

ADAP Regional Prevention Partnerships Data Collection Form – Small Group

Please tell us more about yourself. This information will help us fulfill our grant requirements and let us know who we are serving or not serving in our community. We consider this information private and it will only be shared as part of a combined data report.

1. Are you: (Please check one)

- Female
- Male
- Transgender
- Other
- I prefer not to answer

2. What is your age? (Please check one)

- 0-11
- 12-17
- 18-20
- 21-25
- 26-44
- 45-64
- 65+
- I prefer not to answer

3. What race best describes you? (Please check one)

- American Indian/Alaska Native
- Black or African American
- White
- Asian
- Native Hawaiian/Other Pacific Islander
- More than one race
- I prefer not to answer

4. Are you Hispanic, Latino/a or of Spanish origin? (Please check one)

- Yes
- No
- I prefer not to answer

5. Please select the response that best describes you: (Please check one)

- I am currently serving in the Armed Forces
- I am currently serving in the Reserves
- I am currently serving in the National Guard
- I have served in the past but do not currently serve in the Armed Forces, Reserves or National Guard
- I have never served in the Armed Forces, Reserves or National Guard
- I prefer not to answer

6. Please select the response that best describes the military service of your immediate family (spouse, parent, sibling, and/or child) (Please check one)

- I have an immediate family member who is **currently serving** in the Armed Forces, Reserves or National Guard
- No member of my immediate family member is currently serving in the Armed Forces, Reserves or National Guard, but one (or more) members **has served in the past.**
- No member of my immediate family member has ever served in the Armed Forces, Reserves or National Guard.
- I prefer not to answer