Attachment F: Screening Instrument for African American Young Women

Public reporting burden of this collection of information is estimated to average 3 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 (0920-0800)

Screening Instrument: African-American Women (For Recruiters in Chicago, Los Angeles, and Jackson)

ma	arket resed	me is and I am calling from a professional arch firm. I am not selling anything. We're currently conducting focus groups for the Disease Control and Prevention.		
he pro	alth issue. oject? This	from these discussions will be used to develop materials for young women about a May I ask you a few questions to see if you are eligible to participate in this will take less than five minutes. [IF RESPONDENT INDICATES THAT THIS IS NOT A SCHEDULE A CALL BACK TIME]		
1.	Document gender. [ASK IF UNSURE]			
	Female (CONTINUE)			
	Male (THANK AND TERMINATE)			
2.	Which of the following best describes your ethnicity?			
	1 2	Hispanic or Latino (RECORD; SWITCH TO SCREENER FOR HISPANIC WOMEN) Not Hispanic or Latino (CONTINUE)		
3.	Which of the following best describes your race? Please select one or more as applicable.			
	1 AMEI	American Indian or Alaska Native (RECORD; SWITCH TO SCREENER FOR NATIVE RICAN WOMEN)		
	2	Asian (RECORD; THANK AND TERMINATE)		
	3	Black or African American (RECORD AND CONTINUE)		
	4 5	Native Hawaiian or Other Pacific Islander (RECORD; THANK AND TERMINATE) White (RECORD; THANK AND TERMINATE)		
4.	How old are you? [READ RANGES]			
	17	years old or younger (THANK AND TERMINATE)		
	18-29 years (RECORD; CONTINUE)			
	30-44 years (RECORD; CONTINUE)			
	45 years old or older (THANK AND TERMINATE)			

5.	Think about both your mother and father's side of the family. Include your parents, children, brothers/sisters, aunts/uncles, nieces/nephews, and grandparents.				
	Is there any history of breast or ovarian cancer in your family?				
	Yes (RECORD; IF 18-29 YEARS OLD [Q2]; RECRUIT PER QUOTA; CONTINUE)				
	(RECORD; IF 30-44 YEARS OLD [Q2]; RECRUIT PER QUOTA; CONTINUE)				
	NO (RECORD; IF 18-29 YEARS OL	.D [Q2]; RECRUIT PER QUOTA; CONTINUE)			
	(RECORD; IF 30-44 YEARS OLD [Q2]; RECRUIT PER QUOTA; CONTINUE)				
6.	Do you own a smart phone?				
	Yes (CONTINUE)				
	No (THANK AND TERMINATE)				
7.	Do you use the internet for at least 2 he	ours each week?			
	Yes (CONTINUE)				
	No (THANK AND TERMINATE)				
8.	ple times per week?				
	[] Read email	TERMINATE IF EMAIL-ONLY			
	[] Send email	TERMINATE IF EMAIL-ONLY			
	[] Search using Google	RECORD AND CONTINUE			
	[] Read news articles online	RECORD AND CONTINUE			
	[] View Facebook timeline	RECORD AND CONTINUE			
	[] Write Facebook posts/comments RECORD AND CONTINUE				
	[] View Twitter feed	RECORD AND CONTINUE			
	[] Post tweets	RECORD AND CONTINUE			
	[] Watch YouTube videos	RECORD AND CONTINUE			
	[] Upload YouTube videos	RECORD AND CONTINUE			
	[] Leave comments on YouTube	RECORD AND CONTINUE			

	[] View photos online	RECORD AND CONTINUE				
	[] Upload photos online	RECORD AND CONTINUE				
	[] Read blogs	RECORD AND CONTINUE				
	[] Write blog posts	RECORD AND CONTINUE				
	[] Other:	RECORD AND CONTINUE				
9.	Do you or any member of your household work as an employee or contractor in any of the following areas?					
	Public health, such as the Centers for Disease Control and Prevention (CDC), local or state health department, or other public health organization					
		alth clinic; doctor or dentist's office; hospital; on; Health Insurance Company or agency; or				
	(IF "YES" TO ANY OF THE ABOVE, THANK	(AND TERMINATE)				
10.	. Have you ever been diagnosed by a doc	tor with breast cancer or ovarian cancer?				
Yes (THANK AND TERMINATE)						
	NO (RECORD AND CONTINUE)					
11.		seling with a licensed genetic counselor regarding include a conversation with a doctor or nurse.				
	Yes (RECORD AND CONTINUE; RECRUIT MIX)					
	NO (RECORD AND CONTINUE; RE	CRUIT MIX)				
12.		ng related to cancer or your risk for developing RCA2 gene mutation) through a service like				
	Yes (RECORD AND CONTINUE; RE	CRUIT MIX)				
	NO (RECORD AND CONTINUE; RE	CRUIT MIX)				

cancer (3. Have you ever undergone genetic testing related to cancer or your risk for developing cancer (such as testing for a BRCA1 or BRCA2 gene mutation) through a licensed genetic counselor?						
Y	Yes (RECORD AND CONTINUE; RECRUIT MIX)						
N	NO (RECORD AND CONTINUE; RECRUIT MIX)						
14. What is	the highest level of education you have	e completed?					
(REC	(RECRUIT A MIX; AT LEAST HALF MUST HAVE SOME COLLEGE OR MORE)						
01	High School Diploma or less	(RECORD; RECRUIT A MIX; CONTINUE)					
02	Some college or associates degree	(RECORD; RECRUIT A MIX; CONTINUE)					
03	College degree	(RECORD; RECRUIT A MIX; CONTINUE)					
04	Master's degree	(RECORD; RECRUIT A MIX; CONTINUE)					
05	JD or PhD GROUP; CONTINUE)	(RECORD, RECRUIT A MIX; LIMIT 1 PER					
15. What is your marital status? Currently married or in a legal/state registered domestic partnership							
Not Married (may include divorced, widowed, separated, and never married)							
(RECORD; RECRUIT A MIX OF MARRIED/NOT MARRIED; CONTINUE)							
16. Do you have children? Yes (RECORD AND CONTINUE)							
If so, record how many children, their sexes, and ages:							
NO (RECORD AND CONTINUE)							
(RECORD; RECRUIT A MIX OF MOTHERS/NOT MOTHERS; CONTINUE)							
17. What is your estimated annual household income? (RECORD; RECRUIT A MIX)							
\$25,000 or less							

Between \$25,000 - \$49,000
Between \$50,000 - \$100,000
More than \$100,000
ASSESS AND VERIFY ABILITY TO SPEAK AND UNDERSTAND ENGLISH
Those are all of my questions. You qualify and we would like to invite you to participate in a focus group. The discussion will last about 90 minutes and will be audio and video recorded. In appreciation for your time, you will be given \$75 after completing the focus group. It's important to know that none of the information you provide us during the focus group will ever be linked to your name in any way.
Are you willing to participate?
Yes (CONTINUE)
NO (THANK AND TERMINATE, ASK IF THEY CAN SUGGEST A PEER THAT MAY BE INTERESTED)
Groups are scheduled for the following times (INSERT DATES AND TIMES – OFFER AT LEAST ONE EVENING GROUP), which of these works with your calendar?
Prior to the start of the focus group, you will receive information for the focus group. If after we hang up, if you have a question about the focus group or decide you can't participate, please contact me at
Now, can you please tell me the following information about yourself?
Name
Mailing Address (include zip code)

Email Address_____

Day Number_____ Evening Number____

Mobile Phone (if available) ______ Fax (if available) _____