

Participant Demographic Information Form

1. I.D.: _____ 2. *Date*: _____ 3. *Gender*: Male Female Other
4. *Place of Birth*: _____ 4. *Date of Birth*: _____
5. *What is Your Ethnicity? (Mark all that apply if Mixed Race)*
- Native American Asian or Pacific Islander Caucasian / White Hispanic / Latino / Latina
- African American / Black Middle Eastern Other _____
6. *Highest Level of Education*: High School Some College Bachelor's Degree Graduate Degree
7. *Marital Status*: Married Not Married, in Intimate Relationship Divorced Widowed Single
- 8 *Number of Children, if any*: _____ 9. *Handedness*: Right Handed Left Handed
10. *Religious Upbringing*: _____ 11. *Current Religion*: _____
12. *Are You Currently Employed?* Yes No (Mark Yes, if you are a student and so state that below)
- If Yes, What is Your Occupation or Student status ? _____
13. What is Your Annual Household Income: (Do not include income of your parents).
- \$25,000 or less \$26,000-\$50,000 \$51,000-\$75,000 \$76,000-\$100,000 Over \$100,000
14. Do You Currently Have Any Major Physical Health Problems? Yes No If Yes, Please indicate the nature of the health disorder, whether it is more prominent on one side of your body than the other side, and when this health condition first started: