



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 6/30/2015

Respondent Data Collection Sheet

This form asks for basic information about you. At the end of the study, your information will be combined with information from other people in the study and will help us form a picture of the characteristics the people who participated in our study. For our records we would appreciate it if you would take a minute to fill out this form.

1. How did you hear about us?

 Washington Post/Express
 Flyer

 Craigslist
 We called you to come back

 Email list
 Friend

2. What is your gender?

Male Female Other _____

3. What is your age?

4. What is your marital status?

Married Divorced Widowed Separated Never been married Living with a partner

5. Are you Hispanic or Latino?

Yes No

6. 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

7. What is the highest level of school you have completed?

 Less than High School (No Diploma or GED)
 High School Diploma or GED
 Associate Degree
 Some College
 Bachelor's Degree
 Graduate Degree

8. Are you currently employed?

Yes No

9. What is your total household income?

\$0-19,999 \$20,000-\$44,999 \$45,000-\$79,999 \$80,000 or more