CONTENT OF FOCUS GROUP POSTCARD SIDE 1

OMB Approval No: 0990-NEW

Approval Expires: xx/xx/20xx

|  |  |
| --- | --- |
| Card number | Filled by office  Office number: \_\_\_\_  Sheet number: \_\_\_\_  Line number: \_\_\_\_ |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Primary telephone number: ( \_ \_ \_ ) \_ \_ \_ - \_ \_ \_ \_  Alternate telephone number: ( \_ \_ \_ ) \_ \_ \_ - \_ \_ \_ \_  Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Do you prefer to be contacted by : [ ] phone  [ ] email | |

CONTENT OF FOCUS GROUP POSTCARD SIDE 2

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| --- |
| **Please mark these three items about yourself.**  Gender (please check one):  [ ] Male  [ ] Female  Age group (please check one):  [ ] 18 - 64 years  [ ] 65 years or older  Race/ethnicity (please mark one or more):  [ ] American Indian or Alaska Native  [ ] Asian  [ ] African American/Black  [ ] Native Hawaiian or other Pacific Islander  [ ] White  [ ] Hispanic or Latino/Latina |