**OMB Control No. 2127-0667**

**Expiration Date 10/31/2013**

**Moderator’s Guide**

**Parent & Caretaker Focus Groups to Develop**

**New Child Passenger Safety Public Service Advertising Campaign**

Generic Clearance OMB Control No: 2127-0667: Focus Groups for Traffic and Motor Vehicle

Safety Programs and Activities

***I. EXPLANATIONS***

***MODERATOR TO READ***

This focus group is being conducted to collect information that will help us better understand your opinions about an important highway safety issue.

This collection of information is VOLUNTARY and will be used for formative purposes only so that we may develop and evaluate programs designed to reduce the number of traffic-related injuries and deaths. We will not collect any personal information that would allow anyone to identify you. A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2127-0667. Public reporting for this collection of information is estimated to be approximately 90 minutes per response, including the time for reviewing instructions, completing and reviewing the collection of information. All responses to this collection of information are voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, National Highway Traffic Safety Administration, 1200 New Jersey Ave, S.E., Washington, DC, 20590

*Additional note to moderator:*

* *Assure participants of confidentiality and anonymity*
* *Disclose presence of observers and video-recording (in lieu of “note taking”)*

***II. INTRODUCTIONS & WARM-UP (5 min)***

* *Introductions of moderator and participant. Ask respondent to introduce him/herself [name, how many children, age of child(ren)]*
* *Thinking about your children, what kind of activities do they like to do? What is your favorite activity to do with your child(ren)?*

***III. STORYBOARDS (40 min)***

*Moderator Note: Explain to participants that they will be shown several advertising concepts that are at an early stage and are not finished advertisements. Participants should use their imaginations and respond to the overall idea presented. Present each advertising concept one-at-a-time (use storyboards as a visual aid). Randomly sort the order of the advertising concepts among the different focus groups, so no particular idea is always shown first or last. Allow participant to read through the concept, mark comments, and then discuss.*

*Ask questions after each concept exposure:*

***Initial thoughts/key takeaways***

* Moderator will instruct respondents to write down their initial reaction, the main idea of the advertisement, and how much they like the advertisement on a scale of 1 to 10.
* What are your first reactions? What is going through your mind as you watch/listen to this ad?
* What does this make you think about? Why do you say that?
* What is the main idea?
* What is the main benefit they are trying to tell you?
* What else is the advertising telling you?

***Likes/dislikes/concerns***

* What was particularly interesting to you in this ad?
* Was there anything you especially liked in this ad?
* Anything you particularly disliked?
* Was there anything confusing?

***Relevancy***

* How meaningful is this message for you?
* Who do you think this ad is speaking to?
* How does the ad’s message impact/relate to you and your family?
* How does this ad make you feel about what you’re currently doing in regards to your child’s safety in your vehicle right now?

***Learning***

* Did the advertising tell you anything new?

***Anticipated action***

* As a result of seeing this ad, do you think you would do anything differently than you’re currently doing? What?
* Do you recall the website that the ad asks you to go to?
* How likely are you to go to the website?  What do you think you would find there?
* Would you tell a friend or family member about this ad?  How about the website?

**IV. Wrap-up (<5 minutes)**

*(If time permits)* C*heck with observers for additional questions.*

*ADDITIONAL NOTE TO MODERATOR:*

Before participants exit, ask them to write down additional background information before exiting the interview room (3-4 minutes). Explain that the collection is optional and they can leave without filling out the form with no penalty. The information collection is intended to understand the participant’s current use of child safety restraints for their child and help contextualize feedback provided throughout the focus group discussion. *(Hand out for each group member to independently write down their initial reaction to the advertising concept exposure.)*

What are your first reactions?

What do you think the main idea of this ad is?

On a scale of 1 to 10, how much would you say you like this advertising concept? Please circle the corresponding number.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Not at all |  |  |  | Neither like nor dislike |  |  |  |  | Like a lot |

**V. Written Collection (5 min):**

Thank you for your participation in today’s group discussion. We appreciate your responses and are hoping you will fill out the following table with further background information on your use of child safety restraints. You may have discussed this information, but we would appreciate it if you also respond below. Filing out this information is not mandatory, and all responses are confidential and anonymous. Your identity will never be connected to this information. Thank you!

Please indicate your child’s age, height, and weight, and mark an “x” in the appropriate column for the type of safety restraint that you currently use for that child when they ride in a car, truck, SUV, or van. *If you do not know some of this information, please leave it blank. Please only include your child(ren) that are ages 12 or younger.*

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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Rear-facing car seat | Forward-facing car seat | Booster seat | Seat belt only | No safety restraint | | Child 1  Age: \_\_\_\_ years  Weight: \_\_\_\_ pounds  Height: \_\_\_\_ft \_\_\_\_\_in |  |  |  |  |  | | Child 2  Age: \_\_\_\_ years  Weight: \_\_\_\_ pounds  Height: \_\_\_\_ft \_\_\_\_\_in |  |  |  |  |  | | Child 3  Age: \_\_\_\_ years  Weight: \_\_\_\_ pounds  Height: \_\_\_\_ft \_\_\_\_\_in |  |  |  |  |  | | Child 4  Age: \_\_\_\_ years  Weight: \_\_\_\_ pounds  Height: \_\_\_\_ft \_\_\_\_\_in |  |  |  |  |  | | Child 5  Age: \_\_\_\_ years  Weight: \_\_\_\_ pounds  Height: \_\_\_\_ft \_\_\_\_\_in |  |  |  |  |  | |  |  |  |  |  |