



MARTIN FOCUS GROUP SERVICES

1199 North Fairfax Street • Suite 150 • Alexandria, VA 22314 • (703) 519-5800 • FAX (703) 519-0704

Date: _____

Name (First, Last): _____ Male Female

Spouse/Partner Name: (if interested) _____ Male Female

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Spouse Wk Phone: _____

Cell Phone: _____ E-Mail _____ Spouse e-mail _____

1. Your date of birth: ____/____/____ Spouse DOB: ____/____/____

2. Marital Status: Single Married Living with Partner

3. Have dependent children at home? Yes No Birth dates: ____/____/____ M/F ____/____/____ M/F
____/____/____ M/F ____/____/____ M/F ____/____/____ M/F ____/____/____ M/F

4. Annual household income?

- (A). Less than \$15,000 (B). \$15,000-\$24,999 (C). \$25,000-\$34,999 (D). \$35,000-\$49,999 (E). \$50,000-\$74,999
(F). \$75,000-\$99,999 (G). 100,000-\$124,999 (H). \$125,000-\$149,999 (I). \$150,000-\$200,000 (J). \$200,000+

5. Highest level of education completed? YOU SPOUSE
A. Some High School or less [] []
C. High School Grad/GED [] []
D. Bus/Tech School [] []
E. Some College [] []
F. College Grad [] []
G. Post Grad Degree [] []

6. What is your race? YOU SPOUSE
A. Caucasian [] []
B. African-American [] []
C. Asian [] []
D. Hispanic [] []
E. Native American [] []
F. Other: _____ [] []

7. How many hours a week do you spend on the internet? _____

- 8. Do you have health insurance? Yes No If yes, what type of coverage do you have?
A. Individual – you purchase it directly through a healthcare company
B. Group – you get coverage at a group rate through your employer or your spouses employer
C. Medicare
D. Medicare Supplement
E. Medicaid

Health Insurance Company Name _____

OVER ⇄

9. Do you own or rent your residence? **Own Rent**

10. In which type of dwelling do you live? **(A). Single Family Detached Home (B). Townhouse (C). Condo (D). Apartment (E). Mobile Home (F). Other**

11. Do you own a cell phone? If so, who is your service provider? _____

12. What are your favorite FM radio stations for Music? _____, _____, _____, _____

What are your spouses' favorite FM radio stations for Music? _____, _____, _____, _____

13. Are you registered to vote? **Yes No**

14a. With which political party do you most closely identify? **Democrat Republican Independent Swing**

14b. With which political party does your spouse most closely identify? **Democrat Republican Independent Swing**

15. Your employment status? **(A). Full-time (B). Small Business Owner (C). Self-Employed (D). Part-time (E). Unemployed (F). Homemaker (G). Retired (H). Student**

16. What is you job title? _____ Industry _____

Is it **GOVERNMENT NON-PROFIT ASSOCIATION PRIVATE** _____

If teacher, please specify grade and subject taught. If in Military, please specify Branch/Rank

17. Spouse employment status? **(A). Full-time (B). Small Business Owner (C). Self-Employed (D). Part-time (E). Unemployed (F). Homemaker (G). Retired (H). Student**

18. What is your spouse's job title? _____ Industry? _____

If teacher, please specify grade and subject taught. If in Military, please specify Branch/Rank

19. Who referred you to us? _____

Please list the names and home phone numbers of people you know who would be interested in participating in our research studies. Please let them know you gave us their name, so when we call them, they know what the call is regarding. Thank you!

Name	Home or Work Phone	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OFFICE USE ONLY

Date _____ Client _____ Subject _____