

Background Questions

What is your sex?

- ☐ Male
☐ Female

What is your age?

Select an option ▾

What's your race and/or ethnicity?

- ☐ **American Indian or Alaska Native** – Enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.

- ☐ **Asian** – Provide details below.

- | | | |
|-------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Korean | <input type="checkbox"/> Japanese |

Enter, for example, Pakistani, Hmong, Afghan, etc.

- ☐ **Black or African American** – Provide details below.

- | | | |
|---|------------------------------------|----------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Jamaican | <input type="checkbox"/> Haitian |
| <input type="checkbox"/> Nigerian | <input type="checkbox"/> Ethiopian | <input type="checkbox"/> Somali |

Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.

- ☐ **Hispanic or Latino** – Provide details below.

- | | | |
|----------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Mexican | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Salvadoran |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Dominican | <input type="checkbox"/> Guatemalan |

Enter, for example, Colombian, Honduran, Spaniard, etc.

- ☐ **Middle Eastern or North African** – Provide details below.

- | | | |
|-----------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Lebanese | <input type="checkbox"/> Iranian | <input type="checkbox"/> Egyptian |
| <input type="checkbox"/> Syrian | <input type="checkbox"/> Iraqi | <input type="checkbox"/> Israeli |

Enter, for example, Moroccan, Yemeni, Kurdish, etc.

- ☐ **Native Hawaiian or Pacific Islander** – Provide details below.

- | | | |
|--|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Samoan | <input type="checkbox"/> Chamorro |
| <input type="checkbox"/> Tongan | <input type="checkbox"/> Fijian | <input type="checkbox"/> Marshallese |

Enter, for example, Chuukese, Palauan, Tahitian, etc.

- ☐ **White** – Provide details below.

- | | | |
|----------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> German | <input type="checkbox"/> Irish |
| <input type="checkbox"/> Italian | <input type="checkbox"/> Polish | <input type="checkbox"/> Scottish |

Enter, for example, French, Swedish, Norwegian, etc.

Submit