

Attachment 5: 2015 NEHRS Respondent Data Collection Sheet



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

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Respondent Data Collection Sheet

For our records we would appreciate it if you would take a minute to fill out this form.

1. Are you male or female?

Male Female

2. What is your age?

3. Are you Hispanic or Latino?

Yes No

4. 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