



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

OMB# 0920-0222; Approval expires [fill date]

**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 advertisement                      Flyer                      Word of mouth

**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?**

9<sup>th</sup>  
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 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