

Participant Demographic Questionnaire

What is your age?

_____ years

Please mark all racial/ethnic classifications that apply to you.

- ☐ African/Black
- ☐ American Indian/Native American
- ☐ Asian
- ☐ Caucasian/European/White
- ☐ Hispanic/Latino/Latina/Latinx
- ☐ Middle Eastern or North African
- ☐ Pacific Islander
- ☐ Self-describe: _____

Please mark the gender(s) with which you identify.

- ☐ Female
- ☐ Male
- ☐ Transgender
- ☐ Non-binary
- ☐ Self-describe: _____

Date