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
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.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living with spouse/partner</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Living with sibling</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Living with children</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Living with parent</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Living with other relative</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Living with friend/companion</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Living with domestic help</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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? ____________
Section II - Ethnic Background

13. 

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>You</th>
<th>Father</th>
<th>Mother</th>
<th>Father’s father</th>
<th>Father’s mother</th>
<th>Mother’s father</th>
<th>Mother’s mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic or Latino</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non Hispanic or Latino</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t know</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12. 

<table>
<thead>
<tr>
<th>Race</th>
<th>You</th>
<th>Father</th>
<th>Mother</th>
<th>Father’s father</th>
<th>Father’s mother</th>
<th>Mother’s father</th>
<th>Mother’s mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Middle Eastern</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Asian*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Asian</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black or African American</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Native Hawaiian or other Pacific Islander</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t know</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

14. Where do you currently live?

Country:

State (if applicable):

Don’t know

Prefer not to answer

Don’t know

Prefer not to answer
15. Where were you born?

[ ] Don’t know
[ ] Prefer not to answer

Country

[ ] Don’t know
[ ] Prefer not to answer

State (if applicable)

16. Where was your father born?

[ ] Don’t know
[ ] Prefer not to answer

Country

[ ] Don’t know
[ ] Prefer not to answer

State (if applicable)

17. Where was your mother born?

[ ] Don’t know
[ ] Prefer not to answer

Country

[ ] Don’t know
[ ] Prefer not to answer

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

The Accelerated Cure Project for MS is a non-profit, 501(c)(3) tax-exempt organization whose mission is to accelerate efforts toward a cure for multiple sclerosis by rapidly advancing research that determines its causes and mechanisms.