

TravAlert Evaluation: Recruitment and Screening Tool

Hi, my name is [INSERT FIRST NAME} and I am working with the Centers for Disease Control and Prevention (CDC) to conduct a 5-minute interview about your thoughts on health messages in this airport. We will use the information from this interview to improve how CDC provides health information to international travelers.

If this is something you would be interested in doing, you will receive a bag of items containing a first aid kit, hand sanitizer, tissues, and a few other items as a token of our appreciation.

| INTERESTED | | |
|-------------------------------|------------------------------|--------------------------------------|
| 1. Are you interested? | <input type="checkbox"/> Yes | <input type="checkbox"/> No [END] |

First, I need to ask a few questions to make sure I can include you in the interview.

| SCREENING QUESTIONS | | |
|---|---------------------------------------|--------------------------------------|
| 2. Are you 18 years of age or older? | <input type="checkbox"/> Yes | <input type="checkbox"/> No [END] |
| 3. Can you speak and understand English? | <input type="checkbox"/> Yes | <input type="checkbox"/> No [END] |
| 4. Are you connecting to another international flight today? | <input type="checkbox"/> Yes [END] | <input type="checkbox"/> No |

If Ended: Unfortunately, I cannot include you in the interview, thanks for your time.

If eligible: I need to give you a little more information before we start:

- It is up to you whether you want to participate
- You can skip any questions you do not want to answer.
- You can stop the interview at any time.
- I will ask you about health messages you may have seen in the airport.
- I will not ask for your name or other personal information
- Anything you say today will be kept private.

| WILLING TO PROCEED |
|---------------------------|
|---------------------------|

Public reporting burden of this collection of information is estimated to average 1 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor a project, 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 0920-0932.

| | | |
|--|------------------------------|---|
| 5. Are you willing to proceed with the interview? | <input type="checkbox"/> Yes | <input type="checkbox"/> No [END] |
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