

**ATTACHMENT A3**

Interviewer:	_____
Date:	_____
Letter sent:	_____
Reconfirmation Call:	_____

<b>Consumers</b>
<b>Group:</b> _____

**CONSUMER SCREENER FOR DIABETES FOCUS GROUP SESSIONS**

**CALL FROM DATABASE OR AT RANDOM**

**ASK TO SPEAK TO MALE/FEMALE HEAD-OF-HOUSEHOLD**

**RECRUIT 5 PER GROUP**

Hello, I'm \_\_\_\_\_ with \_\_\_\_\_, an independent research firm. We are conducting a research study on behalf of the U.S. Department of Health and Human Services and we would like to include your views. My questions will only take a couple of minutes. We are not selling or promoting any product or service. All of your answers will remain confidential and the information will be used only for this study.

1. First, have you or any member of your household ever worked:
  - For market research company \_\_\_\_\_
  - For an advertising agency or public relations firm \_\_\_\_\_
  - For the media (TV/radio/newspapers/magazines) \_\_\_\_\_
  - As a healthcare professional (*as a doctor, nurse, other healthcare professional*) \_\_\_\_\_
  - For a health insurance provider \_\_\_\_\_
  - For a managed care organization or any healthcare provider \_\_\_\_\_
  - For a medical practice \_\_\_\_\_

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

**DO NOT RECRUIT ANYONE EVER EMPLOYED IN THE MEDICAL FIELD, IN HEALTHCARE, HEALTH INSURANCE, MARKETING, OR ADVERTISING**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0376. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

2. Are you currently an employee of the federal government?  
**TERMINATE >>** Yes \_\_\_\_\_  
No \_\_\_\_\_

3. What is your occupation? *[If retired, indicate and record former occupation]*  
If married, what is your spouse's occupation?

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

**[CHECK FOR SECURITY >> CANNOT BE MEDICAL / HEALTHCARE / HEALTH INSURANCE / PR / OR MARKETING RELATED]**

4. Please tell me your age.  
**[CATEGORIZE IN RANGE BELOW]**  
**[NEED MIX BY AGE (25-70)]**

**TERMINATE >>** 24 or younger \_\_\_\_\_  
25-29 \_\_\_\_\_  
30-39 \_\_\_\_\_  
40-49 \_\_\_\_\_  
50-59 \_\_\_\_\_  
60-69 \_\_\_\_\_  
**TERMINATE >>** 70 or older \_\_\_\_\_

5. Do you make the decisions (or help make the decisions) about your health care or health insurance coverage? That is, do you review any paperwork and make the decisions about your doctors, your medical care, or your health insurance and bills, or does someone else make those decisions?

Yes \_\_\_\_\_  
**GET REFERRAL OR TERMINATE >>** No *(decisions are made by someone else)* \_\_\_\_\_

6. Within the **past 12 months/ 1 year**, have you received any medical care?  
Yes \_\_\_\_\_  
**TERMINATE >>** No \_\_\_\_\_

7. Have you been diagnosed with diabetes?  
Yes \_\_\_\_\_  
**TERMINATE >>** No \_\_\_\_\_

8. What type of diabetes do you have?  
Type I \_\_\_\_\_  
Type II \_\_\_\_\_

Other: Please specify \_\_\_\_\_  
I Don't Know \_\_\_\_\_

9. What is the highest level of education you have completed?

[NEED GOOD MIX]

MAX. 1 PER GROUP >> Less than high school graduate \_\_\_\_\_  
High school graduate \_\_\_\_\_  
Some college \_\_\_\_\_  
College graduate \_\_\_\_\_  
RECRUIT MAX. 1 PER GROUP >> Post graduate studies or degree \_\_\_\_\_

10. So that we can be sure that all backgrounds are represented in our study, please tell me your race or ethnic origin. Are you .....? [NEED GOOD MIX]

Caucasian/white \_\_\_\_\_  
African-American/black \_\_\_\_\_  
Hispanic \_\_\_\_\_  
Asian \_\_\_\_\_  
Native American \_\_\_\_\_  
(Specify) \_\_\_\_\_ Other \_\_\_\_\_

11. Which of the following categories best describes your total, annual household income? [NEED GOOD MIX]

Under \$25,000 \_\_\_\_\_  
\$25,000 - \$34,999 \_\_\_\_\_  
\$35,000 - \$49,999 \_\_\_\_\_  
\$50,000 - \$74,999 \_\_\_\_\_  
\$75,000 or greater \_\_\_\_\_

12. [Record Gender] [NEED GOOD MIX]

Male \_\_\_\_\_  
Female \_\_\_\_\_

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

ATTEMPT MAX. 1/2 >> ASK A-C >> Yes \_\_\_\_\_  
INVITE TO GROUP >> No \_\_\_\_\_

- A. How many of these groups have you attended?  
 \_\_\_\_\_ [ATTEMPT MAX. 2-3 EVER]
- B. What was/were the topics discussed?  
 \_\_\_\_\_ [IF HEALTHCARE, TERMINATE]
- C. How long ago was the last one of these groups you attended?  
 \_\_\_\_\_ [MUST BE AT LEAST 6 MONTHS AGO]

**[INVITE TO APPROPRIATE GROUP]**

Thank you for answering all of my questions. As I mentioned earlier, we are conducting a research study on behalf of the US Department of Health and Human Services and would like to hear your views. In order 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 1.5 hours and will be both enjoyable 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 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 a few people to take part. Can we schedule your attendance?

[If yes, read ..... ]

14. As part of the discussion you may be asked to read and evaluate some written materials regarding health issues and discuss some privacy issues related to health care. Are you comfortable doing this and sharing your opinions with the group?

Yes \_\_\_\_\_

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

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

Also, please be sure to bring a picture ID as you may be asked to show it to be admitted into the group.

**[RECORD GROUP]**

**Group:**

ID # \_\_\_\_\_

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

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

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

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

PHONE: (DAY) \_\_\_\_\_  
(EVE) \_\_\_\_\_  
(CELL) \_\_\_\_\_  
(EMAIL) \_\_\_\_\_