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Recruitment Screener Focus Groups with African American men with comorbid conditions

consu consu sepsis	My name is and I work with [NAME OF Recruiting firm]. We are working with ICF, a lting firm in Atlanta, Georgia and the Centers for Disease Control and Prevention (CDC) to learn about mers' perceptions, knowledge and awareness about infections and also about the risk of developings. The discussion will be with three people total and will last about 90 minutes. We will not ask you any ions about your own health status or personal health issues.
-	participate in the group, you will receive \$35 in appreciation of your time. Do you think that you might be ested in participating in this type of discussion?
	es (Continue with screener.) o (Thank person for time and end conversation.)
	d you mind if I ask you a few questions in order to determine whether or not you can participate in the ssion group?
	es (Continue with screener.) o (Thank person for time and end conversation.)
	TO RECRUITER: Please continue through all questions before letting individuals know that they cannot be d to participate at this time based on at least one of the responses they provided.
Recor	d and keep all screened data.
Recru	iter: We will conduct 3 triads with AA men.
1.	What is your gender?
	☐ Male☐ Female (Terminate at end)
	- Temale (Temmate at end)
2.	What is your age? (if under 65 terminate, if 65 or older record age)
3.	Would you describe yourself as Hispanic or Latino? ☐ Yes ☐ No
4.	How would you describe your racial background? You may identify more than one racial background. ☐ American Indian or Alaska Native (Terminate at end) ☐ Asian (Terminate at end) ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander (Terminate at end) ☐ White (Terminate at end)

Public reporting burden of this collection of information is estimated to average 5 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 Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-1154

5.	Do you have 1 or more chronic condition? (e.g., diabetes, high blood pressure, coronary artery disease) ☐ Yes ☐ No (Terminate at end)
6.	What is your home zip code? (Terminate at end any persons with zip codes not on the list from which to recruit)
7.	Do you have any family members who have been recruited for this study? ☐ Yes (Terminate at end) ☐ No
7.	Are you willing to participate in a discussion to discuss your views about infection, sepsis and some materials to create a sepsis prevention communication campaign? The discussion will be conducted in English.
	☐ Yes☐ No (Terminate at end)
9.	Do you have access to a phone, computer, and Internet Access to participate in the discussion? ☐ Yes ☐ No (Terminate at end)
	NATION SCRIPT: "We appreciate your willingness to answer each of the questions. Unfortunately, you are tible to participate in the focus group. Thank you for your time."
10.	You are eligible to participate in the group. Are you still interested in participating?
	☐ Yes☐ No (Thank person for her time, terminate and end the conversation.)
_	d that you will be able to join us! The digital discussion group will last about 90 minutes. It will be held using Adobe Connect. The group in which we would like you to participate is scheduled for: [State date ne]
8.	Does this date and time work for you?
	 ☐ Yes ☐ No (Thank person for her time, terminate and end the conversation.) [OR GET OTHER AVAILABLE TIMES THAT MIGHT WORK.]
	confirm your name, phone number, and e-mail so we can send you instructions on joining the digital roup. We will also send reminders to this email address.
Name	ng Address
1	Pager:
Best n	number to reach you Cell Phone:
E-mai	

Also, please contact [Recruiter] at [PHONE NUMBER] if your plans change so that we may invite someone from
the waiting list to attend instead. Otherwise, we'll look forward to seeing you on [Month/Day/Year] at [Time].