**Attachment 5: 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

**OMB# 0920-0222; Approval expires 06/30/2015**

**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