**Appendix C**

**Formal Caregiver Recruiting Script**

**Form Approved**

OMB No. 0920-0572

Exp. Date: 2/28/2015

Public Reporting burden of this collection of information is estimated at 12 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 NW, MS D-74, Atlanta, GA 30333; Attn: PRA (0920-0572).

***Address person who answers the phone:***

Hello, my name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I’m from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. We’re trying to learn how caregivers get the information they need to keep the people they care for safe and healthy. We randomly chose your number to see if anyone in your household would be eligible and willing to help us.

To understand this subject, it’s important that we talk to people who provide paid care for older adults. By paid care, we mean people who provide care to older adults as a job. Is there anyone in your household that worked as a paid caregiver in the last year?

[Prompt: Paid caregivers include individuals who care for seniors living independently who are paid by a home care agency, by the person needing care, or by the state. The paid caregiver need not live with the older person.]

May I speak with that person to see if they might be interested in participating? This phone call should only take about five minutes.

***Address caregiver:***

We’re trying to learn the best ways to give caregivers information to help keep the people they care for safe and healthy. To understand this subject, it’s important that we talk to people who provide paid care for older adults.

To do this, we are going to hold a discussion group with 8-10 randomly chosen caregivers of older adults like yourself, who provide care as a job. The discussion will last no more than two hours and will be conducted at [location, date, time]. The purpose of the discussion is to learn the best ways to give caregivers information to keep the people they care for safe and healthy.

If you take part in this discussion group, you will receive a **$75** checkas a token of our appreciation.

Would you be willing to participate?

|  |  |  |
| --- | --- | --- |
| Yes  | 🞏 | ***CONTINUE*** |
| No | 🞏 | ***TERMINATE*** |

Thank you. First I need to ask you a few questions to see if you qualify.

 What is your age? [RECORD NUMBER.]

|  |  |  |
| --- | --- | --- |
| Under 25 | 🞏 | ***TERMINATE*** |
| 25 to 29 | 🞏 | ***RECRUIT A MIX*** |
| 30 to 34 | 🞏 |
| 35 to 39 | 🞏 |
| 40 to 44 | 🞏 |
| 45 to 49 | 🞏 |
| 50 to 54 | 🞏 |
| 55 to 59 | 🞏 |
| 60 to 64 | 🞏 |
| 65 or older | 🞏 | ***TERMINATE*** |

 ***In the last 12 months, have you provided paid care to someone 65 years or older to help them take care of themselves? You don’t need to live with the person, but it should be someone that you see at their home on a regular basis.***

[Prompt: Paid caregivers include individuals who care for seniors living independently who are paid by a home care agency, by the person needing care, or by the state. The paid caregiver need not live with the older person.]

Note: Exclude care provided to someone who lives in an assisted-living facility or nursing home.

|  |  |  |
| --- | --- | --- |
| Yes  | 🞏 | ***CONTINUE*** |
| No | 🞏 | ***TERMINATE*** |

 What is the age of the person you provide care for? **[RECORD AGE]**

|  |  |  |
| --- | --- | --- |
| At least 1 adult > = 65 | 🞏 | ***CONTINUE*** |
| No adults > = 65 | 🞏 | ***TERMINATE*** |

 How would you describe your relationship to the person you care for? **[READ LIST]**

|  |  |  |
| --- | --- | --- |
| Employee (older adult is employer) | 🞏 | ***CONTINUE*** |
| Child (older adult is parent) | 🞏 |
| Other Relative | 🞏 |
| Neighbor/ Friend | 🞏 |
| Other (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞏 |

 Do you see the person you care for at their home on a regular basis?

|  |  |  |
| --- | --- | --- |
| Yes  | 🞏 | ***CONTINUE*** |
| No | 🞏 | ***TERMINATE*** |

 On average, about how many hours per month do you provide care? **[RECORD TOTAL HOURS]**

|  |  |  |
| --- | --- | --- |
| At least 2 hours | 🞏 | ***CONTINUE*** |
| Less than 2 hours | 🞏 | ***TERMINATE*** |

 How long have you been providing care? **[RECORD TIME AND UNITS]**

|  |  |  |
| --- | --- | --- |
| 1 month or more | 🞏 | ***CONTINUE*** |
| Less than 1 month | 🞏 | ***TERMINATE*** |

 Does the person you care for live in a nursing home or assisted living facility?

|  |  |  |
| --- | --- | --- |
| Yes  | 🞏 | ***TERMINATE*** |
| No | 🞏 | ***CONTINUE*** |

 Does the person you care for live with you?

|  |  |  |
| --- | --- | --- |
| Yes  | 🞏 | ***RECRUIT A MIX*** |
| No | 🞏 |

 Are you compensated for the care you provide?

|  |  |  |
| --- | --- | --- |
| Yes  | 🞏 | ***CONTINUE*** |
| No | 🞏 | ***TERMINATE*** |

 Who pays you for the care you provide?

|  |  |  |
| --- | --- | --- |
| Home care agency | 🞏 | ***RECRUIT A MIX*** |
| The person needing care or his/her family | 🞏 |
| **IF BALTIMORE:** The state of Maryland | 🞏 |
| **IF MIAMI:** The state of Florida | 🞏 |
| Other [Specify: \_\_\_\_\_] | 🞏 |  |

 To make sure we have a mix of people in our discussion group, please tell me what was the last grade of school you completed? **[DO NOT READ]**

|  |  |  |
| --- | --- | --- |
| High school graduate or less | 🞏 | ***RECRUIT A MIX*** |
| Some college or completed 2-year degree | 🞏 |
| Graduated college | 🞏 |
| Post-graduate degree | 🞏 |

 What is your ethnicity? Are you ……

|  |  |
| --- | --- |
| Hispanic or Latino | 🞏 |
| Not Hispanic or Latino | 🞏 |
| Don’t Know/ Not Sure (DO NOT READ) | 🞏 |
| Refused (DO NOT READ) | 🞏 |

 What is your race? You can answer “Yes” to more than one. Are you …….

|  |  |
| --- | --- |
| American Indian or Alaska Native  | 🞏 |
| Asian | 🞏 |
| Black or African American | 🞏 |
| Native Hawaiian or Other Pacific Islander | 🞏 |
| White | 🞏 |
| Don’t Know/ Not Sure (DO NOT READ) | 🞏 |
| Refused (DO NOT READ) | 🞏 |

 When was the last time, if ever, that you participated in a research discussion group or interview? **[READ LIST.]**

|  |  |  |
| --- | --- | --- |
| Within the last 6 months | 🞏 | ***TERMINATE*** |
| More than 6 months ago | 🞏 | ***GO TO INVITATION*** |

 **RECORD**:

|  |  |  |
| --- | --- | --- |
|  | Male | ***RECRUIT A MIX*** |
|  | Female |

**INVITATION:**

Great! You qualify. As I said earlier, you will be take part in a two-hour group discussion with other caregivers about keeping the people they care for safe and healthy. The discussion will take place at [location, date, time].

 Are you available at that time and willing to participate?

|  |  |  |
| --- | --- | --- |
| Yes  | 🞏 | ***CONTINUE*** |
| No | 🞏 | ***TERMINATE*** |

Thanks. When you arrive at the discussion we will go over the details of the discussion and ask you to sign a form saying that you agree to participate.

The discussion will be open but if any questions make you feel uneasy, you may choose not to answer. None of the questions during the discussion will be about private matters.

The discussion will be video- and audio-recorded and you will only use your first name. What you say will remain private. Only the people involved in this project will watch and listen to the recording. Your name will not be included in any reports. All personal information you give us will be stored separately from the recording and will be destroyed as soon as this project is over.

May I please have your full name and mailing address, so I can send you a confirmation letter? May I also have your home telephone number, so I can give you a reminder call the day before the group discussion? **(Obtain address and phone number.)**