

*To ensure that the citizens of the Commonwealth are represented appropriately within our boards and commissions, the MA Department of Public Health kindly requests that you submit information about your gender, race/ethnicity identity and geographic location when submitting your application for review. Submission of demographic information is completely voluntary. Please fill out the survey, below:*

Name:

Board/Commission Name:

1. **Are you Hispanic/Latinx? Latinx is a gender-neutral term to refer to a Latino/Latina person.**

Yes

No

I prefer not to answer

1. **What is your ethnicity? (You can specify one or more). Ethnicity represents your ethnic origin or descent, heritage, or nationality or the place of birth of you or your ancestors.**

|  |  |
| --- | --- |
| African  (specify country \_\_\_\_\_\_\_\_\_\_)  African American  Albanian  American  Armenian  Brazilian  Cambodian/Khmer  Canadian  Cape Verdean  Caribbean Islander  (specify \_\_\_\_\_\_\_\_\_\_\_\_)  Chinese  Colombian  Cuban  Dominican  English  Filipino  French  German  Greek  Guatemalan  Haitian | Honduran  Indian /Asian Indian (from/family from India)\*  Irish  Italian  Japanese  Korean  Laotian  Mexican, Mexican American, Chicano  Middle Eastern  (specify )  Native American  Polish  Portuguese  Puerto Rican  Russian  Salvadoran  Scottish  Swedish  Ukrainian  Vietnamese  Other not named above  (specify )  Unknown  I prefer not to answer |

1. **What is your race? (You can specify one or more)**

American Indian/Alaska Native (specify tribal nation )

Asian

Black

Native Hawaiian or Other Pacific Islander (specify )

White

Other (specify )

I prefer not to answer

1. **What is your current gender identity? Check all that apply regardless of sex assigned at birth**

Male

Female

Nonbinary, Genderqueer not exclusively male or female

I am questioning/not sure of my gender identity

I don’t understand what this question is asking

I prefer not to answer

1. **Are you transgender or of transgender experience?**

Yes

No

I am questioning/not sure

I don’t understand what this question is asking

I prefer not to answer

1. **Which of the following best describes your sexual orientation?**

Asexual

Bisexual and/or pansexual

Lesbian or gay

Heterosexual (straight)

Queer

Questioning/I am not sure of my sexuality

Other, specify:

I don’t understand what this question is asking

I prefer not to answer

1. **Have you ever served in the military?**

I don’t understand what this question is asking

No

I prefer not to answer

1. **Do you have a disability and/or a physical, mental, or emotional condition that has lasted a**

year or longer? (This may include conditions that affect caring for oneself, performing manual tasks, seeing, hearing, eating sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.) consider yourself a person with a disability?

Yes

No

Don’t know

I prefer not answer

1. **What is your current professional geographic location (city, county)?**

1. **What is your current residential geographic location (city, county)?**