

## APPENDIX D – PARTICIPANT QUESTIONNAIRE

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Gender:**  Female  Male  Prefer not to say  Other

## Education:

What is the highest degree or level of school you have completed? If currently enrolled, highest degree received

- High school graduate  Bachelor's degree
  - Associate degree  Master's degree
  - Professional degree  Doctorate degree

**Academic Major:** \_\_\_\_\_

**Current Position:** \_\_\_\_\_

**Years in Current Position:** \_\_\_\_\_

### **Level of Expertise:**