

Demographics Questionnaire

What month and year were you born?

Month: _____

Year: _____

1. 1. Are you right or left handed?
 - a. Right-handed
 - b. left-handed
 - c. Ambidextrous (use right and left hand equally)
 - d. Other (please specify) _____
2. What pronouns do you use to refer to yourself?
 - a. He/Him/Him
 - b. She/Her/Hers
 - c. They/Them
 - d. Other (please specify) _____
 - e. Prefer not to say
3. What is the biological sex that you were assigned at birth?
 - a. Male
 - b. Female
 - c. Intersex
 - d. Other
 - e. Unknown
 - f. Prefer not to say
4. How do you currently describe your gender identity?
 - a. (Please specify) _____
 - b. Prefer not to answer

5. How do you currently describe your sexual identity (sexual orientation/attraction)?

- a. (Please specify) _____
- b. Prefer not to answer

6. Which categories describe you? Select all that apply to you:

- a. American Indian or Alaska Native—For example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community
- b. Asian—For example, Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese
- c. Black or African American—For example, Jamaican, Haitian, Nigerian, Ethiopian, Somalian
- d. Hispanic, Latino or Spanish Origin—For example, Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Columbian
- e. Middle Eastern or North African—For example, Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian
- f. Native Hawaiian or Other Pacific Islander—For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese
- g. White—For example, German, Irish, English, Italian, Polish, French
- h. Some other race, ethnicity, or origin, please specify:

- i. I prefer not to answer.

7. Where do you live?

- a. Midwest—Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, Ohio, North Dakota, South Dakota, Wisconsin
- b. Northeast—Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont

- c. South—Arkansas, Alabama, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia
- d. West—Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming
- e. Puerto Rico or other U.S. territories
- f. Other, please specify: _____

8. Which category describe your education? Select all that apply to you:

- a. Some high school
- b. High school diploma or equivalent
- c. Vocational training
- d. Some college
- e. Associate's degree (e.g., AA, AE, AFA, AS, ASN)
- f. Bachelor's degree (e.g., BA, BBA BFA, BS)
- g. Some post undergraduate work
- h. Master's degree (e.g., MA, MBA, MFA, MS, MSW)
- i. Specialist degree (e.g., EdS)
- j. Applied or professional doctorate degree (e.g., MD, DDC, DDS, JD, PharmD)
- k. Doctorate degree (e.g., EdD, PhD)
- l. Other, please specify: _____

9. Are you currently a student?

- a. Yes, full time student
- b. Yes, part-time study
- c. No

If yes:

16b. What is your major?

(please specify) _____

10. Are you currently employed?

- a. Yes, full-time
- b. Yes, part-time
- c. No

11. Do you have biological, adopted, foster, or step children?

- a. No
- b. No, but I am (or my partner is) pregnant or in the process of adopting
- c. Yes

If yes:

What are the ages of any children that live with you?

- a. (please specify) _____
- b. I prefer not to say.

12. How do you describe your religion, spiritual practice, or existential worldview?

- a. Please specify: _____
- b. I prefer not to answer

13. Which social class group do you identify with?

- a. Poor
- b. Working class
- c. Middle class
- d. Affluent

14. Please check the category that tells us your approximate total family income for YEAR. Consider all sources of income, including earnings, welfare cash assistance, child support alimonies, support from other members of your household who regularly contribute to your household, etc.

- a. Less than \$10,000
- b. \$10,001 to \$15,000
- c. \$15,001 to \$25,000
- d. \$25,001 to \$50,000
- e. \$50,001 to \$75,000
- f. \$75,001 to \$100,000
- g. \$100,001 to \$150,000
- h. \$150,00 to \$200,000
- i. more than \$200,000.

15. How much sleep do you typically get each night?

_____ (write in) hours

16. How much do you exercise?

- a. Never
- b. Rarely
- c. Sometimes
- d. Often
- e. Every day

17. How healthy is your diet?

- a. Not very healthy
- b. A bit unhealthy
- c. Average
- d. A bit healthy
- e. Very healthy

18. Compared to most people, how much caffeine do you typically consume each day?

- a. I do not regularly drink caffeine
- b. Much less than most people
- c. A little less than most people
- d. About the same as most people
- e. A little more than most people
- f. Much more than most people

19. Are you currently taking any medications?

- a. Yes
 - i. If yes, please specify drug name, dosage, and how long you have been taking this medication at this dosage

- b. No

20. Have you currently/ previously been diagnosed with a neurological disorder?

- a. Yes
 - i. If yes, please specify which disorder(s) -----
- b. No

21. Have you ever experienced any severe trauma to the head in which you lost consciousness?

- a. Yes
- b. No

22. Have you currently/ previously been diagnosed with a mental health disorder (anxiety, depression, etc.)?

- a. Yes
 - i. If yes, please specify which disorder(s) -----
- b. No

c. I prefer not to answer

23. Do you have a long-lasting or chronic condition (physical, visual, auditory, cognitive or mental, emotional, or other) that substantially limits one or more of your major life activities (your ability to see, hear, or speak; to learn, remember, or concentrate; to move)?

a. Yes

i. If yes, please specify which disorder(s) _____

b. No