Form Approved OMB No. 0920-0798 Exp. Date: 01/31/2011

Attachment 7

Screening Questionnaire for Couples

READ BELOW TO BOTH MEMBERS OF COUPLE

Thank you very much for speaking with us about the interviews we are conducting. My name is _____ and I work for Schlesinger Associates. We are working with RTI International and the Centers for Disease Control and Prevention (CDC) to recruit couples to participate in telephone interviews together to examine how women and their partners work together and communicate about women's health and healthy behaviors.

Couples who are qualified to participate will be asked to take part in a one-time, telephone interview for approximately 60 minutes. The interview will be audio recorded and it is possible that someone from the CDC would be listening during the interview. After completion of the discussion, you and your spouse or partner will each receive \$35 in appreciation of your time. Participation is completely voluntary. All information you provide will remain secure.

Does this sound like something you would be interested in participating in?

[If NO] Thank you for your time.

[If YES] Great. Would it be okay if I ask you a few questions? Some of the questions may make you feel uncomfortable, but your decision to answer the questions is completely voluntary and you can skip any question you do not feel comfortable answering and stop answering questions at any time.

IF SPEAK WITH FEMALE PARTICIPANT FIRST, START AT QUESTION 1. IF SPEAK WITH MALE PARTICIPANT FIRST, START AT QUESTION 18.

1. What is your age? years	
If age is 18-44 years	CONTINUE
If age is less than 18 years or greater than 44 years	TERMINATE

Public reporting burden of this collection of information is estimated to average 12 minutes, 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 (0920-0798)

2. Are you currently married or in a committee	ted relationship?	
Yes, Married Yes, Committed Relationship No	SKIP TO Q4 GO TO Q3 TERMINATE	
3. Do you and your partner live together at the	he same address?	
Yes No		
4. How long have you been [married or in a	committed relation	ship]?
years		
5. Are you comfortable participating in a 60 spouse or partner in English?)-minute telephone	interview together with your
Yes No TERMINATI	E	
6. Which of the following categories best de in 2009?	scribes your incom	e (before taxes) from all sources
Less than \$35,000 Between \$35,000 and \$75,000 \$75,000 or more Don't know	(LOW) (HIGH) TERMINATE TERMINATE	
7. What is the highest grade or year of school	ol you completed?	
Never attended school Grades 1 through 8 Grade 9 through 11 (some high search of Grade 12 or GED (high school grade 1-3 years (some college College 4 years or more (college)	raduate) or technical school)	(LOW)
8. Are you currently covered by health insur	ance or some other	kind of health care plan?
Yes No (SKIP TO QUESTION 10;	LOW)	
9. What kind of health insurance or health ca apply.)	are plan or coverag	e do you have? (Check all that
Medicaid		(LOW)

Military Health (yer health insurance plan	}	(HIGH)	
10. How many biological ch	nildren do you and your spor IF 0, GO TO Q12.	use or partr	ner have together?	
11. How old is your child/cl	nildren?			
Child 1	_ Child 4			
Child 2	Child 5		_	
Child 3	_			
12. Have you given birth in	the past 12 months?			
Yes	SKIP TO QUESTION 1	l5 (INCI	LUDE IN GROUP 5)	
☐ No				
13. Are you currently pregr Yes No				
14. Which of the following	statements would best desc	cribe you an	nd your spouse or partner?	
	for a pregnancy in the next CLUDE IN GROUP 1; 1 +		CLUDE IN GROUP 2)	
at some time in the f	ning a pregnancy in the next Future CLUDE IN GROUP 1; 1+			gnant
	pregnancy at any time in the CLUDE IN GROUP 3; 1+		CLUDE IN GROUP 4)	
	regnant (surgical sterilization lity, infertility) TERMINA	_	ation, hysterectomy,	
15. Are you Hispanic or La	tina?			
Yes No				

16. Which of the following categories describes your race? [EXPLAIN THAT THEY CAN SELECT ALL THAT APPLY]

American Indian or Alaska Nativ	ve	
Black or African American		
Native Hawaiian or Other Pacific	: Islander	
White		
17. What is your current employment status	?	
Working full time for pay		
Working part time for pay Full-time homemaker or family o	unnogiyyon	
Retired	diegivei	
Unemployed		
Student Other, please specify:		
Guier, picuse specify.		
I have some questions that I'd like to ask yo speak with now?	ur spouse (or partner).	Would s/he be available to
Yes		
No [get time to call back]		
Questions for Male Participant		
[READ INTRODUCTION ON PAGE 1 I	F HAVE NOT ALRI	EADY]
18. What is your age?y	ears	
19. Are you comfortable participating in a 6 spouse or partner in English?	60-minute telephone in	terview together with your
Yes CONTINUE		
No TERMINAT	E	
24. Which of the following categories best of in 2009?	describes your income	(before taxes) from all sources
Less than \$35,000	(LOW)	
Between \$35,000 and \$75,000	(HIGH)	
\$75,000 or more	TERMINATE >	**ONLY IF TALK WITH
Don't know	TERMINATE	MALE FIRST**
25. What is the highest grade or year of scho	ool you have complete	d?
Never attended school		
INEVEL attenued School		

Grades 1 through 8 Grade 9 through 11 (some high school) Grade 12 or GED (high school graduate) College 1-3 years (some college or technical school) College 4 years or more (college graduate)				
20. How many biological children d	o you and your spouse or partner have together?			
21. How old is your child/children?				
Child 1	Child 4			
Child 2	Child 5			
Child 3				
22. Are you Hispanic or Latino?				
Yes No				
23. Which of the following categorie SELECT ALL THAT APPLY]	es describes your race? [EXPLAIN THAT THEY CA	N		
American Indian or Alasl	ka Native			
Asian Black or African American				
Native Hawaiian or Other Pacific Islander White				
26. What is your current employmen	nt status?			
Working full time for pay				
Working part time for payFull-time homemaker or family caregiver				
Retired				
Unemployed				
Student Other, please specify:				

WRAP-UP FOR TERMINATED INDIVIDUALS:

Thank you for speaking with us and answering the questions today, but unfortunately you are not eligible to participate in a telephone interview examining communication about women's health and healthy behaviors. All information that you provided today will remain secure. If you have any further questions about this project please call XXX-XXXX. Thank you again.

CATEGORIZING ELIGIBLE COUPLES

Income	Insurance	Education	GROUP
LOW	LOW	LOW	GROUP A
LOW	HIGH	HIGH	GROUP B
LOW	LOW	HIGH	GROUP A
HIGH	LOW	LOW	GROUP A
HIGH	HIGH	LOW	GROUP A
HIGH	HIGH	HIGH	GROUP B

WRAP-UP FOR ELIGIBLE COUPLES:

Group Eligibility (Check appropriate box):

		A	В
		(see above)	(see above)
1.	Couples who have not had a child and plan to be		
	pregnant		
2.	Couples who have had children (more than a year ago		
	or more) and plan to have more children		
3.	Couples who do not plan to have children		
4.	Couples who have had children (more than a year ago		
	or more) and are not planning to have more		
5.	Couples who have had a baby in the last year		
	(irrespective of their future pregnancy plans)		

Schedule for Interview: I would like to invite you to participate in a telephone interview that will be held on [DAY] at [TIME]. During that time, you will be asked to call into a toll-free telephone line and a trained interviewer from RTI International will lead the discussion with you and your partner/spouse. As I mentioned earlier, the discussion will last approximately 60 minutes. To thank you for your time, you and your spouse/partner will each receive \$35 following your participation in the discussion. Would you be willing to participate? Yes BYES GET CONTACT INFO NO END CALL I would like to ask you for some contact information so that I may be able to send you a confirmation letter for your scheduled interview. Your name and address will not be given to anyone.

Female Participant contact information:

Respondent's name:	
Address:	
Telephone #: (Home) (Pager) Email address:	

Male Partner Contact Information:

Respondent's i	name:	
Address:		
	(Home) (Pager)	
Email address:		_

We will send you a confirmation letter shortly providing you with information on the date, time and location of the study. Please call XXX-XXX-XXXX if you have any questions.

Recruitment Grid

Recruitment Grid for Project 2 Couple Interview						
	Date and	Q.1	Q.6	Q. 7	Q. 8,9	Q. 12, 14
Last Name, First Name	Time	Ag e	Income Level Low OR High	Education Level Low OR High	Health Insurance Low OR HIGH	Pregnancy Planning Status (1-5) 1. Couples who have not had a child and plan to be pregnant 2. Couples who have had children (more than a year ago or more) and plan to have more children 3. Couples who do not plan to have children 4. Couples who have had children (more than a year ago or more) and are not planning to have more 5. Couples who have had a baby in the last year (irrespective of their future pregnancy plans)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						