

Section 1: CONTACT INFORMATION

SubjectID **Name**

Zip Code **Email**

Section 2: BASIC DEMOGRAPHIC INFORMATION

1. Year of Birth **2. Gender** *M* *F* *X*

3. Highest Level of Education: *High School* *Two year degree* *College* *Master's* *Doctoral*

4. Nº of years of Education: (enter a number counting from 1st grade)

5. Annual Household Income (check one box in each column):

Annual Income	Household	Individual
<25,000		
25,001-50,000		
50,001-75,000		
75,001 -100,000		
100,001-150,000		
150,001 - 200,000		
200,001-250,000		
250,001-300,000		
>300,000		

6. Nature of Occupation (select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> <i>Requires extensive travel</i> | <input type="checkbox"/> <i>High level of physical activity</i> |
| <input type="checkbox"/> <i>High level of interaction with other people</i> | <input type="checkbox"/> <i>Knowledge/technical work</i> |
| <input type="checkbox"/> <i>Arts/Creative work</i> | <input type="checkbox"/> <i>Unemployed/No formal employment</i> |

7. Type of Income **Hourly Wages** **Salary** **Business/Venture Income**

8. Nº of Languages spoken with reasonable fluency:

9. Primary Language:

Section 3: HEALTH AND LIFESTYLE INFORMATION

10. Are you able to function normally in your day to day activities? *Yes* *No*

11. How many hours a week do you exercise or perform physical activities *hours*

12. How do you rate your overall mental health: *Very Poor* *Poor* *Good* *Very Good*

13. Do you have any diagnosed neurological or mental health conditions? *Yes* *No* **If yes, please list:**

1. 2. 3.

14. Do you have any diagnosed health conditions? *Yes* *No* **If yes, please list:**

1. 2. 3.