PANEL INFORMATION SHEET

OFFICE USE ONLY

Received _____

ID# _____

NAME: _____
Last Name Middle Initial First Name

ADDRESS: _____
Street City Zip Code

EMAIL: _____ _____

GENDER:
- ☐ Male
- ☐ Female

BIRTH YEAR: _____

TELEPHONE: Work: _____

Home: _____

Cell: _____

DO YOU HAVE ACCESS TO THE INTERNET?
- ☐ Yes
- ☐ No

[IF YES] Who is your Provider? _____

MARITAL STATUS:
- ☐ Married
- ☐ Single/Never Married
- ☐ Divorced/Separated/Widowed

DO YOU HAVE ANY CHILDREN UNDER 18 LIVING WITH YOU?
- ☐ Yes
- ☐ No

WHAT WAS THE LAST GRADE OF SCHOOL YOU HAVE COMPLETED?
- ☐ Less than High School Graduate
- ☐ High School Graduate/GED
- ☐ Some College (Assoc deg. or Trade School)
- ☐ College Graduate (Bachelor's degree)
- ☐ Post-College Graduate Degree

EMPLOYMENT STATUS:
- ☐ Employed Full-time - Occupation: _____
- ☐ Employed Part-time - Occupation: _____
- ☐ Unemployed
- ☐ Student - Which School? _____
- ☐ Retired
- ☐ Disabled
- ☐ Self-Employed – What industry? _____

WHAT IS YOUR ETHNIC IDENTIFICATION?
- ☐ African American
- ☐ Caucasian
- ☐ Chinese
- ☐ Hawaiian / Part-Hawaiian
- ☐ Japanese
- ☐ Filipino
- ☐ Other (SPECIFY) _____

HOUSING STATUS:
- ☐ Rent
- ☐ Own

HOUSING TYPE:
- ☐ Single Family
- ☐ Townhouse
- ☐ Condo/Apartment

ARE YOU A REGISTERED VOTER?
- ☐ Yes
- ☐ No

ARE YOU OR ANY MEMBER OF YOUR HOUSEHOLD A MEMBER OF A LABOR UNION?
- ☐ Yes
- ☐ No

ARE YOU ELIGIBLE FOR JURY DUTY?
- ☐ Yes
- ☐ No

DO YOU HAVE MEDICAL INSURANCE?
- ☐ Yes
- ☐ No

[IF YES] Who is your Provider? _____

DO YOU USE TOBACCO PRODUCTS?
- ☐ Yes
- ☐ No

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