

**ATTACHMENT 1B: RECRUITMENT SCREENER**

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**Paperwork Reduction Act Statement:** The public reporting burden for this information collection has been estimated to average 8 minutes per response. 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 0920-0840.

**A 90-Minute Focus Group With  
Non-U.S.-Born Men and Women  
At High Risk for Tuberculosis\***

[\*Note to recruiter: Do NOT reveal to potential focus group participants that the topic of this study is tuberculosis. We do NOT want any participants to do “homework” on tuberculosis before the focus group discussion.]

**RECRUITMENT SCREENER  
Spring 2019**

**Introduction**

Hello, my name is \_\_\_\_\_ and I’m calling from \_\_\_\_\_ about an upcoming research project sponsored by the Centers for Disease Control and Prevention (also known as the “CDC”). The CDC is a federal government agency whose aim is to protect the public’s health.

We want to talk with men and women born in countries outside of the United States about how the CDC can better reach people with important health information. This focus group will take place in-person at a research facility in [insert city name].

The session will last approximately 90 minutes. To maintain participants’ privacy, we will use first names only during the discussion and your name will not be used in any study materials. In appreciation of your time, you will be given a token of appreciation. To see if you qualify to participate, we need to ask you a few questions. These questions will take less than 10 minutes. Please note we will not ask about immigration or health status at any point during the project.

**Eligibility Questions**

*RECRUIT 11 TOTAL PARTICIPANTS PER FOCUS GROUP [WE WILL SEAT 9 PARTICIPANTS. IF MORE THAN 9 PARTICIPANTS SHOW, WE WILL EXCUSE THEM. INDIVIDUALS WHO ARE EXCUSED WILL STILL RECEIVE THE TOKEN OF APPRECIATION].*

**ALL PARTICIPANTS IN ANY ONE FOCUS GROUP MUST BE FROM THE SAME COUNTRY OF ORIGIN.**

**Record: \_\_\_\_\_ Male \_\_\_\_\_ Female**

*RECRUIT A MIX OF MALES AND FEMALES, AS POSSIBLE.*

**1. In what country were you born? \_\_\_\_\_**

***RECRUIT ONLY THOSE WHO WERE BORN IN [INSERT COUNTRY NAME].***

***[MEXICO] [GUATEMALA] [THE PHILIPPINES] [VIETNAM] [CHINA] [INDIA]***

***If not born in [insert country name], THANK AND DISMISS.***

**2. How old are you? \_\_\_\_\_**

*RECRUIT A MIX OF AGES AS POSSIBLE.*

*If under 18 years of age, THANK AND DISMISS.*

**3. How long have you lived in the United States?**

Less than 10 years

More than 10 years

I was born in the United States *THANK AND DISMISS*

*RECRUIT A MIX OF TIME SPENT LIVING IN THE UNITED STATES, AS POSSIBLE.*

**4. Which of the following best describes your highest level of education?**

No formal schooling

Less than high school/some high school, no diploma

High school graduate or GED

Some college or technical school

4-year college degree

Post-graduate studies or advanced degree (master's or higher)

*RECRUIT AS MUCH OF A MIX OF EDUCATION LEVELS, AS POSSIBLE.*

**5. Are you Hispanic, Latino/a, or Spanish Origin?**

No, not of Hispanic, Latino/a, or Spanish origin

Yes, Mexican, Mexican American, Chicano/a

Yes, Puerto Rican

Yes, Cuban

Yes, Another Hispanic, Latino/a or Spanish origin

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

White

Black or African American

Asian

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

**7. What is your total annual household income?**

Less than \$25,000

- \$25,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 or more

*RECRUIT AS MUCH OF A MIX OF ANNUAL HOUSEHOLD INCOME LEVELS AS POSSIBLE.*

**8. What type of health insurance do you have, if any?**

- A plan through your employer/work or your spouse’s employer/work (private insurance)
- Medicare
- Medicaid *[note to recruiter if applicable: MediCal is California’s Medicaid program]*
- Military health care
- Some other government program
- A plan I purchased myself
- Uninsured/I do not have health insurance
- Other. Please specify: \_\_\_\_\_

**9. Where do you usually receive your medical care?**

- A doctor’s office
- A clinic or health center (including a “Federally Qualified Health Center” [FQHC])
- A health department
- A hospital emergency room
- A hospital outpatient department
- A Veterans Administration (VA) clinic
- A holistic or alternative medicine provider
- Other. Please specify: \_\_\_\_\_

**10. Is your health care provider respectful of you and your culture?**

- Always
- Almost always
- Sometimes
- Almost never
- Never

**11. How well do you speak English?**

- Very well
- Well
- Not well *THANK AND DISMISS.*
- Not at all *THANK AND DISMISS.*

**12. During the discussion, you will be asked to READ some materials in ENGLISH and share your opinions about them with a group of people that you do not know. How comfortable would you feel doing this?**

- Very comfortable
- Comfortable

- ( ) Neither comfortable nor uncomfortable (neutral) *THANK AND DISMISS.*
- ( ) Uncomfortable *THANK AND DISMISS.*
- ( ) Very uncomfortable *THANK AND DISMISS.*

**[Suggested language when terminating a call:**

“Thank you very much for your time today. We are looking to recruit a wide variety of participants to help with this study. Unfortunately, we have filled participant slots with your background. However, we thank you for your interest in this study.”

**INVITATION**

Thank you for answering my questions. We would like to invite you to participate in a 90-minute in-person discussion session with other men and women born in [insert country]. If you agree to participate, you will receive a token of appreciation for your time.

**Are you interested and able to participate?**

- ( ) Yes; *SCHEDULE ON Month Day, 2019 at x:xx a.m./p.m. -- x:xx a.m./p.m.*
- ( ) No; *THANK AND DISMISS*

**Will you be able to drive or take public transportation to a research facility location in [INSERT CITY NAME]?**

- ( ) Yes
- ( ) No; *THANK AND DISMISS*

**FOR SCHEDULED PARTICIPANTS:**

The discussion has been scheduled on *Month Day, 2019 at x:xx a.m./p.m. -- x:xx a.m./p.m.* Before your scheduled session, we will send you a confirmation text and/or email. And, we will call you the day before the discussion session as a reminder.

If you wear reading glasses or using a hearing aid, please remember to bring those to the focus group discussion session. Some of our activities will involve reading.

If you must cancel, please let us know immediately, so we can find someone to take your place. My name is \_\_\_\_\_ and you can reach me at \_\_\_\_\_.

We ask that you arrive at least 20 minutes before the start of the focus group discussion.

Thank you!