

SURVEY

OMB No. 0925-0299

Expiration Date 08/31/2016

[Respondent Burden](#)

Instructions: Please complete the form below and then press the [Submit] button at the bottom of the page. You may want to review [General Instructions](#) for filling out the form and the [Privacy Act statement](#) describing the information collected here is used.

● Indicates a required field!

Survey

Birth Year: ●

Gender: ●

Ethnicity: ●

Race: **Check as many as apply** ●

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

Disability: I do not have a disability

- Deaf
- Blind
- Missing Extremities
- Partial Paralysis
- Complete Paralysis
- Convulsive Disorder
- Mental Retardation
- Mental or Emotional Illness
- Severe Distortion of Limbs and/or Spine
- I have a disability, but is not listed.

If not listed, please specify: