

# CSA Registration

Record ID \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

Phone number \_\_\_\_\_

Is this a cell phone number?  Yes  No

If this is a cell phone may we text you at this number?  Yes  No

Email Address \_\_\_\_\_

Have you ever had the opportunity to participate in health research?  Yes  No

Have you ever been enrolled in a health research study?  Yes  No

Historically, some races have been either underrepresented or unfairly represented by research. So we want to make sure we are offering the CSA to a diverse pool of participants. With that in mind, do you mind sharing:  
\_\_\_\_\_

With what race do you identify yourself?

Ethnicity  Hispanic  Non-Hispanic  
 Other

If other, what ethnicity do you identify as? \_\_\_\_\_

What gender do you identify as?  Male  Female  Transgender

What is your highest level of education?  GED / high School Diploma  
 Some College  
 College degree or higher

What age range are you?  21 - 44  45 - 64  65 +

Please list any dietary restrictions. \_\_\_\_\_

How did you hear about the CSA?  
 Facebook  
 Flier in Public Spaces  
 Word of Mouth  
 Email Blast  
 Individual Email  
 TV News Segment  
 Other

If other, how? \_\_\_\_\_