	Form Approved	
C	OMB No.	0920-XXXX
Exp. Date	xx/xx/20xx	

Attachment C7: Focus Group Telephone Script

IF THE POTENTIAL PARTICIPANT DOES NOT ANSWER:

Hello, may I speak to (*potential participant's name*)? OK. Would you please ask her to call Darcy Holtgrave at Battelle? The toll-free number is 1-800-544-5234 x109.

IF ANSWERING MACHINE:

Hello, this is Darcy Holtgrave from Battelle, calling for (*potential participant's name*). Please give me a call, toll free, at 1-800-544-5234 x109.

IF THE POTENTIAL PARTICIPANT ANSWERS THE TELEPHONE:

Hello, may I speak to (potential participant's name)? Hello (participant's first name), my name is Darcy Holtgrave, and I am an employee of Battelle Centers for Public Health Research and Evaluation. As you know, Battelle is working on a project sponsored by CDC (the Centers for Disease Control and Prevention) about care coordination for children with spina bifida. I received (your response form/fax/phone call) indicating that you might be interested in participating in the study.

Could I ask you a few questions to verify that you are eligible to participate in the study?

(If 'No'): Thank you very much for your interest. Goodbye.

(If 'Yes'): CDC has asked Battelle to find out more about how care is coordinated in spina bifida clinics. During the 2-hour discussion group, you and other caregivers will talk about things like how you get different kinds of medical care, who helps you get that care, how effective the help is, and how satisfied you are with the help.

Everything you say in the group will be handled in a private manner, and no one's name will ever appear in any of the reports. To thank you for your participation, we will give you \$40 at the end of the meeting.

At this time, we are still signing people up for the discussion group. Are you still interested in participating in the study?

(If 'No'). Thank you very much for your interest. Goodbye.

Public reporting burden of this collection of information is estimated to average 15 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 D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX)

(If 'Yes'): O.K. Before I can sign you up for the discussion group, I need to ask you just three questions to verify the information you provided earlier on the response form. You don't have to answer these questions if you don't want to. You should also know that all of the information that you provide me today will be handled in a private manner and will be kept under lock and key. Finally, please remember that your participation is completely voluntary, and again you do not have to answer any of these questions. Do I have your permission to ask you these questions?

(If 'No'). Thank you very much for your interest. Goodbye.

(If 'Yes', Ask the three screening questions below)

[Note: Please over-recruit to assure 8 participants per group]

- 1. Are you the primary caregiver of a child with spina bifida?
- 2. Are you at least 19 years old?

If potential participant responds "yes" to both questions 1 and 2, then proceed with question 3. If the individual responds "no" to either question 1 or 2:

I am sorry, but you are not eligible for this study. Thank you very much for your interest. Goodbye.

2. Is your child with spina bifida [XX] years old? [Refer to response to question 1 on Discussion Group Response Form to verify that child is at least 2 years old. Also verify that child's age falls within the target range for the particular focus group that is being scheduled (i.e., 2-10 or 11-21)].

If age of child with spina bifida is outside of the target age range:

I am sorry, but you are not eligible for this study. Thank you very much for your interest. Goodbye.

If age of child with spina bifida falls within the target age range.

Your answers indicate that you are eligible to participate in the discussion group. Are you still available on [DATE] and [TIME]?

If potential participant is not available at that date and time:

Unfortunately, that is the only date and time we plan to hold a discussion group in your area. If you would like, I would be happy to put your name on a waiting list in case we have to change the date and time. Thank you very much for your interest. Goodbye.

If potential participant is available at that date and time:

We will be sending a confirmation letter to you shortly to confirm the date and location of your discussion group. Would you please verify your mailing address so we might send your confirmation out as soon as possible? Along with the letter, I will be sending you a consent form that I would like you to read over carefully. I would also like to go over the consent form with you right now, so that you better understand

what the discussion group will be like. Do I have your permission to read the consent form to you now? OK. (Study Coordinator: read the "Consent to Participate in a Discussion (Focus) Group" now.)

You may bring the consent form you receive in the mail to the meeting if you like, but we will also have another copy for you then. If you have any questions or comments, please feel free to call me at the Battelle office at $1-800-444-5234 \times 109$.