

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