

## Appendix D

### Post Focus Group Evaluation

Thank you for participating in today's discussion. We would like to ask you a few questions about your experiences in today's discussion. Your responses will be used by the research team to help improve upon future focus group discussions. Your responses will only be used by the research team and will not be shared with other participants.

**Please indicate below your level of agreement with each of the following statements.**

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree nor Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
1. <b>The questions asked today were easy to understand.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <b>Everyone had a chance to participate in today's discussion.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. <b>I was able to voice my opinion whenever I wanted to.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. <b>The discussion today helped me remember the activities of daily life in the 1950s.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. <b>I enjoyed participating in today's discussion.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. <b>I understood the purpose of today's discussion.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Public reporting burden for this collection is estimated to average 5 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: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (xxxx-xxxx). Do not return the completed form to this address.

**7. Please indicate below how satisfied you were with each of the following aspects of today's discussion.**

	<b>Dissatisfied</b>	<b>Neither Satisfied nor Dissatisfied</b>	<b>Satisfied</b>
<b>a. Starting and Ending on Time</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. Room Temperature</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c. Seating</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d. Food and Drinks Provided</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**8. Is there anything we could improve about today's discussion?**

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