



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 WAS THE TOTAL INCOME FOR YOUR HOUSEHOLD LAST YEAR?

- Less than \$15,000
\$15,000 but less than \$25,000
\$35,000 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 ACCESS TO THE INTERNET? Yes No

[IF YES] Who is your Provider? _____

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

ARE YOU A REGISTERED VOTER? Yes No

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

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

HAVE YOU ELLIGIBLE FOR JURY DUTY? Yes No

EMPLOYMENT STATUS: Employed full-time Occupation: Employed part-time Occupation: Unemployed / looking for Student Which School? Retired

DO YOU REGULARLY OR OCCASSIONALLY DRINK BEER? Yes No

[IF YES:] Favorite Beer? _____

HOUSING STATUS: Rent Own

WHICH COMPANY PROVIDES YOUR MEDICAL INSURANCE? Kaiser HMSA Other Provider:

HOUSING TYPE: Single Family Townhouse Condo/Apartment

DO YOU USE TOBACCO PRODUCTS? Yes No

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

DO YOU ENJOY SHORE FISHING OR BOAT FISHING? Yes No

[IF YES] Shore Fishing Boat Fishing