

## Attachment 4: Demographic Questions

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Form Approved  
OMB No. 0920-0572  
Expiration Date: 06-30-2011

### **Demographic Questions**

*(Questions can be used in intercept interviews, telephone interviews, online research, and focus group screeners.)*

1. Gender:
  - Male
  - Female
  
2. In which of the following categories does your age fall:
  - under 18 years of age
  - 18-24 years of age
  - 25-34 years of age
  - 35-44 years of age
  - 45-54 years of age
  - 55-64 years of age
  - 65-74 years of age
  - 75 years of age or older
  
3. What is the highest level of education you have completed?
  - Grade school
  - Less than high school graduate/some high school
  - High school graduate or completed GED
  - Some college or technical school
  - Received four-year college degree
  - Some post graduate studies
  - Received advanced degree
  - Other: \_\_\_\_\_
  
4. Please tell me your race or ethnic background. Are you?  
Ethnicity:
  - Hispanic or Latino
  - Not Hispanic or Latino  
Race:
  - White/Caucasian
  - Black or African-American
  - American Indian or Alaska Native
  - Native Hawaiian or Other Pacific Islander
  - Asian
    - Vietnamese
    - Cambodian
    - Filipino
    - Japanese
    - Korean
    - Chinese

5. Were you born in the United States?

- Yes
- No

6. In what state, city, and zip code do you currently live?

7. What is your current occupational status? Would you say...

- Employed
- Unemployed
- Homemaker
- Student
- Retired, or
- Disabled
- Other: \_\_\_\_\_

8. What is your current job title? What term would you use to describe the profession you are in?

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9. What is your marital status?

- Married
- Living as married
- Divorced
- Widowed
- Separated, or
- Single, never been married

10. Which of the following categories best describe your total, annual household income?

- Under \$20,000/year
- \$20,001 - \$40,000/year
- \$30,001 - \$60,000/year
- \$60,001 - \$80,000/year
- \$80,001 - \$100,000/year
- Over \$100,000/year

11. Number of children (under age 18) living in the household:

- None
- 1-2 children
- 3-4 children
- 5 or more children

12. Do you currently rent or own your home?

- Own
- Rent
- Occupied without paying monetary rent

13. What is your current relationship status? Are you...?

- Single

- Married to a man
- Married to a woman
- In a relationship with a man
- In a relationship with a woman
- Divorced or Widowed
- Refused

14. Have you ever had an HIV test?

- Yes
- No

15. What was the result of your last HIV test?

- Positive
- Negative
- Don't know

16. And when was the last time you had an HIV test? [RECORD DATE]

\_\_\_\_\_

17. Now I am going to ask you to describe your sexual identity. Would you describe yourself as:

- Homosexual or "gay" or same gender loving
- Bisexual or two spirited
- Other, specify \_\_\_\_\_
- Heterosexual or "straight"
- Don't know
- Decline to answer

18. Within the past 6 months, who have you primarily had sex with?

- A male
- A female
- Haven't had sex in the last 6 months
- Refused

19. Within the past 6 months, have you had unprotected sex? By "unprotected sex" we mean having sex without a condom.

- Yes
- No
- Refused

20. Within the past 6 months, have you had sex with more than 1 partner?

- Yes
- No

## Requested Additional Questions

1. Are you the parent or guardian of a [boy/girl], ages [INSERT range] years?
  - Yes
  - No
  
2. What is your age? \_\_\_\_\_ (record age)
  
3. Are you or have you ever been sexually active?
  - Yes
  - No
  
4. Do you feel comfortable reading materials that require a 7th grade reading level?
  - Yes
  - No
  
5. What is your job title or role?
  - [Public Health Professional: e.g. epidemiologist, health communicator, health educator, etc]
  - [Healthcare Provider: e.g. doctor (MD, DO), nurse, nurse practitioner, physician's assistant]
  - [General Consumer: neither a Public Health Professional nor a Healthcare Provider]
  - [Other:\_\_\_\_\_]
  
6. Describe your work environment:
  - Hospital
  - Emergency room
  - Clinic
  - Office
  - Field
  - Academic
  - Research

- Home or telecommute
- [Other:\_\_\_\_\_]

7. What is your primary specialty?

- Family Medicine
- Internal Medicine
- Obstetrics/Gynecology
- Oncology
- Pathology
- Psychiatry
- Clinical Genetics
- Other (please specify): \_\_\_\_\_

8. Do you have a subspecialty?

- Yes (If Yes, please specify, i.e. pediatric oncology, gynecologic oncology, etc.): \_\_\_\_\_
- No