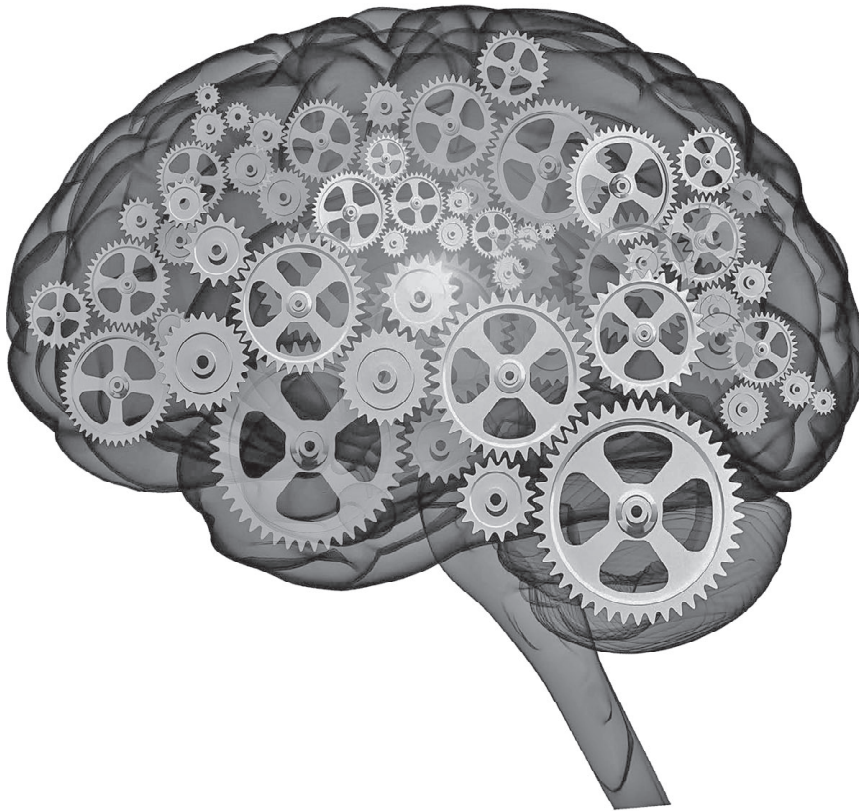




# 2019 NATIONAL SURVEY OF PSYCHIATRISTS



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](mailto:NSP@census.gov).



## Start Here

Respond online today at:  
<https://respond.census.gov/nsp>

OR

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

## 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? *Direct clinical care includes care you provide in-person or through telepsychiatry.*

- Yes → *SKIP to Section B on page 3*
- No

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

- Yes → *SKIP to Section C on page 8*
- 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 13*
- 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 13*
- Don't know → *SKIP to Section E on page 13*

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 13**



## Section B. Current Employment in Direct Clinical Care

**B1.** In which of the following areas do you feel competent to treat patients? *Mark all that apply even if you have not completed a fellowship or board certification in that specialty.*

- 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
- PTSD and Trauma-related Disorders
- Sexual Orientation Issues
- Traumatic Brain Injury
- Other

**B2.** How many different employers do you have? *Include employment in which you do not provide clinical care.*

Settings

**B3.** What setting(s) do you provide direct clinical care within? *Mark all that apply.*

- Community Mental Health Center (CMHC)
- Criminal justice setting
- Crisis center/emergency behavioral health center
- Day program
- Federally Qualified Health Center (FQHC)
- Group home
- Health Maintenance Organization (HMO)
- Hospital - General or university-based
- Hospital - State
- Long term care
- Primary care or co-located/integrated care office or clinic
- Psychiatric hospital - Private/free-standing
- Private practice (solo or group)
- Residential setting - Mental Health (MH) or Substance Use Disorder (SUD)
- Student health center/clinic at a college/university
- 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  
*Include all time spent directly interacting with patients, in-person or by telehealth, and collaborative care*    %

b. Documentation and follow-up related to patient care    %

c. Programs/services leadership    %

d. Teaching    %

e. Research    %

f. Other    %

**Total 100%**

**B5.** During a typical week, what percentage of your patient care time do you spend in inpatient and outpatient settings?

a. Inpatient    %

b. Outpatient    %

**Total 100% of patient care time**

**B6.** During a typical week, what percentage of your patients are in the following age groups? *Do not use decimals.*

a. Children aged 17 and younger    %

b. Adults aged 18-25    %

c. Adults aged 26-64    %

d. Adults aged 65 and older    %

**Total 100%**

**B7.** During a typical week, do you personally provide care using telepsychiatry in your workplace? *Telepsychiatry refers to the provision of psychiatric services through communication technology, usually video conferencing.*

Yes

No

**B8.** 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 B10a

**B9.** 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

**B10a.** Are you currently treating any patients with Clozapine?

Yes

No → SKIP to Question B11a on page 5

**B10b.** During a typical week, how many patients for whom you prescribe Clozapine do you see as outpatients?

I don't see any as outpatients during a typical week

1 to 5

6 to 10

11 to 20

21 to 50

More than 50



**B11a.** Are you currently treating any patients with long acting injectable antipsychotics?

- Yes
- No → *SKIP to Question B12*

**B11b.** During a typical week, how many patients for whom you prescribe long acting injectable antipsychotics do you see as outpatients?

- I don't see any as outpatients during a typical week
- 1 to 5
- 6 to 10
- 11 to 20
- 21 to 50
- More than 50

**B12.** Are you currently treating any patients for Substance Use Disorders for whom you have prescribed Naltrexone?

- Yes
- No

**B13.** Are you currently treating any patients for Opioid Use Disorder for whom you have prescribed Methadone?

- Yes
- No

**B14.** Have you obtained a waiver authorizing you to prescribe Buprenorphine?

- Yes
- No → *SKIP to Question B17a*

**B15.** Are you currently treating any patients for Opioid Use Disorder for whom you have prescribed Buprenorphine?

- Yes
- No → *SKIP to Question B17a*

**B16.** How many individual patients do you treat using Buprenorphine during a typical week?

Patients

**B17a.** As part of your clinical practice, are you currently providing therapy, psychotherapy, or counseling?

- Yes
- No → *SKIP to Question B19*

**B17b.** Which of the following treatment methods are you currently providing? *Mark all that apply.*

- Acceptance and Commitment Therapy
- Cognitive Behavioral Therapy
- Cognitive Remediation Therapy
- Dialectical Behavioral Therapy
- Health Education
- Interpersonal Therapy
- Mentalization Behavioral Therapy
- Psychoanalysis
- Psychodynamic Therapy
- Psychoeducation
- Supportive Therapy
- Other:

**B18.** For which of the following do you offer therapy? *Mark all that apply.*

- Individuals
- Couples
- Families
- Groups

**B19.** Are you providing court-mandated outpatient treatment to any patients in your current caseload?

- Yes
- No

**B20. Which of the following best describes your current employment arrangement?**  
*Mark all that apply.*

- Self-employed
- Salaried employment
- Hourly employment
- Temporary employment
- Contractual or consultant employment
- Other

**B21. 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"/>

**B22. 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

**B23a. Do you use Electronic Health Records to prescribe medication?**

- Yes
- No

**B23b. Do you use Electronic Health Records to store/maintain patient health records?**

- Yes
- No

**B24. Which of the following best describes whether you currently accept new patients?**

- I am currently accepting new patients.
- I am not currently accepting any new patients.
- I am not currently seeking new patients but will make occasional exceptions.

**B25. On average, how much time do you schedule for new patient intake sessions?** *Mark only one.*

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



**B26.** About how much additional time do you spend on documentation and other tasks related to an intake session? *Mark only one.*

- No additional time
- Less than 20 minutes
- 20 to 39 minutes
- 40 to 59 minutes
- 60 minutes or more

**B27.** On average, how much time do you schedule for sessions with existing patients? *Mark only one.*

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

**B28.** About how much additional time do you spend on documentation and other tasks related to sessions with existing patients? *Mark only one.*

- No additional time
- Less than 20 minutes
- 20 to 39 minutes
- 40 to 59 minutes
- 60 minutes or more

**B29.** 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 only in regard to the setting in which you provide direct clinical care. If you provide direct clinical care in more than one setting, please answer in reference to the setting in which you most recently worked.*

**B30.** Does the setting in which you provided care most recently accept insurance?

- Yes → *SKIP to Question B32*
- No

**B31.** 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 13**

**B32.** 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
- Don't know

**SKIP to Section E on page 13**



## 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 13.*

**C1. In which of the following areas did you feel competent to treat patients? Mark all that apply even if you had not completed a fellowship or board certification in that specialty.**

- 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
- PTSD and Trauma-related Disorders
- Sexual Orientation Issues
- Traumatic Brain Injury
- Other

**C2. How many different employers did you have? Include employment in which you did not provide clinical care.**



Employers

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

- Community Mental Health Center (CMHC)
- Criminal justice setting
- Crisis center/emergency behavioral health center
- Day program
- Federally Qualified Health Center (FQHC)
- Group home
- Health Maintenance Organization (HMO)
- Hospital - General or university-based
- Hospital - State
- Long term care
- Primary care or co-located/integrated care office or clinic
- Psychiatric hospital - Private/free-standing
- Private practice (solo or group)
- Residential setting - Mental Health (MH) or Substance Use Disorder (SUD)
- Student health center/clinic at a college/university
- 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  
*Include all time spent directly interacting with patients, in-person or by telehealth, and collaborative care*    %
- b. Documentation and follow-up related to patient care    %
- c. Programs/services leadership    %
- d. Teaching    %
- e. Research    %
- f. Other    %

**Total** **100%**

**C5.** During a typical week, what percentage of your patient care time did you spend in inpatient and outpatient settings?

- a. Inpatient    %
- b. Outpatient    %

**Total** **100% of patient care time**

**C6.** During a typical week, what percentage of your patients were in the following age groups? *Do not use decimals.*

- a. Children aged 17 or younger    %
- b. Adults aged 18 to 25    %
- c. Adults aged 26 to 64    %
- d. Adults aged 65 and older    %

**Total** **100%**

**C7.** During a typical week, did you personally provide care using telepsychiatry in your workplace? *Telepsychiatry refers to the provision of psychiatric services through communication technology, usually video conferencing.*

- Yes
- No

**C8.** 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 C10a*

**C9.** 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

**C10a.** Did you treat any patients with Clozapine?

- Yes
- No → *SKIP to Question C11a on page10*

**C10b.** During a typical week, how many patients for whom you prescribed Clozapine did you see as outpatients?

- I didn't see any as outpatients during a typical week
- 1 to 5
- 6 to 10
- 11 to 20
- 21 to 50
- More than 50



C11a. Did you treat patients using long acting injectable antipsychotics?

Yes

No → SKIP to Question C17

C11b. During a typical week, how many patients for whom you prescribed long acting injectable antipsychotics did you see as outpatients?

I didn't see any as outpatients during a typical week

1 to 5

6 to 10

11 to 20

21 to 50

More than 50

C12. Did you treat any patients for Substance Use Disorders for whom you prescribed Naltrexone?

Yes

No

C13. Did you treat any patients for Opioid Use Disorder for whom you prescribed Methadone?

Yes

No

C14. Did you obtain a waiver authorizing you to prescribe Buprenorphine?

Yes

No → SKIP to Question C17a

C15. Did you treat any patients for Opioid Use Disorder for whom you prescribed Buprenorphine?

Yes

No → SKIP to Question C17a

C16. How many individual patients did you treat using Buprenorphine during a typical week?

Patients

C17a. As part of your clinical practice, were you providing therapy, psychotherapy, or counseling?

Yes

No → SKIP to Question C19

C17b. Which of the following treatment methods were you providing? Mark all that apply.

Acceptance and Commitment Therapy

Cognitive Behavioral Therapy

Cognitive Remediation Therapy

Dialectical Behavioral Therapy

Health Education

Interpersonal Therapy

Mentalization Behavioral Therapy

Psychoanalysis

Psychodynamic Therapy

Psychoeducation

Supportive Therapy

Other:

C18. For which of the following did you offer therapy? Mark all that apply.

Individuals

Couples

Families

Groups

C19. Were you providing court-mandated outpatient treatment to any patients in your most recent caseload?

Yes

No



**C20. 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
- Contractual or consultant employment
- Other

**C21. 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"/>

**C22. 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

**C23a. Did you use Electronic Health Records to prescribe medication?**

- Yes
- No

**C23b. Did you use Electronic Health Records to store/maintain patient health records?**

- Yes
- No

**C24. On average, how much time did you schedule for new patient intake sessions? Mark only one.**

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

**C25. About how much additional time did you spend on documentation and other tasks related to an intake session? Mark only one.**

- No additional time
- Less than 20 minutes
- 20 to 39 minutes
- 40 to 59 minutes
- 60 minutes or more



**C26. On average, how much time did you schedule for sessions with existing patients? Mark only one.**

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

**C27. About how much additional time did you spend on documentation and other tasks related to sessions with existing patients? Mark only one.**

- No additional time
- Less than 20 minutes
- 20 to 39 minutes
- 40 to 59 minutes
- 60 minutes or more

*Answer questions C28 - C30 only in regard to the setting in which you provided direct clinical care. If you provided direct clinical care in more than one setting, please answer in reference to the setting in which you most recently worked.*

**C28. Did the setting in which you provided care most recently accept insurance?**

- Yes → SKIP to Question C31
- No

**C29. 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 C31**

**C30. 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
- Don't know

**C31. What is your current employment status?**

- Employed → Continue to Section D on page 13
- Looking for work → SKIP to Section E on page 13
- Retired → SKIP to Section E on page 13
- Other → SKIP to Section E on page 13



## Section D. Current Employment NOT in Direct Clinical Care

- 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
- 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

## Section E. Education and Credentials

- E1. Are you an MD or 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) or grant(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 general psychiatry residency? Do not include fellowships.**
- 

- 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 → Continue to Question E8
  - No → SKIP to Question E9

- 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
  - General Adult Psychiatry
  - Geriatric Psychiatry
  - Hospice and Palliative Medicine
  - Neurodevelopmental Disabilities
  - Neurology
  - Neuromuscular Medicine
  - Pain Medicine
  - Sleep Medicine
  - Vascular Neurology
  - Other
  - None, I have never attained an ABPN board certification
  - None, my ABPN board certification has lapsed

- E9. Are you currently certified by a board other than the ABPN?**
- Yes
  - No

**Continue to Section F on page 15**



## 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.**

