GPRA ID: __ __ __ __ __ __ __ __ __ __ __ __ __ __ 0 0

Today's Date: ___________       Birth Year: ______       Age in Years: ______

(Admin. to Circle one:)  01   07

What is your preferred language for communication? ______________________

How well do you speak English?

___ Very Well     ___ Well     ___ Not Well     ___ Not at All     ___ Refused

What is your gender?

___Male     ___Transgender

___Female     ___Other:_____________

What is your race?

___White     ___Black or African

___Asian     ___Native Hawaiian or other

___ American     ___Alaska Native

___American Indian     ___Father

___Refused     ___Pacific Islander

Are you Hispanic or Latino?

___Yes         ___No

If Yes: What ethnic group do you consider yourself?

Please check all that apply

Central American         Cuban         Dominican         Mexican        Puerto Rican

South American            Other (Specify)_____________________

Do you wear a seatbelt?

_____ Yes       _____ No       _____ Sometimes

When riding a bicycle, skateboard, motorcycle, snowmobile, ATV, or skiing/snowboarding,
do you wear a helmet?

____ Yes      ____ No      ____ Sometimes    ____ Not Applicable

Do you dial or text while driving?

____ Yes       ____ No       ____ Sometimes    ____ Not Applicable

Do you get a flu shot yearly?

____Yes       ____ No

Are you pregnant or trying to become pregnant?

____Yes     ____No     ____ Not Applicable

Do you use tobacco products?

____Yes     ____No

Never

Less than Monthly

Monthly

Weekly

2 - 3 times a week

4 - 6 times a week

Daily

If you NEVER use alcohol, please skip to the next set of questions. Otherwise, please answer all 3 questions.

In the last year, how often do you have a drink containing alcohol? (if you answer 'never' skip next two questions)

Never

Less than Monthly

Monthly

Weekly

2 - 3 times a week

4 - 6 times a week

Daily

In the last year, when you drink alcohol, how many drinks do you typically have on any given day? (By drink we mean a 12 oz beer, 1 shot of liquor, or 6 oz glass of wine)

1 Drink

2 Drinks

3 Drinks

4 Drinks

5 - 6 Drinks

7 - 8 Drinks

10 or More Per Day

In the last year, how often do you have 6 or more drinks on one occasion?

Never

Less than Monthly

Monthly

Weekly

2 - 3 times a week

4 - 6 times a week

Daily

Have you used marijuana/ cannabis in the last year?

Never

1 day a month or less

1 day per week

Several days per week (2-4 days per week)

Daily or almost daily (5 to 7 days per week)

How often have you used prescription medications that were not prescribed to you?

Never

Monthly or Less

2-4 times per month

2-3 times per week

4 or more times per week

How often have you taken your own prescription medication more than the way it was prescribed or for different reasons than its intended purpose?

Never

Monthly or Less

2-4 times per month

2-3 times per week

4 or more times per week

Have you used other drugs in the past year (for example street heroin, salvia, inhalants, etc.)?

Never

Monthly or Less

2-4 times per month

2-3 times per week

4 or more times per week

01/15/2017
Over the past 2 weeks, how often have you been bothered by any of the following:

<table>
<thead>
<tr>
<th>Little interest or pleasure in doing things?</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly everyday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling down, depressed, or hopeless?</td>
<td>Not at all</td>
<td>Several days</td>
<td>More than half the days</td>
<td>Nearly everyday</td>
</tr>
</tbody>
</table>

Have you ever served in the Armed Forces, in the Reserves, or in the National Guard?

____ No
____ Yes, in the National Guard
____ Yes, in the Armed Forces
____ Refused
____ Yes, in the Reserves
____ Don’t Know

Skip if Never Served: Are you currently on active duty in the Armed Forces, in the Reserves, or in the National Guard?

____ No, Separated or Retired from the Armed Forces, Reserves, or National Guard
____ Yes, in the Armed Forces
____ Yes, in the Reserves
____ Yes, in the National Guard
____ Refused
____ Don’t Know

Skip if Never Served: Have you ever been deployed to a combat zone? (Check all that apply)

____ Never Deployed
____ Korea
____ Iraq or Afghanistan (e.g. OEF, OIF, OND)
____ WWII
____ Persian Gulf (Operation Desert Shield/Desert Storm)
____ Vietnam/ Southeast Asia
____ Refused
____ Don’t Know
____ Deployed to a combat zone not listed above (e.g. Bosnia/Somalia)

Thank you for answering these questions! If you have completed this form within a year of today’s date, please place an "X" here: