

## **Attachment 1a. Study Screener**

### **Development of a Motion Comic for HIV/STI Prevention Among Young People – ages 15-24-Phase 2**

#### **Study Screener**

Public reporting burden of this collection of information is estimated to average 1minute 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 Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-0840)

**MOTION COMIC SCREENING TOOL**

**A. DEMOGRAPHICS.**

1. How old are you? \_\_\_\_\_ years
2. What sex are you? \_\_\_\_\_ male \_\_\_\_\_ female \_\_\_\_\_ transgender
3. Are you Hispanic or Latino? \_\_\_\_\_ yes \_\_\_\_\_ no
4. What is your race? (Check all that apply) \_\_\_\_\_ American Indian or Alaska Native  
\_\_\_\_\_ Asian  
\_\_\_\_\_ Black or African American  
\_\_\_\_\_ Native Hawaiian or Other Pacific Islander  
\_\_\_\_\_ White
5. How do you identify your sexuality? \_\_\_\_\_ Homosexual/gay/lesbian  
\_\_\_\_\_ Heterosexual/straight  
\_\_\_\_\_ Bisexual  
\_\_\_\_\_ Not sure

**IF NOT ELIGIBLE, THANK YOU FOR YOUR TIME**

**IF ELIGIBLE,**

Please provide us with your contact information so that we can schedule you for a future focus group

Name \_\_\_\_\_

Contact Phone Number #1 \_\_\_\_\_

Contact Phone Number #2 \_\_\_\_\_

**ID #** \_\_\_\_\_