

(Program Name) Demographics Questionnaire

Important: You are not required to answer the following questions. Providing the following information is optional. Your personal information will remain confidential. Only the responses you provide will be combined with others so that we may better understand the impact of the program you are participating in.

Check this box if you do not want to provide answers to any of the following questions.

What is your Age?
<input type="checkbox"/> 0-5
<input type="checkbox"/> 6-18
<input type="checkbox"/> 19-59
<input type="checkbox"/> 60 and over
<input type="checkbox"/> Decline to answer
What is your primary language?
<input type="checkbox"/> English
<input type="checkbox"/> Spanish
<input type="checkbox"/> Other:
<input type="checkbox"/> Decline to answer
What is your Ethnicity? (please select all that apply)
<input type="checkbox"/> African American
<input type="checkbox"/> Asian

<input type="checkbox"/> Latina/o
<input type="checkbox"/> Multi-racial
<input type="checkbox"/> Native American/Alaskan
<input type="checkbox"/> Native Hawaiian/Pacific Islander
<input type="checkbox"/> White
<input type="checkbox"/> Other:
<input type="checkbox"/> Decline to answer
What gender do you identify as? (please select all that apply)
<input type="checkbox"/> Female
<input type="checkbox"/> Male
<input type="checkbox"/> Nonbinary
<input type="checkbox"/> Transgender – Female
<input type="checkbox"/> Transgender - Male
<input type="checkbox"/> Other:
<input type="checkbox"/> Decline to answer
What city and zip code do you live in?
Please write city and zip code:
<input type="checkbox"/> Decline to answer