# 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.