**SkYE Disadvantage Determination Questionnaire**

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| **Name** |  |
| **Age** |  |
| **Address** |  |
| **What is the highest level of education you have completed:** | 1. Primary 2. Secondary 3. Post Secondary   (Tick all that apply) |
| **Are you, or the head of the household a single parent?** | Yes  No |
| **Does your household have any of the following facilities/services:** | 1. Piped water 2. Mains electricity 3. Flush toilet 4. Cooking gas   (Tick all that apply) |
| **How many people are living in your household** |  |
| **How many bedrooms are there in your household** |  |
| **How many people in your household have either unskilled or skilled paid employment** | Unskilled:  Skilled: |
| **Do you have a criminal record?** | Yes  No |