



# DEMOGRAPHICS

Age	
<input type="checkbox"/>	18-34
<input type="checkbox"/>	35-50
<input type="checkbox"/>	51-65
<input type="checkbox"/>	66+
Preferred Pronouns:	

Ethnic Origin (check all that apply)	
<input type="checkbox"/>	White/European
<input type="checkbox"/>	Hispanic/Latino
<input type="checkbox"/>	Black/African
<input type="checkbox"/>	American Indian/Alaska Native
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Native Hawaiian/Pacific Islander
<input type="checkbox"/>	Other:

Do you identify as/consider yourself to be a member of the LGBTQ+ community? \_\_\_\_\_

In which region of Virginia do you reside?	
<input type="checkbox"/>	Blue Ridge Region – Shenandoah Valley
<input type="checkbox"/>	Capital Region – Richmond Metro and surrounding areas
<input type="checkbox"/>	Eastern Virginia Region – Southeast Virginia and Peninsula
<input type="checkbox"/>	Northern Virginia Region – DC suburbs and surrounding areas
<input type="checkbox"/>	Rappahannock Region – Northern Neck, Fredericksburg, and Middle Peninsula
<input type="checkbox"/>	South Central Region – Lynchburg, Danville, and surrounding area
<input type="checkbox"/>	Southside Region – South of Richmond
<input type="checkbox"/>	Southwest Virginia Region – Roanoke Valley and West

Which region does your organization serve? (check all that apply)	
<input type="checkbox"/>	Blue Ridge Region – Shenandoah Valley
<input type="checkbox"/>	Capital Region – Richmond Metro and surrounding areas
<input type="checkbox"/>	Eastern Virginia Region – Southeast Virginia and Peninsula
<input type="checkbox"/>	Northern Virginia Region – DC suburbs and surrounding areas
<input type="checkbox"/>	Rappahannock Region – Northern Neck, Fredericksburg, and Middle Peninsula
<input type="checkbox"/>	South Central Region – Lynchburg, Danville, and surrounding area
<input type="checkbox"/>	Southside Region – South of Richmond
<input type="checkbox"/>	Southwest Virginia Region – Roanoke Valley and West

What sector does your organization represent? (check all that apply)	
<input type="checkbox"/>	Clinical Care
<input type="checkbox"/>	Behavioral Health
<input type="checkbox"/>	Health Professions School
<input type="checkbox"/>	Other Higher Education Institution
<input type="checkbox"/>	Technology
<input type="checkbox"/>	Policy/Advocacy
<input type="checkbox"/>	Community Education/Outreach
<input type="checkbox"/>	Emergency Medicine
<input type="checkbox"/>	Other: