Form Approved

OMB No. 0990-0281

Exp. Date XX/XX/XX12

**Participant Screener for Focus Groups on Dietary Guidelines for Americans**

**ODPHP Concept Testing Focus Groups on Dietary Guidelines**

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| Summary of Focus Groups by Type and Location All participants will be between 25 and 64 years old. There will be a *mix* of participants with respect to *age, gender and race/ethnicity* within and across groups.  ***Baltimore, MD***  Group 1 \_\_\_\_\_ [Contemplation Stage]  Group 2 \_\_\_\_\_ [Preparation Stage]  ***Chicago, Illinois***  Group 3 \_\_\_\_\_ [Contemplation Stage]  Group 4 \_\_\_\_\_ [Preparation Stage]  ***Jackson, Mississippi***  Group 5 \_\_\_\_ [Contemplation Stage]  Group 6 \_\_\_\_ [Preparation Stage] |

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### INTRODUCTION

### [CALL FROM DATABASE OR AT RANDOM; OR RECRUIT FROM ADULT LITERACY CLASS. ASK TO SPEAK TO MALE/FEMALE IN THE HOUSEHOLD AGE 25 OR OLDER.]

**ANSWERING MACHINE MESSAGE SCRIPT:**

Hello, my name is [RECRUITER FIRST AND LAST NAME]. I'm calling from [RECRUITMENT FIRM]. We would like to talk to you to see if you are interested in participating in a discussion group. The purpose of the discussion is to get your opinion on how to promote health and wellness. This is a study funded by the U.S. Department of Health and Human Services. You will receive a payment of $75 for your participation. If you are interested, please call [PHONE NUMBER] at your convenience.

**[IF RESPONDENT IS AVAILABLE, INTRODUCE SELF AND GIVE REASON FOR CALLING:]**

Hello, I’m [RECRUITER FIRST AND LAST NAME] and I'm calling from [RECRUITMENT FIRM]. We are an independent consumer research organization. We are not selling or promoting any product or service. I am calling you because we are conducting discussion groups to better understand how to promote health and wellness. This is a study funded by the U.S. Department of Health and Human Services. You will receive a payment of $75 for your participation. We would like to hear your opinion. The discussion group will last 2 hours. My questions will only take a couple of minutes.

Does this sound like something you would be interested in?

\_\_\_\_\_ Yes

\_\_\_\_\_ No **🡪 TERMINATE**

Great. Let’s find out if you qualify. I have a few questions to ask you. At some point, I may end the questions if you do not meet the requirements for the group. This has nothing to do with you; we simply want to include a variety of people in each discussion group.

Is it OK if I ask you a few questions?

\_\_\_\_\_ Yes

\_\_\_\_\_ No **🡪 TERMINATE**

Before we begin, I’d like to let you know that all information you provide will be private. Your help is voluntary, and you do not have to answer every question. If you would rather not answer a question, let me know and you can skip it. You can stop at any time.

Gender

1. **[RECORD GENDER, ONLY ASK IF UNCLEAR]**

\_\_\_\_\_ Male

\_\_\_\_\_ Female

**[RECRUIT A MIX]**

#### [IF FEMALE, ASK] Are your currently pregnant?

\_\_\_\_\_ Yes 🡪 **TERMINATE**

\_\_\_\_\_ No

Age

1. **Now I am going to give you a few age ranges. Please stop me when I reach the group you are in.**

\_\_\_\_\_ 24 years old or less 🡪 **TERMINATE**

\_\_\_\_\_ Between 25 and 34 years old

\_\_\_\_\_ Between 35 and 44 years old

\_\_\_\_\_ Between 45 and 54 years old

\_\_\_\_\_ Between 55 and 64 years old

\_\_\_\_\_ 65 years old or more 🡪 **TERMINATE**

**[RECRUIT A MIX]**

Occupation Exclusion

1. **Do you or any member of your household or immediate family, work for or is retired from … ?**

\_\_\_\_\_ A market research company or marketing firm?

\_\_\_\_\_ An advertising agency or public relations firm?

\_\_\_\_\_ TV, radio, newspapers or magazines?

\_\_\_\_\_ A company related to health care?

\_\_\_\_\_ Works as a doctor, nurse, physician assistant, medical or clinical assistant, pharmacist, nutritionist or dietitian?

**[IF YES TO ANY ABOVE** 🡪 **TERMINATE]**

Medical/Health Exclusions

*Special diet*

1. **Are you on a special diet prescribed by your doctor or another health professional?**

\_\_\_\_\_ Yes **🡪 TERMINATE**

\_\_\_\_\_ No

*Bariatric surgery*

1. Have you ever had surgery to help you lose weight, also called *bariatric surgery*?

\_\_\_\_\_ Yes **🡪 TERMINATE**

\_\_\_\_\_ No

Food Gatekeeper

1. **Are you responsible for making most of your own food decisions?**

\_\_\_\_\_ No 🡪 **TERMINATE**

\_\_\_\_\_ Yes

BMI Exclusion

1. **Approximately, how tall are you?** \_\_\_\_\_\_\_\_
2. Approximately, how much do you weigh? \_\_\_\_\_\_\_\_

[CALCULATE BMI USING TABLE PROVIDED, TERMINATE IF BMI IS IN A SHADED AREA]

\_\_\_\_\_ BMI 19 to 29 (normal or overweight)

\_\_\_\_\_ BMI less than 19 (underweight) 🡪 TERMINATE

\_\_\_\_\_ BMI greater than 30 or above (obese) 🡪 TERMINATE

Stages of Change Classification

1. **On most days of the week, how often do you eat 5 servings of fruits and vegetables or more?**

**For example, on most days you might have 3 servings of vegetables and 2 servings of fruit, for a total of 5. OR, another example, on most days you have 2 servings of fruit and no servings of vegetables, for a total of 2.**

[ONLY IF PARTICIPANT ASKS WHAT A SERVING IS: For example, one serving of fruit could be a medium apple, or, half a banana. For example, one serving of vegetables could be a half cup of green beans, or, 1 cup of spinach.]

\_\_\_\_\_ Never 🡪 **TERMINATE**

\_\_\_\_\_ Rarely

\_\_\_\_\_ Sometimes

\_\_\_\_\_ Often

\_\_\_\_\_ Almost always

\_\_\_\_\_ Always 🡪 **TERMINATE** ACTION/MAINTENANCE STAGES

1. **Do you plan to eat more fruits and vegetables within the next month?**

\_\_\_\_\_ Yes GO TO Q13            PREPARATION STAGE

\_\_\_\_\_ No

1. **Do you plan to eat more fruits and vegetables within the next 6 months?**

\_\_\_\_\_ Yes CONTEMPLATION STAGE

\_\_\_\_\_ No 🡪 **TERMINATE** PRECONTEMPLATION STAGE

Nutrition expertise, information seeking, and interest

*Expertise*

1. Generally speaking, do you consider yourself an expert in nutrition?

\_\_\_\_\_ Yes 🡪 TERMINATE

\_\_\_\_\_ No

\_\_\_\_\_ Don’t know/Refused 🡪 TERMINATE

*Information seeking*

1. **In the last three months, how many times did you seek information about healthy eating?**

\_\_\_\_\_ Never 🡪 **TERMINATE**

\_\_\_\_\_ Once

\_\_\_\_\_ Two times or more

Health literacy screener

1. **How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?** (SILS)[[1]](#footnote-2)

\_\_\_\_\_ Never

\_\_\_\_\_ Rarely

\_\_\_\_\_ Sometimes

\_\_\_\_\_ Often

\_\_\_\_\_ Always

Educational level

1. What is the highest level of education you have completed?

\_\_\_\_\_ Did not attend school

\_\_\_\_\_ Some years of school, but did not go to high school (1 to 8 years of school)

\_\_\_\_\_ Some high school, but did not finish (= 9 to 12 years)

\_\_\_\_\_ High school diploma or GED

\_\_\_\_\_ Some college **🡪 TERMINATE**

#### \_\_\_\_\_ College graduate or more 🡪 TERMINATE

\_\_\_\_\_ [NO ANSWER] **🡪 TERMINATE**

Race/Ethnicity

1. **Are you of Hispanic or Latino origin?**

\_\_\_\_ Yes

\_\_\_\_ No

1. **So that we can be sure that all backgrounds are represented, how would you describe your race? Are you…?** [READ AND CHECK ALL THAT APPLY]

\_\_\_\_\_ White

\_\_\_\_\_ Black or African-American

\_\_\_\_\_ American Indian or Alaskan Native

\_\_\_\_\_ Asian or Pacific Islander

\_\_\_\_\_ Another race or multiracial (write in) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[RECRUIT A RACIAL/ETHNIC MIX]**

**TERMINATION SCRIPT**

Thank you for answering all of my questions. We are recruiting people from different backgrounds and unfortunately, we have already recruited several individuals with similar characteristics as yours. Again, thank you for the time.

**INVITATION SCRIPT**

(USE IF INDIVIDUAL MEETS RECRUITING CRITERIA)

Thank you for answering all of my questions so far.

1. The group discussions will take placeon [INSERT SCHEDULE]. Are you able to attend on one of these days and times? Which ones?

\_\_\_\_ Yes

\_\_\_\_ No 🡪 **TERMINATE**

1. During the group, you will be asked to read several materials and share your opinion. Would you feel comfortable reading the materials and discussing them with others?

\_\_\_\_ Yes

\_\_\_\_ No 🡪 **TERMINATE**

1. How would you rate your ability to read?

🞏 Excellent

🞏 Very good

🞏 Good

🞏 Okay

🞏 Poor

Great. As I said, the group discussion will take about 2 hours of your time. The group will be both fun and informative. No one will try to sell you anything. No one will call on you as a result of your participation. You will receive a payment of **$75** for your participation. This is an important project and your opinions will help the U.S. Department of Health and Human Services develop materials to promote healthy lifestyles. We hope you will be part of it.

1. Do you agree to participate in one of the discussion groups?

\_\_\_\_ Yes

\_\_\_\_ No 🡪 **TERMINATE.** Thank you for speaking with me.

**CONTINUATION SCRIPT**

(USE FOR INDIVIDUALS WHO QUALIFY AND AGREE TO PARTICIPATE)

Let me just mention a couple of more things:

1. If you use glasses for reading or watching TV, please be sure to bring them with you, since you will be asked to read several things.
2. We cannot provide babysitting services, so it will not be possible for you to bring any children with you.
3. If someone comes with you to the discussion group, they will not be able to join in the group. They will need to wait for you outside the room .
4. Only one person from the same family will be able to participate in the discussion groups.

We can only invite a limited number of people to be in the groups. May we schedule you for one of the groups?

We will call you a few days before the group to remind you of the date and time. If you will **not** be able to participate, please call [NAME AND NUMBER] to let us know as soon as possible, so we can ask someone else. We need to have a certain number of people for each group.

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: (DAY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(EVE) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(FAX) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(EMAIL) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHEDULED FOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Recruiter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

1. This item is a validated measure of health literacy from: Morris NS, MacLean CD, Chew LD, and Littenberg B. 2006. “The Single Item Literacy Screener: Evaluation of a brief instrument to identify limited reading ability.” *BMC Family Practice*; 7(21). [↑](#footnote-ref-2)