Appendix A

DePaul Symptom Questionnaire

Please answer the following questions.

1. What is your height?_____

2. What is your weight?_____

4. What is your gender?_____

5. To which of the following race(s) do you belong?

- ☐ Black, African-American
- ☐ White
- ☐ American Indian or Alaska Native
- ☐ Asian or Pacific Islander
- ☐ Other race (*Please specify*)_____

6. Are you of Latino or Hispanic origin?

☐ Yes ☐ No

7. What is your current marital status?

- ☐ Married or living with partner
- ☐ Separated
- ☐ Widowed
- ☐ Divorced
- ☐ Never married

8. Do you have any children?

☐ Yes ☐ No (*Skip to Question 9)*

8a. How many children do you have?_____