

**YOUR OPINION PAYS**

Field Research Services 2055 Rice St St. Paul, MN 55114

PH: 651-644-3150 Fax: 651-644-3248

**Referred by:**  Family Member/Name: \_\_\_\_\_  Friend/Name: \_\_\_\_\_  
 Craig's List  Newspaper  Other/Specify: \_\_\_\_\_

Please fill out the following information in order to be eligible for participation in market research studies. This information is used to qualify you for paid market research projects and is kept strictly confidential. Information will never be sold to another party, and at no time will we ever attempt to sell anything to you.

**NAME:** First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ **GENDER:**  M  F

**HOME ADDRESS:** \_\_\_\_\_ **CITY** \_\_\_\_\_ **ST** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**COUNTY:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_ - \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_ - \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_ - \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**RACE:**  White  African American  Hispanic  Asian  Native American  Other

**MARITAL STATUS:**  single  married  divorced/ separated  widowed  living together

**SPOUSE/PARTNER:** First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

**GENDER:**  M  F **AGE:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **PHONE:** \_\_\_\_\_ - \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**RACE:**  White  African American  Hispanic  Asian  Native American  Other

<b>EDUCATION:</b>	Self	Spouse
Some High School		
High School Grad		
Some College		
Tech or Vocational		
College 4 Yr Grad		
Post Grad		

<b>OCCUPATION:</b>	Self	Spouse
Part-time		
Full-time		
Homemaker		
Student		
Retired		
Other: <i>specify</i>		

<b>ANNUAL HOUSEHOLD INCOME:</b>	
Up to 20,000	
21,000 – 35,000	
36,000 – 50,000	
51,000 – 75,000	
76,000 – 99,000	
100,000 – 125,000	
125,000 and Over	

<b>HOUSEHOLD MEMBERS UNDER 18 YEARS OLD.</b>				
Members 18 and over should fill out a separate form. Please do not give child's name.				
Child 1:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth: ____/____/____	
Child 2:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth: ____/____/____	
Child 3:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth: ____/____/____	
Child 4:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth: ____/____/____	
Child 5:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth: ____/____/____	