# Form Approved

OMB No. 0920-0800

Exp. Date: 12/31/2017

**Attachment 4: Water system risk management and remediation staff screener**

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| --- | --- | --- |
| **IDI Set** | **Characteristic of Note** | **# of IDIs** |
| Set 1 | Located across the United States | 8 |

**Screener**

Hi, my name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am an independent contractor with the Hannon Group. We are conducting research about *Legionella* and Legionnaires’ disease. This illness can be caused by breathing in *Legionella* bacteria that can be found in water.

We will be talking with risk management and remediation company staff on behalf of the Centers for Disease Control and Prevention, also known as CDC. CDC is interested in better understanding current *Legionella* prevention and water system risk management and remediation practices.

We are not selling or promoting any product or service. If you meet the eligibility criteria and complete the interview, you will receive $100.00 as a token of appreciation. The interview will be conducted by telephone and using a computer. It will last no more than 60 minutes.

To see if you meet the eligibility criteria to participate, I would like to ask you a few questions. These questions will take less than 5 minutes to answer. Is that okay?

* Agreed to answer screening questions………………………………………………….....................Continue
* Did not agree to answer screening questions…………………………………………Thank and Terminate

**Please use the following language for termination of screening:**

**“Thank you very much for your time today. We are looking to recruit a wide variety of water system risk management and remediation company staff to help with this study, and we have already recruited enough people with backgrounds similar to yours. Again, thank you for your interest.”**

1. **Record Sex**

( ) a. Male

( ) b. Female

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for 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 D74, Atlanta, Georgia 30333; ATTN: PRA (0920-0800)

1. **Is risk management or remediation of water systems, such as cooling towers, hot tubs, or potable water, a major part of your professional responsibilities?**

( ) a. Yes ...................................................................................................................................Continue

( ) b. No ................................................................................................................Thank and Terminate

1. **What is your job title?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **How many years have you been working in water system risk management or remediation?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Number of years** [**CATEGORIZE RESPONSE]**

( ) a. Under 5 years ..................................................................................................................Continue

( ) b. 5-10 years .......................................................................................................................Continue

( ) c. More than 10 years .........................................................................................................Continue

1. **In what city or cities do you do the majority of your water system risk management or remediation work? [RECRUIT 8 FOR IDIs]**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [CATEGORIZE RESPONSE. RECRUIT TWO FROM EACH U.S. CENSUS REGION.]**

( ) a. West

( ) b. Midwest

( ) c. Northeast

( ) d. South

1. **In what types of buildings have you conducted water system risk management or remediation? [RECRUIT A MIX]**

( ) a. Residential → what is the average number of floors in a building? \*

( ) b. Hotel\*

( ) c. Office\*

( ) e. Medical facility (including hospitals and long term care facilities)

Record types of medical facilities you have assisted with water system risk management or remediation:

( ) g. Public building

( ) h. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\* If only works on residential, hotels, or office buildings and the average number of floors is under 11 then terminate.**

1. **With which of the following water systems do you have experience conducting risk management or remediation activities?**

( ) a. Cooling towers

( ) b. Evaporative condensers

( ) c. Whirlpool spas / Hot tubs

( ) d. Hydrotherapy spas

( ) e. Steam rooms

( ) f. Wet saunas

( ) g. Centralized humidification

( ) h. Room humidifiers

( ) i. Recreational misters

( ) j. Decorative fountains

( ) k. potable water/premise plumbing

( ) l. None of these

1. **How often, if at all, do you test for *Legionella* as part of your water system risk management or remediation work?**

( ) a. Regularly..........................................................................................................................Continue

( ) b. When there is a suspected problem................................................................................Continue

( ) c. After remediating a water system...................................................................................Continue

( ) d. Never............................................................................................................Thank and Terminate

1. **Have you been called in when *Legionella* contamination has been suspected?**

( ) a. Yes ...................................................................................................................................Continue

( ) b. No ...................................................................................................................................Continue

1. **Will you be able to be interviewed by telephone and view things on a computer screen at the same time?**

( ) a. Yes ...................................................................................................................................Continue

( ) b. No ...................................................................................................................................Continue

1. **Are you able to use screen sharing packages, such as GoToMeeting on your computer? If you haven’t done this, are you willing to spend about 10 minutes with a technician before our scheduled call to work out any issues?**

( ) a. Yes ...................................................................................................................................Continue

( ) b. No ...................................................................................Continue (E-mail materials prior to call)

**Invitation**

Thank you for answering my questions. We would like to invite you to participate in an interview that will last no more than 60 minutes. You will receive $100.00 as a token of appreciation. Some researchers may listen and observe the interview through an online screen sharing platform. The interview will be audiotaped, but your name will not be used in connection to the research or any reports that are written.

Are you willing to participate?

( ) a. Yes ........................................................................................................[SCHEDULE INTERVIEW TIME]

( ) b. No ......................................................................................................................Thank and Terminate

**Please use the following language for termination of screening:**

**“Thank you very much for your time today.”**

**For Scheduling Interviews**

We will send you a confirmation letter, consent form, and information about the interview. What is your mailing address so we can send you the materials?

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Night Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the best number to reach you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

So that we can start and end on time, please plan to have your computer on and loaded to the website address provided and be dialed into the call at least (5 minutes before the scheduled start time). Additionally, we will be sending you some brief materials before this interview. We would appreciate your spending a brief amount of time (no more than 10 minutes) reviewing them before our discussion. We are counting on your participation, so please be sure to contact us as soon as possible if something comes up and you cannot be part of the interview. [PROVIDE NAME AND PHONE NUMBER]

Also, do you wear glasses or use a hearing aid? If so, please remember to have them for our discussion. Some activities will involve reading.

( ) a. Has hearing aid

( ) b. Has glasses

**Thanks again for your time and we’ll talk with you at [date/time].**