

# Participant Questionnaire

1. What is your gender?

- Male
- Female

2. What is your age?

- Under 30
- 30-34
- 35 to 44
- 45 to 54
- 55 to 64
- 65+

3. Do you read and speak English fluently at home?

- Yes
- No

4. Are you married?

- Yes
- No

5. Do you have any children under the age of 18?

- Yes, how many? \_\_\_\_\_
- No

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 0955-0002. The time required to complete this information collection is estimated to average 15 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

6. What is your race? You may select one or more than one category

- American Indian or Alaskan Native
- Asian
- Black or African-American
- Hispanic/Latino
- Native Hawaiian or other Pacific Islander
- White
- Other \_\_\_\_\_

7. What is your current annual household income (the total income of all persons who live in your household except for renters and dependents):

- Less than \$25,000
- \$25,001 to \$50,000
- \$50,001 to \$75,000
- \$75,001 to \$100,000
- \$100,001 or more

8. What is the highest level of education you have completed?

- Less than high school
- High School or GED
- Some college or a 2-year college program
- College graduate
- Graduate school

9. Do currently work in the healthcare industry?

- Yes
- No

10. Have you worked in the healthcare industry in the past two years?

- Yes. Please specify:

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- No

11. Have you or an underage child seen a physician in the last 6 months?

Yes

No