

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:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0955-0005. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

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 MEDICAL / HEALTHCARE
/ HEALTH INSURANCE / PR / OR MARKETING RELATED]**

5. What is your gender?

Male _____

TERMINATE >> Female _____

6. 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 _____

- A. How many of these groups have you attended?

_____ **[MAX. 2-3 EVER]**

- B. What was/were the topics discussed?

_____ **[IF HEALTHCARE, TERMINATE]**

- C. 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.