

Recruitment Screener Interviews with Triage Nurses

Hello. My name is _____ and I work with [NAME OF Recruiting firm]. We are working with ICF, a consulting firm in Atlanta, Georgia and the Centers for Disease Control and Prevention (CDC) to learn about health care professionals' perceptions, knowledge and awareness about diagnosing infections that can lead to sepsis, and your views about your patients' risk of developing sepsis. The interview will last about 60 minutes. We will not ask you any questions about your own health status or personal health issues.

If you participate in the interview, you will receive \$75 in appreciation of your time. Do you think that you might be interested in participating in this type of interview?

- Yes (Continue with screener.)
- No (Thank person for time and end conversation.)

Would you mind if I ask you a few questions in order to determine whether or not you can are eligible for the interview?

- Yes (Continue with screener.)
- No (Thank person for time and end conversation.)

NOTE TO RECRUITER: Please continue through all questions before letting individual know that they can or cannot be invited to be interviewed based on at least one of the responses they provided.

Record and keep all screened data.

Recruiter: We will conduct 9 interviews with ER triage nurses.

1. Do you work as an emergency department triage nurse?
 - Yes
 - No (terminate at end)

2. What is your work zip code? _____
(Terminate at end any persons with zip codes not on the list from which to recruit)

3. Are you willing to participate in an interview to discuss your views about sepsis and materials to create a sepsis prevention communication campaign? The interview will be conducted in English.
 - Yes
 - No (Terminate at end)

TERMINATION SCRIPT: *"We appreciate your willingness to answer each of the questions. Unfortunately, you are not eligible to participate in the interview. Thank you for your time."*

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

4. You are eligible to participate in the interview. Are you still interested in participating?
- Yes
 - No (Thank person for her time, terminate and end the conversation.)

I'm glad that you will be able to join us! The interview will last about 60 minutes. It will be held at online using Adobe Connect. The interview time is scheduled for: [date and time here]

5. 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.]

Please confirm your name, phone number, and e-mail so we can send you instructions on participating in this digital interview. We will also send reminders to this email address.

Name	
Mailing Address	
Home Telephone	Pager:
Best number to reach you	Cell Phone:
E-mail	

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].