According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0583-xxxx. The time required to complete this information collection is estimated to average 10 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.

RTI/USDA Labeling Focus Group Study Draft Screening Questionnaire General Population [Date, Time]

Name:		
Address:		
City:	State:	Zip:
Home Phone:	Work	Phone:
Hello, this is _ speak to		market research firm. May I please
working with F Agriculture, or your opinions. yourself. The o The discussior		ion and the U.S. Department of cooking and would like to include n on [date] with 7 other people like nd will last no longer than 2 hours. The notion of the control of th
tokens of our a if you qualify f		d to ask you a few questions to see
Record Gende <i>group.)</i>	r — Do not ask: (Recruit at leas	st 4 males to show in each
Male		
1. Do you h	ave primary or shared responsibilit d?	ty for grocery shopping for this
Yes No	Continue. Ask to speak with that pe	rson. Repeat introduction.
2. Do you h	ave primary or shared responsibilit	ty for cooking for this household?
Yes No	Continue. Ask to speak with that pe	rson. Repeat introduction.

3.	Are	you currei	ntly a vegetarian; tha	t is, you do not eat any meat and poultry?
		Yes No	Thank the respond Continue.	lent and terminate.
4.		•	nes a week do you pre Vould you say (Rea	epare and cook meals at home for you and list.)
		About on About tw	n once a week ce a week ice a week more times a week	Thank the respondent and terminate. Thank the respondent and terminate. Thank the respondent and terminate. Continue.
5.	and	your fami	ly to eat at home? (R	ou purchased in the past 2 months for you ead list. Continue if at least one items the respondent and terminate.)
		Frozen pi Frozen ch (Recruit Frozen st (Recruit Frozen be chicken to cordon be Frozen pi (Recruit	at least 2 to show oneless, breaded chic enders, chicken patti	f pot pies in each group.) e Hot Pockets® or Lean Pockets® in each group.) ken products, such as chicken nuggets, es, or stuffed chicken breasts, like chicken to 2 to show in each group.) er patties
6.			rears, have you or an ch, advertising, or pu	y member of your household worked for a blic relations firm?
		Yes No	Thank the respond Continue.	lent and terminate.
7.			rears, have you or an other foodservice ind	y member of your household worked in a ustry?
		Yes No	Thank the respond Continue.	lent and terminate.
8.			rears, have you or an	y member of your household worked in a industry?
		Yes No	Thank the respond Continue.	lent and terminate.

9.		doctor, nurse, dietician, or other healthcare professional?			
		Yes No	Thank the respondent and terminate. Continue.		
10.	In the past 5 years, have you or any member of your household worked for the federal government?				
		Yes No	Thank the respondent and terminate. Continue.		
11.	Have you participated in a focus group or paid research discussion group in the past 6 months?				
		Yes No	Thank the respondent and terminate. Continue.		
12. Which of the following categories best describes your age? (Read list. Recruit a mix to show in each group.)					
		Under 24 25 to 34 35 to 44 45 to 59 60+	Continue. Continue.		
13.	What is the last grade of school you completed? (Read list. Recruit a mix to show in each group.)				
		Some col	ool graduate or less, including GED llege or 2-year degree ollege degree uate degree		
-		•	nic or Latino? (If possible, recruit at least 1 Hispanic origin ach group.)		
		Yes No			
15.		at is your r w in eacl	race? Please select one or more. (Read list. Recruit a mix to group.)		
		Asian Black/Afr Native H	n Indian or Alaska Native ican American awaiian or Other Pacific Islander		
		White			

16.	Finally, during the focus group discussion, you will be asked to review written materials and offer your opinions; therefore, I need to ask whether you have a medical or non-medical condition that hinders your ability to read and/or understand written materials.			
	Yes No	Thank the respondent and terminate. Continue.		
last		for our study. The discussion group is on [date] at [time] and will 2 hours. For your time and opinions, you will receive a \$75 cash free gift.		
17.	Would you like	e to participate in the group discussion at [time] on [date]?		
	Yes No	Continue. Thank the respondent and terminate.		
Grea	at! May I please	e have your mailing address to send you a confirmation letter		

Thank you. That's all the questions I have today. Please arrive at least 15 minutes prior to the group. If you have any questions or find that you are unable to attend, please call [facility's phone number] as soon as possible. Thank you again for your time. We look forward to seeing you on [date] at [time].

with directions before the group discussion? [Verify address and phone

Read if necessary:

number.]

If you have any questions about the study, you may contact Katherine Kosa of RTI at 1-800-334-8571, extension 23901. If you have concerns about how participants are being treated in the study, you may contact RTI's Office of Research Protection toll-free at 1-866-214-2043.