

**PARTICIPANT RE-SCREENER  
(Seniors (65-80))**

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. 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

6. Are you:

**[CHECK ALL THAT APPLY]**

- Employed full-time
- Employed part-time
- Unemployed
- Retired
- Student

7. Occupation (if applicable): \_\_\_\_\_

8. Name of organization where you work (if applicable): \_\_\_\_\_

9. Spouse/partner's occupation (if applicable):  
\_\_\_\_\_

10. How many focus groups have you ever attended? \_\_\_\_\_

11. What was the subject of those focus groups?  
\_\_\_\_\_  
\_\_\_\_\_



12. 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"/>

13. What magazines do you regularly read?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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

( ) Yes

( ) No **[SKIP Q17]**

17. **[IF YES IN Q18]** 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.