**How Did You Hear About Us?**

Class Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **How did you hear about this class? Check all that apply.** |  |
| 1. □ A friend, family member, or coworker. |  |
| 1. □ Someone who took the class before. 2. □ Someone who teaches this or other community classes. 3. □ A doctor’s office of any kind, like a medical practice, HMO, hospital, or community clinic.   **IF YOU CHECKED DOCTOR’S OFFICE, GO TO NEXT QUESTION.**   1. □ A community or church/synagogue leader. 2. □ A brochure, flyer, poster, or other printed material **NOT** from a doctor’s office. 3. □ A story or ad on radio or TV, or in a newspaper. 4. □ A Web site. 5. □ Don’t know or don’t remember. 6. □ Other source. **SPECIFY:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
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| **4a. What’s the name of the doctor or clinic?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **4b. Who in the doctor’s office told you about the class? Check only one answer.**   1. □ Doctor. 2. □ Other clinical staff, like a nurse or physician’s assistant. 3. □ Front desk or administrative staff. 4. □ Someone in the waiting room. 5. □ Other staff. 6. □ No person—just a brochure, flyer, or poster. |
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