Demographic Questionnaire

1. What is your age? \_\_\_\_\_
2. What is your zip code? \_\_\_\_\_\_\_
3. Which of these best describes your race or ethnicity:   
   \_\_\_\_\_ White alone  
   \_\_\_\_\_ Black or African-American alone  
   \_\_\_\_\_ Latino or Hispanic  
   \_\_\_\_\_ American Indian or Alaska Native alone  
   \_\_\_\_\_ Asian alone  
   \_\_\_\_\_ Native Hawaiian or other Pacific Islander alone  
   \_\_\_\_\_ Some other race alone
4. Are you:   
   \_\_\_\_ Female   
   \_\_\_\_ Male   
   \_\_\_\_ Prefer to self-describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   \_\_\_\_ Prefer not to say
5. Do you have physical limitations, such as: (Y or N)  
   \_\_\_\_\_ Blindness, deafness, or a severe vision or hearing impairment  
   \_\_\_\_\_ A condition that substantially limits one or more physical activities such as   
    walking, climbing stairs, reaching, lifting, or carrying?
6. Do you have difficulty doing any of the following? (Y or N)  
   \_\_\_\_\_ Learning, remembering, or concentrating?  
   \_\_\_\_\_ Dressing, bathing, or getting around inside the home?   
   \_\_\_\_\_ Going outside the home alone to shop or visit a doctor’s office?   
   \_\_\_\_\_ Working at a job or business?
7. Have you voted before? \_\_\_ yes \_\_\_ no
8. Are you registered to vote right now? \_\_\_ yes \_\_\_ no \_\_\_\_don’t know
9. What was the last election you voted in? \_\_\_\_\_\_\_\_
10. The last time you voted, what did you use to vote?\_\_\_\_\_ Touch screen  
    \_\_\_\_\_ Paper ballot (filling in a bubble or joining the ends of an arrow)  
    \_\_\_\_\_ Absentee / Mail-in  
    \_\_\_\_\_ Lever machine  
    \_\_\_\_\_ Punch card or InkaVote  
    \_\_\_\_\_ I don’t remember

Participant number: \_\_\_\_