SUBJ #: EXPER: DATE:
GENDER AND MINORITY INFORMATION
[Our funding agencies (National Institutes of Health, National Science Foundation, etc.) require that all studies maintain records of the gender, race, and ethnicity of all participants. If you decline to provide this information, it will in no way affect your status as a participant in this study. Your cooperation is appreciated. All information will be kept strictly confidential, and will not have your name attached to it.]
Sex/Gender: Please select one of the following:
Female Male No Report
Ethnicity:
Do you consider yourself to be Hispanic or Latino? (see definition below) Please select one.
Hispanic or Latino: A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.
Hispanic or Latino Not Hispanic or Latino Unknown/No Report
Race:
What race do you consider yourself to be? Please select all that apply.
American Indian or Alaska Native. A person having origins in any of the original peoples of North, Central, or South America, and who maintains tribal affiliation or community attachment.
Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.

_ Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples

Black or African American. A person having origins in any of the black racial groups of Africa.

White. A person having origins in any of the original peoples of Europe, the Middle East, or North

of Hawaii, Guam, Samoa, or other Pacific Islands.

Africa.

___ Other.

__ Unknown/No Report.