

Form Approved OMB No. XXXX-XXXX Expiration date: X/XX/20XX

## Informed Consent Statement

ICF International (ICF) is conducting this survey as part of the evaluation of the CDC's WISEWOMAN program. The purpose of this survey is to:

- . Conduct an assessment of all 21 programs to explore program characteristics that may be associated with specific program activities related to WISEWOMAN goals
- Provide CDC with findings and recommendations about potential relationships between program characteristics and specific activities related to WISEWOMAN goals

Participation in the survey is voluntary; you may choose to end the survey at any time for any reason with no penalty and may choose not to answer any questions at any time for any reason.

Your participation in the survey poses few, if any risks to you and you may choose not to participate in the survey for any reason. ICF evaluation staff will know which program has provided responses. This will allow us to follow up with programs should any responses require clarification. This also will allow us to link data from this survey to Part II of this year's Web survey, data collected from prior evaluation surveys, program documents, and MDEs. All responses provided to CDC will be in aggregate—across all programs—and without linking specific responses to the programs that provide them.

Your answers will help CDC assess how well WISEWOMAN is able to meet its objectives, and your responses will help CDC work with program staff to improve the program in the most sustainable manner moving forward.

If you have any questions about this survey, or evaluation, please contact Mr. Lawrence Scholl, ICF Senior Project Manager, at Phone: (404) 433-0735, E-mail: Ischoll@icfi.com.

By clicking "Next" you give your informed consent to proceed with the survey. If you do not give your consent, please click "Exit this survey" at the top-right corner of your screen.

Public reporting burden of this collection of information is estimated to average 35 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 (0920-0864).

Next























We would like to thank you for agreeing to complete this survey about the WISEWOMAN program. This survey, Part I, will focus on frequency and types of training at screening sites; frequency and types of training of LSI providers; and specific characteristics of LSI providers and LSI delivery. Part II of the survey will be sent to you in approximately 1 month and will focus on strategies to address the needs of priority populations; program administration and quality assurance; and rescreen and referral practices.

For this evaluation year, we will incorporate responses to this survey with data from prior evaluation surveys, program documents, and MDEs. This survey seeks to gather both recent and comprehensive information for certain aspects of your program above and beyond what information your program already shares with CDC.

Responses provided to this survey are considered those of individual WISEWOMAN programs—not those of individuals—and all responses provided will be maintained securely by ICF International, CDC's contractor for this evaluation.

Additionally, summary findings from the evaluation will be provided to programs by the end of the calendar year.

We would like to thank you for agreeing to complete this initial survey, and ask that you respond to the questions that follow.

























- Section A: Frequency and Types of Training of Screening Sites (Questions 1-25)
- Section B: Frequency and Types of Training of LSI Providers (Questions 26-48)
- Section C: Characteristics of LSI Providers and LSI Delivery (Questions 49-53)
- Closing Section

IMPORTANT. PLEASE READ: (Your answers to questions will NOT be saved until you click the "Next" button at the bottom of any given page. If you would like to close out the survey and resume later, please click the "Next" button on the bottom of the page you are working on before closing the survey)











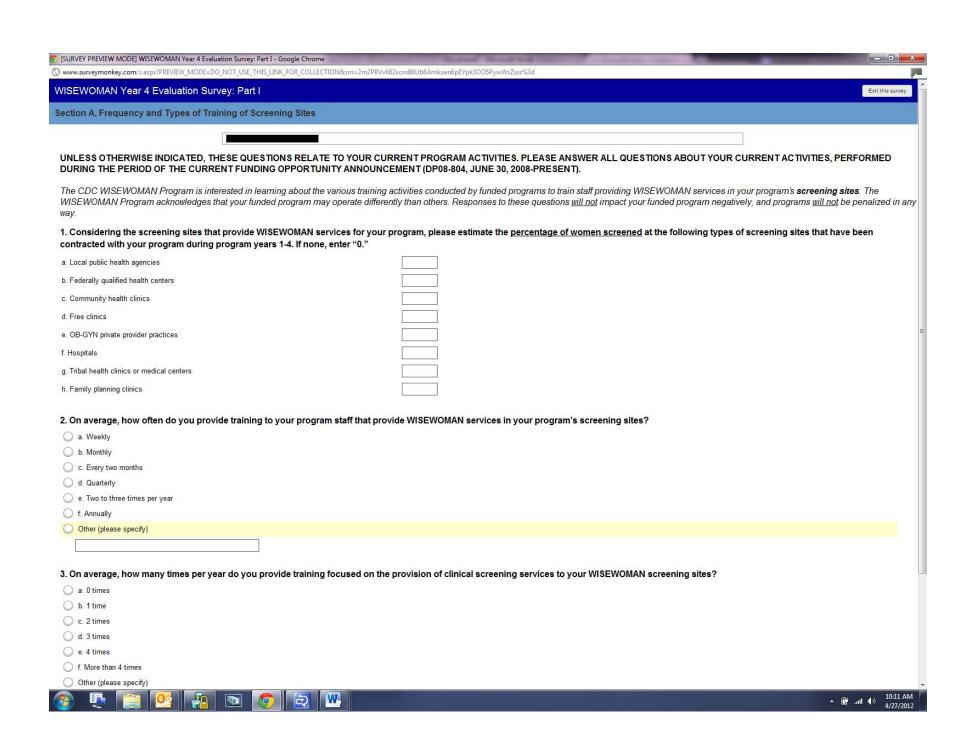


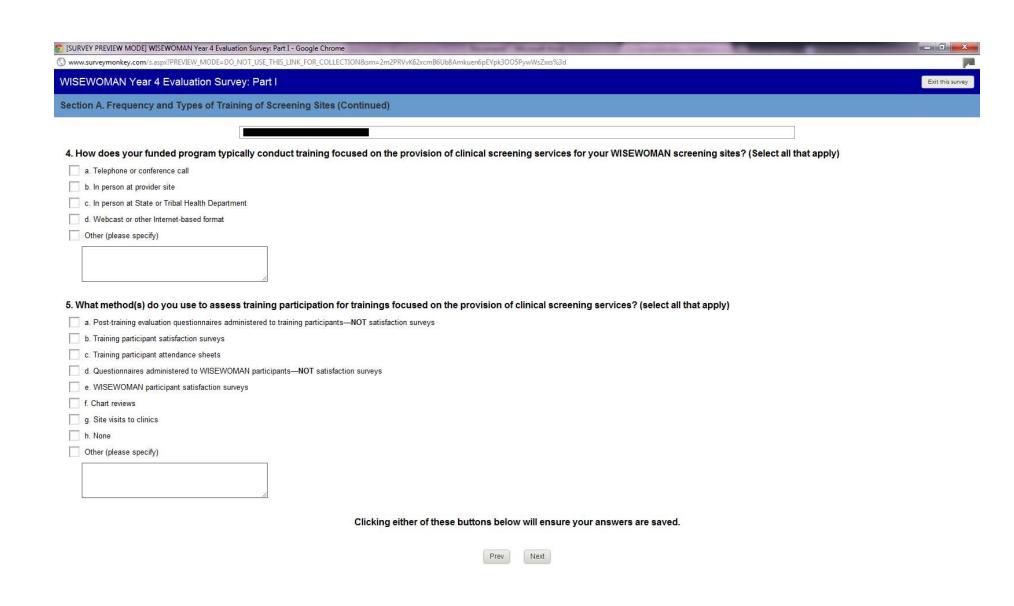
































These are all of the questions that we have for now. Thank you for taking the time to complete this survey today. We will send you the second survey, Part II, in approximately one month. Should you have any questions about this survey, future surveys, or the evaluation overall, please confact Mr. Lawrence Scholl, ICF International Senior Project Manager, at Phone: (404) 433-0735, E-mail: Ischoll@icfi.com.





















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Public reporting burden of this collection of information is estimated to average 25 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 (0920-0864).

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We would like to thank you for agreeing to complete this survey about the WISEWOMAN program. This survey, Part II, will focus on strategies to address the needs of priority populations; program administration and quality assurance; and rescreen and referral practices.

For this evaluation year, we will incorporate responses to this survey with data from prior evaluation surveys, program documents, and MDEs. This survey seeks to gather both recent and comprehensive information for certain aspects of your program above and beyond what information your program already shares with CDC.

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- Section B: Program Administration and Quality Assurance (Questions 6-14)
- Section C: Rescreen and Referral Practices (Questions 15-20)
- Closing Section

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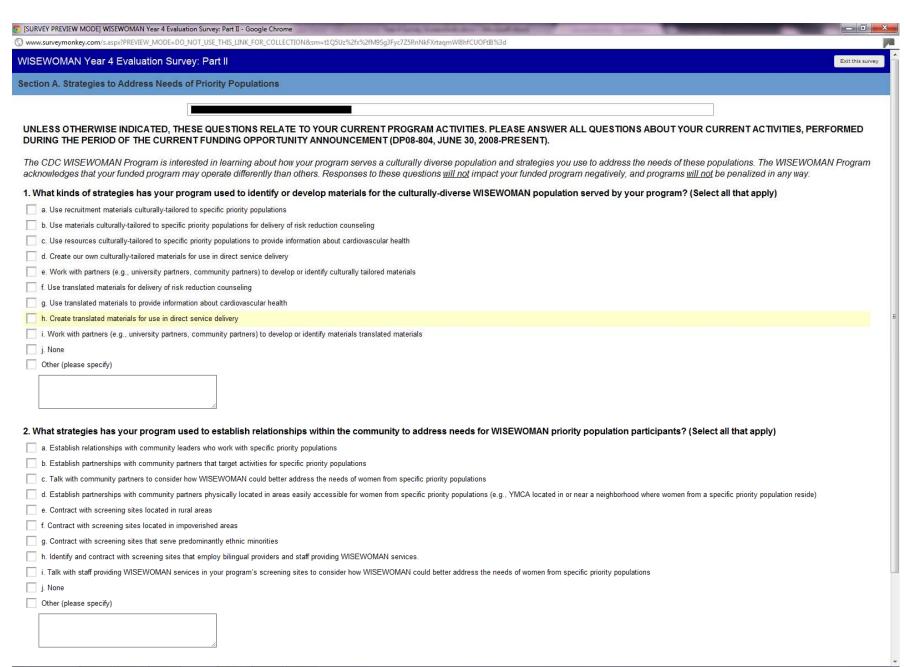
































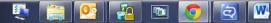






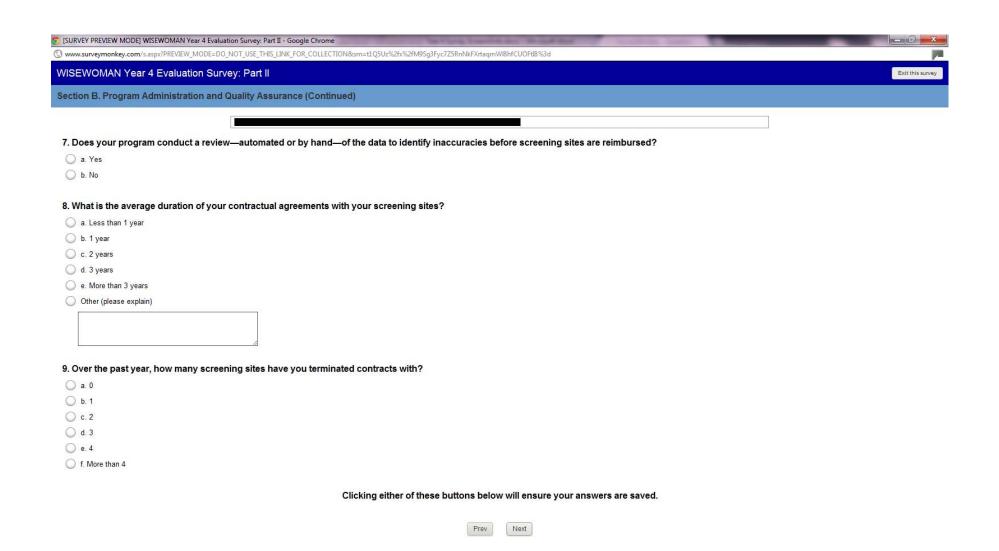














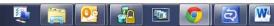




















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