

Please respond to each question or statement below. Section 2, Ethnic Background, asks for the ethnicities, races, and places of birth of your parents and grandparents. You may find it helpful to gather this information before starting. If you do not have this information, you can select "Don't Know."

### Section 1 – Demographic Information

1. Date of birth (MM/DD/YYYY)

2. Sex  Male  Female  Other  Prefer not to answer

3. Height  ft  in OR  cm

4. Weight   lb  kg

5. Dominant hand   
Right  
Left  
Ambidextrous  
Don't Know

6. Education - number of years completed (including kindergarten, elementary school, middle school, high school, and all post-high school education)

7. Education – highest level completed   
No formal education  
Elementary or middle school  
Some high school  
High school graduate (including equivalency)  
Some college  
Associate degree  
Bachelor's degree  
Master's degree  
Doctoral degree or professional degree  
Trade or other technical school degree  
Don't know / prefer not to answer

8. Current marital status   
Never married  
Married  
Divorced  
Separated  
Widowed  
Cohabitation / Domestic partner  
Prefer not to answer

9. Employment status - Select one

- Employed outside home
- Student
- Unemployed not looking for work
- Employed at home
- Worker's compensation
- Disabled, at age
- Homemaker
- Unemployed looking for work
- Retired, not disabled, at age
- Prefer not to answer



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10. Do you live with other people or in a group setting?

- Yes       No, I live by myself       Prefer not to answer

11. Who do you live with? Please respond to each option.

	Yes	No
Living with spouse/partner	<input type="checkbox"/>	<input type="checkbox"/>
Living with sibling	<input type="checkbox"/>	<input type="checkbox"/>
Living with children	<input type="checkbox"/>	<input type="checkbox"/>
Living with parent	<input type="checkbox"/>	<input type="checkbox"/>
Living with other relative	<input type="checkbox"/>	<input type="checkbox"/>
Living with friend/companion	<input type="checkbox"/>	<input type="checkbox"/>
Living with domestic help	<input type="checkbox"/>	<input type="checkbox"/>

12. What type(s) of health insurance do you have? Please check all that apply:

- I do not have any health insurance  
 Any private, commercial, or pre-paid health plan  
 Department of Veterans Affairs (CHAMPVA)  
 Indian Health Service  
 TRICARE (formerly CHAMPUS)  
 Medicare  
 Medicaid  
 Don't know  
 Prefer not to answer  
 Other: (please specify) \_\_\_\_\_

If private insurer: What is the name of your insurer? \_\_\_\_\_



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## Section II - Ethnic Background

13.

<b>Ethnicity</b>	You	Father	Mother	Father's father	Father's mother	Mother's father	Mother's mother
Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12.

<b>Race</b>	You	Father	Mother	Father's father	Father's mother	Mother's father	Mother's mother
American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Eastern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
South Asian*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian or other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* South Asian countries include: India, Nepal, Pakistan, Bhutan, Bangladesh, Maldives, Sri Lanka and Suvadives.

14. Where do you currently live?

Don't know  
 Prefer not to answer

Don't know  
 Prefer not to answer

Country

State (if applicable)



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15. Where were you born?

Don't know  
 Prefer not to answer

Don't know  
 Prefer not to answer

Country

State (if applicable)

16. Where was your father born?

Don't know  
 Prefer not to answer

Don't know  
 Prefer not to answer

Country

State (if applicable)

17. Where was your mother born?

Don't know  
 Prefer not to answer

Don't know  
 Prefer not to answer

Country

State (if applicable)

18. In what countries were your grandparents born?

Father's mother

Don't know  
 Prefer not to answer

Father's father

Don't know  
 Prefer not to answer

Mother's mother

Don't know  
 Prefer not to answer

Mother's father

Don't know  
 Prefer not to answer