

Public reporting burden for this collection of information 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. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Research and Analysis, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-0523*). Do not return the completed form to this address.

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

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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

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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 day 5 pts	5-6 times/week 4 pts	3-4 times/week 3 pts	1-2 times/week 2 pts	Less than once/week 1 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 day 5 pts	5-6 times/week 4 pts	3-4 times/week 3 pts	1-2 times/week 2 pts	Less than once/week 1 pt
11. How many servings of vegetables, on average, does your family have for DINNER each night?				
2 or more servings per night 5 pts		1 serving per night 3 pts		Less than 1 serving per night 1 pt
12. How would you rate the overall healthfulness of your family's eating habits?				
Excellent 5 pts	Very Good 4 pts	Good 3 pts	Fair 2 pts	Poor 1 pt

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

- o 4-12 points = Group A [RECRUIT 2 "A" GROUPS PER LOCATION]
- o 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]

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- 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 _____

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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 _____

A. How many of these groups have you attended?

_____ [MAX. 3 EVER]

B. What was/were the topics discussed?

_____ [IF NUTRITION, TERMINATE]

C. 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.

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ID Number _____

NAME: _____

ADDRESS: _____

CITY: _____

ZIP CODE: _____

PHONE: (DAY) _____

(EVE) _____

(CELL) _____

(EMAIL) _____

Interviewer: _____

Supervisor Confirm: _____