

PRE-DISCUSSION INFORMATION SHEET—MODERATOR VERSION

Form approved
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Moderator: *“To get started today we would like you to take a moment and give us some background information about yourself and respond to a series of questions about three demo radio messages that I will play for you shortly.*

Let’s begin. *I’m first going to ask you some questions about yourself. Please listen carefully as I read aloud each of the questions and answers on the paper in front of you. You will record your own responses to each question right on your paper. Remember that our discussion and what you record on this paper will be maintained in a secure manner and that there are no right or wrong answers.”*

PART 1: GENERAL QUESTIONS (10 minutes)

Please do not write your full name on this form.

1. What is your date of birth? (Month/Day/Year)

2. What is your highest education level completed?

- 6th Grade or less
- 7th – 8th Grade
- 9th – 11th Grade
- 12th Grade without a High School diploma
- 12th Grade with a High School diploma
- GED
- Some college
- Associate degree
- Completed college (4 year degree)

3. What is your employment status? (Check all that apply)

- Full-time
- Part-time
- Presently not employed outside the home, looking for work
- Presently not employed outside the home, not looking for work
- Student
- Laid Off
- On Strike
- Disabled

4. What do you do for a living? What is your occupation/profession? _____

5. How often do you listen to the radio?

- Never or rarely
- 1-2 days a week
- 3-4 days a week

- 5-6 days a week
- Every day

6. Do you listen to the radio when you are _____ (Check all that apply)?

- In the car
- At work
- At home
- Some other place

7. During what time of the day do you most often listen to the radio?

- In the mornings (5am-12pm)
- In the afternoons (12pm-6pm)
- In the evenings (7pm-12am)

8. On which days of the week are you most likely to listen to the radio? (Check all that apply)

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday |
| <input type="checkbox"/> Thursday | |

9. Which of the following types of radio stations do you usually listen to? (Check all that apply)

- Talk Stations
- Music Stations
- AM
- FM

10. During the past 30 days, which of the following have you listened to at least 3 times a week? (Check all that apply)

- | | | |
|--------------------------------------|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Alternative | <input type="checkbox"/> Gospel | <input type="checkbox"/> Pop |
| <input type="checkbox"/> Ambient | <input type="checkbox"/> Hip Hop | <input type="checkbox"/> Punk |
| <input type="checkbox"/> African | <input type="checkbox"/> Heavy Metal | <input type="checkbox"/> Rap |
| <input type="checkbox"/> Bluegrass | <input type="checkbox"/> Hard Rock | <input type="checkbox"/> Reggae |
| <input type="checkbox"/> Blues | <input type="checkbox"/> Instrumental | <input type="checkbox"/> R & B |
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> Jazz | <input type="checkbox"/> Rock |
| <input type="checkbox"/> Classical | <input type="checkbox"/> Latin | <input type="checkbox"/> Salsa |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Musical | <input type="checkbox"/> Trance |
| <input type="checkbox"/> Country | <input type="checkbox"/> New Age | <input type="checkbox"/> |
| <input type="checkbox"/> Disco | <input type="checkbox"/> Oldies | <input type="checkbox"/> |
| <input type="checkbox"/> Folk | <input type="checkbox"/> Opera | |

11. When you listen to the radio, which station or stations do you listen to most often?

Write in station dial location(s) and name(s): _____

12. When you listen to the radio, how do you access the radio stations that you listen to?

- Using the Internet
- On a handheld device
- On a stand-alone radio
- On a car radio
- Other: _____

13. Please indicate below from which of the following sources do you usually get information about health services in your community and how often.

Television	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Radio	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Newspapers	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Magazines	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Internet	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Doctor visits	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Church or religious organizations	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Friends	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Family members	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Other: _____ _____	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never

PART 2: Post-PDIS Radio Message Testing
(Discussion guided by the Moderator)
(30 minutes in total for PDIS and Moderator Guide radio message testing)

Moderator: *“I am going to play for you 3 radio advertisements that CDC has developed to educate African American women like you about breast cancer and breast cancer screening. After I play each ad, please listen carefully as I read aloud each of the questions and answers on the paper in front of you. You will record your own responses on the paper.*

Then I will ask you some additional questions about the main messages in the radio ad. Remember that our discussion and what you record on this paper will be maintained in a secure manner and that there are no right or wrong answers.”

PART 2a: RADIO MESSAGE ONE

[Moderator: Play the first radio advertisement and ask the following questions.]

1. Did you like the voices that were used in the radio advertisement?
 Yes
 No
2. Did you like the music that was used in the radio advertisement?
 Yes
 No
3. Did you learn anything new from this radio advertisement?
 Yes
 No
If yes, what did you learn? _____
4. After hearing this radio advertisement would you call your doctor or health department about getting screened for breast cancer (or getting a mammogram)?
 Yes
 No
5. After hearing this radio advertisement would you contact a family member or friend about getting screened for breast cancer (or getting a mammogram)?
 Yes
 No

Refer to Moderator Guide to ask additional questions (questions 17 through 22 in the guide).

PART 2b: RADIO MESSAGE TWO

[Moderator: Play the second radio message and ask the following questions.]

1. Did you like the voices that were used in the radio advertisement?
 Yes
 No
2. Did you like the music that was used in the radio advertisement?
 Yes
 No

3. Did you learn anything new from this radio advertisement?

- Yes
- No

If yes, what did you learn? _____

4. After hearing this radio advertisement would you call your doctor or health department about getting screened for breast cancer (or getting a mammogram)?

- Yes
- No

5. After hearing this radio advertisement would you contact a family member or friend about getting screened for breast cancer (or getting a mammogram)?

- Yes
- No

Refer to Moderator Guide to ask additional questions (questions 17 through 22 in the guide).

PART 2c: RADIO MESSAGE THREE

[Moderator: Play the last radio message and ask the following questions.]

1. Did you like the voices that were used in the radio advertisement?

- Yes
- No

2. Did you like the music that was used in the radio advertisement?

- Yes
- No

3. Did you learn anything new from this radio advertisement?

- Yes
- No

If yes, what did you learn? _____

4. After hearing this radio advertisement would you call your doctor or health department about getting screened for breast cancer (or getting a mammogram)?

- Yes
- No

5. After hearing this radio advertisement would you contact a family member or friend about getting screened for breast cancer (or getting a mammogram)?

- Yes
- No

Refer to Moderator Guide to ask additional questions (questions 17 through 22 in the guide).

Go back to the Moderator Guide to complete the “Closing” section.