

Attachment 2: Participant screening form

OMB Control No. 0920-1050

Exp. Date 05/31/2022

Public reporting burden of this collection of information is estimated to average 5 minutes per respondent. 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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia, 30333; ATTN: PRA (0920-1050).

Thank you for your interest in participating in these focus groups. First, we need to know a few things about you. The information you provide in this form will be kept confidential – only project staff will have access to it, we will store it in a database on a secure server with password protection, and we will destroy all data after focus groups are finished and the study is over.

In order to protect your confidentiality, please do not give us your full name. Instead, please choose a nickname that we can use.

Nickname: _____

Prefer to be contacted via phone or email? _____ Phone _____ Email

Based on your preferred contact method, please give EITHER your phone number OR email:

Phone number: _____

Email: _____

Are you able to attend a focus group discussion on (date, time) at (location):

_____ Yes _____ No

Will you need childcare services during this focus group discussion? _____ Yes _____ No

Can you speak and understand conversations in English? _____ Yes _____ No

Please answer the following questions about yourself:

Please tell us which race/ethnicity you feel best describes you:

_____ White _____ Black or African American _____ Hispanic or Latino _____ Asian

_____ American Indian or Alaska Native _____ Native Hawaiian or Other Pacific Islander

Please check here if respondent prefers not to answer: ____ (for interviewer only)

What sex were you assigned at birth?

____ Male ____ Female

Please check here if respondent prefers not to answer: ____ (for interviewer only)

What is your age: _____ years

How many children do you have? _____

Of these children, how many are boys? _____

What are the ages of your sons? (Check all that apply)

____ 0-4 years ____ 5-9 years ____ 10-14 years ____ 15-19 years

____ Over 19 years of age

Of these children, how many are girls? _____

What are the ages of your daughters? (Check all that apply)

____ 0-4 years ____ 5-9 years ____ 10-14 years ____ 15-19 years

____ Over 19 years of age

Are you married or do you live with a romantic partner? ____ Yes ____ No

If no, have you ever been married or lived with a romantic partner? ____ Yes ____ No

What is the highest degree or level of school you have completed? (If you're currently enrolled in school, please indicate the highest degree you have *received*.)

____ Less than high school diploma ____ High school degree or equivalent (e.g. GED)

____ Some college, no degree ____ Associate or Bachelor's degree

_____ More than a Bachelor's degree (e.g. Master's or Doctoral degree)