Form Approved

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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**

**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. What is your gender?**

 Male  Female  Transgender, non-binary, or another gender\_\_\_\_\_\_\_\_\_\_

**2. What is your age?**

 \_\_\_\_\_\_\_\_\_

**3. What is your race and/or ethnicity? Select all that apply and enter additional details in the spaces next to each option.**

  American Indian or Alaska Native

Additional details *(Enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.)*

 *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 Asian

Additional details *(Enter, for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)*

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 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.)*

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 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.)*

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**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