**Attachment 7: Participant/Respondent Data Collection Sheet**

**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

**Participant/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. What is your gender?**

  Male  Female  Other \_\_\_\_\_\_\_\_\_\_\_\_\_

**2. What is your age?**

 \_\_\_\_\_\_\_\_\_

**3. What is your marital status?**

  Married  Divorced  Widowed  Separated  Never been married  Living with a partner

**4. Are you Hispanic or Latino?**

  Yes  No

**5. 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

**6. 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

**7. Are you currently employed?**

 Yes  No

**8. What is your total household income?**

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