

Participant Demographics Survey

Instructions for Survey: 1) Complete the survey, working by yourself; 2) Print your answers neatly; 3) Please use a pencil; 4) When completed, signal the trainer by raising your hand; 5) Turn your paper face down to protect your privacy.

Participant Name: _____

Participant social security #: _____

Sex (check one): M ___ F ___

Race: _____

Age: _____

Years of prior experience in human services: _____

Home address: _____

Home telephone #: _____; Cell phone #: _____

Number of people living in your household: _____

List each household member, their age and their relationship to you: _____

Have you ever lived apart from your children? Y ___ N ___

If "Yes," explain: _____

Are any of the household members employed: Y ___ N ___

Approximate household annual income: \$ _____

Marital status (check one): Married ___; Single (never married) ___; Single (divorced) ___;
Domestic partnership ___.

Have you ever been the subject of a child abuse or criminal investigation? Y ___ N ___

If "Yes," explain: _____

Why did you seek employment in the child welfare system? _____

List the qualities that come to mind when you hear the phrase "Child Welfare Client."

Explain prejudicial thoughts or feelings about race, age, gender, religious or life style differences that you have now or have ever had: _____

List prior coursework or experience in the area of interviewing: _____

Do you have any physical, mental, or sexual handicaps, or domestic conflict issues that would impact negatively your ability to successfully engage child welfare clients?

Y ___ N ___

If "Yes," explain: _____

Initials: _____ I certify that the above information is true and accurate.

Thank you for your participation