

## Attachment 2 – Online Screening Form

Project: Opinions of Hand Hygiene Focus Group Discussion  
Format: 90-minute in-person focus group discussion  
Location: [LOCATION]

[CONSULTING COMPANY] is conducting two focus groups with adult men and women to learn about opinions of hand hygiene behavior and preferences for health information. In the focus groups we will discuss hand hygiene behavior when in contact with food and after use of the bathroom, as well as your preferences for health information. Focus group findings will be used to help develop a health communication campaign focused on hand hygiene behaviors.

This informal discussion will last about 90 minutes and will be located in [LOCATION]. Also, the discussions will be audio recorded.

You will not be asked to buy anything during the focus groups, we are only interested in your opinions. You will receive \$40 as a token of appreciation for participating in this discussion. Also, we need to let you know that there will not be any childcare provided during the focus group discussion, so please make the appropriate childcare arrangements if you have children.

To determine if you are eligible to participate in the focus groups, we need to ask you a few questions. All of your responses will be kept private.

If you have any questions about the focus groups, please contact [INSERT POINT OF CONTACT AT CONSULTING FIRM].

1. Are you interested in participating in a 90-minute long, in-person focus group to talk about hand hygiene behavior?

Yes	1	
.....		
No	2	[IF 2 → TERMINATE]
.....		
Preferred not to answer	9	
.....		

Public reporting burden of this collection of information is estimated to average 10 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

Form Approved  
 OMB Control No. 0920-1154  
 Exp. Date: 01/31/2020  
 2. What is your sex?

- Female ..... 1
- Male ..... 2
- Preferred not to answer ..... 9

3. Do you or does anyone else in your immediate family or household have a job in the following fields.

	Yes	No	Skip	
In marketing or communication .....	1	2	3	[IF 1 or 3 → TERMINATE]
In medicine or healthcare .....	1	2	3	[IF 1 or 3 → TERMINATE]
In a restaurant .....	1	2	3	[IF 1 or 3 → TERMINATE]
In public health .....	1	2	3	[IF 1 or 3 → TERMINATE]
In education or childcare .....	1	2	3	[IF 1 or 3 → TERMINATE]

4. May I ask if your age is in any of the following categories? Are you . . .

- Under 18 years old ..... 1 [IF 1 → TERMINATE]
- 18 – 24 ..... 2
- 25 – 34 ..... 3
- 35 – 44 ..... 4
- 45 – 54 ..... 5
- 55 – 64 ..... 6
- 65 and older ..... 7
- Preferred not to answer ..... 9 [IF 9 → TERMINATE]

*How would you describe your racial/ethnic background?*

5. Do you consider yourself Hispanic or Latino/a

- No ..... 1
- Yes ..... 2
- Preferred not to answer ..... 9

6. What is your race? (One or more categories may be selected)

- White ..... 1
- Black or African American ..... 2
- American Indian or Alaska Native ..... 3
- Asian ..... 4
- Native Hawaiian or Other Pacific Islander ..... 5
- Preferred not to answer ..... 9

7. What is your current relationship status? Are you...?

- Single (e.g., single, divorced, widowed, separated) ..... 1
- In a relationship (e.g., married, in domestic partnership, has girlfriend/boyfriend) ..... 2
- Preferred not to answer ..... 9

8. What is your yearly individual income?

- \$0-\$19,999 ..... 

1
---

 [IF 1 → TERMINATE]

Form Approved  
OMB Control No. 0920-1154  
Exp. Date: 01/31/2020

.....	_____	
\$20,000-\$39,999	2	
.....	2	
\$40,000-\$59,999	3	
.....	3	
\$60,000-\$79,000	4	
.....	4	
\$80,000-\$99,999	5	
.....	5	
\$100,000 or more	6	[IF 6 → TERMINATE]
.....	6	[IF 6 → TERMINATE]
Preferred not to answer	9	
.....	9	

9. What is the highest level of education you have completed?

Less than high school	1	[IF 1 → TERMINATE]
.....	1	[IF 1 → TERMINATE]
Some high school, but not a graduate	2	
.....	2	
High school graduate (or GED)	3	
.....	3	
Some college/technical, not graduate	4	
.....	4	
College graduate	5	
.....	5	
Graduate school or higher	6	[IF 6 → TERMINATE]
.....	6	[IF 6 → TERMINATE]
Preferred not to answer	9	
.....	9	

10. Are you a parent or primary caregiver to any children?

Yes	1
.....	1
No	2
.....	2
Preferred not to answer	9
.....	9

9. Do you prepare or cook food in your home at least one time per week?

Yes	1
.....	_____

No .....	2	[IF 2 → TERMINATE]
Preferred not to answer .....	9	

11. Do you currently live in the United States?

Yes .....	1	[IF 2 → TERMINATE]
No .....	2	
Preferred not to answer .....	9	

12. What best describes where your primary residence is located?

Urban area .....	1
Suburban area .....	2
Rural area .....	3
Preferred not to answer .....	9

13. Have you ever used an alcohol based hand sanitizer (e.g. Purell, Germ-x, or other similar ones)?

Yes .....	1	[IF 2 → TERMINATE]
No .....	2	
Preferred not to answer .....	9	

Form Approved

OMB Control No. 0920-1154

Exp. Date: 01/31/2020

14. Where do you generally receive information about health?

	Yes	No
Friends and family .....	Y	N
Coworkers .....	Y	N
Medical settings (e.g., clinicians, nurses, doctors) .....	Y	N
Online websites (e.g., WebMD, MayoClinic, CDC) .....	Y	N
Social media (e.g., Facebook, Twitter, Instagram) .....	Y	N
Online forums or message boards (e.g., Reddit) .....	Y	N
Online videos .....	Y	N
Paper flyers or pamphlets .....	Y	N
Paper posters .....	Y	N
Newspapers (either paper or digital) .....	Y	N
Magazines (either paper or digital) .....	Y	N
Television .....	Y	N
Radio .....	Y	N
Email .....	Y	N

15. How important to your health is washing or sanitizing your hands in the following situations:

Washing or sanitizing my hands...	Very Important to My Health	Important to My Health	Moderately Important to My Health	Slightly Important to My Health	Not Important to My Health	Skip
After defecating in a bathroom at home	5	4	3	2	1	9
.....						
After urinating in a bathroom at home	5	4	3	2	1	9
.....						
After defecating in a public restroom	5	4	3	2	1	9
.....						
After urinating in a public restroom	5	4	3	2	1	9
.....						
After vomiting	5	4	3	2	1	9
.....						
After changing a diaper at home	5	4	3	2	1	9
.....						
After changing a diaper in a public restroom	5	4	3	2	1	9
.....						
Before brushing your teeth	5	4	3	2	1	9
.....						
Before going to bed	5	4	3	2	1	9
.....						
After cleaning up vomit	5	4	3	2	1	9
.....						
After coughing	5	4	3	2	1	9
.....						
After sneezing	5	4	3	2	1	9
.....						
After blowing your nose	5	4	3	2	1	9
.....						
Before eating food	5	4	3	2	1	9
.....						
Before preparing food	5	4	3	2	1	9
.....						
After eating food	5	4	3	2	1	9
.....						
After touching raw meat	5	4	3	2	1	9
.....						

Form Approved  
 OMB Control No. 0920-1154  
 Exp. Date: 01/31/2020

After touching a dog or cat .....	5	4	3	2	1	9
After feeding a dog or cat .....	5	4	3	2	1	9
After cleaning up feces or urine from a dog or cat .....	5	4	3	2	1	9
After touching a reptile or amphibian (e.g., snake, turtle, bearded dragon) .....	5	4	3	2	1	9
After touching a barnyard animal (e.g., goat, chicken, sheep, cow, pig) .....	5	4	3	2	1	9

---

**[TERMINATION PROMPT] Closing for Ineligible Participants:**

Thank you for taking the time to answer these questions. You are not eligible to be in this study. There are many possible reasons why people are not eligible for the study. These reasons were decided earlier by the researchers. We value your interest in this research study. Thank you for being willing to participate. If you have any questions about the focus groups, please contact [INSERT POINT OF CONTACT AT CONSULTING FIRM]

**[ELIGIBILITY PROMPT] Invitation Prompt:**

Thank you for taking the time to answer these questions. You may be eligible to be in this study. A member of the research team will review your responses and will contact you if you are selected to participate. At that time they will provide you information on the date, time, and location of the focus group.

As a reminder, we are talking to men and women as part of this research study to hear their opinions about hand hygiene. This informal focus group discussion will last about 90 minutes and will be located in [LOCATION]. In the focus groups we will discuss hand hygiene behavior when in contact with food and after use of the bathroom, as well as your preferences for health information. Also, the discussions will be audio recorded.

You will not be asked to buy anything during the focus groups, we are only interested in your opinions. You will receive \$40 as a token of appreciation for participating in this discussion. Also, we need to let you know that there will not be any childcare provided during the focus group discussion, so please make the appropriate childcare arrangements if you have children.

16. Would you be interested in participating in this in-person focus group to talk about your opinions on hand hygiene?

- |                         |   |                    |
|-------------------------|---|--------------------|
| Yes                     | 1 |                    |
| .....                   |   |                    |
| No                      | 2 | [IF 2 → TERMINATE] |
| .....                   |   |                    |
| Preferred not to answer | 9 |                    |
| .....                   |   |                    |

**[CONTACT INFORMATION PROMPT]** Prompt to collect contact information

In order for us to let you know that you have been selected to participate the in the focus groups discussions, your contact information is needed.

17. Name

18. Phone (day)

19. Phone (evening)

20. Email

21. Best time to be reached by study team?

22. What is the best way for the study team to reach you?

- |             |   |
|-------------|---|
| Email       | 1 |
| .....       |   |
| Phone (day) | 2 |
| .....       |   |
| Both        | 3 |
| .....       |   |

Thank you for being willing to participate. If you have any questions about the focus groups, please contact [INSERT POINT OF CONTACT AT CONSULTING FIRM].