**TRIPLE-P CAREGIVER DEMOGRAPHIC FORM**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant Code: \_\_\_\_\_\_\_\_\_\_\_\_

**Directions to Participants:** This survey is designed to give us information about your health knowledge, attitudes, and behaviors. Because a secret participant code is used on each survey, *no one will know how you answer these questions*.

Please answer all of the questions honestly.

**Please fill in one circle for each answer, unless stated otherwise.**

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| 1. Are you:

**⃝** Male **⃝** Female **⃝** Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1. What is your marital status?

**⃝** Single **⃝** Married **⃝** Cohabitating, Living together but not Married **⃝** Divorced **⃝** Widow(er) **⃝** Never Married 1. What is your relationship to the child?

**⃝** Mother **⃝** Father **⃝** Step-Mother **⃝** Step-Father **⃝** Aunt **⃝** Uncle **⃝** Grandparent **⃝** Foster-parent **⃝** Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | 1. Which of the following best describes you?

(Please select all that apply) **⃝** American Indian/Alaskan Native **⃝** Asian **⃝** Black or African-American **⃝** Native Hawaiian or other Pacific Islander **⃝** White **⃝** Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1. Are you of Hispanic origin?

**⃝** Yes **⃝** No1. What is your zip code where you currently live?

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|  |  *Created: 8/10/2020* |

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