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. [CHE	Are you: CK ONE] () Married () Never married () Divorced or separated () Widowed () Living with a domestic partner)				
	How many children under 18 your household?				
6. [CHE	What is the last grade of school or college you had the opportunity to complete? CK ONE () Less than high school				

The public reporting burden of this collection of information is estimated to average 9 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-XXXX)

	 () High school graduate/GED () Some college () 4-year college graduate () Post-graduate degree 			
	Are you: CK ALL THAT APPLY] () Employed full-time () Employed part-time () Unemployed () Retired () Student			
8.	Occupation (if applicable):			
9.	Name of organization where you work (if applicable):			
10.	Spouse/partner's occupation (if applicable):			
11.	How many focus groups have you ever attended?			
12.	What was the subject of those focus groups?			

13.		past 12 months, have you had any o		ollowing	g medical conditions?
			Yes	No	
	A	[WOMEN ONLY] Childbirth?			
	В	Fracture or broken bones?			
	С	Surgery?			
		An injury or accident that	-		
	D	required a hospital stay?			
	E	Cancer treatment?			
14.	,	past 12 months, have you had a hos) Yes) No	spital st	ay of 3	or more days?
15.	-	you or a close family member ever	ROW]		following medical conditions?
			Yes	No	
	A	Stroke			
	В	High blood pressure			
	С	Deep vein thrombosis, or DVT			
	D	Hemophilia			
16. 1. 2. 3.	What 1	magazines do you regularly read?			
17. 1. 2. 3.	What '	ΓV/radio shows do you regularly go	o to for	your ne	ews?
18. 1. 2. 3.	What 1	newspapers/websites do you regula	rly read	for you	ur news?

 19. In the past year, have you looked for information about a <u>health concern or medical problem</u>? () Yes () No [SKIP Q20] 								
20. [IF YES IN Q19] Please indicate whether you tried to find <u>health information</u> 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			PLEASE RETURN THIS				
C.	Health magazines			QUESTIONNAIRE TO YOUR HOST OR HOSTESS.				
D.	Doctor or nurse			HOST OKTIOSTESS.				
E.	Friends or relatives							
F.	TV or radio							
G.	Internet/World Wide Web							