**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 **⃝** No   1. What is your zip code where you currently live?  |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  | *Created: 8/10/2020* | | | | |

