

Commissions and Boards 2025 Demographic Survey

1. Which of the following best describes your Gender Identity? (Select one option)

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Woman | <input type="checkbox"/> Man | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Trans Woman | <input type="checkbox"/> Trans Man | |
| <input type="checkbox"/> Genderqueer/Non-binary | <input type="checkbox"/> Other | |

2. What is your Sexual Orientation? (Select one option)

- | | | | |
|---|--|------------------------------------|--|
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Questioning/Unsure | <input type="checkbox"/> Asexual | <input type="checkbox"/> Queer |
| <input type="checkbox"/> Gay/Lesbian/
Same-Gender Loving | <input type="checkbox"/> Straight/Heterosexual | <input type="checkbox"/> Pansexual | <input type="checkbox"/> Other |
| | | | <input type="checkbox"/> Prefer not to say |

3. Which of these best describe you (Select one option)

- | | | |
|--|--|--|
| <input type="checkbox"/> Native American/
American Indian or
Alaska Native (alone) | <input type="checkbox"/> Latinx/Hispanic (alone) | <input type="checkbox"/> White Caucasian (alone) |
| <input type="checkbox"/> Asian/ Asian
American (alone) | <input type="checkbox"/> Middle Eastern or
North African (alone) | <input type="checkbox"/> Other (alone) |
| <input type="checkbox"/> Black/African American
(alone) | <input type="checkbox"/> Native Hawaiian or
Other Pacific Islander
(alone) | <input type="checkbox"/> Multiracial |
| | | <input type="checkbox"/> Prefer not to say |

4. Do you have one or more disabilities?

- ☐ Yes
☐ No
☐ Prefer not to say

5. Are you a veteran of the U.S. military?

- | | |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No, but my spouse is a veteran |
| <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |

6. Are you a primary caregiver? (Select one option)

- | | |
|---|---|
| <input type="checkbox"/> Yes, I am the primary caregiver for a child or children | <input type="checkbox"/> No, I am not a caregiver |
| <input type="checkbox"/> Yes, I am a primary caregiver for a person at least 65 years old | <input type="checkbox"/> Other |
| <input type="checkbox"/> Yes, I am a caregiver for a person with a disability | <input type="checkbox"/> Prefer not to say |

7. What is the highest level of education you have completed?

- | | |
|---|--|
| <input type="checkbox"/> Less than high school | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> High school diploma or equivalent | <input type="checkbox"/> Graduate or professional degree |
| <input type="checkbox"/> Some college or associate's degree | <input type="checkbox"/> Prefer not to say |

8. What is your total household income?

- | | |
|--|--|
| <input type="checkbox"/> Under \$25,000 | <input type="checkbox"/> \$75,000 - \$99,000 |
| <input type="checkbox"/> \$25,000 - \$49,000 | <input type="checkbox"/> \$100,000 - \$149,000 |
| <input type="checkbox"/> \$50,000 - \$74,000 | <input type="checkbox"/> \$150,000 or more |
| | <input type="checkbox"/> Prefer not to say |