Demographic Information

1. What is your Date of Birth (mm/dd/yyyy)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Please indicate your race (please mark all that apply).

* White
* Black or African American
* Native American or American Indian
* Asian or Pacific Islander
* Different race (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please indicate your ethnicity.

* Hispanic or Latino
* Not Hispanic or Latino

1. What is your height (in feet and inches)? Feet: \_\_\_\_\_\_\_\_ Inches: \_\_\_\_\_\_\_\_\_\_
2. What is your weight (in pounds)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Please indicate the sex assigned to you at birth.

* Male
* Female
* Intersex

1. Please indicate which of the following best describes you.

* Man
* Woman
* Agender
* Genderqueer
* Genderfluid
* Nonbinary
* Different gender (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you consider yourself to be transgender?

* Yes
* No

1. Please indicate your sexual orientation.

* Heterosexual or straight
* Gay
* Lesbian
* Bisexual
* Pansexual
* Queer
* Asexual
* Different sexual orientation (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How would you best describe your sexual attraction?

* Only attracted to males
* Mostly attracted to males
* Attracted to both males and females
* Mostly attracted to females
* Only attracted to females
* Not sure
* No sexual attractions
* Different sexual attraction (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In the past 12 months, who have you had sex with?

* Men only
* Women only
* Both men and women
* I have not had sex

1. Please indicate your grade.

* Freshman
* Sophomore
* Junior
* Senior
* Senior (5+ years)