

Attachment C: Eligibility Screener Questionnaire

PARTICIPANT NUMERIC IDENTIFIER: _____

1. Are you ? (read options) You may select more than one answer
 1. MALE
 2. FEMALE
 3. TRANSGENDER, NON-BINARY, OR ANOTHER GENDER

 2. I need to confirm, do you receive health insurance through Medicare?
 1. YES
 2. NO → I am sorry, but only people who receive insurance through Medicare are eligible for this study.

 3. How old are you?

_____ years
- ➡ Ok, I am going to conduct the interview and our conversation today will take no more than 30 minutes.