

Parent Focus Group Screener

City 1: Three Parent Focus Groups (12 participants for each group)

Day 1: Parent Focus Group 1 – 6 to 7:45 PM

Day 2: Parent Focus Group 2 – 6 to 7:45 PM

Day 2 Parent Focus Group 3 – 8: to 9:45 PM

City 2: One Parent Focus Group (12 participants for each group)

Day 2 Parent Focus Group 4 - 6 to 7:45 PM

Focus Group Screener

Introduction: May I speak to the head of the household, please. We are conducting focus groups with parents of teenage drivers to identify issues about safe driving and strategies for improving teen driving behavior. Would you be interested in participating in this focus group scheduled for (Month/Day at _____ o'clock? A \$60 incentive would be provided in exchange for your time. **If Yes, continue.**

Primary Screening Questions

- ◆ Are you a licensed driver?
If Yes, Continue If No TERMINATE

- ◆ Are you the parent or guardian of a teenager aged 15 to 18?
If Yes, Continue If No TERMINATE

(Goal is to have 50/50 split between Mothers and Fathers)

- ◆ What is the age of your teenager?
 - 15
 - 16
 - 17
 - 18

(Goal is an even distribution of ages)

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- ◆ Does this child have a driver's license or learner's permit?
If Yes, Continue If No TERMINATE
- ◆ Which of the following types of licenses does your child have?
 - Learner's Permit
 - Restricted or provisional license
 - Full or unrestricted license

Goal is even distribution across three license types)

- ◆ Is your child a boy or a girl?
 - Boy _____
 - Girl _____

(Goal is 50/50 split but can accept as high as 70/30 split in either direction)

- ◆ Is this your first child to start driving?
 - Yes
 - No _ what are ages of other driving children?

(Goal is to get at least 3 parents with first child driving and three parents with multiple drivers)

- ◆ Would you say your teen drives:
 - Never **Terminate**
 - Rarely
 - Frequently
 - Every day

(Goal is to get no more that two parents of teens who rarely drive)

- ◆ Does your child have regular access to a car?
 - No – **Terminate**
 - Yes – access to the family car
 - Yes – teen has own car

(Goal is to have mix of teens driving family car and teens who have their own car)

- ◆ Which of the following types of driving does your child do:
 - Drives to school
 - Drives for errands

- Drives to work
- Drives for other reasons, - ask parent to identify
- ◆ One of the topics we will be discussing is Graduated Driver Licensing (or provisional licensing) for new drivers. How much would you say you know about Graduated Driver Licensing in _____(insert State name)
 - I have no knowledge of GDL laws
 - I am familiar with GDL laws
 - I have a very solid understanding of the GDL laws n my State

(Goal is to have a mix of familiarity with GDL)

- ◆ How would you describe yourself with regard to your teen’s driving?
 - I don’t impose rules on my teen’s driving – my teen driver knows what he or she is doing
 - I have established rules for my teen’s driving and enforce them some of the time.
 - I have a long list of rules and I am constantly enforcing them and checking up on him or her

(Goal is to get a mix of parent anxiety)

- ◆ Has your child or any of your child’s friends been involved in a car crash
 - Yes
 - No

(Goal is to have at least two parents who know a teen with crash experience)

Secondary Screening Question:

- ◆ What is your race/ethnicity?
 - White _____ **(7 per group)**
 - Black or African American _____ **(2-3 per group)**
 - Hispanic or Latino _____ **(1-2 per group)**
 - Asian/American Indian or Alaska Native/Native Hawaiian or Other Pacific Islander/Other Ethnicity _____ **(1-2 per group)**

Confirm Date and Time and Location of Focus Group.

Form Approved
OMB Control No. 0920-----
Expiration Date:-----