

Project Title: *Visual perception of color quality of light sources*

Demographic Questionnaire for vision experiment:

Participant number _____

This information is kept confidential and linked to the experiment results identified only by the participant number and will never be linked to your name.

Information below will be used only for the purpose of correlating the experimental results to these demographics.

Gender ____M / F____

Age _____ years

Ethnicity (check one)

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

Race (check all that apply)

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

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0693-0043. Without this approval, we could not conduct this survey/information collection. Public reporting for this information collection is estimated to be approximately 1 minute per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are voluntary. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to National Institute of Standards and Technology (NIST) Attn: Dr. Yoshi Ohno, 301-975-2321 or email him at ohono@nist.gov.

OMB Control No. 0693-0043

Expiration Date: 03/31/2022

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