## Attachment 5 – Respondent Data Collection Sheet (specific for this study)



## 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 07/31/2018

## **Respondent Data Collection Sheet**

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?

Newspaper Ad: Flyer: Word of Mouth: Gazette Giant Friend Sentinel Safeway Co-worker Washington Post/Express

We called you to come back Other

2. Are you male or female?

Male Female

3. What is your age?

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