

My name is _____, and I am an employee at the Centers for Disease Control and Prevention (CDC). I am here with my team to learn more about COVID-19 (the coronavirus). We are doing screenings that involve asking participants questions about how they have been feeling in the past week and about their medical history. Participants will then be tested for COVID-19. If you become hospitalized due to COVID-19, we may be interested in looking at your medical records. Your participation in this project is voluntary. If at any point you feel uncomfortable or do not wish to continue the project please let me know. You may choose not to answer any question. Your decision to participate will not affect you in any way. The services you receive at (Homeless Service Provider) will not be affected by your participation. Your identity or personal information will not be disclosed in any publication associated with this study and your name will not be used. The screening will take less than ten minutes.

Do you agree to participate? If yes, do you have any questions before we get started?