such as going to the movies, downloading music, buying clothes, going out with friends, etc.?

1.  none
2.  $1   to $20
3.  $21 to $40
4.  $41 to $60
5.  $61 to $80
6.  $81 to $100
7.  More than $100

 13.) Do you take medication regularly?

1. No *(If “No”: Questionnaire complete)*
2. Yes *(If “Yes”: complete 12a)*

13a.) Please list the medications that you take regularly: