**PARTICIPANT RE-SCREENER**

**(Adults (25-64) recently hospitalized)**

LOCATION OF GROUP

DATE OF GROUP

1. Name (First name Last initial): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. City/Town of residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Age: \_\_\_\_\_\_
4. Are you:

**[CHECK ONE]**

( ) Married

( ) Never married

( ) Divorced or separated

( ) Widowed

( ) Living with a domestic partner)

1. How many children under 18   
   are in your household? \_\_\_\_\_\_\_
2. What is the last grade of school or college you had the opportunity to complete?

**[CHECK ONE]**

( ) Less than high school

( ) High school graduate/GED

( ) Some college

( ) 4-year college graduate

( ) Post-graduate degree

1. Are you:

**[CHECK ALL THAT APPLY]**

( ) Employed full-time

( ) Employed part-time

( ) Unemployed

( ) Retired

( ) Student

1. Occupation (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name of organization where you work (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Spouse/partner’s occupation (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. How many focus groups have you ever attended? \_\_\_\_\_\_\_
5. What was the subject of those focus groups? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In the past 12 months, have you had any of the following medical conditions?

**[MARK ONE RESPONSE IN EACH ROW]**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Yes | No |
| A | [WOMEN ONLY] Childbirth? | **🞏** | **🞏** |
| B | Fracture or broken bones? | **🞏** | **🞏** |
| C | Surgery? | **🞏** | **🞏** |
| D | An injury or accident that required a hospital stay? | **🞏** | **🞏** |
| E | Cancer treatment? | **🞏** | **🞏** |

1. In the past 12 months, have you had a hospital stay of 3 or more days?

( ) Yes

( ) No

1. Have you or a close family member ever had any of the following medical conditions?

**[MARK ONE RESPONSE IN EACH ROW]**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Yes | No |
| A | Stroke | **🞏** | **🞏** |
| B | High blood pressure | **🞏** | **🞏** |
| C | Deep vein thrombosis, or DVT | **🞏** | **🞏** |
| D | Hemophilia | **🞏** | **🞏** |

1. What magazines do you regularly read?
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. What TV/radio shows do you regularly go to for your news?
6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. What newspapers/websites do you regularly read for your news?
10. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
12. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
13. In the past year, have you looked for information about a health concern or medical problem?

( ) Yes

( ) No **[SKIP Q20]**

1. **[IF YES IN Q19]** Please indicate whether you tried to find health information in the past year from any of the following sources:

**[MARK ONE RESPONSE IN EACH ROW]**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Yes | No |
| A. | Newspaper articles | 🞏 | 🞏 |
| B. | General interest magazines | 🞏 | 🞏 |
| C. | Health magazines | 🞏 | 🞏 |
| D. | Doctor or nurse | 🞏 | 🞏 |
| E. | Friends or relatives | 🞏 | 🞏 |
| F. | TV or radio | 🞏 | 🞏 |
| G. | Internet/World Wide Web | 🞏 | 🞏 |

**PLEASE RETURN THIS QUESTIONNAIRE TO YOUR HOST OR HOSTESS.**