

## **Attachment 4: Demographic Questions**

## ■ Demographic Questions

Form Approved  
OMB No. 0920-0572  
Expiration Date: xx-xx-xxxx

### A. Demographic Questions

*(Questions can be used for Central Location Intercept Interviews, Telephone Interviews, Individual In-depth Interviews [Cognitive Interviews], Focus Group Screeners, and Focus Groups.)*

1a. Gender:

- Male
- Female

2a. 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

3a. In what year were you born?

- \_\_\_\_\_ [RECORD YEAR OF BIRTH]
- Don't Know/Not Sure (DO NOT READ)
- Refused (DO NOT READ)

4a. 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: \_\_\_\_\_

5a. Please tell me your race or ethnic background. Do you consider yourself?

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino
- Don't Know/Not Sure (DO NOT READ)
- Refused (DO NOT READ)

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
- Don't Know/Not Sure (DO NOT READ)
- Refused (DO NOT READ)

6a. Please indicate your race or ethnic background. Are you?

Ethnicity:

1. Hispanic or Latino
2. Not Hispanic or Latino

Race:

SELECT ONE OR MORE.

1. White/Caucasian
2. Black or African-American
3. American Indian or Alaska Native
4. Native Hawaiian or Other Pacific Islander
5. Asian
  - 6 Vietnamese
  - 7 Cambodian
  - 8 Filipino
  - 9 Japanese
  - 10 Korean
  - 11 Chinese

7a. Were you born in the United States?

- Yes
- No

8a. In what state, city, and zip code do you currently live?

9a. In what state, city, and zip code do you currently live? ENTER FIVE DIGIT ZIP CODE.

- 10a. What is your current occupational status? Would you say...?
- Employed full time
  - Employed part time
  - Unemployed
  - Homemaker
  - Student
  - Retired, or
  - Disabled
  - Other: \_\_\_\_\_
  - Don't Know/Not Sure (DO NOT READ)
  - Refused (DO NOT READ)
- 11a. What is your current job title? What term would you use to describe your current profession?
- 
- 12a. What is your marital status?
- Married
  - Unmarried living with a partner
  - Divorced
  - Widowed
  - Separated, or
  - Single, never been married
  - Don't Know/Not Sure (DO NOT READ)
  - Refused (DO NOT READ)
- 13a. Which of the following categories best describe your total, annual household income?
- Under \$20,000/year
  - \$20,001 - \$30,000/year
  - \$30,001 - \$40,000/year
  - \$40,001 - \$50,000/year
  - \$50,001 - \$60,000/year
  - \$60,001 - \$80,000/year
  - \$80,001 - \$100,000/year
  - Over \$100,000/year
- 14a. Number of children (under age 18) living in the household:
- None
  - 1-2 children
  - 3-4 children
  - 5 or more children
- 15a. Do you currently rent or own your home?
- Own
  - Rent
  - Occupied without paying monetary rent
- 16a. 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

- 17a. Have you ever had an HIV test?
- Yes
  - No
- 18a. What was the result of your last HIV test?
- Positive
  - Negative
  - Don't know
- 19a. When was the last time you had an HIV test?  
 \_\_\_\_\_ (Record Date)
- 20a. 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
- 21a. 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
- 22a. Within the past 6 months, have you had unprotected sex? By "unprotected sex" we mean having sex without a condom.
- Yes
  - No
  - Refused
- 23a. Within the past 6 months, have you had sex with more than one partner?
- Yes
  - No
- 24a. Are you the parent or guardian of a [boy/girl], ages [INSERT range] years?
- Yes
  - No
- 25a. What is your age? \_\_\_\_\_ (record age)
- 26a. Are you or have you ever been sexually active?
- Yes
  - No
- 27a. Do you feel comfortable reading materials that require a 7th grade reading level?
- Yes
  - No
- 28a. 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: \_\_\_\_\_]

29a. Describe your work environment:

- Hospital
- Emergency room
- Clinic
- Office
- Field
- Academic
- Research
- Home or telecommute
- [Other: \_\_\_\_\_]

30a. What is your primary specialty?

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

31a. Do you have a subspecialty?

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

32a. Have you smoked at least 100 cigarettes in your entire life? SINGLE RESPONSE.

- Yes
- No

33a. Do you now smoke cigarettes every day, some days, or not at all? SINGLE RESPONSE.

- Every day
- Some days
- Not at all

34a. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? SINGLE RESPONSE.

- Yes
- No

35a. About how long has it been since you completely quit smoking cigarettes? FILL IN NUMBER FOR UNIT THAT APPLIES.

- \_\_\_\_ Days
- \_\_\_\_ Weeks
- \_\_\_\_ Months
- \_\_\_\_ Years

36a. On how many of the past 30 days did you smoke cigarettes?

Enter number: \_\_\_\_\_

37a. On the average, on those (INSERT QUESTION #36a RESPONSE) days, how many cigarettes did

you usually smoke each day?

FILL IN NUMBER \_\_\_\_\_

38a. Which of these best describes the area in which you work most of the time?

- Mainly work indoors
- Mainly work outdoors
- Travel to different buildings or sites
- In a motor vehicle, or
- Somewhere else
- Varies

39a. On a scale from 1 to 5, where 1 indicates that you *strongly disagree*, and 5 indicates that you *strongly agree*, please tell me the number which indicates how much you agree or disagree with the following statement:

	Strongly Disagree			Strongly Agree	
I rely on my doctor to tell me <i>everything</i>	1	2	3	4	5
I need to know to manage my health	1	2	3	4	5

40a. Which of the following actions do you currently do, if any?

- Buy environmentally-friendly products
- Buy products that use less packaging
- Use less energy at home (lights, AC, heat)
- Buy energy-efficient appliances (i.e.: light bulbs)/insulation
- Buy products made from recycled paper/plastic
- Recycle at home
- Punish companies with bad environmental records by not buying their products

41a. Which of the following describes the number of friends and acquaintances you regularly keep in touch with?

- Less than 10
- 10 or more
- 25 - 44
- 45 or more

42a. Most of the discussion will involve speaking and reading in English. Are you comfortable with speaking and reading in English?

43a. Did you have [disease/health condition] diagnosed by [sign, symptom, or test]?

44a. Do you have [disease or condition]?

45a. For how long have you had [disease or condition]?

46a. Have you been diagnosed with [disease or condition] in the past [#] year(s)?

47a. When were you diagnosed?

48a. Did you receive treatment for your [disease or condition]?

49a. Do you experience or are you still experiencing symptoms of [disease or condition]?

50a. What type of symptoms do you experience (or are you still experiencing)?

51a. Before [most recent episode/diagnosis/case/symptom expression/experience/exposure], had

you ever been diagnosed with [disease or condition]?

52a. Do you ever use the Internet for health information?

53a. Where did you hear about this project?

54a. Are you related to anyone already participating in this project?