OMB Approval No.: 0584-XXXX

Approval Expires: XX/XX/XXXX

**Appendix B-5: FOCUS GROUP**

**PARTICIPANT INFORMATION FORM**

*Please complete this form. The information will be used only to summarize who participated in this discussion group. Your name and address are not needed.*

1. How many years have you lived in this city? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What is the total number of people living in your household? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How many children younger than 18 live in your household? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Are you employed?

Yes

o Full time (more than 32 hours per week)

o Part time

No

1. Are you a student?

Yes

o Full time

o Part time

No

1. Which category best describes your highest grade completed. (*check one*)

Less than high school

High School/GED

Some College

Completed College

1. Are you:

Male

Female

1. What is your age? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 0584-XXXX. The time required to complete this information collection is estimated to average 3 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.