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

LOCATION OF GROUP

DATE OF GROUP

1. Name (First name Last initial):	6. Are you: [CHECK ALL THAT APPLY]
2. City/Town of residence:	 () Employed full-time () Employed part-time () Unemployed () Retired () Student
3. Age:	() Student
4. Are you:	7. Occupation (if applicable):
[CHECK ONE] () Married () Never married () Divorced or separated () Widowed	8. Name of organization where you work (if applicable):
() Bivorced of separated() Widowed() Living with a domestic partner	9. Spouse/partner's occupation (if applicable):
5. What is the last grade of school or college you had the opportunity to complete? [CHECK ONE]	10. How many focus groups have you ever
() Less than high school() High school graduate/GED() Some college	attended?
() Some college() 4-year college graduate() Post-graduate degree	11. What was the subject of those focus groups?

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)

12.	Have you or a close family member e			ving medical conditions?
	IMARK ONE RESIGNSE IN E	Yes	No	
	A Stroke			
	B High blood pressure			
	C Deep vein thrombosis, or DV	$_{\Gamma}$		
	D Hemophilia			
		-		
13. 1. 2. 3.	What magazines do you regularly read			
14. 1. 2. 3.	What TV/radio shows do you regularl	_	our news?	
15. 1. 2. 3.	What newspapers/websites do you reg		or your new	vs?
	In the past year, have you looked for i ()Yes ()No [SKIP Q17]	nformation a	ibout a <u>heal</u>	th concern or medical problem?
	[IF YES IN Q18] Please indicate w year from any of the following source [MARK ONE RESPONSE IN I	s:		<u>health information</u> in the past
	IMAKK ONE RESPONSE IN I	Yes	No No]
		103		
A.	Newspaper articles			PLEASE RETURN THIS
B.	General interest magazines			QUESTIONNAIRE TO
C.	Health magazines			YOUR HOST OR
D.	Doctor or nurse			HOSTESS.
E.	Friends or relatives			

F.

G.

TV or radio

Internet/World Wide Web