**Please answer the following questions.**

Date of Birth (mm/dd/yyyy):

Sex:

* Male
* Female

I identify myself as (check all that apply):

* American Indian or Alaska Native
* Asian (East Asian)
* Asian (Indian)
* Black or African American
* Hispanic/Latino
* Native Hawaiian or Other Pacific Islander
* White
* Other

Where were you born (city/state/country)?

Marital status:

* Never married
* Currently married
* Divorced
* Separated
* Widowed

Occupation:

Please state any majors or fields that you have, and/or are pursuing, degrees in.

Degrees & fields:

Years obtained/expected:

Were you raised by...?

* A single parent
* Two parents, married
* Two parents, divorced
* A grandparent(s)/other relative(s)
* Other

Please list you and your siblings in order of birth (with 1 being the first born), identifying them by gender as in the example below:

1: M

2: F

3: M (me)

4: F

Do you smoke?

* Yes
* No

Do you drink alcohol?

* Yes
* No

Are you taking any substances that might affect your hormone levels (e.g. steroids, antiglucocorticoids, antidepressants, etc.)?

* Yes
* No