Form Approved

OMB No. 0920-0572

Expiration Date 8/31/2021

**(To be Completed at Start of FG)**

**Focus Group Demographics**

**Background Information**

1a. Gender:

* Male
* Female

2a. In which of the following categories does your age fall:

* under 18 years of age
* 18-24 years of age
* 25-34 years of age
* 35-44 years of age
* 45-54 years of age
* 55-64 years of age
* 65-74 years of age
* 75 years of age or older

4a. What is the highest level of education you have completed?

* Grade school
* Less than high school graduate/some high school
* High school graduate or completed GED
* Some college or technical school
* Received four-year college degree
* Some post graduate studies
* Received advanced degree
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8a. In what state, city, and zip code do you currently live?

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_

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12a. What is your marital status?

* Married
* Unmarried living with a partner
* Divorced
* Widowed
* Separated, or
* Single, never been married

13a. Which of the following categories best describe your total, annual household income?

* Under $20,000/year
* $20,001 - $30,000/year
* $30,001 - $40,000/year
* $40,001 - $50,000/year
* $50,001 - $60,000/year
* $60,001 - $80,000/year
* $80,001 - $100,000/year
* Over $100,000/year

14a. Number of children (under age 18) living in the household: • None

* 1-2 children
* 3-4 children
* 5 or more children

5a. Please tell me your race or ethnic background.

Ethnicity:

* Hispanic or Latino? Yes or No

Race:

* White/Caucasian
* Black or African-American
* American Indian or Alaska Native
* Native Hawaiian or Other Pacific Islander
* Asian

33a. Do you now smoke cigarettes every day, some days, or not at all? Every day

* Some days
* Not at all

35a. About how long has it been since you completely quit smoking cigarettes?

\_\_\_\_\_ Days \_\_\_\_\_ Weeks \_\_\_\_\_ Months \_\_\_\_\_ Years

44a. Do you have Cancer? Yes or No

45a. For how long have you had cancer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What kind of fire department do you work for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many firefighters are in your fire department? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_