**TRIPLE-P YOUTH DEMOGRAPHIC FORM**

**(1 per household)**

Name of Person Completing the Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child/Youth Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.

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

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| 1. How many years old are you (is the child)?  |  | | --- | | 0 1 2 3  **⃝ ⃝ ⃝ ⃝** | | 4 5 6 7  **⃝ ⃝ ⃝ ⃝** | | 8 9 10 11  **⃝ ⃝ ⃝ ⃝** | | 12 13 14 15  **⃝ ⃝ ⃝ ⃝** | | 16 17 18 19  **⃝ ⃝ ⃝ ⃝** |  1. What grade are you in?   **⃝** Pre-K  **⃝** Kindergarten **⃝** 1st Grade **⃝** 2nd Grade **⃝** 3rd Grade **⃝** 4th Grade **⃝** 5th Grade **⃝** 6th Grade **⃝** 7th Grade **⃝** 8th Grade **⃝** 9th Grade **⃝** 10th Grade **⃝** 11th Grade **⃝** 12th Grade   1. Are you:   **⃝** Male  **⃝** Female  **⃝** Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Who do you live with most of the time?   **⃝** One Parent  **⃝** Two Parents  **⃝** Guardian, Foster Parent, or Relative  **⃝** 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* | | | | |