

# Longitudinal Study Respondent Demographics Form

## Personal Information

Full Name

Date of Birth

Gender

- ☐ Male
- ☐ Female
- ☐ Other
- ☐ Prefer not to say

Ethnicity

Email Address

Phone Number

Current Address

## Socioeconomic Information

Highest Level of Education Completed

Current Employment Status

Household Size

Estimated Annual Household Income

## Health Information

Do you have any physical or mental disabilities?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Do you have any chronic health conditions?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Additional Notes

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