

Demographics Questionnaire

To see how many surveys you have left while on a survey, on the top right of the survey click "Survey Queue".

Read the following questions carefully, and respond with the choice(s) that most accurately represents you. Please answer all the questions.

In what month were you born (1-12)?

In what year were you born?

Are you right- or left-handed?

- ☐ Right handed
- ☐ Left handed
- ☐ Ambidextrous (use right and left hand equally)
- ☐ Other (please specify)

What pronouns do you use to refer to yourself?

- ☐ She/her/hers
- ☐ He/him/his
- ☐ They/them
- ☐ Prefer not to say
- ☐ Other (please specify)

What is the biological sex you were assigned at birth?

- ☐ Male
- ☐ Female
- ☐ Intersex
- ☐ Other
- ☐ Unknown
- ☐ Prefer not to say

How do you currently describe your gender identity?
If you prefer not to answer, write: "prefer not to answer."

How do you currently describe your sexual identity
(sexual orientation/attraction)? If you prefer not
to answer, write: "prefer not to answer."

What categories describe you? Select all that apply to you:

- ☐ American Indian or Alaska Native-For example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Iñupiat Traditional Government, Nome Eskimo Community
 - ☐ Asian (for example: Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese)
 - ☐ Black or African American (for example: Jamaican, Haitian, Nigerian, Ethiopian, Somalian)
 - ☐ Hispanic, Latino/a/x or Spanish Origin (for example: Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Columbian)
 - ☐ Middle Eastern or North African (for example: Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian)
 - ☐ Native Hawaiian or Other Pacific Islander (for example: Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese)
 - ☐ White (for example: German, Irish, English, Italian, Polish, French)
 - ☐ Some other race, ethnicity, or origin (please specify)
 - ☐ I prefer not to answer
-

Besides English, do you speak any other languages?

- ☐ Yes
 - ☐ No
-

What language(s) other than English do you speak?

Which of the following best describes your language-learning history?

- ☐ I learned English first and my other language(s) later.
 - ☐ I learned my other language(s) first and English later.
 - ☐ I learned English and my other languages at the same time.
 - ☐ Other (please specify)
-

How old were you when you learned English?

How would you rate your English language proficiency?

- ☐ Native
- ☐ Advanced
- ☐ Intermediate
- ☐ Elementary
- ☐ Not proficient

Where do you live?

- ☐ Midwest (Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, Ohio, North Dakota, South Dakota, Wisconsin)
 - ☐ Northeast (Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont)
 - ☐ South (Arkansas, Alabama, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia)
 - ☐ West (Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming)
 - ☐ Puerto Rico or other U.S. territories
 - ☐ Other (please specify)
-

Which category describes your education? Select all that apply to you:

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

Are you currently a student?

- ☐ Yes, full-time
 - ☐ Yes, part-time
 - ☐ No
-

What is your major?

Have you previously read about our work?

- ☐ Yes
 - ☐ No
-

Are you currently employed?

- ☐ Yes, full-time
 - ☐ Yes, part-time
 - ☐ No
-

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

- ☐ No
 - ☐ No, but I am (or my partner is) pregnant or in the process of adopting
 - ☐ Yes
-

What are the ages of any children that live with you?
If you prefer not to answer, write: "prefer not to answer."

How do you describe your religion, spiritual practice, or existential worldview? If you prefer not to answer, write: "prefer not to answer."

Which social class group do you identify with?

- ☐ Poor
☐ Working class
☐ Middle class
☐ Affluent
-

Please check the category that tells us your approximate total family income for A 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.

- ☐ Less than \$10,000
☐ \$10,001 to \$15,000
☐ \$15,001 to \$25,000
☐ \$25,001 to \$50,000
☐ \$50,001 to \$75,000
☐ \$75,001 to \$100,000
☐ \$100,001 to \$150,000
☐ \$150,00 to \$200,000
☐ more than \$200,000.
-

How many hours of sleep do you typically get in a night?

How much do you exercise?

- ☐ Never
☐ Rarely
☐ Sometimes
☐ Often
☐ Every day
-

How healthy is your diet?

- ☐ Not very healthy
☐ A bit unhealthy
☐ Average
☐ A bit healthy
☐ Very healthy
-

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

- ☐ I do not regularly drink caffeine
☐ Much less than most people
☐ A little less than most people
☐ About the same as most people
☐ A little more than most people
☐ Much more than most people
-

Are you currently taking any medications?

- ☐ Yes (please specify)
☐ No
-

Please specify drug name, dosage, and how long you have been taking this medication at this dosage.

Have you currently/previously been diagnosed with a neurological disorder (epilepsy, Parkinson's, etc.)?

- ☐ Yes (please specify)
☐ No
-

Please specify which disorder(s):

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

- ☐ Yes (please specify)
☐ No
☐ I prefer not to answer
-

Please specify which disorder(s):

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)?

- ☐ Yes (please specify)
☐ No

Please specify which disorder(s):

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

	Yes	No
As a child?	<input type="radio"/>	<input type="radio"/>
As a teenager?	<input type="radio"/>	<input type="radio"/>
As an adult?	<input type="radio"/>	<input type="radio"/>

What was the diagnosis when you were a child?

Does the diagnosis from when you were a child currently apply to you?

- ☐ Yes
☐ No

What was the diagnosis when you were a teenager?

Does the diagnosis from when you were a teenager currently apply to you?

- ☐ Yes
☐ No

What was the diagnosis when you were an adult?

Does the diagnosis from when you were an adult currently apply to you?

- ☐ Yes
☐ No