

Consumer & Physician Beliefs about Direct-to-Consumer Advertising Respondent Screener

Recruiting Goals

- Six groups of parents who have a child with ADHD (3 in DC; 3 TBD)
- Six groups of teachers who have had 3+ students with ADHD (3 in DC; 3 TBD)
- Eight groups of adults with Fibromyalgia or unexplained chronic pain (4 in DC; 4 TBD)
- Six groups of Physicians (3 in DC; 3 TBD)
- Twelve groups of women age 18-40 (6 in DC; 6 TBD)

- Parent groups will have mix of gender, age and race
- Teacher groups will have mix of grade taught and type of school
- Adults with Fibromyalgia groups will have a mix of gender, age and race
- Physician groups will have a mix of Physician type
- Women groups will have a mix of age, race, and use of oral contraceptives
- All participants must be able to read, understand and speak English.
- Participants cannot have participated in a focus group or a similar study in the past 3 months.
- 12 recruits per group in order to get 9 to participate.
- Parents, teachers, adults and women will receive \$75 honorarium
- Physicians will receive \$150 honorarium
- Each focus group will last approximately 90 minutes
- Groups will be audiotaped with participants consent
- The identity of the participants will remain confidential.
- Groups will be observed by staff from the US Department of Health and Human Services
- Participants do not have to answer any questions that they do not want to, but are encouraged to participate.

	Locations	Composition	Sub Quota
Groups 1 - 6	TBD	Parents of child w/ ADHD	None
Groups 7 - 12	TBD	Teachers of students w/ ADHD	None
Groups 13 - 20	TBD	Adults with Fibromyalgia	None
Groups 21 - 26	TBD	Physicians	None
Groups 27 - 32	TBD	Women age 18-40	Use Oral Contraceptive
Groups 33 - 38	TBD	Women age 18-40	Don't use Oral Contraceptive

Script for All Non-Physician Groups

Hello Mr./Ms. _____, my name is _____ and I'm calling about a market research study in your area. We are recruiting for an upcoming focus group in which participants will be asked to share their thoughts and feelings about advertising. Could I ask you a few questions?

Screening Questions

1. Before I start, are you at least 18 years old?

Yes

No → Ask to speak with someone age 18 or older. If not available, arrange a time to call back

2. Do you, anyone from your immediate family, or anyone in your household work for a market research firm?

Yes

Thank & Terminate

No

Continue

3. Have you participated in a focus group within the past 3 months?

Yes

Thank & Terminate

No

Continue

4. What is your current occupation?

If Teacher - Skip to T1

All others - Skip to 5

Ask Teachers Only:

T1. What grade are you currently teaching?

K - 5

6 - 8

9 - 12

T2. What type of school do you teach in?

Private

Public

Charter

T3. How many current students do you have who have been diagnosed with ADHD?

T4. Thinking back over the last 3 school years, how many students have you had who were diagnosed with ADHD? _____

To qualify the total between T3 and T4 must be at least 3

If qualified as Teacher - Skip to Invitation

5. Record Gender

- Male
- Female

6. Which of the following best represents your age?

- 18 - 29
- 30 - 40
- 41 - 55
- 56 - 65
- Over 65

7a. Are you Hispanic or Latino or not Hispanic or Latino?

- Hispanic or Latino
- Not Hispanic or Latino

7b. Which of the following best represents your race/ethnic background?

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

8. What are the ages of any children living in your household?

- No kids **SKIP TO 11**
- Under 5
- 6 - 10
- 11 - 15
- 16 - 18

The next series of questions are related to medical conditions and medications that may be used by you or someone in your household. If there are any questions you are uncomfortable answering, just let me know and we will skip that section.

9. Do you have a child who has been diagnosed with ADHD?

- Yes
- No **SKIP TO 11**

10. How long ago was your child diagnosed?

_____ months

11. Have you been diagnosed with or do you suffer from any of the following?

- Fibromyalgia
- Unexplained Chronic Pain
- Diabetes SKIP TO 13
- Hypertension SKIP TO 13
- None of the above SKIP TO 13

12. How long ago were you diagnosed with Fibromyalgia or have you been suffering from Unexplained Chronic Pain?

_____ months

Ask only if Female age 18-40

13. Which of the following best describes your current use of Oral Contraceptives (also know as “the pill”)?

Currently using an Oral Contraceptive
 How long have you been using Oral Contraceptives?
 _____ months

Not currently using, but have considered using an Oral Contraceptive

Have used an Oral Contraceptive in the past
 How long ago did you stop using Oral Contraceptives?
 _____ months

Have never used and never considered using an Oral Contraceptive

Determine if respondent is qualified for any group/quota still open:

Physicians - In practice 3+ years, 50%+ time seeing patients, not exclusively hospital based

Teachers - Have 3+ students with ADHD

Parents - Have child with ADHD

Adults - Have Fibromyalgia or Unexplained Chronic Pain

Women - Age 18-40

If someone qualifies for more than group recruit according to the following priority:

Adults, Parents, Women

If participant can not attend the date/time based on priority, recruit according to participant availability

INVITATION

We would like to invite you to participate in a research group discussion about advertising with about 10 other participants. The discussion will last approximately two hours and will be audio-taped and observed by staff from the US Department of Health and Human Services. Your participation and everything you say during the discussion will remain confidential. You will receive an honorarium of \$_____ to thank you for your time and opinions.

Are you interested in participating in this focus group?

Yes
 No Thank & Terminate

I'm glad that you will be able to join us! The group will take place on (Day), (Date), at [6:00 or 8:00 p.m.] at [site location]. Will you be available to participate at this time?

Yes
 No Thank & Terminate

I would like to send you a confirmation letter and directions to the facility. In order to do so, could you please tell me your mailing address (or fax number, e-mail address) and a phone number where you can be reached:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Email: _____
Date of focus group: _____ Time: _____

We are only inviting a few people, so it is very important that you notify us as soon as possible if for some reason you are unable to attend. Please call [recruiter] at [telephone number] if this should happen. We look forward to seeing you on [date] at [time]. If you use reading glasses, please bring them with you to the focus group.

Script for Physician Groups

Hello Dr. _____, my name is _____ and I'm calling you on behalf of the US Department of Health and Human Services, or DHHS. DHHS is looking to conduct some research focus groups with physicians in your area to explore the impact of direct to consumer advertising on primary care practices. The sessions would be conducted on the evenings of [day/date] in the [market chosen] area. The session would take approximately 2 hours of your time, you would be served a light meal, and your parking will be provided. If we were able to get you scheduled you would be paid [\$\$\$] for your time. Would now be a good time to ask you some quick qualifying questions to see if we may schedule you?

RECORD GENDER _____ Male _____ Female
ATTEMPT TO RECRUIT A MIX PER GROUP

1. What is the name of your practice? _____

ASK IF NOT EVIDENT BY THE PRACTICE NAME What type of practice is this?

DO NOT RECRUIT MORE THAN ONE PHYSICIAN FROM THE SAME OFFICE/PRACTICE INTO THE PROJECT

**RECRUIT ONLY PRIMARY CARE PRACTICES WHICH INCLUDE ADULT GENERAL PRACTICE, FAMILY PRACTICE, INTERNAL MEDICINE, AND OB/GYN
TERMINATE SPECIALIZED CARE PRACTICES SUCH AS CARDIOLOGY, ALLERGY, NEPHROLOGY**

2. Is your practice office based or exclusively hospital based?

_____ Office Based
_____ Exclusively Hospital Based Thank and Terminate

3. Are you a MD or a DO?

_____ MD
_____ DO

4. Are you board certified with a specialty, and if so what is your specialty? **DO NOT READ LIST**

_____ Not board certified/General Practice
_____ Family Medicine
_____ Internal Medicine
_____ OB/GYN
_____ Other Thank and terminate

5. Do you have a sub-specialty? And if so what is it?

_____ No sub-specialty

6. How long have you been in practice?

- _____ Under 3 years Thank and terminate
- _____ 3 - 10 years
- _____ 10 - 20 years
- _____ Over 20 years

7. How much of your time is dedicated patient care versus teaching, research, or medical practice administration?

**CONTINUE IF 50% OF TIME OR MORE IS SPENT ON PATIENT CARE
TERMINATE IF 50% OF TIME OR MORE IS NOT SPENT ON PATIENT CARE**

9. Do you, anyone from your immediate family or anyone in your household; currently or in the past work for any of the following:

- _____ Market Research Firm Thank and terminate
- _____ None of the above Continue

10. When, if ever was the last you participated in a focus group?

_____ TERMINATE IF WITHIN THE PAST 3 MONTHS
_____ Never CONTINUE

**Determine if respondent is qualified for any group/quota still open:
Physicians - In practice 3+ years, 50%+ time seeing patients, not exclusively hospital based**

INVITATION

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hours and will be video-taped, audio-taped and observed by staff from the US Department of Health and Human Services. Your participation and everything you say during the discussion will remain confidential. You will receive an honorarium of \$_____ to thank you for your time and opinions.

Are you interested in participating in this focus group, and will you agree to the recording of the session?

Yes
 No Thank and terminate

I'm glad that you will be able to join us! The group will take place on (Day), (Date), at [6:00 or 8:00 p.m.] at [site location]. Will you be available to participate at this time?

Yes
 No Thank and terminate

I would like to send you a confirmation letter and directions to the facility. In order to do so, could you please tell me your mailing address (or fax number, e-mail address) and a phone number where you can be reached:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____

After hours phone: _____

Email: _____ or fax: _____

Date of focus group: _____ Time: _____

We are only inviting a few people, so it is very important that you notify us as soon as possible if for some reason you are unable to attend. Please call [recruiter] at [telephone number] if this should happen. We look forward to seeing you on [date] at [time]. If you use reading glasses, please bring them with you to the focus group.