

Subject ID				-			
Letter Code					Visit		

- F. What is your current employment status? **(Choose only one.)**
- Employed for wages full-time (1)
- Disabled (10)
- Employed for wages part-time (2)
- Homemaker (3)
- Full-time student (4)
- Self-employed (5)
- Retired (6)
- refused (7)
- Out of work for less than 1 year (8)
- Out of work for 1 year or more (9)
- G. When employed, what kind of work do you perform? **(Choose only one.)**
- Professional (needs a degree) (1)
- Skilled labor (needs specialized training – ex. Plumber, police, etc.) (2)
- Unskilled labor (does not require a specific degree or training) (3)
- Other (4)
- Don't know / not sure (5)
- refused (7)
- G1. specify: _____
- H. What is your marital status?
- Married (1)
- Divorced (2)
- Widowed (3)
- Separated (4)
- Never been married (5)
- Member of unmarried couple (6)
- refused (7)
- I. How many people do you share income with in your household (including any children)? _____
- number*
- J. What is your annual household income from all sources?
- Less than \$10,000 (1)
- \$10,001 to \$15,000 (2)
- \$15,001 to \$20,000 (3)
- \$20,001 to \$25,000 (4)
- \$25,001 to \$35,000 (5)
- \$35,001 to \$50,000 (6)
- Over \$50,000 (7)
- Don't Know / Not Sure (8)
- refused (9)

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K. Which of the following best describes your current living arrangement?
(Choose only one.)

- Home is owned or being bought by you or someone else living in the home. (1)
- Home is rented by you or someone else living in the home. (2)
- You currently live in the home without payment or cash rent. (3)
- Homeless (4)

II. ADMINISTRATIVE MATTERS

A. General Comments: _____

B. Form completed by: _____
signature

C. Date form completed: ___ ___ - ___ ___ - 2 0 ___ ___
mmm dd yyyy

D. Lung HIV Staff No.: ___ ___ - ___ ___