

Appendix C

Formal Caregiver Recruiting Script

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** check as a token of our appreciation.

Would you be willing to participate?

Yes	<input type="checkbox"/>	CONTINUE
No	<input type="checkbox"/>	TERMINATE

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

1 What is your age? [RECORD NUMBER.]

Under 25	<input type="checkbox"/>	TERMINATE
25 to 29	<input type="checkbox"/>	RECRUIT A MIX
30 to 34	<input type="checkbox"/>	
35 to 39	<input type="checkbox"/>	
40 to 44	<input type="checkbox"/>	
45 to 49	<input type="checkbox"/>	
50 to 54	<input type="checkbox"/>	
55 to 59	<input type="checkbox"/>	
60 to 64	<input type="checkbox"/>	
65 or older	<input type="checkbox"/>	TERMINATE

2 ***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	<input type="checkbox"/>	CONTINUE
No	<input type="checkbox"/>	TERMINATE

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

At least 1 adult > = 65	<input type="checkbox"/>	CONTINUE
No adults > = 65	<input type="checkbox"/>	TERMINATE

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

Employee (older adult is employer)	<input type="checkbox"/>	CONTINUE
Child (older adult is parent)	<input type="checkbox"/>	
Other Relative	<input type="checkbox"/>	
Neighbor/ Friend	<input type="checkbox"/>	
Other (SPECIFY) _____	<input type="checkbox"/>	

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

Yes	<input type="checkbox"/>	CONTINUE
No	<input type="checkbox"/>	TERMINATE

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

At least 2 hours	<input type="checkbox"/>	CONTINUE
Less than 2 hours	<input type="checkbox"/>	TERMINATE

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

1 month or more	<input type="checkbox"/>	CONTINUE
Less than 1 month	<input type="checkbox"/>	TERMINATE

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

Yes	<input type="checkbox"/>	TERMINATE
No	<input type="checkbox"/>	CONTINUE

9 Does the person you care for live with you?

Yes	<input type="checkbox"/>	RECRUIT A MIX
No	<input type="checkbox"/>	

10 Are you compensated for the care you provide?

Yes	<input type="checkbox"/>	CONTINUE
No	<input type="checkbox"/>	TERMINATE

11 Who pays you for the care you provide?

Home care agency	<input type="checkbox"/>	RECRUIT A MIX
The person needing care or his/her family	<input type="checkbox"/>	
IF BALTIMORE: The state of Maryland	<input type="checkbox"/>	
IF MIAMI: The state of Florida	<input type="checkbox"/>	
Other [Specify: _____]	<input type="checkbox"/>	

12 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	<input type="checkbox"/>	RECRUIT A MIX
Some college or completed 2-year degree	<input type="checkbox"/>	
Graduated college	<input type="checkbox"/>	
Post-graduate degree	<input type="checkbox"/>	

13 What is your ethnicity? Are you

Hispanic or Latino	<input type="checkbox"/>
Not Hispanic or Latino	<input type="checkbox"/>
Don't Know/ Not Sure (DO NOT READ)	<input type="checkbox"/>
Refused (DO NOT READ)	<input type="checkbox"/>

14 What is your race? You can answer "Yes" to more than one. Are you

American Indian or Alaska Native	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>

Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
White	<input type="checkbox"/>
Don't Know/ Not Sure (DO NOT READ)	<input type="checkbox"/>
Refused (DO NOT READ)	<input type="checkbox"/>

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

Within the last 6 months	<input type="checkbox"/>	TERMINATE
More than 6 months ago	<input type="checkbox"/>	GO TO INVITATION

16 **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].

17 Are you available at that time and willing to participate?

Yes	<input type="checkbox"/>	CONTINUE
No	<input type="checkbox"/>	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.)**