

## DEMOGRAPHICS SHEET

Please do not write your name on this form. It will be stored separately from any other information that you complete during this study and will not be linked with your responses in any way. The information will allow us to provide an accurate description of the sample.

For the following items, please circle the *one* response that is most descriptive of your or fill in the blank as appropriate.

### Age

What is your age? \_\_\_\_\_

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### Gender:

What is your gender?

- Male
  - Female
  - Other \_\_\_\_\_ (please specify)
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### Sexual/Gender Identity:

Do you consider yourself to be:

- Heterosexual or straight
- Homosexual
- Bisexual

### Do you consider yourself to be transgender?

- Yes
  - No
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### Race/ethnicity

How do you describe yourself? (please check the one option that best describes you)

- Native American
- Asian or Pacific Islander
- Asian Indian
- Black or African American
- Hispanic or Latino
- Caucasian/White
- More than one race \_\_\_\_\_ (please specify)

**Major**

What is your major?

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**Class Standing**

- Freshmen
- Sophomore
- Junior
- Senior