

# 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