

- I am new, have participated in a recent research session, and would like to do more in the future.
- I am new, referred by relative/friend, have never participated in a research session, but would like to.
- I am already in your database, please update my records with the "NEW" information I've provided below.

IF YOU HAVE ALREADY FILLED OUT THIS FORM AND YOUR INFORMATION IS UP-TO-DATE, PLEASE PASS ALONG TO A FRIEND. THANK YOU!

MARTIN FOCUS GROUP SERVICES, INC.

2122 Carolina Avenue, SW - P. O. Box 8595 - Roanoke, VA 24014
(540)342-1970 - (800)386-2177

NAME _____ DATE _____
 ADDRESS _____ HOME PHONE _____
 _____ WORK PHONE _____
 CITY/STATE/ZIP _____ FAX PHONE _____
 E-MAIL ADDRESS _____

Since our group meetings require different areas of expertise, we need to gather some basic information about participating for screening purposes. Please answer the following:

1. What is your age? _____ Date of birth: ____ / ____ / ____
2. Which of the following categories best describes your present marital status?
 Single Married Divorced Separated Widowed
3. Which of the following categories best describes your present family situation or lifestyle:
 single adult/no children living at home
 single parent/dependent children living at home
 married couple/dependent children living at home
 married couple/no dependent children living at home
 single adult/living with partner
4. *[If married]*: Would your spouse be willing to participate? Yes No
 Spouse Name _____ Spouse Age _____ Spouse Date of Birth ____ / ____ / ____
5. If you have "dependent children living at home", what are their dates of birth? _____
6. Which of the following categories best describes your household's total annual income?
 Category A - under \$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+
7. Last year of education completed:

	Self	Spouse
Some High School	<input type="checkbox"/>	<input type="checkbox"/>
GED	<input type="checkbox"/>	<input type="checkbox"/>
High School Graduate	<input type="checkbox"/>	<input type="checkbox"/>
Some College	<input type="checkbox"/>	<input type="checkbox"/>
College Graduate	<input type="checkbox"/>	<input type="checkbox"/>
Post Graduate Studies	<input type="checkbox"/>	<input type="checkbox"/>
Business or Technical School	<input type="checkbox"/>	<input type="checkbox"/>
8. Gender: Male Female
9. What is your ethnic heritage/race?
 Caucasian African American Asian Hispanic Other
10. What is the name of your primary bank? _____
11. Does anyone in your household work for an advertising agency or marketing research firm? Yes No

12. Do you have health insurance? Yes No

13. *[If yes]*: Is this insurance: Group (received through an employer—you pay all, some or none of the premium)
 Individual (not received through an employer—you pay for the entire premium yourself)
 Medicare
 Medicare Supplement (please check if group rate, or individual rate)
 Other (specify)_____

Is your plan a: PPO POS HMO or Traditional Plan

14. What is the name of your health insurance carrier?_____

15. Do you currently own or rent your home? Own Rent

16. What is your favorite radio station for music?_____ Spouse's favorite station?_____

17. Are you a registered voter in the State of Virginia? Yes No

A. Your political party affiliation: REP DEM IND

B. Your spouse's political party affiliation: REP DEM IND

EMPLOYMENT:

18. If employed, are you: full time part-time retired seasonal homemaker

19. What type of work do you do? (job title?)_____

20. Name of the business_____

21. *[If married]*: Is your spouse employed: full time part-time retired seasonal homemaker

22. *[If married]*: What type of work does your spouse do? (job title?)_____

23. *[If married]*: Name of the business [for spouse]_____

24. Who referred you to Martin Research?_____

25. Please list the names, addresses, home phone numbers and approximate ages of anyone you know who would be interested in participating in a research study with Martin Focus Group Services:

NAME	ADDRESS	HOME PHONE	APPX. AGE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

**THANK YOU FOR FILLING OUT OUR QUESTIONNAIRE.
PLEASE RETURN IT IN THE POSTAGE-PAID ENVELOPE PROVIDED.**