

Date: \_\_\_\_\_  
Participant Number \_\_\_\_\_

## Demographic Questionnaire

Age: \_\_\_\_\_

Gender (please circle): Male          Female          Transgender

Another Gender Identity (fill in blank if desired): \_\_\_\_\_

Prefer not to answer

Race/Ethnicity (Circle all that apply): White (Non-Hispanic)    Hispanic    Black    Other: \_\_\_\_\_

Education (please circle):

Some High School  
High School Degree  
Some College  
College Degree  
Graduate/Professional Degree

Average Annual Income (please circle):

<10,000	10,001-25,000
25,001-40,000	40,001-60,000
60,001-75,000	>75,000

Do you have health insurance? (please circle): Yes    No

If yes: Private          Government

Have you ever received a vaccine? (please circle): Yes    No

If yes, Have you gotten a tetanus shot in the last 10 years? (please circle): Yes    No

If yes, do you know if it included protection against pertussis/whooping cough (Tdap)? (please circle):

Yes    No    Don't Know

Do you have children? (please circle): Yes    No

If yes, have they ever received a vaccine? Yes    No

If yes, have they received their pertussis/whooping cough (DTaP) series?: Yes    No