#### **Attachment 5a: Respondent Data Collection Sheet** (for interviews conducted at NCHS or off-site)

Form Approved OMB No. 0920-0222 Exp. Date: 08/31/2021

**Notice** – CDC estimates the average public reporting burden for this collection of information as 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, MS D-74, Atlanta, GA 30333; ATTN: PRA (0920-0222).

Assurance of Confidentiality – We take your privacy very seriously. All information that relates to or describes identifiable characteristics of individuals, a practice, or an establishment will be used only for statistical purposes. NCHS staff, contractors, and agents will not disclose or release responses in identifiable form without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 U.S.C. 242m) and the Confidential Information Protection and Statistical Efficiency Act (Title III of the Foundations for Evidence-Based Policymaking Act of 2018 (Pub. L. No. 115-435, 132 Stat. 5529 § 302)). In accordance with CIPSEA, every NCHS employee, contractor, and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to \$250,000, or both if he or she willfully discloses ANY identifiable information about you.



#### **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

#### **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.

<b>1. How did you hear about us?</b> Washington Post/Express Flyer	Washington Post/Express Craigslist		Email list Friend	
<b>2. What is your gender?</b> 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 American Indian or Alaska Asian Black or African American Native Hawaiian or other P White	Native	what you consider you	rself to be.	

**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

### **Appendix 5b: Respondent Data Collection Sheet** (virtual interviews)

Form Approved OMB No. 0920-0222 Exp. Date: 08/31/2021

Notice – CDC estimates the average public reporting burden for this collection of information as 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, MS D-74, Atlanta, GA 30333; ATTN: PRA (0920-0222).

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#### **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

#### **Respondent Data Collection Sheet**

I'd like to gather some basic information about you. At the end of the study, this 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 answer these questions.

<b>1. 1. How did you hear a</b> Craigslist Flyer	Em	nail list e called you to c	ome back Fı	riend
2. What is your gender? Male Female				
3. What is your age?				
4. What is your marital s Married Divo		Separated	Never been married	Living with a partner
<b>5. Are you Hispanic or I</b> Yes No	Latino?			
6. What is your race? M. American Indian o Asian Black or African A Native Hawaiian o White	r Alaska Native		what you consider you	irself to be.

## 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