**Recommended Demographic Survey Items**

**June 2021**

Updated **June 2021** by:

Brenton M. Wiernik

Theresa Hernandez

Sabrina Volpone

Isaac Sabat

Enrica Ruggs

Susan D’Mello

Jenna Eagleson

Lindsay Dhanani

Tiffany Poeppelman

Alexandra Zelin

\*\*Please note that demographic verbiage is in consistent flux. We aim for this to be a living document to be updated, at a minimum, of every 2 years.

Originally Prepared by:

Lindsay Y. Dhanani, *Women’s Inclusion Network*

Enrica Ruggs, *Committee on Ethnic Minority Affairs*

Jenna Eagleson, *Women’s Inclusion Network*

1. Which of the following best defines your current gender identity? Select all that apply

* Genderqueer, nonbinary, or genderfluid
* Man
* Woman
* Prefer to self-describe \_\_\_\_\_\_\_\_\_\_\_\_
* Prefer not to respond

2. Do you identify as trans or transgender?

* Yes
* No
* Prefer not to respond

\*\*Based on your proposed analyses, you may consider asking this additional Gender item:

If we were to conduct an analysis comparing respondents who are men versus not men, how would you prefer your responses to be grouped?

* With the non-men
* With the men
* I would prefer my responses be omitted from this analysis.

3. Do you consider yourself to be:

* Asexual
* Bisexual or pansexual
* Gay or lesbian
* Heterosexual or straight
* Prefer to self-describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Prefer not to respond

4. Race/Ethnicity Option 1: Which of the following best defines your race or ethnicity? Select all that apply:

* American Indian or Alaska Native
* Asian
* Black or African American
* Hispanic, Latino/a/é, or Spanish
* Middle Eastern or North African
* Native Hawaiian or Other Pacific Islander
* White
* Prefer to self-describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Prefer not to respond

4a. Race/Ethnicity Option 2: Which of the following best defines your race or ethnicity? Select all that apply:

* American Indian or Alaska Native
  + - Provide details (e.g., Navajo Nation, Blackfeet Tribe, Mayan) \_\_\_\_\_\_\_\_\_\_\_\_\_
* Asian or Asian American
  + - Chinese
    - Japanese
    - Korean
    - Vietnamese
    - Filipino
    - Asian Indian
    - Another (e.g., Laotian, Cambodian, Hmong) \_\_\_\_\_\_\_\_\_\_\_\_
* Black or African American
  + - African American
    - Jamaican
    - Haitian
    - Nigerian
    - Ethiopian
    - Somali
    - Another (e.g., Ghanaian, South African, Barbadian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Hispanic, Latino/a/é, or Spanish
  + - Mexican or Mexican American
    - Puerto Rican
    - Cuban
    - Salvadoran
    - Dominican
    - Colombian
    - Another (e.g., Guatemalan, Ecuadorian) \_\_\_\_\_\_\_\_\_\_\_
* Middle Eastern or North African
  + - Lebanese
    - Iranian
    - Egyptian
    - Syrian
    - Moroccan
    - Israeli
    - Another (e.g., Algerian, Iraqi, Kurdish) \_\_\_\_\_\_\_\_\_\_\_\_\_
* Native Hawaiian or Other Pacific Islander
  + - Native Hawaiian
    - Samoan
    - Chamorro
    - Tongan
    - Fijian
    - Marshallese
    - Another (e.g., Palauan, Tahitian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* White
  + - German
    - Irish
    - English
    - Italian
    - Polish
    - French
    - Another (e.g., Scottish, Dutch) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Prefer to self-describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Prefer not to respond

5. How would you identify your religion?

* Agnostic
* Atheist
* Buddhist
* Christian: Catholic
* Christian: Protestant
* Christian: Other
* Hindu
* Jewish
* Muslim
* Spiritual, but not religious
* Prefer to self-describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Prefer not to respond

6. Do you identify with having or living with a disability?

* Yes
* No

7. If you answered yes to question 6, how would you describe your ability/disability status? We are interested in this identification regardless of whether you typically request accommodations for this disability. Select all that apply:

* A sensory disability (vision or hearing)
* A learning disability (e.g., ADHD, dyslexia)
* A long-term medical illness (e.g., epilepsy, cystic fibrosis)
* A mobility disability
* A mental health disorder
* A temporary disability due to illness or injury
* A disability not listed above \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Prefer not to respond

8. Are you a veteran or actively serving?

* Veteran
* Actively serving
* Neither actively serving nor a veteran
* Prefer not to respond

**Additional SIOP Specific Item Recommendations**

1. In what country do you live?

\*drop down menu\*

1. If you selected the United States, what state do you live in?

\*drop down menu\*

1. What is your age?

Younger than 25

25-35

36-45

46-55

Older than 55

1. What is your SIOP Membership status?

Student Affiliate

Associate

Member

Fellow

Retired

N/A - Not currently a member

1. How long have you been a member of SIOP (including time as a Student Affiliate)?

1 year

2-5 years

6-10 years

11-15 years

16-20 years

21+ years

1. What is the highest degree you have earned?

Bachelor's Degree

Master's Degree

MBA

PhD

PsyD

Other (please specify): \_\_\_\_\_\_\_\_\_\_

1. In what discipline is your highest degree?

IO/Business Psychology

Applied Psychology

Business Administration

Clinical Psychology

Communication

Education

Human Resources

Leadership & Management

Organizational Behavior

Psychology/Social Sciences

STEM

Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_

1. What is your employment status?

Full-time

Part-time

Retired

Not currently working (e.g., family leave)

Unemployed

Other (please specify): \_\_\_\_\_\_\_

1. In what setting are you primarily employed?

Academic – Business Department

Academic – Psychology Department

Academic – Other

External Consulting

Internal Practice: Commercial

Internal Practice: Government

Internal Practice: Non-Profit

Other (please specify): \_\_\_\_\_\_\_\_

Unemployed

N/A

1. Would you describe yourself primarily as:

Academic

Practitioner

Other (please specify): \_\_\_\_\_\_\_\_\_