**Appendix A**

**Screening Questionnaire for Consumer Focus Groups**

|  |  |  |
| --- | --- | --- |
| Interviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Letter sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reconfirmation Call: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |   **Group I \_\_\_\_\_\_**  **Group II \_\_\_\_\_\_**  **Group III \_\_\_\_\_\_**  **Group IV** \_\_\_\_\_\_  |

###### **CALL FROM DATABASE OR AT RANDOM**

###### **RECRUIT 10 PER GROUP FOR 8-10 TO SHOW**

Hello, I’m \_\_\_\_\_\_\_\_\_\_ with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, an independent consumer research firm. We are not selling or promoting any product or service. We are conducting a research study on behalf of the United States Department of Agriculture, Center for Nutrition Policy and Promotion regarding food choices and nutrition and would like to include your views. My questions will only take a couple of minutes.

1. First, do you, or does any member of your household or immediate family, work for or is retired from:

A market research company \_\_\_\_\_

 A direct mail company or direct marketing company \_\_\_\_\_

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

####  The media (TV/radio/newspapers/magazines) \_\_\_\_\_

**[IF YES TO ANY >> TERMINATE]**

***2. Please tell me your occupation and the name of the company or organization you work for (if retired get former occupation and company worked for).***

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[TERMINATE IF DIETITIAN, NUTRITIONIST, NURSE, PHYSICIAN OR PHYSICIAN’S ASSISTANT, OR IF THEY WORK FOR USDA OR HHS]**

***3. Are you the parent or guardian of a child [or children] between the ages of 5 and 12, who lives in your household?***

Yes \_\_\_\_\_

TERMINATE **>>** No \_\_\_\_\_

***4. Have you ever had bariatric surgery? Bariatric surgery is weight loss surgery.***

 TERMINATE **>>** Yes \_\_\_\_\_

######  No \_\_\_\_\_

***5. In a typical month, how frequently do you shop at a grocery store, food store or supermarket for your household?***

4 or more times \_\_\_\_\_

2 or 3 times \_\_\_\_\_

TERMINATE **>>** Fewer than 2 times \_\_\_\_\_

***6. What is your height? \_\_\_\_\_\_\_\_\_\_\_\_\_***

 ***What is your weight? \_\_\_\_\_\_\_\_\_\_\_\_\_***

**[CALCULATE BMI USING ONLINE CALCULATOR]**

 TERMINATE >> BMI less than 19 \_\_\_\_\_

BMI 19-24 \_\_\_\_\_

BMI 25-35 \_\_\_\_\_

 TERMINATE>> BMI greater than 35 \_\_\_\_\_

***7. Do you have a medical condition that requires a special diet or restricted diet?***

Yes \_\_\_\_\_

###### No \_\_\_\_\_

###### **If yes, please describe the condition.**

ACCEPT [BUT NO MORE THAN 3 PER GROUP]: High cholesterol/high lipid levels (also called: Hypercholesterolemia, Hyperlipidemia, Dyslipidemia), hypertension/high blood pressure, pregnancy, gout, chronic constipation, heartburn/GERD, migraines, menopause, osteoporosis, food allergy

TERMINATE: all other medical conditions mentioned

8. Which of the following categories best describes your total annual household income?

 TERMINATE >> Under $15,000 \_\_\_\_\_

$15,000 - $34,999 \_\_\_\_\_

$35,000 - $54,999 \_\_\_\_\_

$55,000 - $74,999 \_\_\_\_\_

$75,000 - $100,000 \_\_\_\_\_

 TERMINATE >> Over $100,000 \_\_\_\_\_

|  |
| --- |
| **9. How often does your family eat DINNER together in a typical week?** |
| Every day5 pts | 5-6 times/week4 pts | 3-4 times/week3 pts | 1-2 times/week2 pts | Less than once/week1 pt |
| **10. How often does your family prepare DINNER at home in a typical week, as opposed to having “take-out,” a frozen dinner or dinner in a restaurant?** |
| Every day5 pts | 5-6 times/week4 pts | 3-4 times/week3 pts | 1-2 times/week2 pts | Less than once/week1 pt |
| **11. How many servings of vegetables, on average, does your family have for DINNER each night?** |
| 2 or more servings per night5 pts | 1 serving per night3 pts | Less than 1 serving per night1 pt |
| **12. How would you rate the overall healthfulness of your family’s eating habits?**  |
| Excellent5 pts | Very Good4 pts | Good3 pts | Fair2 pts | Poor1 pt |

Calculate total points for questions 7-10, and assign to group based on number of points:

* 4-12 points = Group A [RECRUIT 2 “A” GROUPS PER LOCATION]
* 13-20 points = Group B [RECRUIT 2 “B” GROUPS PER LOCATION]

***12. Please tell me your age.* [GET EXACT AGE AND CATEGORIZE BELOW]**

[GOOD MIX OF AGES, WITH THE UNDERSTANDING THAT THE EXTREMES AT EITHER END ARE UNLIKELY, GIVEN THESE ARE PARENTS/GUARDIANS OF CHILDREN 5-12]

18-22\_\_\_\_\_

23-34 \_\_\_\_\_

35-44 \_\_\_\_\_

45-54 \_\_\_\_\_

55-64 \_\_\_\_\_

65 or older \_\_\_\_\_

13. What is your current marital status? Are you ….. ? [

Married or living with a partner\_\_\_\_\_

Single \_\_\_\_\_

Divorced \_\_\_\_\_

Widowed \_\_\_\_\_

15. What is the highest level of education you have completed? [GOOD MIX]

Less than high school graduate \_\_\_\_\_

High school graduate \_\_\_\_\_

Some college \_\_\_\_\_

####  College graduate \_\_\_\_\_

Post graduate studies or degree \_\_\_\_\_

16. So that we can be sure that all backgrounds are represented in our study, please tell me your ethnic or race background. Are you … ?

[RECRUIT 2-3 MINORITIES PER GROUP]

**Ethnicity**

Hispanic or Latino\_\_\_\_\_

Not Hispanic or Latino\_\_\_\_\_

**Race**

American-Indian or Alaska Native \_\_\_\_\_

Asian \_\_\_\_\_

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

Native Hawaiian-Indian or Other Pacific Islander \_\_\_\_\_

White \_\_\_\_\_

Other \_\_\_\_\_

***17. [Record gender]*** [TRY FOR MIX, WILL LIKELY BE FEMALE DOMINANT]

Male \_\_\_\_\_

###### Female \_\_\_\_\_

18. Have you ever attended a focus group discussion or individual interview? By that we mean an informal, round-table discussion, conducted by a professional moderator in which you were asked your opinions regarding a product, a service, or advertising?

MAX. ½ GROUP >> ASK A-C >> Yes \_\_\_\_\_

INVITE TO GROUP >> No \_\_\_\_\_

1. How many of these groups have you attended?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [MAX. 3 EVER]

1. What was/were the topics discussed?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [IF NUTRITION, TERMINATE]

1. How long ago was the last one of these groups you attended?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [MUST BE AT LEAST 6 MONTHS AGO]

[INVITE TO GROUP]

Thank you for answering all of my questions. As I mentioned earlier, we are conducting a research study regarding food choices and nutrition and would like to hear your views. To hear them first-hand, we are conducting an informal, round-table discussion to be held on [DATE] at [TIME]. The discussion will last about 2 hours and will be both fun and informative. No one will attempt to sell you anything and no one will call on you as a result of your participation. As a token of our appreciation for your help in our research effort, you will receive a [$75- $100] cash honorarium at the time of the session. This is an important research effort and we hope that you will be part of it. We can only invite about a dozen people to take part. Can we schedule your attendance?

[If yes, read ….. ]

If you need glasses for reading or for watching TV, please be sure to bring them with you to the group.

ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

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

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

 (CELL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Interviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Confirm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_