

U.S. Department of Health and Human Services (HHS)
Centers for Disease Control and Prevention (CDC)

Participant Screening Instrument

Generic Information Collection: Emerging mosquito-borne diseases: assessment of chikungunya and dengue-related knowledge, attitudes and practices for Mexican-origin audiences along the U.S-Mexico border
Phone call/in-person exchange should last approximately 10 minutes

Hello, my name is _____ and I am calling from [INSERT ORGANIZATION NAME HERE]. I would like to invite you to participate in a group discussion about health information materials that will be held at _____. We'd like to ask what you think about several health topics including dengue and chikungunya. Your answers will help the U.S. Centers for Disease Control and Prevention, the "CDC," improve health education and communication materials. We have a few brief questions to ask and if you qualify and are interested, we will invite you to take part in a 90-minute discussion during _____, 2015.

1. How old are you? _____
2. What is your sex? Male Female
3. Is Spanish your preferred language? Yes No

(IF UNDER 18, THANK PERSON AND END CONVERSATION)

4. In what country were you born? _____
5. What race or ethnicity do you consider yourself?
American Indian or Alaska Native Hispanic or Latino White Asian Black or African America
Native Hawaiian or Other Pacific Islander
6. How far do you live from the border with Mexico? _____
7. For how long have you lived in this area? _____
8. How long have you been living in the United States? _____
9. Are you able to attend a 90-minute session? Yes No
(IF NO or UNSURE, THANK PERSON AND END CONVERSATION)
10. Any information that will be shared during this discussion will be kept private. All sessions will be audio- recorded. Are you willing to be recorded? Yes No
(IF NO or UNSURE, THANK PERSON AND END CONVERSATION)

Public reporting burden of this collection of information is estimated to average 10 minutes 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 Information Collection Review Office, 1600 Clifton Road NE, MS D74, Atlanta, Georgia 30333; ATTN:

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11. Do you have any special needs, which need to be addressed for you to participate such as hearing, visual, or other impairments? Yes No
If yes, please list impairment(s): Hearing Visual Other _____

Those are all my questions. You do qualify for participation in this discussion, and we would like to invite you to join us on [INSERT DATE]_____, 2015. If you decide to participate, you will be given [INSERT INCENTIVE EQUIVALENT TO \$35].

12. Are you willing to participate? Yes No
(IF NO, THANK PERSON AND END CONVERSATION)
(IF YES, PLACE CONTACT INFORMATION BELOW)

First Name: _____ Phone Number: () _____
Best time to contact: _____
Thank you for your time.

Termination Script: Thank you for answering our questions. Unfortunately you do not meet our selection criteria and so are not eligible to participate in our group discussion. Any information that you have shared thus far will be deleted. Thank you for your time and have a good day/night.

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Instrumento para la selección de participantes

Enfermedades emergentes transmitidas por los mosquitos: una evaluación sabiduría, actitudes, y prácticas acerca de la chikungunya y el dengue para una audiencia de residentes de la región fronteriza que son de origen mexicano

****La atención telefónica o en persona debe tomar aproximadamente 10 minutos****

Hola, mi nombre es _____ y llamo de parte de [INSERTAR EL NOMBRE DE LA ORGANIZACIÓN]. Deseo invitarlo a participar en una conversación grupal sobre materiales informativos sobre salud que se llevará a cabo en _____. La conversación examinará su opinión, su conocimiento y sus experiencias con respecto a distintos temas de salud, incluidos la gripe y la tuberculosis, y ayudará a los CDC a mejorar los materiales de educación y comunicación sobre salud. Queremos hacerle algunas preguntas breves y, si reúne los requisitos y está interesado, lo invitaremos a participar en una conversación de 90 minutos que se llevará a cabo durante el mes de _____ de 2015.

- 1. ¿Cuántos años tiene? _
- 2. ¿Cuál es su sexo? Masculino Femenino
- 3. ¿El español es el idioma que más utiliza? Sí No

(SI LA PERSONA ES MENOR DE 18 AÑOS, AGRADÉZCALE Y FINALICE LA CONVERSACIÓN)

- 4. ¿En qué país nació? _____
- 5. ¿De qué raza o etnicidad se considera?
Mexicano Mexicano/Americano Otro, latino Blanco Asiático Afroamericano Otro
- 6. ¿Cuál lejos vive de la frontera mexicana? _____
- 7. ¿Por cuánto tiempo ha vivido en esta región? _____
- 8. ¿Hace cuánto tiempo vive en los Estados Unidos? _____
- 9. ¿Puede comprometerse a asistir a una sesión de 90 minutos? Sí No

(SI LA RESPUESTA ES “NO” O NO ESTÁ SEGURO, AGRADÉZCALE Y FINALICE LA CONVERSACIÓN)

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