### Attachment 6a: Respondent Data Collection Sheet (In-person interviews conducted at NCHS or offsite)

Form Approved OMB No. 0920-0222 Exp. Date: 01/31/2026

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 H21-8, 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(d)) and the Confidential Information Protection and Statistical Efficiency Act (44 U.S.C. 3561-3583). 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. In addition to the above cited laws, NCHS complies with the Federal Cybersecurity Enhancement Act of 2015 (6 U.S.C. §§ 151 and 151 note) which protects Federal information systems from cybersecurity risks by screening their networks.



### 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.

1. How did you hear about us? Washington Post/Express Flyer	Craigslist We called you to co	_	Email list Friend		
2. What is your gender?  Male Female Transgender					
3. What is your age?					
<ul><li>4. What is your marital status?</li></ul>	1	Never been married and enter additional	Living with a partner  details in the spaces next to each option.		
American Indian or Alaska Nativ Additional details (Enter,	ve for example, Navajo Na	ation, Blackfeet Tribe (	of the Blackfeet Indian Reservation of Montana, no Community, Aztec, Maya, etc.)		
Asian Additional details (Enter, for e	xample, Chinese, Asian	ı Indian, Filipino, Viet	namese, Korean, Japanese, etc.)		

Black or African American Additional details (Enter, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)					
Hispanic or Latino Additional details (Enter, for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)					
Middle Eastern or North African Additional details (Enter, for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)					
Native Hawaiian or other Pacific Islander Additional details (Enter, for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)					

White

Additional details (Enter, for example, English, German, Irish, Italian, Polish, Scottish, etc.)

# 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

#### **Attachment 6b: Respondent Data Collection Sheet (virtual interviews)**

Form Approved OMB No. 0920-0222 Exp. Date: 01/31/2026

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 H21-8, 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(d)) and the Confidential Information Protection and Statistical Efficiency Act (44 U.S.C. 3561-3583). 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. In addition to the above cited laws, NCHS complies with the Federal Cybersecurity Enhancement Act of 2015 (6 U.S.C. §§ 151 and 151 note) which protects Federal information systems from cybersecurity risks by screening their networks.



### **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.

1. How	did vou hea	r about us?					
	Craigslist		Em	ail list			
F	Flyer We called you to come back Friend					end	
	i <b>s your ge</b> i Iale Fen		gender, non-l	oinary, or anot	her gender		_
3. What	is your ago	<u>:</u> ?					
	<b>is your ma</b> Iarried	rital status? Divorced	Widowed	Separated	Never been r	narried	Living with a partner
5. What	is your rac	ce and/or eth	nicity? Sele	ct all that app	ly and enter ac	dditional d	letails in the spaces next to each option.
	Additional	,	r, for example			•	Blackfeet Indian Reservation of Montana, nmunity, Aztec, Maya, etc.)
Asian		details (Ente	r, for example	e, Chinese, Asi	ian Indian, Filip	oino, Vietno	amese, Korean, Japanese, etc.)

Additional details (Enter, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)
Hispanic or Latino Additional details (Enter, for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)
Middle Eastern or North African Additional details (Enter, for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)
Native Hawaiian or other Pacific Islander Additional details (Enter, for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)
White Additional details (Enter, for example, English, German, Irish, Italian, Polish, Scottish, etc.)

# 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