Screening Instrument

Qualitative information collection on emerging diseases among the foreign-born in the United States

Phone call/in-person exchange should last approximately 10 minutes

Hello, my name is	rticipate in a ou think abou o the U.S. Ce We have a f	a group discuss at several healt enters for Disea Tew brief quest	ion about he h topics incl se Control a ions to ask a	ealth information uding [INSERT and Prevention, nd if you qualif	n that will be held TDISEASE the "CDC," Ty and are
1. How old are you?	(IF UN	DER 18, THAI	NK PERSON	N AND END CO	NVERSATION)
2. What is your sex? Male Fe	emale				
3. Were you born in a country other that *(IF PARTICIPANT ANSWE termination script at end)			No S ON AND I	END CONVER	RSATION—see
4. In what country were you born?					
5. How long have you been in the U.S.?	<u> </u>				
6. Do you speak a language other than l If yes, what language do you speak	_		No		
7. Are you able to attend a 2 hour session (I		Yes SURE, THANK	No X PERSON A	AND END CON	VERSATION)
8. Any information that will be shared or recorded. Are you willing to be recorded	during this deed?	iscussion will l <i>Yes</i>	oe kept priva No		will be audio-
9. Do you have any special needs, whic other impairments? If yes, please list impairment(s):		Yes	No	cipate such as h	_
Those are all my questions. You do qua	alify for part	icipation in thi	s discussion	. and we would	like to invite you

to join us on [INSERT DATE]. If you decide to participate, you will be given [INSERT INCENTIVE].

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-XXXX.

10. Are you willing to participate?	Yes No (IF NO, THANK PERSON AND END CONVERSATION) (IF YES, PLACE CONTACT INFORMATION BELOW)
First Name:	Phone Number: ()
Best time to contact:	
Thank you for your time.	

Termination Script: Thank you for answering our questions. Unfortunately you do not meet our selection criteria and so are not eligible to participate in our group discussion. Any information that you have shared thus far will be deleted. Thank you for your time and have a good day/night.