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
9) What was your approximate total household or personal income in 2016?
   less that $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