

Policy Research, Inc.

OMB Approval No: 0990-NEW Approval Expires: xx/xx/20xx

CONTENT OF FOCUS GROUP POSTCARD SIDE 1

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 Please mark t yourself.	these three items about
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	

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