

**ANTIBIOTIC USE CAMPAIGN - RECRUITMENT SCREENER
SELF-DEMANDER AND SELF-EXPECTOR CONSUMER VERSION**

Hello. My name is _____ and I work with [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 antibiotic use among consumers. The discussion will last about 90 minutes and you will be participating with 2 other individuals. We will not ask you any questions about your own health status or personal health issues.

If you participate in the group, you will receive \$35 in appreciation of your time. Do you think that you might be interested in participating in this type of discussion?

- 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 participate in the discussion group?

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

[Recruiter: Please continue through all questions before letting individuals know that they cannot be invited to participate at this time based on at least one of the responses they provided.]

Record and keep all screened data.

Recruiter: We will conduct 3 triads with [caregiver-demanders, caregiver-expectors]

1. What is your gender?
 - Female (continue)
 - Male (terminate at end)
2. What is your age? _____
3. Would you describe yourself as Hispanic or Latino?
 - Yes [Self-expectors]
 - No (terminate at end)
4. How would you describe your racial background? [Ask person to name all that apply.]
 - American Indian or Alaska Native (Terminate at end)
 - Asian (Terminate at end)
 - Black or African American (Terminate at end)
 - Native Hawaiian or Other Pacific Islander (Terminate at end)
 - White [Self-demanders]

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. Have you been prescribed an antibiotic in the last 12 months?
- Yes
- No (Terminate at end)
6. [Self-demander] Have you ever asked a healthcare provider outright to prescribe an antibiotic when you were sick?
- Yes
- No (Terminate at end)
- [Self-expector] Have you ever expected—but not outright asked—your healthcare provider to prescribe an antibiotic when you were sick?
- Yes
- No (Terminate at end)
7. What is your home zip code? _____ (Terminate at end any persons with zip codes not on the list from which to recruit)
8. Do you have any family members who have been recruited for this study?
- Yes (Terminate at end)
- No
9. Are you willing to participate in a discussion in English only to discuss your views about antibiotics to create a health communications campaign about antibiotic use?
- Yes
- No (Terminate at end)
10. Do you have access to a phone, computer, and the internet to participate in the discussion?
- Yes
- No (Terminate at end)

TERMINATION SCRIPT: *“We appreciate your willingness to answer each of the questions. Unfortunately, one of your answers does not meet our requirements for participation in the focus group. Thank you for your time.”*

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11. 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.)

I’m glad that you will be able to join us! The digital discussion group will last about 90 minutes. It will be held online using Adobe Connect. The group in which we would like you to participate is scheduled for: [State date and time]

12. 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 joining the digital focus group. 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].