

VA Demographic Questionnaire, Revised July 11, 2019

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? _____

DEMOGRAPHIC QUESTIONNAIRE

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 - \$34,000 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. 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?)

DEMOGRAPHIC QUESTIONNAIRE

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