

**JOIN OUR PANEL —
INFORMATION FORM**

Focus Groups of Cleveland, Inc.

2 Summit Park Drive, Suite #225
Independence, OH 44131
Phone: (216) 901-8075
Toll Free: (800) 950-9010
Fax: (216) 674-5574

Please fill out the information below, or if you are already a member of our panel, make any needed changes to your current file, and return the completed form by fax (216 674-5574) or email (broadcast@focusgroupsofcleveland.com). The information is very helpful to us in targeting the proper individuals for each project and is kept in strict confidence. We will enter your information into our system, and when studies, surveys or group discussions come up that you qualify for, we will then contact you.

We do occasionally send an email questionnaire for participants to fill out to pre-qualify for a group discussion, survey or study. Please add our email address — broadcast@focusgroupsofcleveland.com — to your acceptable message list (so that our emails are not blocked by your spam filter).

Please be aware that you may be limited to two participations in a 12-month period due to client specifications.

Thanks for your interest in participating! Feel free to make copies for your friends.

Please fill out only one card per household.

Date this form was completed _____

You are:

- _____ filling out a form for the first time
- _____ updating a previous form
- _____ notifying us of a change of address
- _____ notifying us of a change of phone number
- _____ notifying us of a change of email address

Last Name _____

First Name (Ms.) _____ Last Name (if
different) _____

First Name (Mr.) _____

Ms. Home Phone # _____ Ms. Cell # _____ Ms. Work # _____

Ms. Personal Email

Address _____

Mr. Home Phone # _____ Mr. Cell # _____ Mr. Work # _____

Mr. Personal Email

Address _____

Date of Birth: Ms. _____

Mr. _____

General Information	Ms.	Mr.
Race/Ethnicity		
Marital Status: Single, Married, Separated, Divorced, Cohabiting, Widow/Widower		
Last Level of Education		
Employment Status: Full-Time, Part-Time, Not Working, Retired		
Political Party Affiliation: Democrat, Republican, Independent, Unknown/Refused		
Registered Voter (yes or no)		

WORK INFORMATION

Ms. Name of

Employer _____

Ms. Occupation/Job

Title _____

Mr. Name of

Employer _____

Mr. Occupation/Job

Title _____

HOUSEHOLD INFORMATION

Address _____

City _____

Zip _____

County

Housing Type (check one): House _____ Apartment _____ Condo _____

Trailer _____

Check one: Own _____ Rent _____ Live with parents _____
Total Household Income _____

FAMILY INFORMATION

Child's Date of Birth	Gender Gender	Child's Date of Birth	
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

[NOTE TO DESIGNER: Please make this (below) into a chart/table.]

PLEASE INDICATE AN ANSWER FOR EACH (BELOW)

	Ms.	Mr.
Do you own a boat? (yes or no)		
Your Favorite Beer Brands (list up to 3)		
Cable/Dish TV Company		
Car/Motorcycle Insurance Provider		
Car/Motorcycle Make(s)		
Car/Motorcycle Model(s)		
Car/Motorcycle Year(s)		
Do you own a pet? (dog, cat, bird, horse, other)		
Cellphone Brand		
Cellphone Service Provider		
Telephone Land Line (yes or no)		
Telephone Land Line Provider		
Do you use tobacco products? (yes or no)		
Cigar Brand		
Cigarette Brand		
Smokeless Tobacco Brand		
Desktop PC (home, work, both, none)		
Internet Access (cable modem, dial-up, DSL, T1Line)		
Internet Service Provider		
Internet Use (home, work, both, none)		
Laptop (yes or no)		

Favorite Radio Stations

Religion

Union Member (yes or no)

Vegetarian (yes or no)

MS. HEALTH PROBLEMS

MS. MEDICATIONS

MR. HEALTH PROBLEMS

MR. MEDICATIONS
