

Demographic Information

- 1) Please tell us your age.
 - 18-25
 - 25-34
 - 35-44
 - 45-54
 - 55-64
 - 65+
- 2) What is your race?
 - White
 - Black or African American
 - American Indian or Alaska Native
 - Asian
 - Native Hawaiian or Pacific Islander
 - Other
- 3) Are you of Hispanic origin?
 - Yes
 - No
- 4) What is your gender?
 - Male
 - Female
 - Transgender
 - If not listed, please self-identify: _____
- 5) What is your current relationship/marital status?
 - Single/never married
 - Married
 - Divorced
 - Committed relationship
 - Separated
 - Spouse deceased
- 6) How would you describe your sexual orientation?
 - Heterosexual/Straight
 - Homosexual/Gay/Lesbian
 - Bisexual
 - Queer
 - If not listed, please self-identify: _____
- 7) What kind of health insurance do you have? (Check all that apply)
 - Medicaid
 - Medicare
 - Insurance through work
 - Insurance through a family member
 - Self-pay private insurance (including through the health insurance exchange)
 - I do not have health insurance
 - I don't know
- 8) What are the sources of your income? (Check all that apply.)
 - Self-employment
 - Paid employment other than through your self-employment
 - Social Security Disability Income (SSDI) or Supplemental Security Income (SSI)
 - Veterans disability or pension benefits
 - General assistance
 - Unemployment compensation

Participant # _____

Retirement, investment, or savings
Alimony or child support
Money shared by your spouse/partner
Money from your family
Other—write in: _____

- 9) What was your approximate total household or personal income in 2016?
less than \$12,000
\$12,000-\$24,999
\$25,000- \$39,999
\$40,000-\$69,999
\$70,000-\$149,000
\$150,000-\$349,999
\$350,000+
- 10) Have you been the beneficiary of any kind of public assistance? (Check all that apply)
SSI/SSDI
TANF/Welfare
Food stamps
Housing subsidy/Section 8
Workers compensation
Unemployment insurance
Other, please specify
None
- 11) Which of the following describes your living situation? (Check all that apply.)
I live alone.
I live with a roommate.
I live with parents(s), relative(s), or guardian(s).
I live with a husband/wife/domestic partner/significant other.
I live with my child/children.
- 12) Describe the setting in which you live
Urban/City
Suburb/outskirts of city
Rural/Countryside
- 13) Have you ever served in any branch of the U.S. Armed Forces, including the Coast Guard, the National Guard, or a Reserve component of any service branch?
Yes
No
- 14) Were you born in the United States?
Yes
No
- 15) Growing up, were your material needs adequately met? By material needs we mean, for example, food, housing, clothing, healthcare, and education.
Extremely adequate
Moderately adequate
Slightly adequate
Neither adequate nor inadequate
Slightly inadequate
Moderately inadequate
Extremely inadequate