**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.
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| 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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