

**Attachment T: Special Event/Outreach Survey (General Public) (English)**

## Special Event/Outreach Survey (General Public) (English)

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Items in *[brackets]* are instructions for the CSR—they are not read to the respondent. The CSR does **NOT** read the response options unless the instructions explicitly instruct the CSR to do so. Otherwise, only the questions are read to the respondent.

Items in (parentheses) represent possible program-specific questions.

1. Are you: [*CSR reads the response options*]
1. A medical professional [*Administer the professional survey*]
2. Representing a business or organization [*Administer the professional survey*]
3. Individual [*Continue with this survey*]
4. *Refused to answer*

Public reporting burden of this collection of information is estimated to average of 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX)

2. How did you hear about \_\_\_\_\_(National HIV Testing Day) (National Infant Immunization Week) (World No Tobacco Day)?

**1. Advertisement on TV or Radio**

2. TV ad  
3. Radio ad

**4. Advertisement NOT on TV or Radio**

5. Billboard  
6. Bus ad (outside or inside)  
7. Magazine

**8. Media**

9. Internet search  
10. Other web site  
11. CDC website  
12. Story line on TV program

1. Name of program:

2.

a

13. Other: \_\_\_\_\_

14. Don't recall

15. *Refused to answer*

**3. Is this the first time you have called CDC-INFO?**

1. Yes  
2. No  
3. Not sure  
4. *Refused to answer*

4. What did you learn from your call to CDC-INFO that you did not know before? (the responses will depend upon the nature of the campaign)

5. Did what you learned make you want to change any behaviors?

1. Yes  
2. No  
3. Not sure/Thinking About It  
4. *N/A—caller is a professional*  
5. *Refused to answer*

6. [If “No”, skip to question 7] I would appreciate it if you would tell me more about what changes you are thinking about. Would you feel comfortable sharing that with me? If not, we can go to the next question. (the responses will depend upon the nature of the campaign)
7. In the past 12 months, who have you contacted, when you needed information about (HIV testing) (Immunization) (Smoking Cessation)?
1. Doctor’s office
  2. Community agency
  3. Community health center
  4. Local health department
  5. Hospital emergency room
  6. Telephone health line (specify) \_\_\_\_\_
  7. Walk-in clinic
  8. Other hospital service
  9. Other hotline
  10. Family/Friends
  11. Other: (specify) \_\_\_\_\_
  12. *Refused to answer*

The last few questions will help CDC learn more about the people we’re reaching with our service.

8. How old are you? [OR] How old is the person you are calling about?
1. 1 year old or less
  2. 2-3 years old
  3. 4-5 years old
  4. 6-7 years old
  5. 8-9 years old
  6. 10-11 years old
  7. 12-13 years old
  8. 14-15 years old
  9. 16-17 years old
  10. 18-19 years old
  11. 20-34 years old
  12. 35-49 years old
  13. 50-64 years old
  14. 65 or older
  15. *Refused to respond*
9. How would you describe your ethnic or racial background?
1. Hispanic or Latino
  2. Black or African American
  3. White
  4. Asian
  5. American Indian or Alaska Native
  6. Native Hawaiian or Other Pacific Islander
  7. *Refused to answer*
10. [CSR inputs data. If can’t tell gender, ask] Are you male or female?
1. Male
  2. Female

3. *Refused to answer*

11. May I ask what your annual family income is? [*If yes*] Is it:

- 1. Below \$18,851?
- 2. Between \$18,851 and \$44,684?
- 3. Above \$44,684?
- 3. *Refused to answer*

12. Finally, what do you think is the best way to get the word out about (HIV testing) (Immunization) (Smoking Cessation) in your community?

1	Billboard		20	TV	
2	Bus ad (outside or inside)				
3	Can't think of anything			<b>Note to the Interviewer:</b> If respondent selects TV as an option, fill in one of the following subcategories:	
4	Childcare/day care				
5	Clinic				News program
6	Community agency				Commercial
7	Doctor/other health care professional			Storyline on existing program	
8	Flyer			<b>Note to the Interviewer:</b> If respondent selects "storyline" as an option, ask "Which program/show?"	
9	Friend/family member			[ <i>Fill in name of show</i> ]:	
10	Grocery Store		21	Nutrition Program for Women, Infants & Children (WIC)	
11	Hospital		22	Other [ <i>Fill in</i> ]	
12	Information line		23	<i>Refused to answer</i>	
13	Internet/Website				
14	Magazine				
15	Newspaper				
16	Public Event				
17	Public Health Department				
18	Radio				
19	School				

Those are all of the questions. Thank you for calling CDC-INFO. Goodbye.

**Attachment U: Special Event/Outreach Survey (General Public) (Spanish)**

## Special Event/Outreach Survey (General Public) (Spanish)

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Items in *[brackets]* are instructions for the CSR—they are not read to the respondent. The CSR does **NOT** read the response options unless the instructions explicitly instruct the CSR to do so. Otherwise, only the questions are read to the respondent.

Items in (parentheses) represent possible program-specific questions.

1. ¿Es usted: [*CSR reads the response options*]
1. Un médico profesional [*Administer the professional survey*]
2. Representante de un negocio u organización [*Administer the professional survey*]
3. Individuo [*Continue with this survey*]
4. *Refusa a responderr*

De acuerdo a gravámenes en informes públicos el promedio para recaudar ésta información es de 3 minutos por respuesta, lo cual incluye el tiempo utilizado para revisar instrucciones, buscar fuentes de datos ya existentes, recaudar y conservar datos necesarios, y completar y analizar la recaudación de la información. Una recaudación de información no debe llevarse a cabo o ser auspiciada por una agencia al menos que dicha recaudación lleve consigo un número actual de control OMB válido. De igual modo una persona no debe responder una recaudación de información si dicha recaudación no presenta un número actual de control OMB válido. Por favor sírvase enviar comentarios con respecto al estimado de este gravamen o de cualquier otro aspecto de ésta recaudación de información, también se pueden incluir sugerencias en cómo reducir este gravamen a CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333. ATTN: PRA (0920-XXXX)

2. ¿Cómo se enteró acerca de \_\_\_\_\_(Día Nacional de lucha contra el VIH) (Semana Nacional de la Inmunización infantil) (Día Mundial sin Tabaco)?

**1. Advertisement on TV or Radio**

2. TV ad  
3. Radio ad

**4. Advertisement NOT on TV or Radio**

5. Billboard  
6. Bus ad (outside or inside)  
7. Magazine

**8. Media**

9. Internet search  
10. Other web site  
11. CDC website  
12. Story line on TV program

1. Name of program:

2.

a

13. Other: \_\_\_\_\_

14. Don't recall

15. *Refused to answer*

**3. ¿Es la primera vez que llamó a CDC-INFO?**

1. Yes  
2. No  
3. Not sure  
4. *Refused to answer*

4. ¿Aprendió algo nuevo como resultado de su llamada a CDC-INFO? ¿Obtuvo información que usted no sabía? (the responses will depend upon the nature of the campaign)

5. ¿Cambió algo en su comportamiento como resultado de esta nueva información? ¿Hizo la nueva información que cambiara algo en su comportamiento?

1. Yes  
2. No  
3. Not sure/Thinking About It  
4. *N/A—caller is a professional*  
5. *Refused to answer*

6. [If "No", skip to question 7] Aprendería mucho si me dijera que cambios esta pensando hacer. Pero si no se siente cómodo compartiendo esta información con nosotros, podemos continuar con la siguiente pregunta. (the responses will depend upon the nature of the campaign)

1. En los pasados 12 meses, A quién o a dónde se dirigió cuando necesitó información sobre (prueba contra VIH) (Inmunización) (Dejar de fumar)?

1. Doctor's office  
2. Community agency  
3. Community health center  
4. Local health department  
5. Hospital emergency room  
6. Telephone health line (specify) \_\_\_\_\_

7. Walk-in clinic
8. Other hospital service
9. Other hotline
10. Family/Friends
11. Other: (specify) \_\_\_\_\_
12. *Refused to answer*

Las preguntas que vienen a continuación ayudaran a CDC INFO a conocer más a las personas que reciben sus servicios.

8. ¿Cuántos años tiene? [OR ] ¿Cuántos años tiene la persona para la cual llamó?

1. 1 year old or less
2. 2-3 years old
3. 4-5 years old
4. 6-7 years old
5. 8-9 years old
6. 10-11 years old
7. 12-13 years old
8. 14-15 years old
9. 16-17 years old
10. 18-19 years old
11. 20-34 years old
12. 35-49 years old
13. 50-64 years old
14. 65 or older
15. *Refused to respond*

9. ¿Cómo describe su grupo étnico o racial?

1. Hispanic or Latino
2. Black or African American
3. White
4. Asian
5. American Indian or Alaska Native
6. Native Hawaiian or Other Pacific Islander
7. *Refused to answer*

10. [CSR inputs data. If can't tell gender, ask] Es usted hombre o mujer?

1. Male
2. Female
3. *Refused to answer*

11. ¿Podría preguntarle cuanto es su ingreso familiar anual? [If yes] Es:

1. Menos de \$18,851?
2. Entre \$18,851 y \$44,684?
3. Más de \$44,684?
3. *Refusa a responder*

12. Finalmente, Cuál cree usted que sea la mejor manera de informar a su comunidad acerca de (Prueba contra VIH) (Inmunización) (Dejar de fumar)?

Billboard		TV
Bus ad (outside or inside)		<i>Note to the Interviewer:</i> If respondent selects TV as an option, fill in one of the following subcategories:
Can't think of anything		
Childcare/day care		
Clinic		
Community agency		News program
Doctor/other health care professional		Commercial
Flyer		Storyline on existing program
Friend/family member	<i>Note to the Interviewer:</i> If respondent selects "storyline" as an option, ask "qué programa/show?"	
Grocery Store		[Fill in name of show]:
Hospital		WIC Programa de Nutrición para Mujeres, Infantes y Niños
Information line		Other [Fill in]
Internet/Website		Refused to answer
Magazine		
Newspaper		
Public Event		
Public Health Department		
Radio		
School		

Those are all of the questions. Thank you for calling CDC-INFO. Goodbye.

Formulario Aprobado  
Nº OMB **0920-XXXX**  
Fecha de expiración **xx/xx/20xx**