**Recommended Demographic Survey Items**

**June 2021**

Updated **June 2021** by:

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\*\*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.

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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): \_\_\_\_\_\_\_\_\_