Client Voluntary Demographic Data Survey Form

Please take a few moments to complete the following questions. Please check the appropriate boxes with an “X” which best describe you and return the survey via email to [factsd@factsd.org](mailto:factsd@factsd.org) or by mail to 600 Mission Avenue, Oceanside, CA 92054 or by fax at 760-757-3226. Submittal of this information is voluntary.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sex** | | | | | | | | | | | | | | | | | | |
| What is your sex? | | | | | | | | | | | | | | | | | | |
|  | Female | |  | | Male | | | | | | | | | | | | | |
| **Race** | | | | | | | | | | | | | | | | | | |
| What is your race? | | | | | | | | | | | | | | | | | | |
|  | Asian/Pacific Islander | | | | | | | | | |  | | | African American | | | | |
|  | American Indian/Alaskan Native | | | | | | | | | |  | | | Hispanic | | | | |
|  | White (not Hispanic | | | | | | | | | |  | | | Other: | | | | |
| **Disability** | | | | | | | | | | | | | | | | | | |
| Do you have a disability? | | | | | | | | | | | | | | | | | | |
|  | Yes |  | | | No | | | | | | | | | | | | | |
| **Age** | | | | | | | | | | | | | | | | | | |
| What is your age? | | | | | | | | | | | | | | | | | | |
|  | Under 40 | | |  | | 40-59 | |  | | 60-64 | |  | | 65-74 | |  | | 75 and over |
| **Income** | | | | | | | | | | | | | | | | | | |
| How many people live in your household? | | | | | | | | | | |  | | | | | | | |
| What is your household’s total annual income? | | | | | | | | | | | | | | | | | | |
|  | $25,000 or less | | | | | |  | | $50,001-$60,000 | | | | | |  | | $90,001-$100,000 | | |
|  | $25,001-$33,000 | | | | | |  | | $60,001-$70,000 | | | | | |  | | Over $100,000 | | |
|  | $33,001-$40,000 | | | | | |  | | $70,001-$80,000 | | | | | |  | |  | | |
|  | $40,001-$50,000 | | | | | |  | | $80,001-$90,000 | | | | | |  | |  | | |
| **Language** | | | | | | | | | | | | | | | | | | |
| What language is primarily spoken in your household? | | | | | | | | | | | | |  | | | | | |
| **Access Frequency** | | | | | | | | | | | | | | | | | | |
| On average, how many times a month do you access transportation services provided by FACT? | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |