**Form Approved**

**OMB No. 0920-0910**

**Expiration Date 1/31/2015**

Women’s Perceptions of Tobacco Products

Focus Groups Screener

Nonpregnant Women

Hello, my name is and I’m from [FACILITY NAME], a local market research firm. We are working with RTI International, a non-profit research organization, and the Centers for Disease Control and Prevention (or CDC) on a research study about tobacco products and would like to include your opinions. I want to assure you that we are not from a tobacco company or a company that sells quit-smoking aids. I am not selling or promoting any product. I am calling to invite you to take part in a research study about tobacco products.

We are holding a group discussion on [DATE] with 7 other women like you. The discussion group starts at [TIME] and will last about 90 minutes. For study purposes, the group discussion will be audio and video recorded, and project team members may observe the discussion. If you qualify for this project and participate in our focus group, you will receive $75.00 as an appreciation for your time and expenses. Your opinions will help to contribute to current efforts to develop materials about the use of tobacco among women of childbearing age.

First, however, I need to ask you a few questions to see if you qualify for the study.

1. Which of the following categories best describes your age? ***(Read list. Recruit a mix to show per group.)***

18–23 **[NOT ELIGIBLE - THANK & END]**

23–29

30–35

36–40 **[NOT ELIGIBLE - THANK & END]**

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1. Are you currently pregnant?

Yes (Have been to prenatal visit and/or have taken pregnancy test) **[GO TO Q4]**

No

1. Are you planning or trying to become pregnant in the next year?

Yes ***Eligible as non-pregnant participant***

No **[NOT ELIGIBLE - THANK & END]**

1. Have you smoked at least 100 cigarettes, cigars, little cigars, or cigarillos in your lifetime? ***(If respondent hesitates, inform them that there are 20 cigarettes in each cigarette pack and that 5 packs would equal 100 cigarettes. If respondent asks, inform them to count all these types of tobacco together. For example, if they smoked 50 cigars and 70 cigarettes, they would be a “YES.”)***

Yes

No

1. Have you ever used other tobacco products, like snus, e-cigarettes, chewing tobacco, or other smokeless tobacco products?

YES

NO

1. Do you currently smoke cigarettes, cigarillos, or little cigars…? ***(Read list. Recruit a mix to show per group.)***

Every day **[GO TO Q8]**

Some days **[GO TO Q7]**

Not at all (FORMER SMOKER) **[GO TO Q9]**

7. **[SMOKERS/SOME DAYS]** In an average week, how many days do you smoke? Would you say…? ***(Read list. Recruit a good mix to show per group.)***

Less than once a week  **[THANK AND TERMINATE]**

1 day a week  **[GO TO Q8]**

2 days a week  **[GO TO Q8]**

3-4 days a week **[GO TO Q8]**

5-6 days a week  **[GO TO Q8]**

7 days a week  **[GO TO Q8]**

1. On the days you do smoke, on average, how many cigarettes, cigars, little cigars, or cigarillos do you smoke?

*\_\_\_\_\_\_\_\_\_\_*  **[ENTER WHOLE NUMBER]**

1. **[FORMER SMOKER]** When did you stop smoking?

Before you became pregnant **[NOT ELIGIBLE - THANK & END]**

After you became pregnant

1. How long has it been since you last smoked a cigarette, cigar, little cigar, or cigarillo?

In the last 30 days **[NOT ELIGIBLE - THANK & END]**

More than 30 days ago

1. In the past 5 years, have you or any member of your household worked for any of the following? **[IF YES TO ANY, NOT ELIGIBLE - THANK & END.]**

A tobacco or cigarette company,

A public health or community organization involved in communicating the dangers of smoking or the benefits of quitting,

A manufacturer of smoking cessation aids,

A marketing, advertising or public relations agencyor department,

The Federal Government ***(If yes, read list.* ELIGIBLE IF NONE OF THE FOLLOWING:)**

Food and Drug Administration,

The National Institutes of Health,

Centers for Disease Control and Prevention,

The Substance Abuse and Mental Health Services Administration, and

The Centers for Medicare & Medicaid Services.

1. Have you ever lobbied on behalf of the tobacco industry or personallyrepresented or worked on behalf of a tobacco company in connection with a tobacco lawsuit?

Yes **[NOT ELIGIBLE - THANK & END]**

No

1. Have you participated in any paid market research such as a focus group in the past 6 months?

Yes **[NOT ELIGIBLE - THANK & END]**

No

1. What is the highest level of education that you have completed? ***(Read list.)***

Less than high school

High school graduate or GED

Some college or 2-year degree

College degree

Post graduate degree

1. Are you Hispanic or Latina?

Yes

No

1. What describes your racial/ethnic background? ***(Read list. Respondent may select more than one.)***

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

1. Do you have any biological children under the age of 18 in your household?

Yes

No **[GO TO Q19]**

18. How old is the youngest child/children? \_\_\_\_\_\_\_\_\_\_\_(months, years)

1. **[IF CURRENT SMOKER]** Which of the following statements best describes the rules about smoking *inside* your home *now*? ***(Read list.)***

No one is allowed to smoke anywhere inside my home

Smoking is allowed in some rooms or at some times

Smoking is permitted anywhere inside my home

1. **[IF HISPANIC]** Is Spanish your first language?

Yes

No

1. We will have group discussions in both English and Spanish. Would you prefer to participate in an English-speaking group or Spanish-speaking group?

English-speaking

Spanish-speaking

**Ineligible Closing Script**

Thank you for answering all of my questions. Unfortunately, you are not eligible to participate in this study. There are many possible reasons why people may not be eligible. These reasons were decided earlier by the project team. We value your interest in the focus groups. Thank you for being willing to help us.

Pending Script

Thank you for answering all of my questions. We are looking for women who have a variety of background characteristics. At this time, we need to include women with different background characteristics than yours. However, we would like to keep your name contact information and if a slot opens up we will call you. Would that be OK? We value your interest in the focus groups. Thank you for being willing to help us.

Person said YES > Record answer and keep contact info

Person said NO > Record answer and delete contact info

Invitation Script

Thanks for answering all of my questions. We would like to invite you to take part in a group discussion with other women to talk about tobacco products. The focus group will take place on [DATE] at [TIME] and will last about 90 minutes. For appreciation of your time and opinions, you will receive $75 cash.

Also, we need to let you know that there will not be any childcare provided at the facility, so please make the appropriate childcare arrangements.

1. Would you like to participate in the group discussion at [TIME] on [DATE]?

Yes **[GO TO CONFIRMATION]**

No (Refuse to participate) **[THANK & END]**

**Confirmation Script**

|  |
| --- |
| I would like to send you a confirmation letter and directions to the facility. May I please have your mailing (or email) address? May I also have your telephone number, so we can give you a reminder call? ***[Verify address and phone number.]***  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Focus Group: \_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_  We are only inviting a few people, so it is very important that you notify us as soon as possible if you are unable to attend. You can call **[NAME]** at **[CONTACT INFO]** if you need to cancel. We look forward to seeing you on [DATE] at [TIME]. Please try to arrive at least 15 minutes prior to the group. Thank you so much for your time today |

***Read if necessary:***

If you have questions about the study, please call the RTI project director, Dr. Julia Kish Doto, at 1‑800‑334‑8571, x28280. If you have concerns about how participants are being treated in the study, you may contact RTI’s Office of Research Protection toll-free at 1-866-214-2043.