

Demographics

1. Date of Birth

/

2. How would you describe your racial or ethnic group? (Mark all that apply):

- White or Caucasian
- Black or African American
- Hispanic or Latina
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian/Alaska Native
- Don't Know
- Decline to state
- Other

If Other, please specify: _____

3. What is your current relationship status? Are you...

- Married or domestic partner
- Living as married
- Divorced
- Widowed
- Separated
- In a significant relationship
- Single
- Other (specify below)
- Decline to State

If Other, please specify: _____

4. What is the highest level of education that you have completed?

- Less than high school
- High school
- Some college/Associate Degree
- College graduate (4 years B.A. or equivalent)
- Advanced Degree (Master's, PhD, MD, EdD, DVM, DDS, JD, etc.)
- Decline to State

5. How would you describe your current employment or main activities? (mark all that apply)

- Full time paid employment
- Full time/part time homemaker and/or childcare provider, not paid for employment
- Part time paid employment
- Disability for an injury
- Student or in job training
- Seeking employment
- Self employed
- Retired
- Other
- Decline to State

If Other, please specify: _____

Posting date 4/15/2020

6. Do you work in health care or provide direct patient care?
- Yes, I work in health care and provide direct patient care → 6a
 - Yes, I work in health care but I do not provide direct patient care
 - No
 - Decline to State
- 6a. If yes, Are you a:
- Physician → go to 6b
 - Dentist/Orthodontist
 - Nurse
 - Nurse Practitioner/Physician Assistant
 - CNM/Midwife
 - Pharmacists
 - Physical Therapist
 - Home health worker
 - Other, please specify
 - Decline to State
- 6b. What is your specialty area?
- Emergency Medicine
 - Obstetrics and Gynecology
 - Infectious disease
 - Critical care
 - Anesthesiology
 - Other, please specify:
 - Decline to state
7. What is the approximate gross income of your household in a year?
- Less than \$25,000
 - \$25,000-\$50,000
 - \$50,000-\$100,000
 - More than \$100,000
 - Decline to State
8. Do you think of yourself as...
- Straight/heterosexual
 - Gay or Lesbian
 - Bisexual
 - Other
- If Other, please specify: _____
9. Do you think of yourself as transgender, transsexual, or gender non-conforming?
- Transgender/transsexual – Female to male
 - Gender non-conforming
 - No/Neither