1. **Age: ­­­­­­­­­­­­­\_\_\_\_\_\_\_** years
2. **To which gender identity do you most identify?**

* Female
* Male
* Transgender Female/Trans woman/ Male-to-female (MTF)
* Transgender Male/ Trans man/ Female-to-male (FTM)
* Gender Variant/Non-Conforming/Genderqueer
* Not Listed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Prefer not to say

1. **Highest level of education**
   * Less than High School (no GED)
   * Less than High School (no GED)ess than High School (received GED)
   * High School
   * Some of college, no degree
   * Associate’s degree
   * Four-year college degree
   * Completed Post-Graduate Certificate Program
   * Master’s Degree
   * Doctoral Level
2. **Ethnicity:**

* Not Hispanic/Latino
* Hispanic/Latino, *please specify:*
  + Salvadorian
  + Puerto Rican
  + Honduran
  + Guatemalan
  + Mexican
  + Dominican
  + Colombian
  + Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Race:**

* American Indian or Alaska Native
* Asian
* Black or African American
* Native Hawaiian or Other Pacific Islander
* White (European descent)
* White (Middle Eastern/North African descent)
* Hispanic or Latino
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What is your present religion, if any?**

* Protestant (Baptist, Methodist, Non-denominational, Lutheran, Presbyterian, Pentecostal, Episcopalian, Reformed, Church of Christ, etc.)
* Roman Catholic (Catholic)
* Mormon (Church of Jesus of Latter-day Saints/LDS)
* Orthodox (Greek, Russian, or some other orthodox church)
* Jewish (Judaism)
* Muslim (Islam)
* Buddhist
* Hindu
* Atheist (do not believe in God)
* Agnostic (not sure if there is a God)
* Christian
* Unitarian (Universalist)
* Jehovah’s Witness
* Something else (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* I don’t know
* I don’t wish to answer

1. **How observant are you of your religion? In other words, how much do you practice your religion?**

* Extremely observant
* Somewhat observant
* Not at all observant

1. **What is your annual household income?**

* Less than $10,000
* $10,000 - $20,000
* $20,000 - $30,000
* $30,000 - $40,000
* $40,000 - $50,000
* $50,000 - $60,000
* $60,000 - $70,000
* $70,000 - $80,000
* $80,000 - $90,000
* $90,000 - $100,000
* $100,000 or more

1. **How do you pay for your therapy sessions?**

* Public insurance (i.e., CCG, Medicare, Medicaid, CBH, etc.)
* Affordable Care Act/ ObamaCare
* Private insurance (self-purchased)
* Employer based insurance
* Out of pocket (full fee)
* Out of pocket (sliding scale fee)

1. **First language**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Language(s) the therapy is conducted in:**

* English
* Spanish
* Mix of English and Spanish
* Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Cu rrent Relationship Status:**

* Single (not dating)
* Dating multiple people
* Dating one person
* Committed relationship
* Common law
* Married
* Divorced
* Widowed
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Military status:**

* Veteran
* Active duty
* Reserves
* National Guard
* Not involved in the military

**11A If involved in the military, which years? \_\_\_\_\_\_\_\_\_**

**Were you deployed?**

* Yes
* No

**If so, where/when were you deployed?**

* WW II
* Korea
* Vietnam
* Gulf War
* OIF
* OEF
* OND
* Other (please describe where and when: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

1. **Current Occupation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Were you ever a …? (please check all that apply)**:

* Law enforcement officer
* Refugee
* Firefighter
* Paramedic
* Rescue Personnel
* EMT

1. Do you own a mobile phone?

* Yes
* No

1. How confident are you in your ability to use mobile devices like smart phones/cell phones or tablets?

* Very confident
* Quite confident
* A little confident
* Not at all confident

1. **How often do you use a mobile device (phone or tablet) to?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Never | Rarely | Sometimes | Often |
| Make Phone calls |  |  |  |  |
| Send or receive email |  |  |  |  |
| Text message |  |  |  |  |
| Browse social media (e.g., Facebook, twitter, snapchat, Instagram, etc.) |  |  |  |  |
| Complete surveys |  |  |  |  |
| Take pictures |  |  |  |  |
| Watch shows or movies |  |  |  |  |
| Read news, articles, or abstracts |  |  |  |  |
| Make purchases |  |  |  |  |
| Use professional social networks |  |  |  |  |
| Remote psychotherapy/telemedicine |  |  |  |  |
| Do work |  |  |  |  |

1. **Do you think you might experience any barriers to completing treatment?**

* Yes
* No

1. **If so, are those barriers related to…? (Check all that apply.)**

* Problems with transportation (no car, parking problems, poor public transportation, etc.)
* Responsibility of caring for loved ones (children, someone with an illness, etc.)
* Cost of therapy or copay
* Difficulty getting time off of work
* Competing daily responsibilities and activities
* Lack of support from significant other, family, or friends
* Doubts that you will benefit from treatment
* Concerns about the potential emotional toll or difficulty of treatment
* Doubts about treatment being culturally relevant/sensitive
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Does not apply