

Attachment K: Participant Data Collection Sheet



DEPARTMENT OF HEALTH & HUMAN SERVICES

National Cancer Institute
National Institutes of Health

6130 Executive Blvd
Rockville, MD

OMB# 0925-xxxx
Expiry Date xx/xxxx

Participant Data Collection Sheet

For our records we would appreciate it if you would take a minute to fill out this form.

1. How did you hear about us?

Newspaper Ad:

Gazette
Sentinel
Washington Post/Express

Flyer:

Giant
Safeway
Other

Word of Mouth:

Friend
Co-worker
We called you to come back

2. Are you male or female?

Male Female

3. What is your current age?

Age _____

4. What is your marital status?

Married Divorced Widowed Separated Never been married

5. Are you Hispanic or Latino?

Yes No

6. What is your race? Mark one or more races to indicate what you consider yourself to be.

American Indian or Alaska Native
Asian
Black or African American
Native Hawaiian or other Pacific Islander
White

7. What is the highest grade of school you have completed?

9th or less

10th

11th

12th no diploma

High School Graduate - High School Diploma or the equivalent (for example: GED)

Some college but no degree

Associate Degree

Bachelor's degree (For example: BA, AB, BS)

Master's degree (For example: MA, MS, MEng, MEd, MSW, MBA)

Professional or Doctorate (for example: MD, PhD, DVM, JD)

8. Are you currently employed either full or part time?

Yes No

9. What is your total household income?

under \$20,000 Between \$20,000 and \$60,000 over \$60,000