

## Att 3a. Screener Screenshots



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### Prevention Strategies Youth Focus Group Project

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Thank you for your interest in the Prevention Strategies Youth Focus Group Project, sponsored by the Centers for Disease Control and Prevention.

How did you hear about the Prevention Strategies Youth Focus Group Project?

Here is some information about the project. After reading this, we can move onto the questionnaire to determine if you are eligible to participate.

#### **Study Overview:**

We are conducting one-time discussion groups to understand what young men attracted to men and transgender youth think about dating, relationships, sexual health, and HIV prevention. The focus group will take place online over the course of three days.

#### **SCREENING BRIEFING:**

We want to talk with youth who come from a range of racial-ethnic backgrounds, youth from rural areas and cities, youth who are transgender and those who are not, and so on. In order to talk with a diverse group of youth we need to ask everyone who is interested in being interviewed a few screening questions.

Screening takes about 5 minutes and includes questions about your age, race-ethnicity, gender, and sexuality.

It is entirely your choice about whether or not to be screened. Also, you can skip questions and stop the screening process at any time.

In order to protect your privacy, we will label your answers with a unique ID number and not your name. Only the research team will have access to your answers. Participation in the screening process or ending your participation in the study at any time will not affect any services you receive at Fenway Health

At the end of the screening questions, we will ask you to provide us with your contact information. Your contact information will be used by the research team to schedule and confirm a focus group slot for you if you are eligible. It is entirely your choice to provide your contact information; however, if you do not provide contact information, you will be ineligible for the study.

If you have any questions about this project, you can contact the Principal Investigator, Sean Cahill, at 888-242-0900 extension 6016 (toll free). You may also contact the Fenway Health Manager of Research Compliance at (617) 927-6400 if you have questions, concerns, or complaints about how you were treated during this screening conversation.

**Based on the information provided, would you like to be screened? Selecting "yes" means that you agree to be screened. Please know that you can end this screening at any point and/or skip any questions.**

- Yes  
 No

Continue

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**What sex were you assigned at birth (what the doctor put on your birth certificate)?**

- Male
- Female

**Which of the following describes your gender identity, how you think about yourself? (check all that apply)**

- Male
- Female
- Transgender
- Genderqueer/Gender non-conforming (do not identify as male, female, or transgender)
- I am not sure of my gender identity
- I do not know what this question is asking

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**During your life, who, if anyone, have you had oral, vaginal/frontal, or anal sex with? (check one)**

- Males only
- Females only
- Both males and females
- I have not had oral, vaginal/frontal, or anal sex

**Who are you sexually attracted to?**

- Males only
- Females only
- Both males and females
- I don't have sexual attractions

**Which of the following best describes you?**

- Heterosexual (straight)
- Gay or Lesbian
- Bisexual
- Queer
- Questioning (not sure of my sexual orientation)

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**In which month and year were you born?**

Month:

Year:

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**Please indicate your race or ethnic background. Are you...?**

SELECT ONE

*Ethnicity*

- Hispanic or Latino
- Not Hispanic or Latino

SELECT ONE OR MORE

*Race*

- White
- Black or African American
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Asian

**Where do you live?**

- City
- Suburbs
- Other

**Will you have access to an internet connection over several days to participate in the bulletin board focus group online?**

- Yes
- No

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What is the best way to contact you? Please select Continue to respond.

Continue

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Phone Number:

What name should we use to ask for you at this number?

What pronoun should we use to ask for you at this number?

Is it ok to say we are calling from Fenway Health?

- Yes
- No (just leave the caller's name and phone number)

And if we miss you, is it OK to leave a voice message?

- Yes
- No, do not leave a message

Email: \*optional

Facebook: \*optional

Continue

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Fenway Institute OMB In x

www.xronos.com/cgi-bin/ih1210/survey.cgi

Apps ★ Bookmarks term paper group project



Thank you for your time Your information has been received. The Fenway Institute will contact you as you've requested in the coming days with more information if you are selected to participate.

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Windows taskbar showing icons for Internet Explorer, File Explorer, Google Chrome, Outlook, Word, and Paint. System tray shows the time 11:39 AM and date 3/2/2017.





Based on the answers provided, you are not eligible to participate.

**If, over the next month or two, we change who we are looking to talk with, may we contact you?**

- Yes
- No

Continue

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**Thank you for your time. Will you share with us why you are not interested?**

- No interest
- Worried about anonymity
- Rather not say
- Other (please specify)

[Trouble with this form?](#)



Thank you for your time

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