

ADAP Data Collection Form – Large Group

Participants, please tell us a little about you. Check one box in each section that best describes you. This information will help us fulfill our grant requirements and let us know who we are serving or not serving in our community. This will only be reported as part of an aggregate data report. ***(Please check one for each section)***

| SECTION A: AGE (Please choose one) | |
|------------------------------------------------------------------------------|--|
| 0-4 | |
| 5-11 | |
| 12-14 | |
| 15-17 | |
| 18-20 | |
| 21-24 | |
| 25-44 | |
| 45-64 | |
| 65+ | |
| I prefer not to respond | |

| SECTION B: GENDER (Please choose one) | |
|---------------------------------------------------------------------------------|--|
| Male | |
| Female | |
| I prefer not to respond | |

| SECTION C: ETHNICITY (Please choose one) | |
|------------------------------------------------------------------------------------|--|
| Hispanic or Latino | |
| Not Hispanic or Latino | |
| I prefer not to respond | |

| SECTION D: RACE (Please choose one) | |
|-------------------------------------------------------------------------------|--|
| White | |
| Black or African American | |
| Native Hawaiian or Other Pacific Islander | |
| Asian | |
| American Indian/Alaska Native | |
| More Than One Race | |
| I prefer not to respond | |

| SECTION E: MILITARY | |
|----------------------------------------------------------------------------|---------------------|
| Are you: | (Please choose one) |
| A current member of the armed forces | |
| A veteran | |
| I am not a current member or veteran of the military | |
| I prefer not to respond | |
| Do you have a family member who is in the military or is a veteran? | (Please choose one) |
| Yes | |
| No | |
| I prefer not to respond | |