



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. Please fill out the survey, below. Submission of demographic information is completely voluntary.

**Name:**

**Board/Commission:**

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

- Yes
- No

**2. 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.**

- |  |   |
|--|---|
| <input type="checkbox"/> African (specify country_____)    | <input type="checkbox"/> Honduran                                       |
| <input type="checkbox"/> African American                  | <input type="checkbox"/> Indian /Asian Indian (from/family from India)* |
| <input type="checkbox"/> Albanian                          | <input type="checkbox"/> Irish  |
| <input type="checkbox"/> American                          | <input type="checkbox"/> Italian  |
| <input type="checkbox"/> Armenian                          | <input type="checkbox"/> Japanese                                       |
| <input type="checkbox"/> Brazilian                         | <input type="checkbox"/> Korean   |
| <input type="checkbox"/> Cambodian/Khmer                   | <input type="checkbox"/> Laotian  |
| <input type="checkbox"/> Canadian                          | <input type="checkbox"/> Mexican, Mexican American, Chicano             |
| <input type="checkbox"/> Cape Verdean                      | <input type="checkbox"/> Middle Eastern (specify_____)                  |
| <input type="checkbox"/> Caribbean Islander (specify_____) | <input type="checkbox"/> Native American                                |
| <input type="checkbox"/> Chinese                           | <input type="checkbox"/> Polish   |
| <input type="checkbox"/> Colombian                         | <input type="checkbox"/> Portuguese                                     |
| <input type="checkbox"/> Cuban                             | <input type="checkbox"/> Puerto Rican                                   |
| <input type="checkbox"/> Dominican                         | <input type="checkbox"/> Russian  |
| <input type="checkbox"/> English                           | <input type="checkbox"/> Salvadoran                                     |
| <input type="checkbox"/> Filipino                          | <input type="checkbox"/> Scottish                                       |
| <input type="checkbox"/> French                            | <input type="checkbox"/> Swedish  |
| <input type="checkbox"/> German                            | <input type="checkbox"/> Ukrainian                                      |
| <input type="checkbox"/> Greek                             | <input type="checkbox"/> Vietnamese                                     |
| <input type="checkbox"/> Guatemalan                        | <input type="checkbox"/> Other not named above (specify_____)           |
| <input type="checkbox"/> Haitian                           | <input type="checkbox"/> Unknown  |
|  | <input type="checkbox"/> Do not know/Refused/Prefer not to answer       |

**3. 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\_\_\_\_\_)
- Do not know/Refused/Prefer not to answer

**4. 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
- Transgender (If you identify as transgender, please check this box in addition to any others).
- I am questioning/not sure of my gender identity
- I don't understand what this question is asking
- I prefer not to answer

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

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