**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)?

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| 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 Grade1. 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?

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|  *Created: 8/10/2020* |

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