DEMOGRAPHIC QUESTIONNAIRE

Survey Number: ________________  Date: ________________  Time: __________

1. Age at last birthday: __________

2. Race (Circle the appropriate description of your race): Black  White  Native American  Hispanic/Latino  Asian  Other (Specify): __________

3. Religious affiliation: Christian Jewish  Muslim  Atheist  Other (Specify): __________________________  None: __________________________

4. Please choose one of the following: I am a) Very religious  b) Moderately religious  c) Not at all religious

5. I have dependent children. Yes____  No ___  If yes, how many? __________

6. Please choose one of the following: I have a) No social obligations  b) Moderate social obligations  b) A lot of social obligations  d) So many social obligations, that I am overwhelmed.

7. How old were you when you had sex for the first time? ________________

8. I have had a sexually transmitted infection in the last year. True___  False___

9. I was born in __________________________ (Country)

10. How do you identify your culture?____________________________________

11. Highest rank attained in your branch of the military:________________________

12. Branch of military that you served in. If you served in more than one branch, circle branch in which you served the longest.

   Branch: Army, Marine Corps, Navy,  Air Force,  Coast Guard

   Reserve: Marine Corps, Navy,  Air Force, Coast Guard, Army National Guard, Air National Guard

   I served…….. a) Full-time  b) Part-Time
DEMOGRAPHIC QUESTIONNAIRE

13. Number of years served: ____________________

14. Which years did you serve? From ____________ to ______________

15. Were you involved in active combat? Yes_________ No________

16. What was your job while in the military? ____________________________________________________________

17. Are you currently caring for a family member or someone else? Yes_____ No ______

18. If you answered “Yes” to the last question, what kind of support do you provide to this person or persons?
   a) Financial support  b) Physical support  c) Emotional  d) Other

   (Specify): __________________________________________________________

19. I am: Single  Married  Divorced  Widowed  Living with someone, not married  Other (Specify): (Item Added After Survey Began) __________________________

20. I am currently working or employed: Yes_______ No ______

21. I work (Choose most appropriate): Part-time__________  Full-time___________

22. If you are not working what is the reason? __________________________________________________________

23. Do you get your care mainly from the VA? Yes _______ No__________

24. I feel the VA meets all my health care needs. Yes_______ No_______

25. If you answered NO to the above, why not? __________________________________________________________

26. Highest level of education. (Circle the best answer).
   a) Below High School  b) High School  c) Technical school  d) Some College
   e) College  f) Graduate  g) Post Graduate
DEMOGRAPHIC QUESTIONNAIRE

27. Income per Year: (Circle the best answer).

a) Less than $10,000  b) $10,000 - $14,999  c) $15,000 - $24,999  d) $25,000 - $34,999

e) $35,000 - $49,999  f) $50,000 - $74,999  g) $75,000 - $99,999

h) $100,000 - $149,999  i) $150,000 - $199,999  j) $200,000 and above

28. Choose one of the following and write your answer here:________

a) I depend on someone else or the government to meet my financial and economic needs.

b) I partially depend on someone else, or the government to meet my financial, and economic needs.

c) I do not depend on anyone else nor the government to meet my financial and economic needs.

29. I am a (Choose the best answer for you):

a) US citizen

b) Naturalized citizen (i.e. born in another country, applied for and received US citizenship)

c) Legal resident of the United States (citizenship of another country but legally able to work, live, study in the USA)

d) Undocumented (living in the US but have no legal residency)

30. I have never been tested for HIV. a) True b) False

31. I am: a) HIV Positive b) HIV negative c) Don’t know my HIV status

32. I am being treated for an STD/STI at this time. a) True b) False c) Not sure

33. What would make you practice safe sex (e.g. using condoms for oral, anal, vaginal sex; asking about sexual history, no drugs or alcohol before, during sex, not sharing sex toys,
34. What would make you practice unsafe or high risk sex?
________________________________________________________________________

35. How did you hear about this study?
________________________________________________________________________

36. My sexual orientation is: (Item Added After Study Began)
   a) Heterosexual  b) Lesbian/gay  c) None  d) Other (Specify)_______

37. My sexual partner is five (5) or more years older than I am: (Item Added After Study Began)
   a) True  b) False  c) Don’t Know