

Attachment 5: Respondent Data Collection Sheet



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service  
Centers for Disease Control and Prevention

National Center for Health Statistics  
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Hyattsville, Maryland 20782

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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