NSHS SCREENING QUESTIONNAIRE
June 26, 1995

SAMPLING ID# ___ ___ ___ ___ ___ ___

Hello this is (INTERVIEWER’S NAME), I’m calling from the University of California. We are conducting a study of important national public health issues and would like to ask you a few questions. Before I begin, is this (PHONE NUMBER DIALED)?

1. I need to randomly select one adult from your household. To help me do that, please think about the people 18 years of age or older, who currently live in your household. Which one of them has a birthday coming up next?

   Informant ..............................................................[SKIP TO S5].................................1
   Someone else ..........................................................[SKIP TO S3].................................2
   Don’t know all birthdays, only some ..................[CONTINUE WITH S2]...........................3
   Don’t know any birthdays, just mine ............[SKIP TO S5].................................4
   Declined to Answer .................................................................9

2. Of the birthdays you DO know, whose birthday is coming up next?

   Informant ..............................................................[SKIP TO S5].................................1
   Someone else ..........................................................[CONTINUE WITH S3]..........................2

3. May I speak to (him/her)?

   I’ll get (him/her) ....................................................[SKIP TO S5].................................1
   (He/She) is not at home ...........................................[CONTINUE WITH S4]..........................2
4. Call Back Information:

4A. If respondent CANNOT DO INTERVIEW NOW, OR
If respondent IS NOT AT HOME, ask:

May I please have (your/their) first name, so I know who to ask for when I call back?
__________________________________ (R’s Name)

What is the best time to call (YOU/NAME OF RESPONDENT)?

DATE: _______________ TIME: _______________AM PM

Should I call this number then?

Yes ...............................................................................................................................................1
No ........................................[RECORD OTHER NUMBER FOR CALL BACK] ...............2

(______) ________ - _______________

4B. Confirm date and time and phone number for call back. Thank you very much.

5. We are conducting a health study and we are talking about the topic of AIDS. This
information will be used by medical and public health workers to plan AIDS
education for your community. You have been selected to be included in the study
from among the adult members of your household. All your answers are confidential,
and at no time will your name be associated with the answers you give. If you do not
want to answer a certain question, you are free to go on to the next question, but we
would really appreciate it if you would answer all the questions you can.

(INTERVIEWER: When asked for more information say, “If you have questions
about the study you may call my supervisor Veronica Raymonda at 1-800-998-
9112.”)

Do you understand what I have told you?

Yes ...............................................................................................................................................1
No ................................................................................................................................................2

Date: __________________________

Time: __________________________

Initials of interviewer: __________________________
6. What is your birthdate? ___ ___ / ___ ___ / ___ ___ (Month/Day/Year)

(Respondents born in 1977 and earlier are eligible. If R born in 1977, month and date of birth should be BEFORE current date. If not, return to S1.)

INTERVIEWER: Please record...

Gender of Selected Respondent:

Male .............................................................................................................................................1
Female ..........................................................................................................................................2

Screener Interviewer ID ____ ____ ____

DATE OF SCREENING ___ ___ / ___ ___ (Month/Day)

GO TO QUESTIONNAIRE