**Form Approved**

**OMB No. 0920-1027**

**Expiration Date 07/31/2020**

**NPIN Evaluation Screener**

**Public reporting burden of this collection of information is estimated to average 1 minute 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: OMB-PRA (0920-1027)**

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S1. Are you currently an employee or fellow of the Centers for Disease Control and Prevention?

(Yes/NO)

**PN : If “YES,” terminate participation**

S2. Have you engaged with the Center for Disease Control’s National Prevention Information Network (NPIN) in the past 2 years? (YES OR NO)

**PN : If “NO,” terminate participation**

S3. In what ways have you engaged with NPIN (Check all that apply)

* Received an NPIN email and read it
* Downloaded materials or resources from NPIN.cdc.gov
* Attended an NPIN sponsored webinar
* Attended an NPIN sponsored training
* Attended an NPIN Twitter Chat
* Accessed the NPIN Community
* Sent an email to NPIN info box
* Engaged with NPIN Social Media
* Stopped by Conference Booth
* Other (please describe)
* None

**PN: If “NONE,” terminate participation**

S4. Please indicate the disease prevention area(s) in which you work (check all that apply):

* + HIV/AIDS
	+ Sexually Transmitted Diseases
	+ Tuberculosis
	+ Viral Hepatitis
	+ Adolescent Sexual Health
	+ Other (Please describe)
	+ None

**PN: If “NONE,” terminate participation**

S5. What city do you live in? (open end)

PN: Use the State List provided by Schlesinger programmers

S6. What state? (Dropdown)

If GA, MA, NH, IL, TX, CA, NY, CT, NJ, FL, PA, DE, AZ MO are mentioned at S6, continue to S7. If not skip to **SURVEY: NPIN Evaluation Data Collection Instrument**

S7. Do you live within 30 miles of any of following cities?

Atlanta, GA CONTINUE TO FG.1

Boston, MA CONTINUE TO FG.1

Chicago, IL CONTINUE TO FG.1

Dallas, TX / Fort Worth, TX CONTINUE TO FG.1

Houston, TX CONTINUE TO FG.1

Los Angeles, CA CONTINUE TO FG.1

New York City, NY CONTINUE TO FG.1

Orlando, FL CONTINUE TO FG.1

Philadelphia, PA CONTINUE TO FG.1

Phoenix, AZ CONTINUE TO FG.1

San Francisco, CA CONTINUE TO FG.1

St Louis, MO CONTINUE TO FG.1

None of the above SKIP TO **SURVEY: NPIN Evaluation Data Collection Instrument, S1**

FOCUS GROUP SCREENING

FG.1 Would you be interested in participating in a face to face discussion in mid to late May along with other local people who are engaged with the Center for Disease Control’s National Prevention Information Network? The discussion will last approximately 90 minute to 2 hours.

 Yes, interested SKIP TO FG.3

 Maybe SKIP TO FG.3

 No ASK FG.2

PN: If FG1=NO

FG.2 Would you like to continue participating in the online survey?

Yes – GO TO **SURVEY: NPIN Evaluation Data Collection Instrument**

No TERMINATE

PN: IF FG.1=Yes orIF FG.1=Maybe

FG.3 Please share your contact information. We will be in touch regarding further research opportunities in the next two to three weeks.

 Name

 Email address

 Daytime telephone: