

DEMOGRAPHIC INFORMATION

This information is used to compile reports that are needed for various regulatory agencies.

Last Name: _____

Date: _____

QUESTION	ANSWER	QUESTION	ANSWER
Age <input type="checkbox"/> Under 18 <input type="checkbox"/> 36 to 40 <input type="checkbox"/> 18 to 21 <input type="checkbox"/> 41 to 45 <input type="checkbox"/> 22 to 25 <input type="checkbox"/> 46 to 49 <input type="checkbox"/> 26 to 30 <input type="checkbox"/> 50 to 59 <input type="checkbox"/> 31 to 35 <input type="checkbox"/> Over 60		Education What is the highest grade or year of school you <u>completed</u> ? <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> High School Graduate or GED <input type="checkbox"/> College 1 to 3 years <input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate School	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated but married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Income What is your own yearly income? Yearly household income, including all earners in the household \$ _____ My Income \$ _____ Household Income	
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male Citizenship Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you head of your household? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Race/Ethnicity How would you best describe yourself? <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black or African American <input type="checkbox"/> Non-Hispanic Caucasian <input type="checkbox"/> Hispanic or Latino		Dependents How many children do you support? <input type="checkbox"/> 0 (none) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or more	
Do you live with your parents? <input type="checkbox"/> Yes <input type="checkbox"/> No		Class Schedule How many hours per week are you scheduled to attend school? <input type="checkbox"/> Less than 25 hrs. week <input type="checkbox"/> Over 25 hrs. per week	
Area of Residence <input type="checkbox"/> Rural – <i>Less than 25,000 people</i> <input type="checkbox"/> Suburbs – <i>25,000 to 100,000 people</i> <input type="checkbox"/> Urban – <i>Over 100,000 people</i>		Hair Color What is your natural hair color? No one wants to know this, just seeing if you are paying attention... Guess you were; <u>good job!</u>	