

Appendix B Eligibility Screener Form SAMPLE

Eligibility Screener Form

Form Approved
OMB No. 0923-0051
Exp 12/31/2027

Date _____ Start time _____ End time _____
Participant Name: _____

Eligibility Screener Form

Indicate that the person is English speaking:

- ☐ Yes [Continue below]
- ☐ No [If survey is available in Spanish or there are translations services available offer this options]

Hello, I'd like to find out if you are eligible to take part in the [requesting jurisdiction] investigation of the recent [type of incident].

I would like to begin by showing you a map of the areas affected by the incident on [start date and time]. The affected areas are [highlighted/circled/etc.]. From now on, I will refer to the [type of incident] on [start date and time] as "the incident."

[SHOW MAP]

Were you in this area of the incident at any time between [start date and time] and [end date and time]?

- ☐ Yes, **Eligible:** Now that we know you were in the area during the incident, you are eligible to participate in this investigation and I would like to ask you some more questions. Do you agree, to participate in our survey
- ☐ Yes, I'd like to participate. **[Go to consent form]**
- ☐ No, **[END SURVEY]**
- ☐ No **NOT Eligible:** Thank you for your time. At this time you are not eligible to participate in this investigation. **[END SURVEY]**

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 E-11 Atlanta, Georgia 30333; ATTN: PRA (0923-0051)