

Attachment G: Eligibility Script for Pretest and Main Study

Form Approved

OMB No. 0920-XXX

Exp. Date xx/xx/20xx

Public Reporting burden of this collection of information is estimated at 1 minute 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, GA 30333; Attn: PRA (0920-XXXX).

Respondent No. _____

Hi, I'm _____. I work for the Research Collaborative Unit here.

Do you speak English?

(If no) → That's o.k. Thank you. → STOP

(If yes) → Great. Thank you. We're doing a study on women's health.

Do you have access to a phone where we can call you to ask you some questions?

(If no) → That's o.k. Thank you. → STOP

(If yes) → Good. Thank you.

Research Assistant will determine, by observation, if patient is ineligible because of impending labor (only for Pretest); visual, hearing, or mental impairment; or accompanied by a child over age three with no other adult supervision or a companion who refuses to separate from her.

(If not eligible) Patient will be thanked.

(If eligible) We'd like to invite you to participate in our study → *(Continue with consent form).*