



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control and Prevention

National Center for Health Statistics
3311 Toledo Road
Hyattsville, Maryland 20782

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Note to Reviewers: We are currently in the process of revising this form. Once the form has been revised, and we have received ERB approval for the revisions, we will forward an updated copy.

Respondent 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 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
10th
11th
12th no diploma
High School Graduate - High School Diploma or the equivalent (for example: GED)
Some college but no degree
Associate Degree in college - Occupational/vocational program
Associate Degree in college - Academic program

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?

Yes No

9. What is your total household income?

20K or less 30K or less over 30K