

ENRGISE PILOT STUDY: DEMOGRAPHICS

Visit Date Completed <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> Staff ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Rev: _____ DE: _____ Date: _____
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I would like to learn more about you, especially your background, activities and health.

1. Do you live alone?

- 1 Yes → Go to Q2
 2 No →

1a. Who lives with you? (check all that apply)	1 <input type="checkbox"/> Spouse 1 <input type="checkbox"/> Other relative 1 <input type="checkbox"/> Refused 1 <input type="checkbox"/> Child 1 <input type="checkbox"/> Paid Employee 1 <input type="checkbox"/> Friend 1 <input type="checkbox"/> Other → Specify _____
1b. Including yourself, how many people live in your household?	<input type="text"/> <input type="text"/> 1 <input type="checkbox"/> Refused

2. Which of the following best describes your current marital status?

- 1 Married 4 Widowed 6 Other → Specify _____
 2 Separated 5 Never Married 7 Refused
 3 Divorced

3. What is your maiden name?

- 1 Refused 2 N/A

4. What is your state of birth?

- 1 Refused 2 N/A

5. What is the last grade you completed in school?

- 1 No formal education (00) 5 Post Graduate
 2 Elementary School (K-08) 6 Other → Specify _____
 3 High School/Equivalent (09-12) 7 Refused
 4 College (13-16)

6. Have you smoked a total of 100 or more cigarettes during your lifetime?

- 1 Yes →
 2 No
 3 Don't Know
 4 Refused

6a. Do you smoke cigarettes at the present time? 1 <input type="checkbox"/> Yes → STOP, participant is ineligible 2 <input type="checkbox"/> No

7. Did you work for pay or as a volunteer in the last 7 days??

- 1 Yes →
 2 No
 3 Don't Know
 4 Refused

7a. How many hours per week do you work for pay and/or as a volunteer? <input type="text"/> <input type="text"/> <input type="text"/> 1 <input type="checkbox"/> Refused

8. Have you EVER been employed for wages or salary?

- 1 Yes →
- 2 No
- 3 Don't Know
- 4 Refused

8a. What kind of work have you done most of your life? (What was your job called?)
(select the category which best describes their occupation)

- 1 Professional, technical and related occupations (i.e. teachers, professors, nurses, lawyers, physicians, and engineers)
- 2 Managers, administrators, or proprietors (i.e. sales managers, real estate agents, or postmasters)
- 3 Clerical and related occupations (i.e. secretaries, clerks, or mail carriers)
- 4 Sales occupations (i.e. salespersons, demonstrators, agents, and brokers)
- 5 Service occupations (i.e. police, cooks, or hairdressers)
- 6 Skilled crafts, repairers, and related occupations (i.e., carpenters, repairers, or telephone line workers)
- 7 Laborers (i.e., helpers or warehouse workers)
- 8 Farmers (owners, managers, operators, or tenants)
- 9 Equipment or vehicle operators and related occupations (i.e. drivers, railroad brakemen)
- 10 Member of the military →
 - 1 Non-Commissioned Officer 1 Enlisted
 - 1 Commissioned Officer
 - 1 Other →

9. Roughly how much income from all sources (including earnings, pensions, investments, etc.) did your household have last year (before taxes)?

- | | | |
|---|---|---|
| 1 <input type="checkbox"/> Less than \$5,000 | 4 <input type="checkbox"/> \$15,000 to \$24,999 | 7 <input type="checkbox"/> \$50,000 to \$74,999 |
| 2 <input type="checkbox"/> \$5,000 to \$9,999 | 5 <input type="checkbox"/> \$25,000 to \$34,999 | 8 <input type="checkbox"/> \$75,000 or greater |
| 3 <input type="checkbox"/> \$10,000 to \$14,999 | 6 <input type="checkbox"/> \$35,000 to \$49,999 | 9 <input type="checkbox"/> Don't Know/Refused |

10. Are you currently providing childcare on a regular basis? (at least weekly)

- 1 Yes 2 No 3 Don't Know 4 Refused

11. Do you have any children?

- 1 Yes →
- 2 No

10a. How many children do you have?

1 Refused

12. Are you currently taking care of a sick or frail relative or friend on a regular basis? *(Meaning on a daily or weekly basis helping the person with their personal care needs such as eating, dressing, or getting around the house, or with routine needs such as household chores, shopping, or business transactions.)*

- 1 Yes →
- 2 No
- 3 Don't Know
- 4 Refused

10a. Approximately how long have you been caring for this person on a regular basis?

Months Years 1 Don't Know 2 N/A 3 Refused