Attachment 5A.   Eligibility Screener

Behavioral Assessment Component of the Behavioral Assessment and Rapid Testing (BART) Project

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APPENDIX 5A: BART INTERVIEW ELIGIBILITY SCREENER

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B-1. Device ID #:__ __ __ __

B-2. Subject ID#:__ __ __ __

B-3. Event Type: __ Gay Pride (Group 1)   __ Minority Gay Pride (Group 2)

__ Black Spring Break (Group 3)   __ Social or Cultural Events Attracting
African Americans (Group 4)

B-4. Date of interview: __ __/ __ __ / __ __ __ __
(M M / D D / Y Y Y Y)

B-6. Event location: County ———————   OR City ———————

SAY: Hi, my name is [*name*] and I'm with the [*local agency name*]. We are conducting a short anonymous health interview and I would like to ask you a few questions to see if you qualify. **[If incentives are provided→ add "If you are eligible and complete the interview, you will receive a small gift for your time."]** Are you interested?

Int1   *[Interviewer: Did respondent accept intercept?]*

No……………………………………………….......................❑ 0   → *end interview*

Yes…………………………………………….......................❑ 1

Int2   *[Interviewer: How was respondent encountered?]*

Interviewer approached respondent, systematic selection...………...❑ 1

Interviewer approached respondent, not systematic selection……...❑ 2

Respondent approached interviewer…………..…………………….❑ 3

Respondent requested HIV test and then agreed to interview………❑ 4

Int3   *[Interviewer: Was respondent alone, with one other person, or with more than one other person when approached?]*

Alone………………………………………………....………....❑ 1

With one other person…………………………………………....☐ 2

With more than one person………...……………………………... ☐ 3

SAY: Thanks. All information you give me will be kept confidential and I will not ask for your name so it is anonymous. I will ask you a few questions about yourself and then the computer will determine if you have been selected to participate in the health interview.

Int4   What is your age?   _ _ _
[Refuse to answer = 777, Don't know = 999]

If B-3 = 1, 2, or 4 and age < 15→ continue interview through Int9, then skip to SAY-0 box.
If B-3 = 3 and age < 15 or > 35→ continue interview through Int9, then skip to SAY-0 box.

Int5   Do you consider yourself to be Hispanic or Latino/a?

No …………….....…………….………….…………………...……☐ 0

Yes………...……………....…………………….……..……..☐ 1

Refuse to answer………..……….………........................……...☐ 7

Don't know…………......…...……….…………………….…...☐ 9

Int6   Which of the following racial groups do you consider yourself to be in? You can choose more than one group. *[Read all choices. Choose all that apply]*

American Indian or Alaskan Native...…………………....……...☐ 1   → *skip to Int8*

Asian …………………………………..………………....☐ 2   → *skip to Int8*

Black or African American …………………………….…..☐ 3   → *skip to Int8*

Native Hawaiian or other Pacific Islander………………….…..☐ 4   → *skip to Int8*

White..................…..…………………………….…................☐ 5   → *skip to Int8*

Some other race…..☐ 6

Refuse to answer….....…….………...………………....……...☐ 7   → *skip to Int8*

Don't know….....…………..………...………………….…...☐ 9   → *skip to Int8*

If B-3 = 3 or 4 and Int6 ≠ 3→ continue interview through Int9, then skip to SAY-0 box.

If B-3 = 2 and Int6 does not include 1, 2, 3, 4, or 6 → continue interview through Int9, then skip to SAY-0 box.

Int7   If "other" race, specify: _____

Int8   What was your sex at birth?

Male...……………………...…………………………………..❑ 1

Female…………………………...…………………………......❑ 2

Intersex or ambiguous …………………….……..…………❑ 3

Refuse to answer…..…..…………………………...………..❑ 7

Don't know……...…………...…………………………...…❑ 9

If Int8 > 2→ continue interview through Int9, then skip to SAY-0 box.

If B-3 = 1 or 2 and Int8 ≠ 1→ continue interview through Int9, then skip to SAY-0 box.

Int9   Now some people don't identify as their birth sex. Tell me, do you still consider yourself to be *[response to Int8]*?

Male...…………………...…………………………………..❑ 1

Female…………………………...…………………………......❑ 2

Intersex or transgender …………………….……………❑ 3

Refuse to answer…..…..…………………………...………..❑ 7

Don't know……...…………...…………………………...…❑ 9

If Int9 ≠ Int8 or Int9 > 2→ skip to SAY-0 box.

Int10   *[Interviewer: Is the respondent able to participate?]*

No …………………...…………..……………………….....❑ 0   → *Int11*

Yes………...……………...…..…………………….…..….❑ 1   → *skip to SAY-C box*

Int11   *[Interviewer: Why is the respondent not able to participate?]*

Does not speak English…………………...…………………❑ 1

Intoxicated…………………………………………….......❑ 2

5

Apparent mental disability……………………….……..………... $\square$ 3

Does not meet eligibility criteria…………………………...……….. $\square$ 4

Other……...……………...………………………………………….$\square$
5

SAY-0: Thank you for answering these questions. Unfortunately the computer has not selected you to participate in the health interview. Thank you again for your time. Have a nice day.

SAY-C: You are eligible to participate in an important health research project conducted by the ***[agency name(s)]*** and the Centers for Disease Control and Prevention (CDC). The purpose of this project is to improve HIV prevention in your community. If you agree to take part in this project, a trained interviewer will ask you questions about your health, sexual behavior, drug use, beliefs, attitudes, practices, and health services you have received. This interview will take no more than 15 minutes. You will receive a [gift / gift card] if you answer the questions, to thank you for taking part in the survey. The risk from taking part in this project is minimal. The interview is completely anonymous; we will not collect your name or other identifying information and all of the information you give us will be kept private. Taking part in this project is your decision. Some questions are personal and may make you uncomfortable. You may refuse to answer these and there will be no penalty to you. You may also end the interview at any time if you wish. The benefit of taking part in this project is that it helps us help people who may have trouble getting health services, like HIV testing, that help prevent HIV infection and we can tell you about places to go for free HIV testing as well. The information we collect from you may be released in published reports. To protect your privacy, we will group your answers together with answers from others. We will send information from this project to the CDC, but will not send CDC any information that could identify you. If you have questions about the interview or your rights as a participant, I can provide you with the names and phone numbers of responsible persons at ***[agency name(s)]*** and at the CDC. Do you have any questions?

Int12 *[Interviewer: Does respondent agree to participate in the interview?]*

No …………...…………..…..……………………...…… $\square$ 0 → *end interview*

Yes………...…………...…..……………….……….. $\square$ 1 → *begin interview*