

## 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? \_\_\_\_\_

