



A - Z	A - Z	01 - 12	01 - 31
First letter of your FIRST name	First letter of your LAST name	Birth Month (2 digits)	Birth Day (2 digits)

Please Share a Little We would like to learn about the people who attend our activities to help us improve our services. Your answers are combined with everyone else's and cannot be used to identify you. **Thank you for your help.**

1. Check the box that best describes your age:

- 0-4 years 5-17 years 18-59 years 60+ years Prefer not to respond

2. Check the box that best describes your sex:

- Female Male Other Prefer not to respond

3. Check the box that best describes your ethnicity:

- Hispanic/Latino NOT Hispanic/Latino Prefer not to respond

4. Check all boxes that apply to your race:

- American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander
Asian White
Black or African American Prefer not to answer

Funded by USDA SNAP, an equal opportunity provider and employer. Please visit www.CalFreshHealthyLiving.org for healthy tips.