

## Attachment C-2 Screening Instrument

U. S. Department of Health and Human Services  
CDC Study

### Information for Participants

#### Purpose of this survey

You are being asked to participate in a survey sponsored by the Centers for Disease Control and Prevention (CDC), with the assistance of The Oak Ridge Institute for Science and Education. In the survey, you will be asked your opinions and practices regarding some information about [subject matter] that might be provided to other people like you. Your answers can help efforts to provide accurate, helpful information to the public.

#### Please remember that:

You choose to participate. You are not required to answer the questions. This session should last about 15 minutes. You will receive \$3 as a token of appreciation for participating in the survey. You are free to stop answering questions at any time without penalty.

#### Risks

The risks you take by taking part in the discussion are the same as you encounter in daily life.

#### Benefits

You may be better informed about a public health issue. You may have a sense of satisfaction from contributing. Your comments may help improve the information the public receives.

We will keep the information you give us private to the extent allowed by law. Your name will not be used in the final report. No statement you make will be linked to you by name. Only members of the research staff will be allowed to look at the records. When we present this study or publish its results, your name or other facts that point to you will not show or be used.

#### Persons to Contact

If you have questions about this session, or taking part in it, you may call: Dr. Armin Ansari (770-488-3800) at the Centers for Disease Control and Prevention, Atlanta, GA.

If you need more information about your rights as a study participant, you may contact: Oak Ridge Site-Wide Institutional Review Board, Oak Ridge Institute for Science and Education, Oak Ridge, TN 865-576-1725.



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Form Approved

OMB No. 0920-0572

Exp. 02/28/2015

**\* 1. In which of the following categories does your age fall?**

- Under 18 years of age
- 18-24 years of age
- 25-34 years of age
- 35-44 years of age
- 45-54 years of age
- 55-64 years of age
- 65-74 years of age
- 08 75 years of age or older

Public reporting burden of this collection of information is estimated to average 3 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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0572).

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## Attachment C-2 Survey Questions

**\* 2. Do you, or does any member of your household or immediate family work**

- For a market research company
- For an advertising agency or public relations firm
- In the media (TV/radio/newspapers/magazines)
- As a healthcare professional (doctor, nurse, pharmacist, dietician, etc.)
- As an employee of the U.S. Department of Health and Human Services
- As an employee of a state or local health department
- As an employee of the Department of Homeland Security
- As an employee of a state or local emergency management agency
- As a nuclear power plant employee, Radiation Safety Officer, health physicist or other radiation-related occupation
- None of the above

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**\* 3. What is the highest level of education you have completed?**

- Grade school
- Less than high school graduate/some high school
- High school graduate or completed GED
- Some college or technical school
- Received four-year college degree
- Some post graduate studies
- Received advanced degree

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**\* 4. Please indicate your race or ethnic background. Are you?**

- Hispanic or Latino
- Non-Hispanic or Latino

**\* 5. What is your race? Mark one or more.**

- White/Caucasian
- Black or African-American
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Asian

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**\* 6. In what state, city, and zip code do you currently live? ENTER FIVE DIGIT ZIP CODE**

State

City

Zip

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## Attachment C-2 Screening Instrument

**\* 7. What is your gender?**

Female

Male

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## Attachment C-2 Screening Instrument

**\* 8. Have you been pregnant in the past year?**

Yes

No

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