

**Demographic Data Required by
the U.S. Department of Health and Human services,
Administration for Community Living**

Race and Ethnicity	#
White alone	
Black or African American alone	
American Indian and Alaska Native alone	
Hispanic/Latino	
Asian alone	
Native Hawaiian & Other Pacific Islander alone	
Two or more races and Race unknown	

Category	#
Individual with Developmental Disability (DD)	
Family Member of Individual with DD	

Geographical	#
Urban	
Rural	

Sexual Orientation:	
Which of the following best represents how you think of yourself? [Select ONE]:	#
Lesbian or gay	
Straight, that is, not gay or lesbian	
Bisexual	
I use a different term	
Don't know	
Prefer not to answer	

Gender Identity:	
Q1: What is your current gender? [Select ONE]	#
Man	
Woman	
Non-binary	
I use a different term	
Prefer not to answer	

Q2: Do you consider yourself to be transgender?	#
Yes	
No	
Prefer not to answer	