**ATTACHMENT 3A**

**CMV Focus Group Screener**

# CMV Focus Group Screener

1. How old are you?
* IF 18-40 → CONTINUE
* IF <18 OR >41 →THANK AND END
1. Do you have a child who is 5 years old or less?
* IF YES → CONTINUE
* IF NO → THANK AND END
1. Are you currently pregnant?
* IF YES → SKIP TO Q5

TO BE ELIGIBLE, PARTICIPANTS MUST SAY YES TO EITHER Q3 **OR** Q4

* IF NO → CONTINUE
1. Do you plan to get pregnant within the next
12 months?
* YES → CONTINUE
* NO → THANK AND END
1. Do you have a child with a disability?
* IF YES → THANK AND END
* IF NO → CONTINUE
1. Are you currently or have you ever been a health care provider (e.g., as a nurse, physician or medical assistant)?
* IF YES → THANK AND END
* IF NO → CONTINUE
1. What is the highest level of education you have completed?
* Less than high school
* High school diploma or GED
* Technical college/Associates degree
* Some college
* College degree
* Graduate degree

8. Are you of Hispanic or Latino origin?

 ( ) Yes → THANK AND END

 ( ) No

1. How would you describe your race/ethnicity?
* American Indian or Alaska Native → THANK AND END
* Asian → THANK AND END
* Black or African American
* Native Hawaiian or Other Pacific Islander → THANK AND END
* White
* Refused → THANK AND END

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| QUOTAS |
|  | ATLANTA | SAN DIEGO |
|  | Recruit 11 per group, for 6-9 participants each(n=44) | Recruit 11 per group, for 6-9 participants each(n=44) |
| Caucasian | (n=22) | (n=22) |
| African American | (n=22) | (n=22) |
| Education | Mix of education levels for each group | Mix of education levels for each group |
| Pregnancy status | Mix of pregnant and planning pregnancy (within next 12 months) for each group | Mix of pregnant and planning pregnancy (within next 12 months) for each group |