**ATTACHMENT A**

**PARTICIPANT SCREENER FOR HIPAA PRIVACY RULE FOCUS GROUP SESSIONS**

Referred by (email/organization/etc): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recruiter:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Recruited: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for calling about the focus groups we are doing. First, let me ask you, how did you hear about this?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*also fill in above under “referred by”)*

I’m going to tell you a little about what we are doing, and then if it sounds interesting to you, I will ask you a few questions to see if you are eligible to participate in the group.

We are working with the U.S. Department of Health and Human Services on a public health campaign. We’re currently recruiting participants for focus groups that will take place the evening of (INSERT DATE) from 6PM to 8PM. Everyone who is selected to participate will receive $75 in cash for their time. Are you available on this day? (*If yes, continue, if no, thank them for their time*)

Great.

I’ll need to ask you for some personal information in order to determine if you are eligible.

But first, please know that any and all information discussed today is kept completely confidential.

Do I have your permission to proceed?

Yes\_\_\_\_

No \_\_\_\_

(*If yes, continue, if no, thank them for their time*)

Great, let’s get started.

1. Have you or any member of your household **ever** worked:

For market research company \_\_\_\_\_

For an advertising agency or public relations firm \_\_\_\_\_

#### For the media (TV/radio/newspapers/magazines) \_\_\_\_\_

As a healthcare professional *(as a doctor, nurse, other healthcare professional) \_\_\_\_\_*

For a health insurance provider \_\_\_\_\_

For a managed care organization or any healthcare provider \_\_\_\_\_

For a medical practice \_\_\_\_\_

 **[IF YES TO ANY >> TERMINATE]**

**DO NOT RECRUIT ANYONE EVER EMPLOYED IN THE MEDICAL FIELD, IN HEALTHCARE, HEALTH INSURANCE, MARKETING, OR ADVERTISING**

2. Are you currently employed?

 Yes \_\_\_\_\_

No \_\_\_\_\_

3. Are you currently an employee of the federal government?

**TERMINATE >>** Yes \_\_\_\_\_

 No \_\_\_\_\_

4. What is your occupation? *[If retired or unemployed, indicate and record former occupation]*

 If married, what is your partner’s occupation?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[GROUNDS FOR TERMINATION >> CANNOT BE MEDCIAL / HEALTHCARE / HEALTH INSURANCE / PR / OR MARKETING RELATED]**

5. What is your gender?

 Male\_\_\_\_

 **TERMINATE >>**  Female\_\_\_\_

1. What is your sexual orientation?

 Homosexual\_\_\_\_

 Bisexual\_\_\_\_

 **TERMINATE >>**Heterosexual\_\_\_\_

 **TERMINATE >>**Other\_\_\_\_

7. Please tell me your age.

18-24 \_\_\_\_\_

25-29 \_\_\_\_\_

30-39 \_\_\_\_\_

**TERMINATE >>** 40-49 \_\_\_\_\_

**TERMINATE >>** 50-59 \_\_\_\_\_

**TERMINATE >>** 60-69 \_\_\_\_\_

**TERMINATE >>** 70 or older \_\_\_\_\_

8. What is the highest level of education that you completed?

 **[Recruit a mix]**

 High School\_\_\_\_

 Some College\_\_\_\_

 **TERMINATE>>** College Graduate\_\_\_\_

 **TERMINATE>>** Graduate School\_\_\_\_

9. What is your race?

 African American/ Black\_\_\_\_\_

 **TERMINATE >>** Caucasian\_\_\_\_\_

 **TERMINATE >>** Asian \_\_\_\_\_

 **TERMINATE >>** Hispanic\_\_\_\_\_

 **TERMINATE >**>Native American\_\_\_\_\_

 **TERMINATE >>** Mixed\_\_\_\_\_

10. Are you HIV positive?

 Yes\_\_\_\_\_

 **TERMINATE**>> No\_\_\_\_\_

11. How many years have you been diagnosed with HIV?

**[Recruit a mix]**

 Less than 1 year\_\_\_\_

 2 to 5 years\_\_\_\_

 **TERMINATE >>** 6 to 10 years\_\_\_\_

 **TERMINATE >>** 11 to 15 years\_\_\_\_

 **TERMINATE >>** 16 to 20 years\_\_\_\_

 **TERMINATE >>** 21 + years\_\_\_\_

12. Have you ever worked or volunteered services at an AIDS service organization?

 **Terminate**>>Yes\_\_\_\_

 No\_\_\_\_

13. In the least 12 months how many times have you been to your Primary Care Physician?

 0 visits\_\_\_\_

 1 to 3 visits\_\_\_\_

 **TERMINATE >>** 4 to 6 visits\_\_\_\_

 **TERMINATE >>**7 to 10 visits\_\_\_

 **TERMINATE >>** 11+visits\_\_\_\_

14. Have you ever requested access to your medical records from your doctor’s office?

 **TERMINATE**>> Yes\_\_\_\_

 No\_\_\_\_

15. Have you ever attended a focus group discussion or a personal interview for research purposes? By that we mean an informal, round-table discussion or a personal in-depth interview, conducted by a professional moderator, in which you were asked your opinions regarding a product, a service, or advertising?

**ASK Follow-Up Questions >>** Yes \_\_\_\_\_

**INVITE TO GROUP >>** No \_\_\_\_\_

1. How many of these groups have you attended?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[MAX. 2-3 EVER]**

1. What was/were the topics discussed?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[IF HEALTHCARE, TERMINATE]**

1. How long ago was the last one of these groups you attended?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[MUST BE AT LEAST 6 MONTHS AGO]**

Congratulations, based on your responses you qualify to participate in the focus group on (INSERT DATE) from 6PM to 8 PM. (Request Contact Information)

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The focus group will be held at (INSERT LOCATION). On the day of the focus group we ask that you please arrive 15 minutes early. I will send you an email confirmation with focus group details for your reference and call you to remind you of the focus group 2 days prior.

When I call is it OK to leave a message?\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you, have a nice day.

**Termination Statement:**

Unfortunately, you do not meet eligibility requirements for this opportunity. However, we appreciate your interest and willingness to participate. Thank you.