

# 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?

9<sup>th</sup> or less

10<sup>th</sup>

11<sup>th</sup>

12<sup>th</sup> 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