

POMP Final: Demographics Module

(Mail Version)

We are interested in knowing more about the demographic characteristics of our clients. We would appreciate if you would answer a few questions about yourself. All this information will be kept confidential.

D1. What is your gender?

- Male 1
Female 2

D2. In what year were you born?

|__|__|__|__| Year

D3. What is your highest education level?

- Less than high school diploma 1
High school diploma 2
Some college, including associate degree 3
Bachelor's degree 4
Some post-graduate work or advanced degree 5

D4. Are you Spanish, Hispanic or Latino?

- Yes 1
No 2

D5. What is your race?

- a. American Indian or Alaskan Native 1
b. Asian 2
c. Black or African-American 3
d. White/Caucasian 4
e. Native Hawaiian/Other Pacific Islander 5
f. Other Race 6

D6. What is your marital status?

- Now married 1
Widowed 2
Divorced 3
Separated 4
Never married 5

Office Use Only:

Client ID: _____

Service Enrollment Date: _____

Date of Survey Administration: _____

D7. Where is your home located? Would you say...

- In a city 1
- In a suburban area 2
- In a rural area 3

D8. We'd like to ask about who lives in your household. Do you...

- | | <u>Yes</u> | <u>No</u> | |
|---|----------------------------|----------------------------|--------------------------|
| a. Live alone | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | → IF "Yes,"
GO TO D10 |
| b. Live with your spouse | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | |
| c. Live with your children..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | |
| d. Live with other relatives..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | |
| e. Live with domestic partner | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | |
| f. Live with non-relatives other than domestic partner .. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | |

D9. How many people live in your household, including yourself?

|__| |__| Number of Household Members

D10. Thinking about the total combined income from all sources for all persons in your household, including income from jobs, Social Security, retirement income, public assistance, and all other sources was your total household annual income during the last calendar year above or below \$20,000?

- At or below \$20,000 (\$1,666 per month or less) 1 → GO TO D10a
- Above \$20,000 (\$1,667 per month or more) 2 → GO TO D10b

D10a. Which category best describes your total household annual income during the last calendar year? Would you say...

- | | | |
|---|----------------------------|--|
| \$5,000 or less (\$417 or less per month)..... | <input type="checkbox"/> 1 | } This concludes
this portion of
the survey. |
| \$5,001 - \$10,000 (\$418 to \$833 per month) | <input type="checkbox"/> 2 | |
| \$10,001 - \$15,000 (\$834 to \$1,250 per month)..... | <input type="checkbox"/> 3 | |
| \$15,001 - \$20,000 (\$1,251 to \$1,666 per month)..... | <input type="checkbox"/> 4 | |

D10b. Which category best describes your total household annual income during the last calendar year? Would you say...

- \$20,001 - \$25,000 (\$1,667 to \$2,083 per month) 1
- \$25,001 - \$30,000 (\$2,084 to \$2,500 per month) 2
- \$30,001 - \$35,000 (\$2,501 to \$2,917 per month) 3
- \$35,001 - \$40,000 (\$2,918 to \$3,333 per month) 4
- \$40,001 - \$50,000 (\$3,334 to \$4,167 per month) 5
- Over \$50,000 (\$4,168 per month or more)..... 6