

Demographic Questionnaire

Please respond the following questions about yourself.

What is your current age in years? _____

What is your primary language? _____

What is your race or ethnicity? _____

What is your religious affiliation? _____

What is your primary country of residence? _____

Please describe your gender (by circling your choice).

1. Female
2. Male
3. Transgender
4. Other _____

Please identify your sexual orientation (by circling your choice).

1. Exclusively Heterosexual
2. Somewhat Heterosexual/Somewhat Homosexual
3. Exclusively Homosexual

If you have mental health diagnosis and are willing to share it, please share it/them here:

Diagnosis/diagnoses _____

How many mental health/personal growth experiences have you had? (Please check the appropriate category.)

___ 0-10 ___ 11-20 ___ 21-30 ___ 31-40 ___ 41-50 ___ more than 50

How many psychodramatic experiences have you had? (Please check the appropriate category.)

___ 0-5 ___ 6-10 ___ 11-15 ___ 16-20 ___ more than 20

ID# (if already assigned): _____