# MHHS Demographic Questions

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| **Variable Name** | **Question** |
| Race\_E1 | How would you describe your racial, ethnic, and/or national origins? (open ended race response) |
| Race\_E2 | Which of the following best or most closely describes you?  1 = White/Caucasian  2 = Black, African American, Afro-Caribbean  3 = Hispanic/Latino/Latinx  4 = Asian (Asian Indian, Chinese, etc.)  5 = American Indian or Alaska Native (Hopi, Navajo, etc.)  6 = Pacific Islander (Native Hawaiian, Samoan etc.)  7 = Multiracial or Biracial |
| ORIGIN\_1O | If you marked Hispanic/Latino/Latinx, with what origin do you most identify? (Mexican, Puerto Rican, Columbian etc.) |
| BIC | Some people consider themselves bicultural because they identify with at least one cultural, ethnic, or racial group (like Latino, Muslim, Jewish, Brazilian, Arab, White, Black, Haitian, Asian, etc.) and they identify as American. Thinking about this, do you consider yourself bicultural?  1 = Yes 0 = No |
| LANG | Do you speak a language other than English at home ?  0 = No 1 = Yes |
| LANG\_O | If you responded yes above, what other language do you speak?  (open ended language) |
| EDUC\_Par | What is the highest level of education completed by either of your parents (or those who raised you)?  ❏ Did not finish high school  ❏ High school diploma or GED  ❏ Attended college but did not complete degree  ❏ Associates degree (A.A., A. S., etc)  ❏ Bachelor’s degree (B.A., B. S., etc)  ❏ Master’s degree (M.A., M.S., etc)  ❏ Doctoral or professional degree (Ph.D., J.D., M.D., etc) |
| EDUC\_Self | What is the highest level of education you have completed?  ❏ High school diploma or GED  ❏ Associates degree (A.A., A. S)  ❏ First-year/freshman  ❏ Second-year/sophomore  ❏ Third-year/Junior  ❏ Fourth-year/Senior  ❏ Fifth year/some graduate education  ❏ Graduate education |
| GENDER | Which term best currently describes your gender identity?  ❏ (cis) Woman, female, feminine  ❏ (cis) Man, male, masculine  ❏ Transgender woman, female, feminine  ❏ Transgender man, male, masculine  ❏ Non-binary, gender queer, gender non-comforming  ❏ I self identify as:\_\_\_\_\_\_\_\_\_\_\_\_\_  ❏ I prefer not to respond |
| SEXOR | Which of the following best describes your sexual orientation?  ❏ Straight (heterosexual)  ❏ Bisexual  ❏ Gay  ❏ Lesbian  ❏ Queer  ❏ Questioning or unsure  ❏ I self-identify as \_\_\_\_\_\_\_\_  ❏ I prefer not to respond |
| MILIT | Have you served in the military?  ❏ Never served  ❏ Active Duty  ❏ National Guard/Reserves  ❏ Military spouse  ❏ Military dependent/child  ❏ Veteran (eligible to receive VA benefits)  ❏ Other (Please specify)\_\_\_\_\_\_\_  ❏ I prefer not to respond |
| DIS\_1 | Do you have a diagnosed disability or impairment? Check any or all that apply:  ❏ A sensory impairment (vision or hearing)  ❏ A mobility impairment  ❏ A learning disability (e.g., ADHD, dyslexia) ❏ A mental health disorder  ❏ A disability or impairment not listed above  ❏ No disability or impairment  ❏ Suspected but undiagnosed disability or impairment  ❏ Prefer to specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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