



PANEL INFORMATION SHEET

OFFICE USE ONLY

Received _____

ID# _____

NAME: _____
 Last Name Middle Initial First Name

GENDER:

Male: _____

Female: _____

ADDRESS: _____
 Street City Zip Code

BIRTH YEAR: _____

Email _____

TELEPHONE: Work: _____
 Home: _____
 Cell: _____

WHAT IS YOUR ETHNIC IDENTIFICATION?

- _____ African American
- _____ Caucasian
- _____ Chinese
- _____ Hawaiian / Part-Hawaiian
- _____ Japanese
- _____ Filipino
- _____ Other (SPECIFY) _____

DO YOU HAVE ACCESS TO THE INTERNET?

_____ Yes _____ No

[IF YES] Who is your Provider? _____

MARITAL STATUS: Married _____
 Single/Never Married _____
 Divorced/Separated/Widowed _____

WHAT WAS THE TOTAL INCOME FOR YOUR HOUSEHOLD LAST YEAR?

- _____ Less than \$15,000
- _____ \$15,000 but less than \$25,000
- _____ \$25,000 but less than \$50,000
- _____ \$50,000 but less than \$75,000
- _____ \$75,000 but less than \$100,000
- _____ \$100,000 or more

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

ARE YOU A REGISTERED VOTER?

_____ Yes _____ No

ARE YOU OR ANY MEMBER OF YOUR HOUSEHOLD A MEMBER OF A LABOR UNION?

_____ Yes _____ No

EMPLOYMENT STATUS:

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

ARE YOU ELLIGIBLE FOR JURY DUTY?

_____ Yes _____ No

DO YOU REGULARLY OR OCCASSIONALLY DRINK BEER?

_____ Yes _____ No

[IF YES:] Favorite Beer? _____**HOUSING STATUS:** _____ Rent _____ Own**WHICH COMPANY PROVIDES YOUR MEDICAL INSURANCE?**

Insurance Provider: _____

HOUSING TYPE: _____ Single Family
 _____ Townhouse
 _____ Condo/Apartment

DO YOU USE TOBACCO PRODUCTS?

_____ Yes _____ No

DO YOU LISTEN TO THE RADIO?

_____ Yes _____ No

DO YOU ENJOY SHORE FISHING OR BOAT FISHING?

_____ Shore Fishing _____ Boat Fishing

What Radio Stations? _____