

### Attachment 3: FA FGD Screening Form

OMB Control No. 0920-1154

Exp. Date 3/31/2026

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The public reporting burden of this collection of information is estimated to average 2 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 (0920-1154).

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Thank you for your interest in participating in a focus group discussion. First, we need to know a few things about you to ensure we include participants from a range of backgrounds and can understand different patterns in our data across groups. The information you provide in this form will be kept confidential – only [consultancy] staff will have access to it, we will store it in a database on a secure server with password protection, and we will destroy all data after focus groups are finished and the study is over.

In order to protect your confidentiality, please **do not** give us your full name. Instead, please choose a nickname that we can use.

Nickname: \_\_\_\_\_

Please provide your email: \_\_\_\_\_

Are you able to attend a focus group discussion on [insert date, time] via Zoom:

\_\_\_ Yes

\_\_\_ No

Can you speak and understand conversations in English?

\_\_\_ Yes

\_\_\_ No

[If No, skip to the end of the survey]

***Please answer the following questions about yourself:***

1. Are you:

(Mark all that apply)

\_\_\_ Female

\_\_\_ Male

\_\_\_ Transgender, non-binary, or another gender

2. Please tell us which Ethnicity describes you:

\_\_\_ Latino or Hispanic

\_\_\_ Not Latino or Hispanic

3. Please tell us which Race describes you (select all that apply):

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ African American or Black
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

4. Do you live with another person?

- ☐ Spouse or romantic partner
- ☐ Family or friend
- ☐ I do not live with anyone
- ☐ Other

5. Do you have, live with, and/or raise any children?

- ☐ Yes
- ☐ No

6. Do you own any firearms/guns?

- ☐ Yes
- ☐ No

[If previous answer was "Yes"]

6a. What are your reasons for owning firearms/guns? (Select all that apply)

- ☐ personal protection
- ☐ recreational shooting
- ☐ competitive shooting
- ☐ hunting
- ☐ other

7. Do you live in a household with one or more firearms/guns?

- ☐ Yes
- ☐ No

8. Did you grow up in a household with one or more firearms/guns?

- ☐ Yes
- ☐ No

9. What is your age?

- a. under 18 years of age
- b. 18-24 years of age
- c. 25-34 years of age
- d. 35-44 years of age
- e. 45-54 years of age

- f. 55-64 years of age
- g. 65-74 years of age
- h. 75 years of age or older

10. What is the highest degree or level of school you have completed? (If you're currently enrolled in school, please indicate the highest degree you have *received*.)

- ☐ Less than high school diploma
- ☐ High school degree or equivalent (e.g. GED)
- ☐ Some college, no degree
- ☐ Associate or Bachelor's degree
- ☐ More than a Bachelor's degree (e.g. Master's or Doctoral degree)

11. Generally speaking, do you think of yourself as a Democrat, a Republican, an independent, or something else? Select one.

- ☐ Democrat
- ☐ Republican
- ☐ Independent
- ☐ Something else
- ☐ Prefer not to answer

12. How would you describe the community that you live in?

- ☐ Urban
- ☐ Suburban
- ☐ Rural