

Screenener

As a reminder, all information you provide will be kept private to the fullest extent allowed by law. Please answer the questions accurately and answer every question you are comfortable with.

Thank you very much for your help.

Paperwork Reduction Act Statement: The public reporting burden for this information collection has been estimated to average 5 minutes per response to complete the survey (the time estimated to read and complete). Send comments regarding this burden estimate or any other aspects of this information collection, including suggestions for reducing burden, to PRASStaff@fda.hhs.gov.

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1) When are you available to participate in a focus group? (Circle all that apply)	
a. Saturday 11 AM - 12:30 PM	d. Sunday 11 AM - 12:30 PM
b. Saturday 1:30 PM - 3:00 PM	e. Sunday 1:30 PM - 3:00 PM
c. Saturday 4:00 PM - 5:30 PM	f. Sunday 4:00 PM - 5:30 PM

2) Do you consider yourself to be ... (Circle one response)	
a. Straight	d. Something else
b. Lesbian or gay	e. Don't know
c. Bisexual	

3) Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Do you consider yourself to be transgender? (Circle one response)	
a. Yes, Transgender, male-to-female	d. No
b. Yes, Transgender, female-to-male	e. Not sure
c. Yes, Transgender, gender nonconforming	

4) On how many days of the PAST 30 DAYS did you smoke cigarettes? (Circle one response)	
a. Number of days: _____ (Fill in the blank)	
b. None	
c. Don't know.	

5) What is the highest grade or year of school you completed?	
a. Never attended school or only attended kindergarten	d. Grade 12 or GED (High school graduate)
b. Grades 1 through 8 (Elementary)	e. College 1 year to 3 years (Some college or technical school)
c. Grades 9 through 11 (Some high	f. College 4 years or more (College

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school)	graduate)
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7) What race or races do you consider yourself to be? (Circle all that apply)	
a. American Indian or Alaska Native	e. Native Hawaiian or Other Pacific Islander
b. Asian	e. White
c. Black or African American	f. Other

6) Are you Hispanic or Latino? (Circle one response)
a. Yes
b. No

First Name:

Phone:

Circle One: CELL HOME

**---- END OF SURVEY ---
THANK YOU!**

FOR RESEARCHERS ONLY

Recruitment Venue:

Date:

Local Resident:

Y

N

Age:
