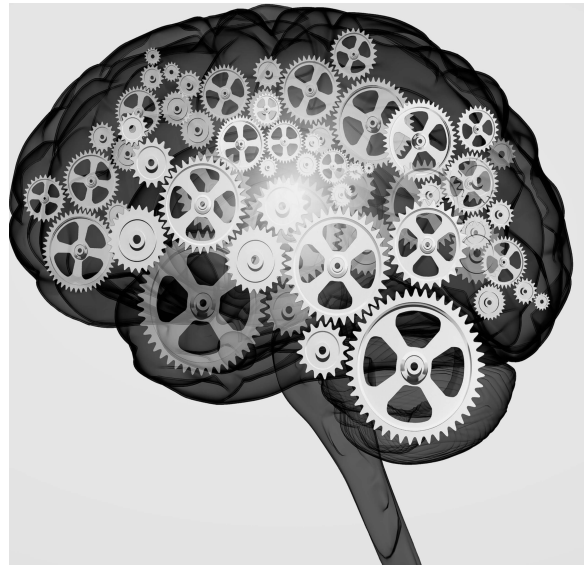




2019 NATIONAL SURVEY OF PSYCHIATRISTS



Start Here

Respond online today at:

<https://respond.census.gov/nsp>

OR

Complete this form and mail it back as soon as possible.

The 2019 National Survey of Psychiatrists (NSP) is being conducted by the United States Census Bureau on behalf of the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services.

We appreciate your help with this important survey. If you need help or have questions about completing this form, please call 1-888-369-3615 or email us at NSP@census.gov.

FORM NSP-1
(11/14/2018) Draft 20

Section A. Eligibility

- A1. Are you currently licensed to practice medicine in the U.S.?
- Yes
- No → *If No, you do not need to complete the rest of this questionnaire. Please mark "No" and return this questionnaire in the envelope provided so we know you are not eligible.*
- A2. Did you complete your residency in psychiatry?
- Yes
- No → *If No, you do not need to complete the rest of this questionnaire. Please mark "No" and return this questionnaire in the envelope provided so we know you are not eligible.*



A3. Are you currently providing direct clinical care as a psychiatrist?

Yes → SKIP to Section B

No

A4. Have you provided direct clinical care as a psychiatrist within the PAST TWO YEARS?

Yes → SKIP to Section C on page 7

No

A5. Have you EVER provided direct clinical care as a psychiatrist?

Yes → SKIP to Question A7

No

A6. Why have you never provided direct clinical care as a psychiatrist? Mark all that apply.

Did not enjoy clinical care

Wanted to pursue alternate career

Clinical care did not pay well enough

Other

A7. What is your current employment status? Mark one box only.

Employed → SKIP to Section D on page 11

Looking for work

Retired

Other

A8. Do you think you will provide direct clinical care as a psychiatrist in the future?

Yes

No → SKIP to Section E on page 12

Don't know → SKIP to Section E on page 12

A9. When do you think you will provide direct clinical care as a psychiatrist in the future?

In less than a year

1 to 2 years

In more than two years

Don't know

SKIP to Section E on page 12

Section B. Current Employment in Direct Clinical Care

B1. Which area(s) of clinical care do you specialize in? Mark all that apply.

Addiction Psychiatry

Administrative Psychiatry

Child and Adolescent Psychiatry

Community Psychiatry

Consultation-Liaison Psychiatry

Emergency Psychiatry

Forensic Psychiatry

Gender Identity Issues

General Psychiatry

Geriatric Psychiatry

Intellectual Disability Psychiatry

Military Psychiatry

Psychiatric Research

Psychiatric Informatics

Psychoanalysis

Sexual Orientation Issues

Other

B2. During a typical week, how many different employment settings do you work in?

Settings



- B3. What setting(s) do you provide direct clinical care within? Mark all that apply.**
- Community Mental Health Center (CMHC)
 - Criminal justice setting
 - Federally Qualified Health Center (FQHC)
 - Health Maintenance Organization (HMO)
 - Hospital - General
 - Hospital - Private psychiatric
 - Hospital - State psychiatric
 - Long term care
 - Primary care office or clinic
 - Private practice (solo or group)
 - Residential setting - Mental Health (MH) or Substance Use Disorder (SUD)
 - VA or military medical center
 - Other

- B4. What percentage of time do you spend on each of the following types of work activities during a typical week? Do not use decimals.**
- | | | |
|--|----------------------------------|---|
| a. Direct patient care
<i>Include all time spent directly interacting with patients, in-person or by telehealth, and collaborative care</i> | <input type="text" value="000"/> | % |
| b. Documentation and follow-up related to patient care | <input type="text" value="000"/> | % |
| c. Programs/services leadership | <input type="text" value="000"/> | % |
| d. Teaching | <input type="text" value="000"/> | % |
| e. Research | <input type="text" value="000"/> | % |
| f. Other | <input type="text" value="000"/> | % |
| Total | 100% | |

- B5. During a typical week, what percentage of time do you spend providing services to clients in each of the following age groups? Do not use decimals.**
- | | | |
|--------------------------------|----------------------------------|---|
| a. Children aged 17 or younger | <input type="text" value="000"/> | % |
| b. Adults aged 18 to 64 | <input type="text" value="000"/> | % |
| c. Adults aged 65 and older | <input type="text" value="000"/> | % |
| Total | 100% | |

- B6. During a typical week, what percentage of time do you spend providing services to clients of the following sexes? Do not use decimals.**
- | | | |
|--------------|----------------------------------|---|
| a. Male | <input type="text" value="000"/> | % |
| b. Female | <input type="text" value="000"/> | % |
| Total | 100% | |

- B7. Are you currently able to provide psychiatric services to patients in a language other than English WITHOUT using an interpreter or translator?**
- Yes
 - No → SKIP to Question B9 on page 4

- B8. In which language(s) other than English are you able to provide psychiatric services to patients WITHOUT using an interpreter or translator? Mark all that apply.**
- Spanish
 - Chinese (including Mandarin and Cantonese)
 - Tagalog (including Filipino)
 - Vietnamese
 - Arabic
 - French
 - American Sign Language
 - Other



B9. Are you currently able to provide psychiatric services to patients in a language other than English USING an interpreter or translator?

- Yes
- No → SKIP to Question B11

B10. In which language(s) other than English are you able to provide psychiatric services to patients USING an interpreter or translator? Mark all that apply.

- Spanish
- Chinese (including Mandarin and Cantonese)
- Tagalog (including Filipino)
- Vietnamese
- Arabic
- French
- American Sign Language
- Other

B11. During a typical week, do you personally use telehealth in your workplace(s)?

- Yes
- No

B12. Do you have any patients in your current caseload for whom you are providing specific services related to gender identity?

- Yes
- No

B13. Do you have any patients in your current caseload for whom you are providing specific services related to sexual orientation?

- Yes
- No

B14a. Are you currently treating any patients with Clozapine?

- Yes
- No → SKIP to Question B15a

B14b. About how many patients for whom you prescribe Clozapine do you see during a typical week?

- 1 to 5
- 6 to 10
- 11 to 20
- 21 to 50
- More than 50

B15a. Are you currently treating any patients with long acting injectable antipsychotics?

- Yes
- No → SKIP to Question B16

B15b. About how many patients that you treat using long acting injectable antipsychotics do you see during a typical week?

- 1 to 5
- 6 to 10
- 11 to 20
- 21 to 50
- More than 50

B16. Are you currently treating any patients for Opioid Use Disorder using Methadone?

- Yes
- No

B17. Are you currently treating any patients for Opioid Use Disorder using Naltrexone?

- Yes
- No

B18. Have you obtained a waiver authorizing you to prescribe Buprenorphine?

- Yes
- No → SKIP to Question B21a on page 5

B19. Are you currently treating any patients for Opioid Use Disorder using Buprenorphine?

- Yes
- No → SKIP to Question B21a on page 5



B20. How many individual patients do you treat using Buprenorphine during a typical week?

Patients

B21a. As part of your clinical practice, are you currently providing therapy, psychotherapy, or counseling?

- Yes
- No → *SKIP to Question B22*

B21b. Which of the following treatment methods are you currently providing? Mark all that apply.

- Psychotherapy
- Cognitive Behavioral Therapy
- Cognitive Remediation Therapy
- Dialectical Behavioral Therapy
- Psychoanalysis
- Psychoeducation
- Health Education
- Other:

B22. Are you providing court-mandated outpatient treatment to any patients in your current caseload?

- Yes
- No

B23. Which of the following best describes your current employment arrangement? Mark all that apply.

- Self-employed
- Salaried employment
- Hourly employment
- Temporary employment
- Other

B24. How satisfied or dissatisfied are you with each of the following dimensions of your work in direct clinical care?

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	N/A
a. Amount of time for documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Amount of time doing prior authorizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Amount of time spent on electronic health records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Ease of using the electronic health record system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Amount of time allotted to see patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Ability of team to work together effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Amount of stress associated with patient acuity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Availability of psychosocial resources for my patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Amount of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Financial compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B25. Do you work in an Integrated Care Model for primary care and behavioral health during a typical week? An Integrated Care Model is defined as tightly integrated, on-site teamwork with a unified care plan as a standard approach to care for designated populations. Connotes organizational integration as well, often involving social and other community services.

- Yes
- No



B26. Do you use Electronic Health Records for the following tasks? Mark Yes or No for each of the tasks below.

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Prescribing medication | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Dispensing medication | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Storing patient health records | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Maintaining patient health records | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Storing patient treatment records | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Maintaining patient treatment records | <input type="checkbox"/> | <input type="checkbox"/> |

B27. Are you currently accepting new patients?

- Yes
 No

B28. On average, how long is a new patient intake session? Please include any time required for documentation in addition to patient time.

- Less than 20 minutes
 20 to 39 minutes
 40 to 59 minutes
 60 minutes or more

B29. On average, how long are sessions with existing patients? Please include any time required for documentation in addition to patient time.

- Less than 20 minutes
 20 to 39 minutes
 40 to 59 minutes
 60 minutes or more

B30. Approximately when do you plan to retire from providing direct clinical care?

- Already retired
 In less than a year
 In 1 to 2 years
 In 3 to 5 years
 More than 5 years from now
 Don't know

Answer the following questions in regard to the setting you provide direct clinical care in only. If you provide direct clinical care in more than one setting, please answer in reference to the setting in which you most recently worked.

B31. Does the setting in which you provided care most recently accept insurance?

- Yes → SKIP to Question B33
 No

B32. Which of the following are reasons that setting does not accept insurance? Mark all that apply.

- Administrative burden
 Low reimbursement rates
 High demand for behavioral health services
 It's a free clinic
 Other

SKIP to Section E on page 12

B33. What types of insurance are accepted by the setting in which you most recently provided clinical care? Mark all that apply.

- Commercial insurance
 Medicare
 Medicaid
 VA
 Tricare
 Other

SKIP to Section E on page 12



Section C. Previous Employment in Direct Clinical Care

Answer the following questions only if you have worked in direct clinical care during the past two years, but are not currently doing so. Otherwise, please SKIP to Section E on page 12.

C1. Which area(s) of clinical care did you specialize in? Mark all that apply.

- Addiction Psychiatry
- Administrative Psychiatry
- Child and Adolescent Psychiatry
- Community Psychiatry
- Consultation-Liaison Psychiatry
- Emergency Psychiatry
- Forensic Psychiatry
- Gender Identity Issues
- General Psychiatry
- Geriatric Psychiatry
- Intellectual Disability Psychiatry
- Military Psychiatry
- Psychiatric Research
- Psychiatric Informatics
- Psychoanalysis
- Sexual Orientation Issues
- Other

C2. During a typical week, how many different employment setting(s) did you work in?

Settings

C3. What setting(s) did you provide direct clinical care within? Mark all that apply.

- Community Mental Health Center (CMHC)
- Criminal justice setting
- Federally Qualified Health Center (FQHC)
- Health Maintenance Organization (HMO)
- Hospital - General
- Hospital - Private psychiatric
- Hospital - State psychiatric
- Long term care
- Primary care office or clinic
- Private practice (solo or group)
- Residential setting - Mental Health (MH) or Substance Use Disorder (SUD)
- VA or military medical center
- Other

C4. What percentage of time did you spend on each of the following types of work activities during a typical week? Do not use decimals.

- | | |
|--|-----------------------------------|
| a. Direct patient care
<i>Include all time spent directly interacting with patients, in-person or by telehealth, and collaborative care</i> | <input type="text" value="33"/> % |
| b. Documentation and follow-up related to patient care | <input type="text" value="33"/> % |
| c. Programs/services leadership | <input type="text" value="33"/> % |
| d. Teaching | <input type="text" value="33"/> % |
| e. Research | <input type="text" value="33"/> % |
| f. Other | <input type="text" value="33"/> % |
| Total | 100% |



C5. During a typical week, what percentage of time did you spend providing services to clients in each of the following age groups? *Do not use decimals.*

a. Children aged 17 or younger %

b. Adults aged 18 to 64 %

c. Adults aged 65 and older %

Total **100%**

C6. During a typical week, what percentage of time did you spend providing services to clients of the following sexes? *Do not use decimals.*

a. Male %

b. Female %

Total **100%**

C7. Were you able to provide psychiatric services to patients in a language other than English **WITHOUT** using an interpreter or translator?

Yes

No → *SKIP to Question C9*

C8. In which language(s) other than English were you able to provide psychiatric services to patients **WITHOUT** using an interpreter or translator? *Mark all that apply.*

Spanish

Chinese (including Mandarin and Cantonese)

Tagalog (including Filipino)

Vietnamese

Arabic

French

American Sign Language

Other

C9. Were you able to provide psychiatric services to patients in a language other than English **USING** an interpreter or translator?

Yes

No → *SKIP to Question C11*

C10. In which language(s) other than English were you able to provide psychiatric services to patients **USING** an interpreter or translator? *Mark all that apply.*

Spanish

Chinese (including Mandarin and Cantonese)

Tagalog (including Filipino)

Vietnamese

Arabic

French

American Sign Language

Other

C11. During a typical week, did you personally use telehealth in your workplace(s)?

Yes

No

C12. Did you have any patients in your caseload for whom you provided specific services related to gender identity?

Yes

No

C13. Did you have any patients in your caseload for whom you provided specific services related to sexual orientation?

Yes

No

C14a. Did you treat any patients with Clozapine?

Yes

No → *SKIP to Question C15a on page 9.*



C14b. About how many patients for whom you prescribed Clozapine did you see during a typical week?

- 1 to 5
- 6 to 10
- 11 to 20
- 21 to 50
- More than 50

C15a. Did you treat patients using long acting injectable antipsychotics?

- Yes
- No → *SKIP to Question C16*

C15b. About how many patients that you treated using long acting injectable antipsychotics did you see during a typical week?

- 1 to 5
- 6 to 10
- 11 to 20
- 21 to 50
- More than 50

C16. Did you treat patients for Opioid Use Disorder using Methadone?

- Yes
- No

C17. Did you treat patients for Opioid Use Disorder using Naltrexone?

- Yes
- No

C18. Did you obtain a waiver authorizing you to prescribe Buprenorphine?

- Yes
- No → *SKIP to Question C21a*

C19. Did you treat patients for Opioid Use Disorder using Buprenorphine?

- Yes
- No → *SKIP to Question C21a*

C20. How many individual patients did you treat using Buprenorphine during a typical week?

Patients

C21a. As part of your clinical practice, were you providing therapy, psychotherapy, or counseling?

- Yes
- No → *SKIP to Question C22*

C21b. Which of the following treatment methods were you providing? Mark all that apply.

- Psychotherapy
- Cognitive Behavioral Therapy
- Cognitive Remediation Therapy
- Dialectical Behavioral Therapy
- Psychoanalysis
- Psychoeducation
- Health Education
- Other:

C22. Were you providing court-mandated outpatient treatment to any patients in your most recent caseload?

- Yes
- No

C23. Which of the following best describes the employment arrangement of your most recent clinical care work? Mark all that apply.

- Self-employed
- Salaried employment
- Hourly employment
- Temporary employment
- Other



C24. How satisfied or dissatisfied were you with each of the following dimensions of your work in direct clinical care?

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	N/A
a. Amount of time for documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Amount of time doing prior authorizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Amount of time spent on electronic health records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Ease of using the electronic health record system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Amount of time allotted to see patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Ability of team to work together effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Amount of stress associated with patient acuity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Availability of psychosocial resources for my patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Amount of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Financial compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C25. Did you work in an Integrated Care Model for primary care and behavioral health during a typical week? An Integrated Care Model is defined as tightly integrated, on-site teamwork with a unified care plan as a standard approach to care for designated populations. Connotes organizational integration as well, often involving social and other community services.

- Yes
 No

C26. Did you use Electronic Health Records for the following tasks? Mark Yes or No for each of the tasks below.

	Yes	No
a. Prescribing medication	<input type="checkbox"/>	<input type="checkbox"/>
b. Dispensing medication	<input type="checkbox"/>	<input type="checkbox"/>
c. Storing patient health records	<input type="checkbox"/>	<input type="checkbox"/>
d. Maintaining patient health records	<input type="checkbox"/>	<input type="checkbox"/>
e. Storing patient treatment records	<input type="checkbox"/>	<input type="checkbox"/>
f. Maintaining patient treatment records	<input type="checkbox"/>	<input type="checkbox"/>

C27. On average, how long was a new patient intake session? Please include any time required for documentation in addition to patient time.

- Less than 20 minutes
 20 to 39 minutes
 40 to 59 minutes
 60 minutes or more

C28. On average, how long were sessions with existing patients? Please include any time required for documentation in addition to patient time.

- Less than 20 minutes
 20 to 39 minutes
 40 to 59 minutes
 60 minutes or more



Answer questions C29 - C31 in regard to the setting(s) you provided direct clinical care in only. If you provided direct clinical care in more than one setting, please answer in reference to the setting in which you most recently worked.

Section D. Current Employment NOT in Direct Clinical Care

C29. Did the setting in which you provided care most recently accept insurance?

Yes → SKIP to Question C31

No

C30. Which of the following are reasons that setting did not accept insurance? Mark all that apply.

Administrative burden

Low reimbursement rates

High demand for behavioral health services

It was a free clinic

Other

SKIP to Question C32

C31. What types of insurance were accepted by the setting in which you most recently provided clinical care? Mark all that apply.

Commercial insurance

Medicare

Medicaid

VA

Tricare

Other

C32. What is your current employment status?

Employed → Continue to Section D

Looking for work → SKIP to Section E on page 12

Retired → SKIP to Section E on page 12

Other → SKIP to Section E on page 12

D1. Do you work in healthcare or a healthcare related field?

Yes

No → SKIP to Question D4

D2. Which of the following best describes your profession within the healthcare field? Mark one box only.

Business

Administrative

Research

Other

D3. During a typical week, how many different employment settings do you work in?

Settings → SKIP to Question D5 on page 12

D4. In what field are you currently employed? Mark one box only.

Active Duty Military

Agriculture, Forestry, Fishing, Hunting and Mining

Arts, Entertainment, Recreation, Accommodation, and Food Services

Construction and Manufacturing

Educational Services, Health Care and Social Assistance

Finance, Insurance, Real Estate, and Rental and Leasing

Information

Professional, Scientific, Management, Administrative, and Waste Management Services

Public Administration

Transportation and Warehousing, and Utilities

Wholesale and Retail Trade

Other



D5. Do you think you will provide direct clinical care as a psychiatrist in the future?

- Yes
- No → SKIP to Section E
- Don't know → SKIP to Section E

D6. When do you think you will provide direct clinical care as a psychiatrist in the future?

- In less than a year
- In 1-2 years
- In more than two years
- Don't know

Continue to Section E

Section E. Education and Credentials

E1. Are you a Medical Doctor (MD) or a Doctor of Osteopathy (DO)?

- MD
- DO

E2. What year did you graduate from medical school?

E3. Where was your medical program located?

- In the U.S.
Print state abbreviation. →
- Outside the U.S.
Print name of foreign country or U.S. territory. ↴

E4. How did you finance your medical degree?
Mark all that apply.

- Department of Veterans Affairs employer tuition plan
- Employer tuition reimbursement plan
- Mental Health Service Corps
- Military funding
- Self-financed (personal savings, earnings from employment, money from spouse or family members, etc.)
- Student loan(s) - Federal
- Student loan(s) - Other
- Scholarship(s), grant(s), or traineeship(s) - Federal
- Scholarship(s) or grant(s) - State/local government
- Scholarship(s) or grant(s) - Non-government
- Other resources

E5. What year did you complete your residency?

E6. How much debt did you have upon completing your residency?

- \$25,000 or less
- \$25,001 to \$100,000
- \$100,001 to \$150,000
- \$150,001 to \$200,000
- \$200,000 to \$250,000
- More than \$250,000

E7. Are you currently ABPN board certified?

- Yes
- No → SKIP to Question E9 on page 13



E8. Which specialties are you currently ABPN board certified in? *Mark all that apply.*

- Addiction Medicine
- Addiction Psychiatry
- Brain Injury Medicine
- Child and Adolescent Psychiatry
- Child Neurology
- Clinical Neurophysiology
- Consultation-Liaison Psychiatry (formerly Psychosomatic Medicine)
- Epilepsy
- Forensic Psychiatry
- Geriatric Psychiatry
- Hospice and Palliative Medicine
- Neurodevelopmental Disabilities
- Neurology
- Neuromuscular Medicine
- Pain Medicine
- Psychiatry
- Sleep Medicine
- Vascular Neurology
- Other

E9. Are you currently certified by a board other than the ABPN?

- Yes
- No

Continue to Section F

Section F. Demographics

F1. What languages do you speak fluently, other than English? *Mark all that apply.*

- No additional languages
- Spanish
- Chinese (including Mandarin and Cantonese)
- Tagalog (including Filipino)
- Vietnamese
- Arabic
- French
- American Sign Language
- Other

F2. Are you of Hispanic, Latino, or Spanish origin?

- Yes
- No

F3. What is your race? *Mark all that apply.*

- White
- Black or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander

F4. What year were you born?

F5. What is your sex?

- Male
- Female



F6. What sex were you assigned at birth, on your original birth certificate?

- Male
- Female
- Don't know

F7. Do you currently describe yourself as male, female or transgender?

- Male
- Female
- Transgender
- None of these

F8. Which of the following best represents how you think of yourself?

- Lesbian or Gay
- Straight, that is, not gay
- Bisexual
- Something else:
- I don't know the answer
- I prefer not to answer

F9. Including employment earnings, investment earnings, and other income, what was your 2017, pre-tax annual income?

- Less than \$50,000
- \$50,001 to \$100,000
- \$100,001 to \$150,000
- \$150,001 to \$200,000
- \$200,001 to \$250,000
- \$250,001 to \$300,000
- \$300,001 to \$350,000
- \$350,001 to \$400,000
- More than \$400,000

Thank you for your participation.

Please return this survey in the enclosed, postage-paid envelope.



