

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

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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

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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 - \$34,000 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,

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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: **(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