

**Focus Group Testing to Effectively Plan and Tailor  
Cancer Prevention and Control Communication Campaigns**

**Appendix C**

**Reference Set of Questions to Use in Constructing  
A Focus Group Screening Form**

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**Recruitment Screener**

**Introduction**

**Group Date:** \_\_\_\_\_ **Group Time:** \_\_\_\_\_

**General Public/Health Care Provider Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State: \*\*** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Day Phone:** \_\_\_\_\_

**Evening Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Other contact information:** \_\_\_\_\_

Hello, my name is \_\_\_\_ I'm with \_\_\_\_\_, (insert qualitative research firm description). On behalf of the federal Centers for Disease Control and Prevention, we are planning a focus group study with (insert general public or health care providers) about (insert specific cancer communication campaign). Some people we speak with today will be invited to participate in a focus group that will pay an honorarium of \$\_\_\_\_, for about 120 minutes of your time. May I ask you a few questions?

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**INSTRUCTIONS:**

**USE THIS REFERENCE SET OF SCREENING QUESTIONS TO CONSTRUCT A SCREENING FORM FOR EACH INFORMATION COLLECTION OR FOCUS GROUP. SELECT QUESTIONS THAT WILL ASSIST IN IDENTIFYING MEMBERS OF THE TARGET POPULATION. QUESTIONS THAT ARE NOT RELEVANT TO A SPECIFIC TARGET POPULATION OR COMMUNICATION CAMPAIGN SHOULD BE DELETED TO AVOID UNNECESSARY BURDEN TO RESPONDENTS.**

**DEMOGRAPHIC QUESTIONS**

**1. Respondent gender:**

- 1 Male
- 2 Female

**2. Ethnicity**

- Hispanic or Latino
- Not Hispanic or Latino

**3. Race (respondents may select more than one response category for Race)**

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

**4. Which of the following age categories includes you?**

- 1 Under 50 years old
- 2 50 - 60 years old
- 3 61-70 years old
- 4 71 – 74 or older
- 5 75 or older\_\_\_\_\_



**A. What year you graduated from medical school? \_\_\_\_\_**

**B. And the year you were born? \_\_\_\_\_**

**9. Have you participated in any focus groups about (insert specific cancer) in the last six months?**

NO

YES

**QUESTIONS FOR GENERAL PUBLIC ONLY**  
**(FOR ILLUSTRATIVE PURPOSES, ASSUME RECRUITMENT FOR**  
**COLORECTAL CANCER FOCUS GROUPS)**

**10. Have you or your spouse ever worked for any of the following types of organizations in a paid position?**

- Doctors office, hospital, clinic, pharmaceutical or drug company
- Health department or community health agency
- Marketing, advertising or public relations agency or department
- American Cancer Society (ACS) or another cancer organization

**11. Do you have any kind of health insurance to pay for routine health care?**

1 Yes

*If yes: Which plan or plans? \_\_\_\_\_*

2 No

3 Don't know

**12. Have you ever been told by a doctor that you have [READ SLOWLY] any sort of bowel disease such as colitis, inflammatory bowel disease, Crohn's disease, colon cancer, or polyps. POLYPS ARE SMALL GROWTHS IN YOUR COLON OR RECTUM.**

1 Yes: Which one/s: \_\_\_\_\_

2 No

3 Not sure/don't know

**13. Have you, OR your mother, father, brother, sister, or child ever had colon cancer?**

1 Yes

2 No

3 Not sure/don't know

**13B. Have you ever been diagnosed with any kind of cancer?**

1 No

2 Not sure/don't know

3 Yes

**If yes, ask: What kind of cancer? \_\_\_\_\_.**

For "skin cancer" only, skip to Q14. For other cancers, ask:

When were you diagnosed? \_\_\_\_\_

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

- 1 Have never participated
- 2 Within the last 6 months: **What was the topic?**  
\_\_\_\_\_
- 3 More than 6 months ago

15. When was your last routine check-up or physical? \_\_\_\_\_ [Information only]

16. Thinking about the doctor visits you have had over the last 5 years, have you been tested for:

- |   |                                  |            |     |   |    |                    |
|---|----------------------------------|------------|-----|---|----|--------------------|
| 1 | Diabetes or "Sugar"              | 1          | Yes | 2 | No | [Information Only] |
| 2 | Heart problems                   | 1          | Yes | 2 | No | [Information Only] |
| 3 | [Ask Females only] Breast cancer | 1          | Yes | 2 | No | [Information Only] |
| 4 | [Ask Males only] Prostate cancer | 1          | Yes | 2 | No | [Information Only] |
| 5 | Colon cancer                     |            |     |   |    |                    |
|   | 1                                | Yes        |     |   |    |                    |
|   | 2                                | No         |     |   |    |                    |
|   | 3                                | Don't know |     |   |    |                    |

Now I am going to ask you some questions to determine if you have had some particular medical tests. I am used to talking with people about these tests, and I hope that you will not feel awkward about my questions.

16a. Have you ever been given a test kit to check for blood in your stool – a kit which you could use at home to collect a few stool samples from the toilet, and put them on a card

- 1 No
- 2 Don't know
- 3 Yes *If yes:*

Did you complete the test and return the card to the lab or doctor?

- 1 No
- 2 Don't remember
- 3 Yes *If yes:*

When was the last time you completed this test?

[Record answer \_\_\_\_\_] **Note:** If unknown, try to jog memory by asking: **Approximately when?** [Read]

- 1 Within 1 year or approximately a year ago
- 2 More than a year ago, but less than 2 years ago
- 3 At least 2 or more years ago

**17b. Have you ever had a test for which a doctor inserted a tube in your rectum or colon?**

- 1 No
- 2 Don't know
- 3 Yes *If yes:*

**Do you remember anything about the name of the test or tests? It's OK if you're not sure or don't know the exact pronunciation...anything you remember about the tests or the names will help me:**

*Record anything the person says:*

\_\_\_\_\_ *[OK if they say they don't know the name(s)]*

*[Read regardless of what person says]* **Sigmoidoscopy (SIG-MOYD-OSS-CO-PEE) is one common test. The other test is called a colonoscopy (CO-LON-OSS-CO-PEE).**

**Both of these tests involve a lighted tube that the doctor inserts into your rectum to view the colon. The sigmoidoscopy is often done in the doctor's office without medication and is relatively simple. The colonoscopy uses a longer tube and typically you are given medication to relax and you must be driven home by someone else. Some people confuse these tests with one in which a tube is inserted through the mouth or the nose. That's a different test.**

**Now that I have explained more about these tests, do you recall whether you have ever had a colonoscopy? That is the test that uses a longer tube and typically involves some medication. Afterwards, someone else must drive you home.**

- 1 No
- 2 Yes [Continue with Q below about when colonoscopy was done]
- 3 Not sure **[Continue with Q below about when completed to see if this**

**jogs person memory]**

**Approximately, when was the last time you had a colonoscopy?**

*[Record answer]* \_\_\_\_\_



*If unknown, try asking...Was it:*

Within the last 2 years  
Within the last 5 years  
5 or more years ago, but less than 10 years  
Longer than 10 years ago

**17c. Do you recall whether you have ever had a sigmoidoscopy? The test is usually done without medication in the doctor's office.**

- 1 No
- 2 Yes
- 3 Not sure

**Approximately, when was the last time you had a sigmoidoscopy?**  
*Record answer:* \_\_\_\_\_

*For responses...*

Within the last year [Terminate]  
Within the last 2-3 years [Terminate]  
Within the last 4-5 years [Terminate]

5 or more years ago, but less than 10 [Continue]  
More than 10 years [Continue]

Don't know....*Try to jog person's memory by asking:* Approximately when?

*[Read]* Was it...

Within the last 2 years [Terminate]  
Within the last 5 years [Terminate]  
5 or more years ago, but less than 10 years [Continue]  
More than 10 years ago [Continue]

**17d. Have you ever had an x-ray test of your colon, for which you first were given an enema through your rectum and then x-rays of your colon were taken? This usually is called a barium enema, or lower GI test. [Note: If person volunteers that he/she has had a tube down his/her throat or swallowed "chalky stuff," before an x-ray, this is not the same test. OK to continue if test did NOT involve an enema.]**

- 1 No
- 2 Yes *If yes, ask: When was the last time you completed this test?*

Record answer: \_\_\_\_\_

Don't know    *If unknown, ask:* Approximately when?

*[Read]* Was it...

Within the last 2 years

Within the last 5 years

5 or more years ago, but less than 10 years

More than 10 years ago

**18. What is the last grade or year of school you completed?**

- 1      Less than high school
2.     Some high school
- 3      Completion of high school
- 4      Some college
- 5      Completion of college
- 6      Post-graduate degree

**19. Please stop me when I read the range that includes your total annual household income.**

*\*\*Categories will be based on each city/metro region's median household income. Goal is to recruit primarily lower to middle class participants. OK to include some people in "upper middle" income category IF they have never had any screening tests for colorectal cancer. Affluent or very rich are not desired.*

- 1      Less than or equal to \$ \_\_\_\_\_
- 2      More than \$ \_\_\_\_\_; less than or equal to \$ \_\_\_\_\_
- 3      More than \$; less than or equal to \$ \_\_\_\_\_
- 4      More than \$ \_\_\_\_\_

**INVITATION:**

**Thank you for answering my questions. We are convening focus groups with (insert general public or health care providers) to discuss (insert specific cancer communication campaign). I hope you will be interested in participating.**

**The current options are on (insert day/time) at:**

**Group 1: \_\_\_\_\_PM Eastern Daylight Time --OR--**

**Group 2: \_\_\_\_\_PM Eastern Daylight Time**

**Are you available? If YES: Record contact information on the front.**

**If NO, please ask:**

**Would you like to be contacted again about this study if additional times are scheduled?**

\_\_\_\_\_ Yes: **Thank you. We will contact you if we schedule additional groups.**

\_\_\_\_\_No