Form Approved

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**Antimicrobial Resistance Communications and Media Support Services**

In-Depth Interview Screener for Consumers with Previous Antimicrobial-Resistant Infections

*February 20, 2024 V4*

**Introduction**

Hello. My name is \_\_\_\_\_\_\_\_ and I’m calling from \_\_\_\_\_\_\_\_\_, an independent communications firm.

You indicated that you are interested in participating in a one-on-one research interview, conducted virtually, to discuss your experiences and opinions regarding a health topic. **[DO NOT DISCLOSE THE EXACT TOPIC OF DISCUSSION BEFORE THE INTERVIEW.]** The discussion will last up to 1 hour. This activity is supported by the U.S. Centers for Disease Control and Prevention and interviews are being conducted by their contractual partner KRC Research.

I have a few questions to start. But first, to maintain participants’ confidentiality, we will use first names only during the interview and your name will not be used in any study materials. CDC will not receive any personally identifying information that you provide. We will be asking you a few questions to ensure we are recruiting a variety of people, but the information will not be associated with your specific name.

**IF TERMINATED DURING SCREENING PROCESS, READ:** I’m sorry, we already have enough individuals in that category. Thank you very much for your time.

**INTERVIEWER INSTRUCTION:** If individual expresses concern at any point during the screening process, please note their concern and reassure them appropriately. Remind them that their participation is voluntary, and both their answers and participation will be completely confidential.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (residence): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recruiter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SEPARATE CONTACT SHEET FROM THE REST OF THE SCREENER AND SHRED AT THE END OF THE PROJECT.**

**Recruit Summary**

|  |  |
| --- | --- |
| Audience | Number to Recruit |
| Adults with past bacterial or fungal antimicrobial-resistant infection | 3 |

**Screening Questions**

1. What is your age? **RECORD EXACT AGE; DO NOT READ LIST**

|  |  |  |
| --- | --- | --- |
| Under 18 |  | ***TERMINATE ALL*** |
| 18-29 |  | ***CONTINUE*** |
| 30-39 |  |
| 40-49 |  |
| 50-59 |  |
| 60+ |  |

1. How do you currently describe yourself? Mark all that apply.

|  |  |  |
| --- | --- | --- |
| Female |  | ***RECRUIT MIX*** |
| Male |  |
| Transgender |  |
| I use a different term [free-text] |  |
| Prefer not to answer/decline |  |

1. In what city and state do you live? **RECORD CITY & STATE, ALSO CODE TO TABLE**

|  |  |  |
| --- | --- | --- |
| Northeast |  | ***RECRUIT A MIX*** |
| South |  |
| Midwest |  |
| West |  |

1. Do you, a spouse or partner, or a child work in any of the following fields?

|  |  |  |
| --- | --- | --- |
| Market research, communications, or public relations |  | ***TERMINATE ALL*** |
| Health care or public health |  |
| Pharmaceuticals, health sciences, or medical device manufacturing |  |
| Federal or state government |  |
| None of the above |  | ***CONTINUE*** |

1. Have you been diagnosed with any infections by a healthcare professional in the past three years?

|  |  |  |
| --- | --- | --- |
| Yes |  | ***CONTINUE*** |
| No |  | ***TERMINATE ALL*** |

1. Which of the following were you diagnosed with in the past three years? **SHOW/READ IN RANDOM ORDER; RECORD ALL THAT APPLY**

|  |  |  |
| --- | --- | --- |
| A bacterial infection |  | ***MUST SELECT EITHER TO CONTINUE*** |
| A fungal infection |  |
| A viral infection, caused by a virus and including examples such as colds, the flu, COVID-19, norovirus, shingles, chickenpox, and hepatitis |  | ***TERMINATE IF ONLY SELECTIONS*** |
| A parasitic infection |  |
| Don’t remember or don’t know |  |

1. Were you prescribed an antibiotic or antifungal drug for the bacterial or fungal infection(s) you were diagnosed with?

|  |  |  |
| --- | --- | --- |
| Yes |  | ***CONTINUE*** |
| No |  | ***TERMINATE ALL*** |

1. At any point, did a healthcare provider determine and tell you that the bacterial or fungal infection was resistant to the drug(s) prescribed, meaning it was an antimicrobial-resistant infection—in other words, a drug-resistant infection?

|  |  |  |
| --- | --- | --- |
| Yes |  | ***CONTINUE*** |
| No |  | ***TERMINATE ALL*** |

1. Please provide the name or your best description of the type of antimicrobial-resistant infection you were diagnosed with.

|  |  |  |
| --- | --- | --- |
| **RECORD** |  | ***CONTINUE, KRC TO REVIEW*** |

1. If you were to have a different infection in the future, would you be willing to take an antibiotic or antifungal drug if it was recommended by a healthcare professional?

|  |  |  |
| --- | --- | --- |
| Yes |  | ***CONTINUE*** |
| No |  | ***TERMINATE ALL*** |

1. Which of the following best describes the area where you live?

|  |  |  |
| --- | --- | --- |
| Urban |  | ***RECRUIT A MIX*** |
| Suburban |  |
| Small town |  |
| Rural |  |

1. Are you…?

|  |  |  |
| --- | --- | --- |
| Hispanic or Latino |  | ***CONTINUE*** |
| Not Hispanic or Latino |  |
| Prefer not to answer/Decline |  |

1. What is your race? Select all that apply.

|  |  |  |
| --- | --- | --- |
| American Indian or Alaska Native |  | ***CONTINUE*** |
| Asian |  |
| Black or African American |  |
| Native Hawaiian or Other Pacific Islander |  |
| White |  |
| Prefer not to answer/Decline |  |

***RECRUIT MINIMUM 1 WHO IS HISPANIC OR LATINO OR NON-WHITE***

1. What is the highest level of education you have completed?

|  |  |  |
| --- | --- | --- |
| Less than high school graduate |  | ***RECRUIT A MIX*** |
| High school graduate or completed GED |  |
| Technical or vocational degree |  |
| Four-year college degree |  |
| Postgraduate or professional degree |  |

1. What best describes your current employment status?

|  |  |  |
| --- | --- | --- |
| Employed, full-time |  | ***RECRUIT A MIX*** |
| Employed, part-time |  |
| Student |  |
| Homemaker |  |
| Retired |  |
| Unemployed |  |

1. Which of the following includes your total annual household income for the last year?

|  |  |  |
| --- | --- | --- |
| Less than $20,000 |  | ***MINIMUM 1*** |
| $20,000 to less than $30,000 |  |
| $30,000 to less than $40,000 |  |
| $40,000 to less than $50,000 |  |
| $50,000 to less than $60,000 |  |
| $60,000 to less than $70,000 |  |
| $70,000 to less than $80,000 |  | ***CONTINUE*** |
| $80,000 to less than $90,000 |  |
| $90,000 to less than $100,000 |  |
| $100,000 or more |  |
| Prefer not to answer/Decline |  | ***TERMINATE*** |

1. Are you currently covered by any of the following types of health insurance or health coverage plans?

|  |  |  |
| --- | --- | --- |
| Insurance through a current or former employer or union of yourself or another family member |  | ***CONTINUE*** |
| Insurance purchased directly from an insurance company by you or another family member |  |
| Medicare, for people 65 or older, or people with certain disabilities |  |
| Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability |  |
| TRICARE or other military health care |  |
| Indian Health Service |  |
| Any other type of health insurance or health plan **SPECIFY** |  |
| Do not have health insurance coverage |  |

1. How many times within the past three months have you participated in a focus group or one-on-one research interview? **DON’T READ LIST**

|  |  |  |
| --- | --- | --- |
| None |  | ***CONTINUE*** |
| 1 or more |  | ***TERMINATE ALL*** |

**Invitation**

Thank you for answering all my questions. As I mentioned, we respect your privacy and understand this information is confidential, and we will not disclose this information to anyone. We asked these questions because we want to speak with a wide variety of people who can provide their opinions and experiences. Based on your answers to the questions, we would like to invite you to participate in a virtual interview that will last approximately 60 minutes. During the virtual discussion, you will need to have a reliable internet connection and use a desktop or laptop computer.

You will receive $75 as a token of appreciation for your participation, which will be provided to you after you complete the discussion.

All of your feedback will be confidential and will never be reported in association with any personally identifying details like your name. To make sure we capture your remarks accurately, we will record the interview. The purpose of the audio recording is to make sure we report accurately, but without any personally identifying information. Is this something you are interested in and comfortable with?

|  |  |  |
| --- | --- | --- |
| Yes |  | ***CONTINUE*** |
| No |  | ***THANK AND TERMINATE*** |

The discussion is virtual, meaning that you can participate from the comfort of your home or office. You will not need to come to a facility and can meet us from wherever you are, but you will need to be in front of a computer or tablet with internet access. The information or materials you will review could include reading and visual content, so we request that you do not participate using a cell phone. You will also have to be in a quiet place. Someone will call you before the interview to make sure all the technology needed for the interview is working properly. Is this interview something you are interested in and comfortable with?

|  |  |  |
| --- | --- | --- |
| Yes |  | ***CONTINUE*** |
| No |  | ***THANK AND TERMINATE*** |

**CONFIRM DATE AND TIME OF INTERVIEW**

Please provide the best telephone number to reach you:

**RECORD PHONE NUMBER**

Please indicate how you would like us to confirm with you:

**PHONE OR EMAIL, RECORD EMAIL IF PREFERENCE**

**SEPARATE THE LAST PAGE (CONTACT SHEET) AND SHRED AT THE END OF THE PROJECT**