

## Attachment 3b Enrollment Questions

## Enrollment Form

You will need your email address and a password to access the app.

First Name

Last Name

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

## Contact Information

During the study we will text you health messages and links to future surveys. Enter the phone number you use and where you can receive this information.

Mobile Phone Number \*

Enter your mobile phone number.

Please enter at least one additional phone number or email address we can use to get in touch with you. You can use a parent's or friend's phone number or a facebook email address if you want.

Secondary Phone Number \*

In case we can't reach you.

This number belongs to... \*

Select who this mobile number belongs to.

Secondary Email Address \*

It can be your Facebook email

This E-mail belongs to... \*

Select who this E-mail belongs to.

## Profile Creation

E-mail (Username) \*

Your E-mail address is your username.

Password \*

Minimum length of 8 characters

Password Confirmation \*

Re-enter your password.

## Contact Information

During the study we will text you health messages and links to future surveys. Enter the phone number you use and where you can receive this information.

Mobile Phone Number \*

Enter your mobile phone number.

This E-mail belongs to... \*

Select who this E-mail belongs to.

If you change mobile numbers, you must update your profile information.

We will send you a gift just for signing up, but we need your mailing address.

Street Address \*

City \*

State \*

Zip Code \*

## Demographic

How old are you? \*

In what grade are you? \*

What is the highest education level your mother has completed?

Which of the following best describes you? \*

When were you born? \*

Who do you have sex with?

How did you hear about this study?

Send these credentials via email.

Register

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## Registration

The account yolugbad@tulane.edu has been successfully created!

You will soon be redirected automatically. If you see this page for more than 3 seconds, please click [here](#).

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