

Parent-Child Assistance Program

OMB # 0930- XXXX

Expiration Date: xx/xx/xxxx

DEMOGRAPHIC QUESTIONNAIRE

1. **Are you Hispanic or Latino?**
 - Yes
 - No
 2. **What is your race? (Select all that apply)**
 - Alaska Native
 - American Indian
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White
 3. **What is the highest level of education you have finished, whether or not you received a degree?**
 - Never attended school
 - 6th grade or less
 - 7th- 8th grade
 - 9th-11th grade
 - 12th grade or GED
 - Equivalent of 1-2 years of college
 - Equivalent of over 2 years but less than 4 years full-time college
 4. **What is your marital status?**
 - Married
 - Unmarried, living with partner
 - Widowed
 - Divorced or separated
 - Never married
-

Alcohol Assessment

5. **During the past 30 days, on how many days did you drink one or more of an alcoholic beverage?**
_____ days
6. **How many drinks did you have on a typical day when you were drinking alcohol in the past 30 days?**
0 1 2 3 4 5 6 7 8 9 10
or more
7. **How often did you have 4 or more drinks in one day in the past 30 days?**
0 1 2 3 4 5 6 7 8 9 10
or more

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-xxxx. Public reporting burden for this collection of information is estimated to average 5 minutes per client per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.