

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 : <input type="checkbox"/> phone <input type="checkbox"/> email	
CONTENT OF FOCUS GROUP POSTCARD SIDE 2 Please mark these three items about yourself.	
Gender (please check one): <input type="checkbox"/> Male <input type="checkbox"/> Female	
Age group (please check one): <input type="checkbox"/> 18 - 64 years <input type="checkbox"/> 65 years or older	
Race/ethnicity (please mark one or more): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> African American/Black <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino/Latina	

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990- . The time required to complete this information collection is estimated to average one minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer