

«ID»

The following form asks you a series of questions about your background. It should take you about 15 minutes to complete. The questions cover a range of topics, including your family characteristics, your educational background, and your employment history. This information is important for the study, but you can refuse to answer any questions. Some questions will have special instructions that are in bold font that **look like this**. Please read these instructions carefully. If you have any questions, please ask the intake worker in the room for help. When you are finished, find the form labeled SAQ. It is printed on blue paper in your application packet. Read the instructions on the front of the SAQ, and begin filling it out.

«Site\_Name\_1»  
OMB No. 0970-XXXX

IDENTIFYING INFORMATION	
1. WHAT IS YOUR NAME?	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span style="width: 30%;"></span> <span style="width: 10%;"></span> <span style="width: 30%;"></span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>FIRST</span> <span>M.I.</span> <span>LAST</span> </div>
2. WHAT IS YOUR DATE OF BIRTH?	<div style="display: flex; justify-content: center; align-items: center; gap: 10px;"> <span style="border-bottom: 1px solid black; width: 20px;"></span> <span style="border-bottom: 1px solid black; width: 20px;"></span> /                      <span style="border-bottom: 1px solid black; width: 20px;"></span> <span style="border-bottom: 1px solid black; width: 20px;"></span> /                      <span style="border-bottom: 1px solid black; width: 20px;"></span> <span style="border-bottom: 1px solid black; width: 20px;"></span> </div> <div style="display: flex; justify-content: center; align-items: center; gap: 10px; font-size: small;"> <span>(MONTH)</span> <span>(DAY)</span> <span>(YEAR)</span> </div>
3. WHAT IS YOUR SOCIAL SECURITY NUMBER?	<div style="display: flex; justify-content: center; align-items: center; gap: 10px;"> <span style="border-bottom: 1px solid black; width: 20px;"></span> <span style="border-bottom: 1px solid black; width: 20px;"></span> -                      <span style="border-bottom: 1px solid black; width: 20px;"></span> <span style="border-bottom: 1px solid black; width: 20px;"></span> -                      <span style="border-bottom: 1px solid black; width: 20px;"></span> <span style="border-bottom: 1px solid black; width: 20px;"></span> </div>
4. WHAT IS YOUR ADDRESS?	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span style="width: 70%;"></span> <span style="width: 20%;"></span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>STREET ADDRESS</span> <span>APT #</span> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-top: 5px;"> <span style="width: 50%;"></span> <span style="width: 15%;"></span> <span style="width: 15%;"></span> <span style="width: 10%;"></span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>CITY</span> <span>STATE</span> <span>ZIP</span> </div>
5a. WHAT IS YOUR PRIMARY PHONE NUMBER?	5b. WHAT IS YOUR SECONDARY PHONE NUMBER?
<div style="display: flex; justify-content: center; align-items: center; gap: 10px;"> <span style="border-bottom: 1px solid black; width: 20px;"></span> <span style="border-bottom: 1px solid black; width: 20px;"></span> -                      <span style="border-bottom: 1px solid black; width: 20px;"></span> <span style="border-bottom: 1px solid black; width: 20px;"></span> </div> <div style="display: flex; justify-content: center; align-items: center; gap: 10px; font-size: small;"> <span><input type="checkbox"/> HOME</span> <span><input type="checkbox"/> CELL</span> <span><input type="checkbox"/> WORK</span> </div>	<div style="display: flex; justify-content: center; align-items: center; gap: 10px;"> <span style="border-bottom: 1px solid black; width: 20px;"></span> <span style="border-bottom: 1px solid black; width: 20px;"></span> -                      <span style="border-bottom: 1px solid black; width: 20px;"></span> <span style="border-bottom: 1px solid black; width: 20px;"></span> </div> <div style="display: flex; justify-content: center; align-items: center; gap: 10px; font-size: small;"> <span><input type="checkbox"/> HOME</span> <span><input type="checkbox"/> CELL</span> <span><input type="checkbox"/> WORK</span> </div>
6. WHAT IS YOUR E-MAIL ADDRESS?	<div style="display: flex; justify-content: center; align-items: center; gap: 10px;"> <span style="border-bottom: 1px solid black; width: 60%;"></span> <span>@</span> <span style="border-bottom: 1px solid black; width: 20%;"></span> </div>
BACKGROUND AND FAMILY CHARACTERISTICS	
7. WHAT IS YOUR SEX?	<div style="margin-bottom: 5px;"><input type="checkbox"/> MALE</div> <div><input type="checkbox"/> FEMALE</div>
8. WHAT IS YOUR MARITAL STATUS?	<div style="margin-bottom: 5px;"><input type="checkbox"/> NOW MARRIED</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> WIDOWED</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> DIVORCED</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> SEPARATED</div> <div><input type="checkbox"/> NEVER MARRIED</div>
9. ARE YOU OF HISPANIC, LATINO, OR SPANISH ORIGIN?	<div style="margin-bottom: 5px;"><input type="checkbox"/> NO, NOT OF HISPANIC, LATINO, OR SPANISH ORIGIN</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> YES, MEXICAN, MEXICAN AM., CHICANO</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> YES, PUERTO RICAN</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> YES, CUBAN</div> <div><input type="checkbox"/> YES, ANOTHER HISPANIC, LATINO, OR SPANISH ORIGIN</div>
10. WHAT IS YOUR RACE? <i>(MARK ONE OR MORE)</i>	<div style="margin-bottom: 5px;"><input type="checkbox"/> WHITE</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> BLACK, AFRICAN AM., OR NEGRO</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> NATIVE HAWAIIAN OR PACIFIC ISLANDER</div> <div><input type="checkbox"/> ASIAN</div>

**BACKGROUND AND FAMILY CHARACTERISTICS**

11. WERE YOU BORN IN ONE OF THE 50 U.S. STATES, WASHINGTON D.C., OR PUERTO RICO?

YES

NO → IN WHAT YEAR DID YOU COME TO LIVE IN THE UNITED STATES, WASHINGTON D.C., OR PUERTO RICO? \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

12a. DO YOU SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME?

YES

NO (PLEASE SKIP TO 13)

IF YES, HOW WELL DO YOU:

12b. **SPEAK** ENGLISH?

VERY WELL

WELL

NOT WELL

NOT AT ALL

12c. **READ** ENGLISH?

VERY WELL

WELL

NOT WELL

NOT AT ALL

13. WHICH OF THE FOLLOWING LIVE IN YOUR HOUSEHOLD AT LEAST HALF THE TIME? (MARK ONE OR MORE):

YOUR SPOUSE

YOUR UNMARRIED PARTNER

YOUR BIOLOGICAL OR ADOPTED CHILDREN

OTHER CHILDREN UNDER AGE 18

YOUR MOTHER OR FATHER

YOUR OTHER RELATIVES

YOUR SPOUSE'S MOTHER OR FATHER

YOUR SPOUSE'S OTHER RELATIVES

FRIENDS

OTHERS

NO ONE ELSE

14. HOW MANY ADULTS AGE 18 OR OLDER, INCLUDING YOURSELF, LIVE WITH YOU AT LEAST HALF THE TIME? \_\_\_\_ ADULTS

15a. HOW MANY CHILDREN UNDER AGE 18 LIVE WITH YOU AT LEAST HALF THE TIME? (INCLUDE BIOLOGICAL, ADOPTED, FOSTER, STEP, AND ANY OTHER CHILDREN):

\_\_\_\_ CHILDREN (IF ZERO, PLEASE SKIP TO 17 ON PAGE 4)

15b. FOR HOW MANY OF THESE CHILDREN ARE YOU OR YOUR SPOUSE THE LEGAL GUARDIAN?

\_\_\_\_ CHILDREN (IF ZERO, PLEASE SKIP TO 17 ON PAGE 4)

**BACKGROUND AND FAMILY CHARACTERISTICS**

16. DO YOU HAVE ANY CHILDREN UNDER AGE 18 WHO DO NOT LIVE WITH YOU AT LEAST HALF THE TIME?

NO

YES → HOW MANY CHILDREN? \_\_\_\_

**EDUCATIONAL BACKGROUND**

17. WHAT IS THE HIGHEST DEGREE OR LEVEL OF SCHOOL YOU HAVE COMPLETED? **(MARK ONE):**

GRADE 1 THROUGH 11 → **PLEASE WRITE THE HIGHEST GRADE YOU COMPLETED 1-11 HERE:** \_\_\_\_

12<sup>th</sup> GRADE - NO DIPLOMA

GED OR ALTERNATIVE CREDENTIAL

REGULAR HIGH SCHOOL DIPLOMA

SOME COLLEGE CREDIT, BUT LESS THAN 1 YEAR OF COLLEGE CREDIT

1 OR MORE YEARS OF COLLEGE CREDIT, BUT NO DEGREE

ASSOCIATE'S DEGREE (FOR EXAMPLE, AA, AS)

BACHELOR'S DEGREE OR HIGHER (FOR EXAMPLE BA, BS)

18. HAVE YOU RECEIVED A POST-SECONDARY VOCATIONAL OR TECHNICAL CERTIFICATE OR DIPLOMA?

YES

NO

19. HAVE YOU EVER ATTENDED ANY OF THE FOLLOWING EDUCATION AND TRAINING PROGRAMS? **(MARK ONE OR MORE):**

ADULT BASIC EDUCATION

ENGLISH AS SECOND LANGUAGE

VOCATIONAL, TECHNICAL OR TRADE SCHOOL (OTHER THAN COLLEGE)

CLASSES IN HOW TO SUCCEED IN SCHOOL (FOR EXAMPLE, COLLEGE SUCCESS COURSE)

CLASSES IN HOW TO SUCCEED AT WORK (FOR EXAMPLE, WORK HABITS, COMMUNICATION)

NONE OF THE ABOVE

20. WHAT IS THE HIGHEST LEVEL OF EDUCATION THAT YOU EVENTUALLY EXPECT TO COMPLETE? **(MARK ONE)**

NO ADDITIONAL SCHOOL

GED OR ALTERNATIVE CREDENTIAL

REGULAR HIGH SCHOOL DIPLOMA

ASSOCIATE'S DEGREE (FOR EXAMPLE, AA, AS)

BACHELOR'S DEGREE (FOR EXAMPLE BA, BS)

GRADUATE (MASTER'S, DOCTORAL, OR OTHER ADVANCED PROFESSIONAL) DEGREE

**EDUCATIONAL BACKGROUND**

21. WHAT IS THE HIGHEST LEVEL OF SCHOOL COMPLETED BY YOUR:

a. MOTHER (OR GUARDIAN #1)?

b. FATHER (OR GUARDIAN #2)?

NOT A HIGH SCHOOL GRADUATE

NOT A HIGH SCHOOL GRADUATE

GED OR ALTERNATIVE CREDENTIAL

GED OR ALTERNATIVE CREDENTIAL

REGULAR HIGH SCHOOL DIPLOMA

REGULAR HIGH SCHOOL DIPLOMA

SOME COLLEGE CREDIT, BUT NO DEGREE

SOME COLLEGE CREDIT, BUT NO DEGREE

ASSOCIATE'S DEGREE (FOR EXAMPLE, AA, AS)

ASSOCIATE'S DEGREE (FOR EXAMPLE, AA, AS)

BACHELOR'S DEGREE OR HIGHER (FOR EXAMPLE BA, BS)

BACHELOR'S DEGREE OR HIGHER (FOR EXAMPLE BA, BS)

DON'T KNOW

DON'T KNOW

**EDUCATIONAL BACKGROUND**

22. DO YOU HAVE ANY BROTHERS OR SISTERS WHO HAVE ATTENDED COLLEGE?

YES

NO

DO NOT HAVE ANY BROTHERS OR SISTERS

23. WHAT GRADES DID YOU USUALLY GET IN HIGH SCHOOL? (MARK ONE):

DID NOT ATTEND HIGH SCHOOL IN THE U.S.

MOSTLY C's

MOSTLY A's

MOSTLY D's

MOSTLY B's

MOSTLY F's

**EMPLOYMENT AND INCOME**

24. ARE YOU CURRENTLY WORKING AT A JOB FOR PAY? (MARK ONE)

YES → HOW MANY HOURS PER WEEK ON AVERAGE ARE YOU CURRENTLY WORKING? (INCLUDE ALL JOBS)

\_\_\_ \_\_\_ HOURS/WEEK

NO, BUT I WORKED BEFORE → WHEN DID YOU LAST WORK?

\_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_  
(MONTH) (YEAR)

NO, I NEVER WORKED (PLEASE SKIP TO 27)

25. IF YOU ANSWERED "YES" OR "NO, BUT I WORKED BEFORE" TO Q25: ABOUT HOW MUCH DO/DID YOU TYPICALLY EARN PER HOUR BEFORE TAXES IN YOUR CURRENT OR MOST RECENT JOB? (ANSWER FOR YOUR MAIN JOB IF MORE THAN ONE)

\$ \_\_\_ . \_\_\_ PER HOUR IN CURRENT/MOST RECENT JOB

IF YOU DO NOT KNOW THE HOURLY RATE, PLEASE GIVE EARNINGS IN ONE OF THE CATEGORIES BELOW:

\$ \_\_\_ PER DAY

\$ \_\_\_ PER WEEK

\$ \_\_\_ EVERY 2 WEEKS

\$ \_\_\_ TWICE A MONTH

\$ \_\_\_ EVERY MONTH

\$ \_\_\_ OTHER (SPECIFY TIME PERIOD: \_\_\_\_\_)

EMPLOYMENT AND INCOME	
26. IN THE <b>PAST MONTH</b> , DID YOU OR ANYONE IN YOUR FAMILY (YOUR SPOUSE OR PARTNER AND ANY OTHER RELATIVES WHO LIVE WITH YOU) HAVE INCOME OR BENEFITS FROM ANY OF THE FOLLOWING SOURCES?	
A) JOB EARNINGS?	1 <input type="checkbox"/> YES → ABOUT HOW MUCH WAS IT PER MONTH? \$ _____ 2 <input type="checkbox"/> NO
B) WIC OR FOOD STAMPS (ALSO KNOWN AS SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM--SNAP)?	1 <input type="checkbox"/> YES → ABOUT HOW MUCH WAS IT PER MONTH? \$ _____ 2 <input type="checkbox"/> NO
C) PUBLIC ASSISTANCE OR WELFARE (NOT INCLUDING WIC OR FOOD STAMPS)?	1 <input type="checkbox"/> YES → ABOUT HOW MUCH WAS IT PER MONTH? \$ _____ 2 <input type="checkbox"/> NO
D) FREE OR REDUCED LUNCH PROGRAM?	1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO
E) UNEMPLOYMENT INSURANCE, WORKER'S COMPENSATION, DISABILITY OR SOCIAL SECURITY BENEFITS?	1 <input type="checkbox"/> YES → ABOUT HOW MUCH WAS IT PER MONTH? \$ _____ 2 <input type="checkbox"/> NO
F) CHILD SUPPORT (OFFICIAL OR UNOFFICIAL)?	1 <input type="checkbox"/> YES → ABOUT HOW MUCH WAS IT PER MONTH? \$ _____ 2 <input type="checkbox"/> NO
G) FAMILY AND FRIENDS? (OUTSIDE THE HOUSEHOLD)	1 <input type="checkbox"/> YES → ABOUT HOW MUCH WAS IT PER MONTH? \$ _____ 2 <input type="checkbox"/> NO
H) GRANTS OR LOANS FOR SCHOOL?	1 <input type="checkbox"/> YES → ABOUT HOW MUCH WAS IT PER MONTH? \$ _____ 2 <input type="checkbox"/> NO
I) HOUSING CHOICE VOUCHER (KNOWN AS SECTION 8) OR PUBLIC HOUSING?	1 <input type="checkbox"/> YES → ABOUT HOW MUCH WAS IT PER MONTH? \$ _____ 2 <input type="checkbox"/> NO
27. LAST YEAR, WHAT WAS YOUR <u>TOTAL</u> FAMILY INCOME? <b>INCLUDE YOUR OWN EARNINGS AND ANY INCOME FROM YOUR SPOUSE OR PARTNER AND ANY OTHER RELATIVES WHO LIVE WITH YOU:</b>	
\$ _____ AMOUNT	
IF YOU <b>DO NOT</b> KNOW THE EXACT AMOUNT, PLEASE MARK THE CATEGORY BELOW THAT IS CLOSEST:	
1 <input type="checkbox"/> \$0	8 <input type="checkbox"/> \$35,000 TO \$39,999
2 <input type="checkbox"/> \$1 TO \$9,999	9 <input type="checkbox"/> \$40,000 TO \$44,999
3 <input type="checkbox"/> \$10,000 TO \$14,999	10 <input type="checkbox"/> \$45,000 TO \$49,999
4 <input type="checkbox"/> \$15,000 TO \$19,999	11 <input type="checkbox"/> \$50,000 TO \$59,999
5 <input type="checkbox"/> \$20,000 TO \$24,999	12 <input type="checkbox"/> \$60,000 TO \$69,999
6 <input type="checkbox"/> \$25,000 TO \$29,999	13 <input type="checkbox"/> \$70,000 TO \$79,999
7 <input type="checkbox"/> \$30,000 TO \$34,999	14 <input type="checkbox"/> \$80,000 OR OVER

**ALTERNATE CONTACTS**

*Please provide information for three persons not living with you who can help us locate you:*

**CONTACT #1**

WHAT IS HIS/HER NAME?

FIRST

LAST

WHAT IS HIS/HER RELATIONSHIP TO YOU?

WHAT IS HIS/HER ADDRESS?

STREET ADDRESS

APT #

CITY

STATE

ZIP

WHAT IS HIS/HER PRIMARY PHONE NUMBER?

WHAT IS HIS/HER SECONDARY PHONE NUMBER?

( ) - -

( ) - -

HOME  CELL  WORK

HOME  CELL  WORK

WHAT IS HIS/HER E-MAIL ADDRESS?

@

**CONTACT #2**

WHAT IS HIS/HER NAME?

FIRST

LAST

WHAT IS HIS/HER RELATIONSHIP TO YOU?

WHAT IS HIS/HER ADDRESS?

STREET ADDRESS

APT #

CITY

STATE

ZIP

WHAT IS HIS/HER PRIMARY PHONE NUMBER?

WHAT IS HIS/HER SECONDARY PHONE NUMBER?

( ) - -

( ) - -

HOME  CELL  WORK

HOME  CELL  WORK

WHAT IS HIS/HER E-MAIL ADDRESS?

@

**CONTACT #3**

WHAT IS HIS/HER NAME?

FIRST

LAST

WHAT IS HIS/HER RELATIONSHIP TO YOU?

WHAT IS HIS/HER ADDRESS?

STREET ADDRESS

APT #

CITY

STATE

ZIP

WHAT IS HIS/HER PRIMARY PHONE NUMBER?

WHAT IS HIS/HER SECONDARY PHONE NUMBER?

( ) - -

( ) - -

HOME  CELL  WORK

HOME  CELL  WORK

WHAT IS HIS/HER E-MAIL ADDRESS?

@

**Thank you for completing this form!**

**Please hand in this form and the signed copy of the white form to the staff person.**

**Next, please find the *blue* form in the envelope,  
read the instructions on the front cover, and begin to work on it.**





Staff Use Only

ID#: «ID»

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Entered in RABIT (Initials): \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Entered in Tracking Log (Initials): \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Quality Check (Initials): \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_