CONTENT OF FOCUS GROUP POSTCARD SIDE 1

OMB Approval No: 0990-NEW

Approval Expires: xx/xx/20xx

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| --- | --- |
| Card number | Filled by officeOffice 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 |