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
DEMOGRAPHIC QUESTIONNAIRE

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

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

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):______________________________

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

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. Removed

30. Removed

31. Removed

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, not using sex toys during menstruation?)

_________________________________________
34. What would make you practice unsafe or high risk sex?

________________________________________________________________________
________________________________________________________________________

35. How did you hear about this study?

________________________________________________________________________
________________________________________________________________________

36. My sexual orientation is:

   a) Heterosexual  b) Lesbian/gay  c) None  d) Other (Specify)________

37. My sexual partner is five (5) or more years older than I am:

   a) True  b) False  c) Don’t Know