



## Post-Baseline Demographics

Record ID:

Student Name:

School:

Study ID:

### Characteristics about you:

**1. I am:**

- ☐ Female
- ☐ Male
- ☐ Non-binary/ third gender
- ☐ Prefer to self-describe
- ☐ Prefer not to say

**2. If you selected "prefer to self-describe" please specify:** \_\_\_\_\_

**3. Race** (*check all that apply*)

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic, Latino or Spanish
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Other/Choice not listed: \_\_\_\_\_

**4. How old are you?** \_\_\_\_\_

**5. What is the highest grade or year of school completed?**

- ☐ Never attended school
- ☐ Attended elementary school (grades 1 through 8)
- ☐ Attended some high school (grades 9 through 11)
- ☐ Graduated from high school
- ☐ Attended some college
- ☐ Graduated from college
- ☐ Additional school after college graduation

**6. What is your marital status?**

- ☐ Single
- ☐ Married
- ☐ Divorced
- ☐ Widowed
- ☐ In a committed relationship but not married

**7. What is your primary home language?**

- ☐ English
- ☐ Spanish
- ☐ Other: \_\_\_\_\_

**8. How well do you speak English?**

- ☐ Very well
- ☐ Well
- ☐ Not well



## Characteristics about [student first name]:

9. What is {student name}'s age? \_\_\_\_\_

10. [student] is:

- ☐ Female
- ☐ Male
- ☐ Non-binary/third gender
- ☐ Prefer to self describe: \_\_\_\_\_
- ☐ Prefer not to say

11. Race of [student] (check all that apply)

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic, Latino or Spanish
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Other/Choice not listed: \_\_\_\_\_

1. What is [student first name]'s preferred language?

- ☐ English
- ☐ Spanish
- ☐ Other: \_\_\_\_\_

2. Does [student first name] qualify for free or reduced school lunch?

- ☐ Yes
- ☐ No
- ☐ Don't know

3. What type of health insurance does [student first name] have? (*Check all that apply*)

- ☐ Medicaid
- ☐ CHP+
- ☐ Private
- ☐ CICIP (Colorado Indigent Care Program)
- ☐ CHS (Discount Program)
- ☐ No Health Insurance

## Environmental Exposures:

Please help us understand how things in the environment impact [student first name]'s asthma.

4. Does anyone in [student first name]'s immediate circle smoke?

- ☐ Yes
- ☐ No



**5. Who smokes? (Check all that apply)**

- ☐ Student
- ☐ Mother
- ☐ Father
- ☐ Brother/Sister
- ☐ Uncle/Aunt
- ☐ Grandparents
- ☐ Friends/Guests
- ☐ Other: \_\_\_\_\_

**6. Where do they smoke (Check all that apply)**

- ☐ Inside the home
- ☐ Inside the car
- ☐ Outside

**7. Does anyone in [student first name]'s immediate circle vape?**

- ☐ Yes
- ☐ No

**8. Who vapes? (Check all that apply)**

- ☐ Student
- ☐ Mother
- ☐ Father
- ☐ Brother/Sister
- ☐ Uncle/Aunt
- ☐ Grandparents
- ☐ Friends/Guests
- ☐ Other: \_\_\_\_\_

**9. Where do they vape? (Check all that apply)**

- ☐ Inside the home
- ☐ Inside the car
- ☐ Outside

**10. Do you have pets in the home?**

- ☐ Yes
- ☐ No

**11. What pets do you have?**

- |                                   |                                       |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Cat      | <input type="checkbox"/> Bird         |
| <input type="checkbox"/> Dog      | <input type="checkbox"/> Rabbit       |
| <input type="checkbox"/> Fish     | <input type="checkbox"/> Horse        |
| <input type="checkbox"/> Reptiles | <input type="checkbox"/> Other: _____ |

**12. Have you seen or noticed evidence of any of the following in your home? (check all that apply)**

- ☐ Cockroaches
- ☐ Mice
- ☐ Rats
- ☐ Mold
- ☐ None of the above