

### **Attachment C: Eligibility Screener Questionnaire**

PARTICIPANT NUMERIC IDENTIFIER: \_\_\_\_\_

1. Are you male or female?
  1. MALE
  2. FEMALE
  3. NON-BINARY
  4. PREFER NOT TO ANSWER
  
2. I need to confirm, do you receive health insurance through Medicare?
  1. YES
  2. NO→ I am sorry, but only people who receive insurance through Medicare are eligible for this study.
  
3. How old are you?

\_\_\_\_\_ years

- ➡ Ok, let's schedule an appointment for the interview.
- ➡ CONFIRM CONTACT INFORMATION AND SCHEDULE APPOINTMENT