

PARTICIPANT SCREENER (Adults (25-64) recently hospitalized)

Criteria for focus group:

- 8-9 participants per focus group, recruit 11
- Separate groups by gender

- Ages 25-64
- No family history or stroke or DVT
- Any race/ethnicity but some diversity in groups
- High School Grad or higher

- Childbirth, fracture, surgery, injury, or cancer treatment –OR–
- Hospital stay in the last 12 months

NOTES TO FACILITY

- Please do not call people with medical or health-related occupations
- Please do not call people who have done a focus group in the last 6 months.
- Please do not call people who have ever done 5 or more focus groups.

Hello. My name is _____ of _____, a local marketing research firm. We are recruiting participants for a research study. Participants in this study will receive \$75. Let me assure you that this is a legitimate research study. I am not trying to sell anything. I have just a couple of questions to see if you qualify for the study.

1. RECORD GENDER

- Female – **CONTINUE. [SEPARATE GROUPS BY GENDER]**
 Male – **CONTINUE. [SEPARATE GROUPS BY GENDER]**

2. Please stop me when I mention the group that includes your age.

- 18 – 24 – **THANK & TERMINATE.**
 25 – 29 – **CONTINUE.**
 30 – 39 – **CONTINUE.**
 40 – 49 – **CONTINUE.**

The public reporting burden of this collection of information is estimated to average 5 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 - **CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333 ATTN: PRA (0920-XXXX)**

- () 50 – 64 – **CONTINUE.**
- () 65 – 74 – **THANK & TERMINATE.**
- () 75 – 84 – **THANK & TERMINATE.**
- () 85 and older – **THANK & TERMINATE.**
- () Refused – **THANK & TERMINATE.**

3. . Are you: [RECRUIT A MIX]

- () Married
- () Never married
- () Divorced or separated
- () Widowed
- () Partnered (or living with a domestic partner)
- () Refused – **THANK & TERMINATE.**

4. In the past 12 months, have you had any of the following medical conditions?

		YES	NO
A	[WOMEN ONLY] Childbirth?	<input type="checkbox"/> CONTINUE	<input type="checkbox"/> CONTINUE
B	Fracture or broken bones?	<input type="checkbox"/> CONTINUE	<input type="checkbox"/> CONTINUE
C	Surgery?	<input type="checkbox"/> CONTINUE	<input type="checkbox"/> CONTINUE
D	An injury or accident that required a hospital stay?	<input type="checkbox"/> CONTINUE	<input type="checkbox"/> CONTINUE
E	Cancer treatment?	<input type="checkbox"/> CONTINUE	<input type="checkbox"/> CONTINUE

5. In the past 12 months, have you had a hospital stay of 3 or more days?

- () Yes – **CONTINUE**
- () No – **CONTINUE**
- () Refused – **THANK & TERMINATE**

STOP.

IF ALL “NO” IN Q4 AND Q5, THANK AND TERMINATE.
ELSE CONTINUE.

6. Do you currently smoke cigarettes?

- () Yes – **CONTINUE**
- () No – **CONTINUE**
- () Refused – **THANK & TERMINATE**

7. Have you or a close family member ever had any of the following medical conditions?

		YES	NO
A	Stroke	<input type="checkbox"/> THANK & TERMINATE	<input type="checkbox"/> CONTINUE
B	High blood pressure	<input type="checkbox"/> CONTINUE	<input type="checkbox"/> CONTINUE
C	Deep vein thrombosis, or DVT	<input type="checkbox"/> THANK & TERMINATE	<input type="checkbox"/> CONTINUE
D	Hemophilia	<input type="checkbox"/> CONTINUE	<input type="checkbox"/> CONTINUE
E	Sickle cell disease	<input type="checkbox"/> CONTINUE	<input type="checkbox"/> CONTINUE

8. What is the last year of school or college you have completed?

- Less than High School – **THANK & TERMINATE**
- High School grad – **CONTINUE**
- Some college – **CONTINUE**
- 4-year college graduate – **CONTINUE**
- Graduate school – **CONTINUE**
- Refused – **THANK & TERMINATE**

9. What is your race/ethnicity?

Ethnicity:

- Hispanic Origin
- Not of Hispanic Origin
- Refused to answer

Race:

- American Indian or Alaska Native
- Asian
- Hawaiian or other Pacific Islander
- Black or African American – **[RECRUIT AT LEAST 2]**
- White or Caucasian – **[RECRUIT AT LEAST 2]**
- Refused – **THANK & TERMINATE.**

10. Are you currently employed?

- Yes
- No – **[RECRUIT 3 MAXIMUM]**

11. Do you have any difficulty reading in English?

- Yes – **THANK & TERMINATE.**
- No

12. Finally, do you or anyone in your household work for an advertising agency, marketing or marketing research firm, or in any business, organization or agency involved in health or healthcare?

- Yes – **THANK & TERMINATE.**
- No

READ THE FOLLOWING:

I'd like to invite you to take part in a research study that takes the form of a group discussion. The discussion will be held on XXXXX and will last about 90 minutes. No one will try to sell you anything in this discussion and no one will contact you for any sales purpose as a result of your participation in this study. We are only interested in your opinions and, as I mentioned earlier, you will receive \$75 for taking part in this study. If you arrive 15 minutes before the start of the group, you will be entered into an early bird lottery for an additional \$50.

If you need them, please remember to bring your reading glasses.

- TIME = NON MEALTIMES. Refreshments will be served.
- TIME = MEALTIMES. A light dinner will be served.

GIVE RESPONDENT DIRECTIONS TO FACILITY. We will call you the day before to remind you about this discussion. We will be counting on your attendance since we will only be inviting about ten people. So that we can be sure to start and end on time, please plan to arrive at our office fifteen minutes before the beginning of the group. We are counting on your participation, so please be sure to contact us as soon as possible if something arises and you find you can't attend.

May I please get your:

Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____