



HEALTHY WORKSITE • HEALTHY WORKFORCE • HEALTHY COMMUNITY



Demographic Questions





Introduction

The following is a list of demographic questions that may be useful in making comparisons between work units, locations, or employee characteristics. Please note that Individual employee responses can easily be identified when reporting results for small groups, even if unintended; this is especially true in small- and medium-sized organizations. For this reason, **AVOID** reporting results by work unit, location, or any demographic category (e.g., age groups, gender, race, etc.) unless there is a minimum of 25 employees in each category.

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Demographics

1	Date of Birth (mm/dd/yyyy)	_____ / _____ / _____
2	Sex (Source: BRFSS)	<input type="checkbox"/> Male <input type="checkbox"/> Female
3	Are you Hispanic or Latino? (Source: BRFSS)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/not sure
4	What is your race? Do you consider yourself... (Select one or more.)	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Other
5	Marital Status? (Source: BRFSS)	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Never married <input type="checkbox"/> Member of unmarried couple
6	What is the highest grade or year of school you have completed? (Source: BRFSS)	<input type="checkbox"/> Never attended school or only attended kindergarten <input type="checkbox"/> Grades 1 through 8 (elementary) <input type="checkbox"/> Grades 9 through 11 (some high school) <input type="checkbox"/> Grade 12 or GED (high school graduate) <input type="checkbox"/> College 1 year to 3 years (some college or technical school) <input type="checkbox"/> College 4 years or more (college graduate)
7	What is your level of supervisory responsibility (Check one)?	<input type="checkbox"/> No supervisory responsibility <input type="checkbox"/> Team leader <input type="checkbox"/> First line supervisor <input type="checkbox"/> Manager <input type="checkbox"/> Executive

