Demographic Questionnaire

Gender:
___ Female
___ Male
___ Other: _______________________

Age _______________________

Current year in school if you are a student (choose one):
___ 1) First-Year
___ 2) Sophomore
___ 3) Junior
___ 4) Senior
___ 5) 5th year of program
___ 6) Other (please explain): __________________
___ 0) Not a student

Your ethnic origin (check one):
___ 1) American Indian or Alaskan Native
___ 2) African American/Black
___ 3) Asian, Asian American, Asian Indian, or Pacific Islander
___ 4) Caucasian/White
___ 5) Hispanic/Latino/a
___ 6) Other (please specify):

Sexual Orientation (choose one):
___ 1) Bisexual
___ 2) Heterosexual
___ 3) Homosexual
___ 4) Other: _______________________
___ 0) Prefer not to say