**Attachment #6:**

**Part 3: Focus Group**

Screening Script

Discussion Guide/Questions

OMB No.: 0925-0642-04

Expiration Date: 9/30/2014

PRIVACY ACT NOTIFICATION STATEMENT

Collection of this information is authorized by The Public Health Service Act, Section 412 (42 USC 285 a-1). Rights of study participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. Refusal to participate will not affect your benefits in any way. The information collected in this study will be kept in private under the Privacy Act. Names and other identifiers will be separated from information provided and will not appear in any report of the study. Information provided will be combined for all study participants and report as summaries.

NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

Public reporting burden for 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: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0642). Do not return the completed form to this address.

**Focus Group**

**Screening Script**

“Thank you for calling about the research study. The purpose of the *Solar Cell* study is to design a smart phone application, which uses smart phone technology to aid users in protecting their skin from damaging ultraviolet radiation (UV) in sunlight, a primary cause of skin cancer.

To see if you might qualify for this study, I need to ask you some questions. You do not have to answer any questions you do not want to answer. If you don’t qualify for this study, the information you give me will be destroyed immediately”.

**Screening Questions:**

1. Are you 18 years of age or older?
   1. Yes (Continue)
   2. No (Thank you for your time)
2. How well do you read and speak English?
   1. Very well (Continue)
   2. Well (Continue)
   3. Not well (Thank you for your time)
3. Do you have an Android or iPhone with a data plan? Or a phone that runs Droid or iPhone operating systems?
   1. Yes (Continue) List which phone participant has\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. No (Thank you for your time)
4. Have you ever downloaded an application to your smartphone?

(An application is a small program that can be loaded onto a smart phone that performs a task or function such as a game, mapping an address, calculating your body mass index, calculating a car loan payment, and sharing recipes).

a. Yes (Continue)

b. No/Don’t know (Thank you for your time)

1. How long have you been using your smartphone and data plan?

a. Less than six months (Continue)

b. Six months to one year (Continue)

c. One to five years (Continue)

d. More than five years (Continue)

1. How comfortable are you using applications on your smartphone?

a. Very comfortable, I use a variety of applications all the time (Continue)

b. Somewhat comfortable, I use some applications (Continue)

c. I’m still learning, I have only used one or two applications (Continue)

d. Uncomfortable, I don’t use any applications (Thank you for your time)

1. Would you be willing to download an application to your smartphone and test it?
   1. Yes

b. No (Thank you for your time)

1. Have you ever been diagnosed with skin cancer?

a. Yes (Continue)

b. No (Thank you for your time)

1. Have you concluded your skin cancer treatment?

a. Yes (Continue)

b. No (Thank you for your time)

1. What is your gender?

a. Male

b. Female

1. Are you:
   1. Hispanic or Latino
   2. Not Hispanic or Latino
2. What is your race? (One or more categories may be selected)

a. White

b. Black or African American

c. American Indian or Alaska Native

d. Asian

e. Native Hawaiian or Other Pacific Islander

*IF THEY DO NOT MEET ELIGIBILITY CRITERIA:*

I’m sorry but we already have enough people with your characteristics for our cognitive interviews, so we do not need to meet with you. The information you provided to us will not be saved. Thank you for your interest in our research study. <Politely end the call>

*If they meet eligibility criteria:*

Great! You are eligible to participate in the study! We have several possible dates for the interview. Can you let me know which times work best for you from the following schedule?

Days Monday – Friday\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evenings Monday – Friday\_\_\_\_\_\_\_\_\_\_\_

Weekend Mornings\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weekend Afternoons\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant Contact Information:**

First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Phone (Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Focus Group**

**Discussion Guide/Questions**

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**Safe Time Outdoors**

When do you feel like you are safe to go out in the sun?

What does it mean to you when you hear, “it is safe to go out in the sun?”

How long do you think you can stay outside in the sun and be safe?

Can you be safe all day long or at all times in the year?

What advice, if any, did you get from your doctor about being outdoors in the sun?

Has a doctor ever told you to go outdoors only or mostly when it is safe to do so without skin protection?

How do you determine if you have “had enough sun?”

**Normal Protection Behavior**

How do you usually protect yourself from the sun when you are outside in the summer sun?

Have you been sunburned in the last year? [a sunburn is extreme redness with pain or blisters for two or more days].

How do you know if you have enough protection to avoid a sunburn?

How do you figure out how long it will take you to sunburn on any given day?

Do you have any problems using sunscreen (i.e., hard to apply, unpleasant)?

Would you like to use this Solar Cell app to help your protect your skin from the sun when outdoors?

If yes, how often would you use it?

Solar Cell currently provides the information listed below. Please tell us how important each piece of information is to you by checking the appropriate box.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very Important | A little Important | Unsure | Not very important | Unimportant |
| Time it will take you to sunburn without any sun protection |  |  |  |  |  |
| Time it will take you to sunburn with the sun protection you have on |  |  |  |  |  |
| UV Index forecast for the day |  |  |  |  |  |
| The amount of vitamin D you are making when you are in the sun |  |  |  |  |  |
| How much sunscreen you need to use according to how much skin you have exposed |  |  |  |  |  |
| If it is safe to be out in the sun without sun protection |  |  |  |  |  |

Right now, the Solar Cell application provides an estimate of how quickly your skin will sunburn based on time, location, the amount of ultraviolet radiation in the sunlight, and your type of skin. Here are two ways we could display this information – as a countdown timer or as a colored bar that goes from green for low risk, to yellow for some risk, to red for high risk of sunburn. Which way do you prefer to get this advice on sunburn?

There is some amount of inaccuracy in any estimate. Which way of displaying risk of sunburn communicates uncertainty to you?

To get advice from Solar Cell, you need to input information about yourself. This includes your age, height, weight, how your skin reacts to the sun, the type of sunscreen if any you are wearing, whether you are taking medications that would make your skin extra sensitive to the sun, and the clothing you are wearing. You can save most of this information in a profile.

Would you be willing to input this information?

Is it too much, too little, or just right?

How often would you be willing to change this information in the application?

You can also improve the advice delivered by Solar Cell by inputting the amount of clouds in the sky and the elevation and ground reflection at your location. You don’t have to do this all the time. Would you be willing to input this information?

How much would you be willing to pay for an application like Solar Cell?