**Information About You**

1. Are you registered to vote right now? ___ Yes ___ No ___ Don’t know
2. Have you voted before? ___ Yes ___ No
3. When was the last election you voted in? ________
4. The last time you voted, what did you use to vote?
   _____ Lever machine
   _____ Absentee / Vote by Mail
   _____ Punch card
   _____ Touch screen
   _____ Optical scan (filling in a bubble or joining the ends of an arrow)
   _____ I don’t remember
5. What is your age? _____
6. What is your zip code? _______
7. Which of these best describes your race or ethnicity:
   _____ American Indian or Alaska Native
   _____ Asian
   _____ Black or African-American
   _____ Hispanic/Latino
   _____ Native Hawaiian or other Pacific Islander
   _____ White
   _____ Other
8. Are you:
   _____ Female
   _____ Male
9. Do you have physical limitations, such as:
   _Yes _No  Blindness, deafness, or a severe vision or hearing impairment
   _Yes _No  A condition that substantially limits one or more physical activities,
              such as walking, climbing stairs, reaching, lifting, or carrying?
10. Do you have difficulty doing any of the following?
    _Yes _No  Learning, remembering, or concentrating?
    _Yes _No  Dressing, bathing, or getting around inside the home?
    _Yes _No  Going outside the home alone to shop or visit a doctor’s office?
    _Yes _No  Working at a job or business?