**Attachment C: Demographic Survey**

**Demographic Survey**

1. What is your age? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What is your gender? (check one)

🗌 Male

🗌 Female

1. Is your vision normal or corrected to normal?

🗌 Yes

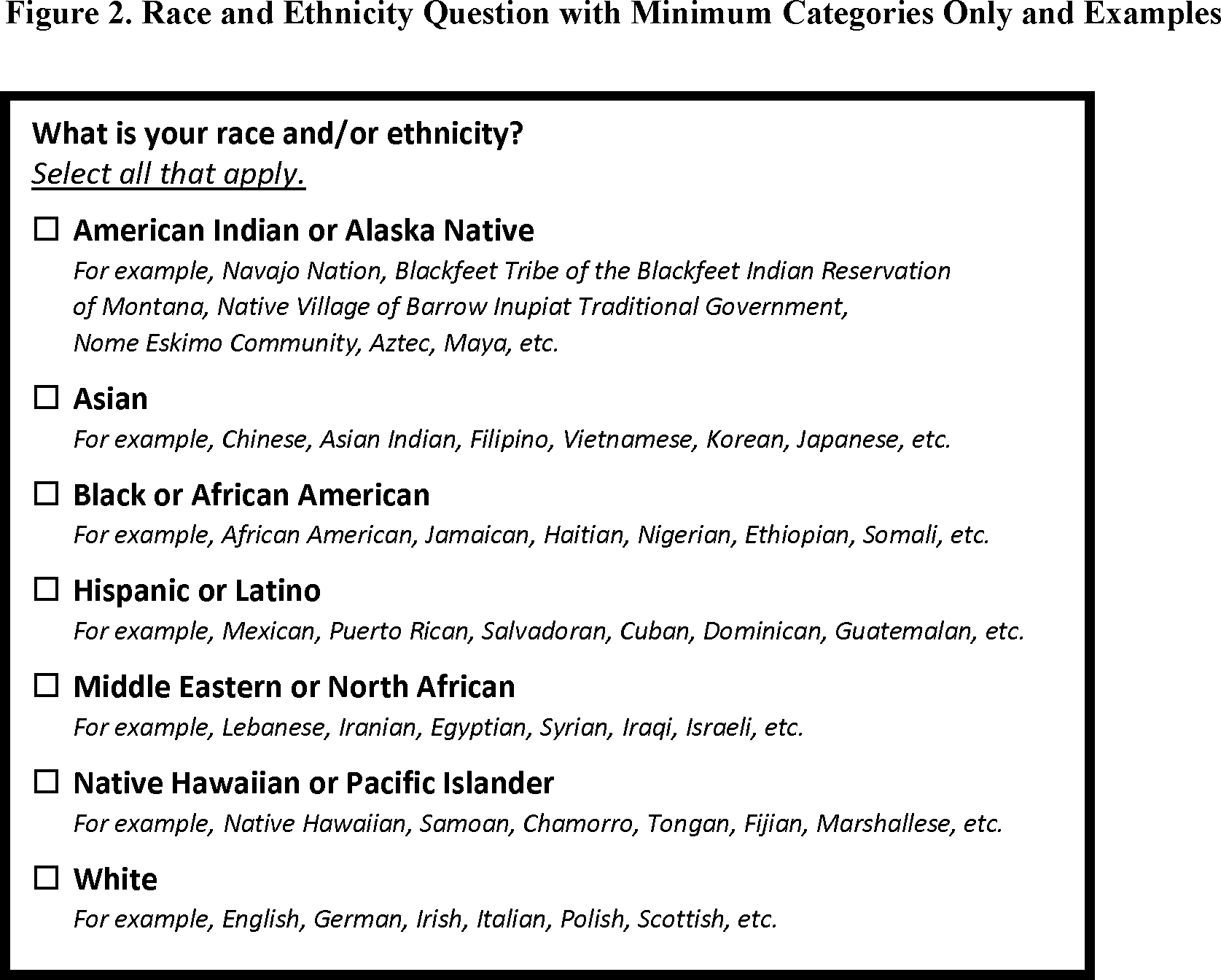
🗌 No (*please inform researcher*)

1. Is your hearing normal or corrected to normal?

🗌 Yes

🗌 No (*please inform researcher*)

1. Which racial/ethnic category best describes you? (Select all that apply.)



1. Job experience
   1. Current manufacturing, warehouse, or stockroom employee: Yes | No
   2. Years of working in the manufacturing industry, warehousing industry, or in a stockroom: \_\_\_\_\_\_\_ years

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