

**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)

5. How many children under 18
are in your household? _____

6. 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

7. Are you:

[CHECK 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. 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?	<input type="checkbox"/>	<input type="checkbox"/>
B	Fracture or broken bones?	<input type="checkbox"/>	<input type="checkbox"/>
C	Surgery?	<input type="checkbox"/>	<input type="checkbox"/>
D	An injury or accident that required a hospital stay?	<input type="checkbox"/>	<input type="checkbox"/>
E	Cancer treatment?	<input type="checkbox"/>	<input type="checkbox"/>

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

() Yes

() No

15. 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	<input type="checkbox"/>	<input type="checkbox"/>
B	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
C	Deep vein thrombosis, or DVT	<input type="checkbox"/>	<input type="checkbox"/>
D	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>

16. What magazines do you regularly read?

1. _____
2. _____
3. _____

17. What TV/radio shows do you regularly go to for your news?

1. _____
2. _____
3. _____

18. What newspapers/websites do you regularly read for your news?

1. _____
2. _____
3. _____

19. In the past year, have you looked for information about a health concern or medical problem?

() Yes

() No **[SKIP Q20]**

20. **[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	<input type="checkbox"/>	<input type="checkbox"/>
B.	General interest magazines	<input type="checkbox"/>	<input type="checkbox"/>
C.	Health magazines	<input type="checkbox"/>	<input type="checkbox"/>
D.	Doctor or nurse	<input type="checkbox"/>	<input type="checkbox"/>
E.	Friends or relatives	<input type="checkbox"/>	<input type="checkbox"/>
F.	TV or radio	<input type="checkbox"/>	<input type="checkbox"/>
G.	Internet/World Wide Web	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE RETURN THIS QUESTIONNAIRE TO YOUR HOST OR HOSTESS.