Appendix

Socioeconomic Status Questionnaire

SOCIAL HISTORY:
Family history and other General information
1. Age: Parent/guardian: _______________; Child:_______________________
2. Gender: Parent/guardian: _______________; Child:_______________________
3. What is your ethnic origin?
   a. White
   b. Black
   c. Oriental/Asian
   d. Asian Pacific Islander
   e. Hispanic
   f. Native American
   g. Other

4. What is your marital status?
   a. Never married
   b. Separated
   c. Divorced
   d. Widowed
   e. Married

5. How many people are currently living in your household, including yourself?

_________________________________________________________________

6. What is the primary language spoken at home?
_________________________________________________________________

7. Please describe the home where you live
   a. It is owned or being bought by you (or someone in the household) Yes No
   b. It is rented for money by you (or someone in the household) Yes No
   c. It is occupied without payment or money or rent Yes No
   d. I live with friends Yes No
e. I live with family Yes No
f. I have no permanent residence Yes No
g. Other

Education
8. What is the highest level of education you have completed?
   a. 12th grade or less
   b. High school graduate or GED
   c. Some college/AA degree/Technical school training
   d. College graduate (BA or BS)
   e. Graduate school degree: Master’s or Doctorate degree (MD, PhD, JD)

Insurance
9. How do you pay for your health care and medical expenses?
   a. Government funding (Medicaid, Medicare, etc.) Yes No
   b. Private insurance Yes No
c. Self pay, out of pocket Yes No
**Employment**

10. Are you employed?  
   Yes  No

11. Who earns income to support your family? _______________________________

12. How many hours each week do(es) the above person(s) work? ___________________________________________________________________

13. What best corresponds to the above person(s) current work situation  
   Person:  1  2  3  
   a. Working full time  
   b. Working part time  
   c. Not working and not looking for work  
   d. Unemployed and looking for work  
   e. Disabled or retired and not looking for work  
   f. Currently in school

14. Do you have other resources to support your family?  
   Yes  No

15. If you answered “Yes” to the above question; what resources do you use?  
   a. Food stamps  
   b. WIC  
   c. Child support  
   d. Public assistance for housing/ utilities  
   e. Disability income for adults/child  
   f. Other

**Income**

16. What is your total combined family income for the past 12 months, before taxes, from all sources, wages, public assistance/benefits, help from relatives, alimony, and so on?  
   If you don’t know your exact income, please estimate.  
   a. Less than $9,999  
   b. $10,000 - $19,999  
   c. $20,000 - $49,999  
   d. $50,000 - $99,999  
   e. $100,000 - $149,999  
   f. More than $150,000  
   g. Don’t know  
   h. Chose not to answer

**MEDICAL HISTORY**

1. How would you describe your general health?  
   a. Excellent  
   b. Very good  
   c. Good  
   d. Fair  
   e. Poor
2. Please indicate whether you have ever had a significant problem with any of the symptoms or conditions listed below.

1. Chest pain or pressure  Yes  No
2. Chest pain with exertion  Yes  No
3. Heart Attack  Yes  No
4. Rapid/Irregular heartbeats  Yes  No
5. Fainting/Lightheadedness  Yes  No
6. High blood pressure  Yes  No
7. Rheumatic fever  Yes  No
8. Calf pain with exercise  Yes  No
9. Varicose veins  Yes  No
10. Phlebitis  Yes  No
11. Stroke  Yes  No
12. High blood cholesterol  Yes  No
13. High blood triglycerides  Yes  No
14. High blood pressure  Yes  No
15. Diabetes  Yes  No