Form Approved

OMB Control No.: 0920-1154 Expiration date: 3/31/2026

Eligible Participant Screener for Focus Group (to be conducted over the phone by recruiter)

Good news. You are eligible to participate in this project.

If you agree to participate in this project, we will ask you to take part in a web-based focus group. We will ask a series of questions about wastewater monitoring. This focus group will take about 60 minutes. To thank you for your time, you will receive a \$75 token of appreciation for your participation.

Are you interested in participating in the focus group?

☐ Yes (CONTINUE)

☐ No, Okay, thank you for your time today. (STOP HERE)

CONFIRM NAME, DEMOGRAPHICS, EMAIL, AND PHONE

1. Could you please spell your first and last name?

I have a few additional questions to ensure we get a good mix of participants in this study.

- 2. In what ZIP code do you currently live? [ENTER FIVE DIGIT ZIP CODE]
- 3. How would you describe the area where you live?
 - a. Rural

Do you have any questions?

- b. Urban
- c. Suburban
- 4. Are you the parent or caregiver of a child(ren) who currently lives in your household?
 - a. Yes
 - b. No
 - c. Prefer not to answer
- 5. Are you the caregiver of any elderly individuals who currently live in your household?
 - a. Yes
 - b. No
 - c. Prefer not to answer
- 6. Are you the owner or co-owner of a business in your community?
 - a. Yes
 - b. No [IF NO, SKIP TO QUESTION 10]
- 7. Do you make decisions about staffing or business opening/closing?

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- a. Yes
- b. No [IF NO, SKIP TO QUESTION 10]
- 8. Does your business have a physical storefront?
 - a. Yes
 - b. No [IF NO, SKIP TO QUESTION 10]
- 9. Does your business staff six or more employees who work together in-person on a weekly basis?
 - a. Yes
 - b. No [IF NO, SKIP TO QUESTION 10]
- 10. What sex were you assigned at birth, on your original birth certificate?
 - a. Female
 - b. Male
- 11. How do you currently describe yourself? [mark all that apply]
 - a. Female
 - b. Male
 - c. Transgender
 - d. I use a different term [free-text]
 - e. Prefer not to answer/Decline
- 12. Just to confirm, you were assigned {FILL} at birth and now you describe yourself as {FILL}. Is that correct?
 - a. Yes
 - b. No [skip back to Q1 and/or Q2 to correct]
- **13**. Which of the following best describes your ethnicity?
 - a. Hispanic or Latino
 - b. Not Hispanic or Latino
 - c. Prefer not to answer/Decline
- 14. Which of the following best describes your race? [Please select one or more as applicable].
 - a. American Indian or Alaska Native
 - b. Asian
 - c. Black or African American
 - d. Native Hawaiian or Other Pacific Islander
 - e. White
 - f. Prefer not to answer/Decline
- 15. What is the highest level of education you have completed?
 - a. Some high school
 - b. High school diploma
 - c. Some college or associate's degree
 - d. Bachelor's degree
 - e. Advanced degree

f.	Duefen	not to	answer/	Dooling
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16.	What is your	current occup	ational status?	Would	you say	?
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- a. Employed full time
- b. Employed part time
- c. Unemployed
- d. Stay at home parent
- e. Student
- f. Retired
- g. Disabled
- h. Other:
- i. Don't Know/Not Sure [DO NOT READ]
- j. Prefer not to answer
- 17. Last year, in 2023, what was your total household income from all sources, before taxes?
 - a. Less than \$15,000
 - b. \$15,000 to \$24,999
 - c. \$25,000 to \$34,999
 - d. \$35,000 to \$49,999
 - e. \$50,000 to \$74,999
 - f. \$75,000 to \$99,999
 - g. \$100,000 to \$149,999
 - h. \$150,000+
- 18. Do you have any of the following conditions?
 - a. HIV
 - b. Cancer
 - c. Diabetes
 - d. Liver disease
 - e. Kidney disease
 - f. Lupus
 - g. Multiple sclerosis (MS)
 - h. Inflammatory bowel disease (IBD)
 - i. Organ transplant recipient
 - j. Any other immunocompromised conditions? [Ask to Specify]
 - k. Prefers not to answer
- 19. If you are interested in participating in a discussion about wastewater monitoring, please give us your contact information (*interviewer will fill out contact information card*) below. If you are chosen for the project, a team member will contact you to arrange a convenient time for the focus group.

PARTICIPANT PREFERRED CONTACT INFORMATION				
PARTICIPANT NAME:				
Cell:	Home (other phone):			

EMAIL (must be an email address that is used frequently):
Best time and way to reach:

Segmentation Table (for recruiter use)

		Number of	Number of
Population	Segmentation	Focus	Participants
		groups	
Caregivers (of children and elderly	Caregivers of children under 5	1	8-10
individuals)	Caregivers of elderly individuals	1	8-10
Business Leaders	General population (not including low education individuals)	1	8-10
	Low education (less than high school diploma)	1	8-10
Individuals at high risk of viral diseases	N/A	1	8-10
Rural Populations	N/A	1	8-10
Total		6	48-60