

**Cambria and Somerset Counties Community Health Listening Sessions Information Form**

We request that you complete each question, but all questions are optional.

**What is your race/ethnicity? (select one):**

\_\_White

\_\_Black or African-American

\_\_American Indian or Alaskan Native

\_\_Native Hawaiian or other Pacific Islander

\_\_Asian

\_\_From multiple races

\_\_Some other race (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your gender? (select one):**

\_\_Female

\_\_Male

\_\_Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Questions on back

**What is your age?**

\_\_18-20

\_\_21-29

\_\_30-39

\_\_40-49

\_\_50-59

\_\_60 or older

**How did you hear about this session? (select one or more)**

\_\_Flyer

\_\_Word of mouth

\_\_Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_