

## Demographics Questionnaire

1. What month and year were you born?

Month: \_\_\_\_\_

Year: \_\_\_\_\_

2. Are you right or left handed?

a. Right-handed

b. Left-handed

c. Ambidextrous (use right and left hand equally)

d. Other (please specify)\_\_\_\_\_

3. What pronouns do you use to refer to yourself?

a. He/Him/His

b. She/Her/Hers

c. They/Them

d. Other (please specify)\_\_\_\_\_

e. Prefer not to say

4. 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

5. How do you currently describe your gender identity?

a. (Please specify)\_\_\_\_\_

b. Prefer not to answer

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

a. (Please specify)\_\_\_\_\_

b. Prefer not to answer

7. 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, Colombian
- 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.

8. Besides English, do you speak any other languages?

- a. Yes
- b. No

If yes:

- What language(s) other than English do you speak? \_\_\_\_\_
- Which of the following best describes your language-learning history?
  - a. I learned English first and my other language(s) later.
  - b. I learned my other language(s) first and English later.
  - c. I learned English and my other languages at the same time.
  - d. Other: \_\_\_\_\_

If (b):

- How old were you when you learned English? \_\_\_\_\_
- How would you rate your English language proficiency?
  - a. Native
  - b. Advanced
  - c. Intermediate
  - d. Elementary
  - e. Not proficient

9. 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: \_\_\_\_\_

10. 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: \_\_\_\_\_

11. Are you currently a student?

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

If yes:

What is your major?

(please specify)\_\_\_\_\_

12. Have you previously read about our work?

- a. Yes
- b. No

13. Are you currently employed?

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

14. 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.

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

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

16. Which social class group do you identify with?

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

17. 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.

18. How much sleep do you typically get each night? \_\_\_\_\_ (write in) hours

19. How much do you exercise?

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

20. How healthy is your diet?

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

21. 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

22. 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

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

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

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

- a. Yes
- b. No

25. 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

26. 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

27. Have you ever been diagnosed with a communication disorder (e.g., stuttering, language disorders, dyslexia, voice disorders, articulation disorders, pragmatic disorders such as autism):

As a child?

- a. Yes
- b. No

If yes:

What was the diagnosis? \_\_\_\_\_

Does this diagnosis currently apply to you?

- a. Yes

b. No

As a teenager?

a. Yes

b. No

If yes:

What was the diagnosis? \_\_\_\_\_

Does this diagnosis currently apply to you?

a. Yes

b. No

As an adult?

a. Yes

b. No

If yes:

What was the diagnosis? \_\_\_\_\_

Does this diagnosis currently apply to you?

a. Yes

b. No