



County of Burleson

Demographic Survey

COUNTY OF Burleson _____ DEMOGRAPHIC SURVEY
Project Name

Location: _____ Date: _____ Home Zip Code: _____

Voluntary Information: <i>Please provide the following information about yourself. Please check appropriate box.</i>	
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Disability <input type="checkbox"/> Yes <input type="checkbox"/> No
Age <input type="checkbox"/> 0-21 <input type="checkbox"/> 22-40 <input type="checkbox"/> 41-65 <input type="checkbox"/> Over 65	
Ethnicity/Race <input type="checkbox"/> White (non-Hispanic) <input type="checkbox"/> Native American/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other: _____	
First Language <input type="checkbox"/> English <input type="checkbox"/> Chinese dialect <input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other: _____	Second Language <input type="checkbox"/> English <input type="checkbox"/> Chinese dialect <input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other: _____
Household Income <input type="checkbox"/> \$0 - \$12,000 <input type="checkbox"/> \$37,000 - \$48,999 <input type="checkbox"/> \$12,001 - \$24,999 <input type="checkbox"/> \$49,000 - \$59,999 <input type="checkbox"/> \$25,000 - \$36,999 <input type="checkbox"/> \$60,000 +	
Household Size _____ Adults _____ Children _____	
Who are you representing? <i>Voluntary Information</i>	
1. Minority population/organizations <input type="checkbox"/> Asian <input type="checkbox"/> Native American/Other Pacific Islander <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Other: _____	
2. Low-income population <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Persons with disabilities <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Elderly Population <input type="checkbox"/> Yes <input type="checkbox"/> No	