

**Demographic Information
For KY Kids Recovery Program Clients
Receiving Prevention or Early Intervention Services (i.e., Not Treatment)**

December 2014
RELEASE
Revised July 2015

Clinician/Staff Member: If you are filling out information on a paper copy (because of problems with the internet connection), please use this form to collect basic demographic information from adolescent clients who are receiving prevention or early intervention services with Attorney General Office funds awarded to your program (i.e., KY Kids Recovery Program). For adolescent clients receiving treatment services with Attorney General Office funds awarded to your program, please use the AKTOS Intake Survey.

When filling out the Demographic Information in the web survey, responses for 1 – 3 will be filled in automatically with data from the Client Registration Form. If you are filling out the intake survey on a paper copy, please write the client’s name, date of birth, and SSN so that you can select the correct client when entering the data in the web survey.

BASIC CLIENT INFORMATION

We ask these questions to learn a little more about what services you might be interested in. Please keep in mind that information that identifies you, like your name and SSN, is kept confidential.

Certain groups of people are under-represented in health studies. This means many people may not be able to get the help and resources needed for their unique health needs. The private information you give us is kept confidential. We are asking so that we might better understand the diversity among young people like yourself.

1. Your name: First _____ Last _____
2. What is your date of birth? ____/____/____
3. Your social security number (This is used for matching service event data. It is kept encrypted and only accessed by authorized staff.): _____ -- ____ -- _____
4. What is your gender?
 - 1 = Male
 - 2 = Female
 - 3 = Transgender (male to female)
 - 4 = Transgender (female to male)

5. What race /ethnicity do you consider yourself to be? Select ALL that apply.

- White (not of Hispanic origin)
- Black (not of Hispanic origin)
- American Indian
- Alaskan Native
- Asian or Pacific Islander
- Hispanic-Mexican
- Hispanic-Puerto Rican
- Hispanic-Cuban
- Other Hispanic
- Other: Specify your other race _____

6. Many individuals have to travel to obtain needed health care services. What was the County and State of the place you lived for most of the past 12 months?

County _____ State _____ _____ Don't remember

7. Are you currently pregnant? *(If no, skip 7a)* 0 = No 1 = Yes 99=N/A

7a. How many weeks have you been pregnant? _____ weeks

8. Please think about your living situation in the **12 months before you entered this treatment program**:

| In the 12 months before you entered this treatment program, did you live with the following persons or in the following places? | 0 = No | 1 = Yes |
|--|--------|---------|
| a. Home with biological parents | 0 | 1 |
| b. Other family (including foster kinship care) | 0 | 1 |
| c. School dormitory | 0 | 1 |
| d. Foster care (i.e., non-kinship care, therapeutic foster care) | 0 | 1 |
| e. Health care setting (e.g., medical hospital, inpatient psychiatric hospital) | 0 | 1 |
| f. Group home, group emergency shelter | 0 | 1 |
| g. Residential treatment program | 0 | 1 |
| h. Juvenile detention center | 0 | 1 |
| i. Independent living (i.e., own apartment, home) | 0 | 1 |
| j. Street/outdoors | 0 | 1 |
| k. Other living situation Please specify: _____ | 0 | 1 |

9. Who is your primary caregiver currently?

- 0 = No one; Client is an emancipated minor or adult
- 1 = Biological parent
- 2 = Step-parent, or boy/girlfriend of biological parent
- 3 = Grandparent
- 4 = Foster parent – Kinship
- 5 = Foster parent – Non Kinship
- 6 = Other family (not foster)
- 7 = Adoptive Parent– Kinship
- 8 = Adoptive Parent – Non Kinship
- 9 = Other: Specify your other primary caregiver _____

10. How many years of education have you completed?

0 = Never attended

1 = 1st grade

2 = 2nd grade

3 = 3rd grade

4 = 4th grade

5 = 5th grade

6 = 6th grade

7 = 7th grade

8 = 8th grade

9 = 9th grade

10 = 10th grade

11 = 11th grade

12 = 12th grade

11. What type of schooling do you currently receive? ("Currently" means during a typical school year or semester.)

Select one:

1 = Public school

2 = Private school

3 = Home school

4 = Alternative school

5 = Home bound

6 = Day treatment

7 = GED classes

8 = Officially withdrawn (*skip to 11a*)

9 = Other: Specify other type of schooling _____

(Skip 11a, unless client is officially withdrawn from school)

11a. When did you withdraw from school (Month/Year)? _____Month _____Year

Thank you for answering these questions. Your information helps improve substance abuse prevention and treatment programs in Kentucky.