

Interviewee Demographic Form

Site (site visitor pre-populates):

Interview Number (site visitor pre-populates):

INSTRUCTIONS: Please answer each question below. This information will help the research team understand the overall demographic composition of the people we talk to. *Please do not include your name.*

1. What is the highest level of education you have completed? (Please mark one.)

- | | |
|--|--|
| <input type="checkbox"/> Less than high school | <input type="checkbox"/> Associate's degree or vocational degree |
| <input type="checkbox"/> High school diploma or equivalent | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> Some college, no degree | <input type="checkbox"/> Master's degree or higher |

2. What is your gender identity? (You can select as many as apply)

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Woman | <input type="checkbox"/> Non-binary/ third gender |
| <input type="checkbox"/> Man | <input type="checkbox"/> Prefer to self-describe |
| <input type="checkbox"/> Transgender | (specify): _____ |
| | <input type="checkbox"/> Prefer not to say |

3. What is your age? (Please mark one.)

- | | |
|---|--|
| <input type="checkbox"/> Under 25 years | <input type="checkbox"/> 41-50 years |
| <input type="checkbox"/> 25-30 years | <input type="checkbox"/> Over 50 years |
| <input type="checkbox"/> 31-40 years | |

4. Are you Hispanic or Latino?

- Yes
 No

5. What is your race? (You can select as many as apply.)

- American Indian or Alaska Native
 Asian
 Black, African American
 Native Hawaiian or Other Pacific Islander
 White
 Other (specify) _____

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The Paperwork Reduction Act Statement: This collection of information is voluntary and will be used to understand how employment processes can present barriers for workers of color and to identify promising strategies to address bias in the low-wage labor market. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number and expiration date for this collection are OMB #: 0970-0356, Exp: 02/29/2024. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Andrew_Clarkwest@abtassoc.com.