Appendix B: Screenshots - Focus group screener and consent

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National Institute of Nursing Research (NINR) Pediatric Palliative Care Focus Groups Screener

OMB #: 0925-0653 Expiration Date: 03/31/2015

Public reporting burden for this collection of information is estimated to average 10 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 (0925-0653). Do not return the completed form to this address.

We would like to invite you to participate in an online group discussion. To express our appreciation for assisting us with your insights, we will offer a participant honorarium paid to you via check if you qualify and complete the 90 minute online session. Participation in this screener will take 10 minutes or less.

First, which of the following best describes your position? Our Primary care physician Our Specialist physician Our Registered nurse Our Nurse practitioner Our Clinical nurse specialist Our Social worker Our Other (please specify)



What percentage of your workday is spent in a hospital?

- O 100%
- ⊙ 76% 99%○ 51% 75%
- 026% 50%
- 1% 25%
- 0%

How often do you consult with patients or their families?

- Daily
- O A few times a week
- Once a week
- O A few times a month
- Once a month
- O Less than once a month
- Never

What percentage of your patient base is pediatric?

- O 100%
- O 76% 99%
- 51% 75%
- O 26% 50%
- 01% 25%
- 0%

How long have you been working with pediatric patients?

- 0 5 years or less
- 6−10 years
- 11–15 years
- 16-20 years
- 21-25 years
- 26-30 years
- O More than 30 years

How often do you consult on pediatric patients who are living with a serious illness or life-limiting condition?

- O Daily
- A few times a week
- Once a week
- O A few times a month
- Once a month
- O Less than once a month
- Never

Have you received any special training or a certification in pediatric palliative care?

- Yes
- O No
- Not sure

Would you be available to participate in an online focus group on one of the days/times listed below? The group session will last for approximately 90 minutes. You will receive a \$40 honorarium for participating for the entire 90 minute session.

- Yes, I would like to participate on [INSERT DATE] from 8−9:30pm EASTERN (7−8:30 CENTRAL; 6−7:30 MOUNTAIN; 5−6:30 PACIFIC).
- Yes, I would like to participate on [INSERT DATE] from 8-9:30pm EASTERN (7-8:30 CENTRAL; 6-7:30 MOUNTAIN; 5-6:30 PACIFIC).
- O No, I would not like to participate.

What type of Internet connection do you currently have at home?

- O Dial-up connection
- Broadband connection (e.g., cable, DSL, Fios, etc.)

Congratulations! You have agreed to participate in an online focus group session on ...

[INSERT DATE] from 8-9:30pm EASTERN 7-8:30 CENTRAL; 6-7:30 MOUNTAIN; 5-6:30 PACIFIC

- Prior to the session, you will receive an email confirmation from 'Stratalys Research' with a link and instructions for logging into the group.
- You may log in up to 20 minutes before the start time of the session. You will not be allowed into the session
 if you log in late.
- · You will not need any special hardware to join the online focus group.
- NOTE: Please make sure you can devote the entire 90 minutes to the session. You must complete the entire
 session in order to receive your honorarium. Also, please try to ensure that you are able to focus on the
 session by eliminating any distractions.

As a next step, we need to ask you to formally consent to participate in the focus group. Please carefully read the following statements and check the box below acknowledging that you understand each statement and agree to participate in the focus group.

- a. I understand that my participation is voluntary. I can choose not to answer questions and I can withdraw from the focus group at any point during the session.
- b. I understand that all information collected in this focus group is private under the Privacy Act, and will not be disclosed to anyone but the researchers conducting this study, except as otherwise required by law. All findings will be reported in aggregate.
- c. I will not be asked any personally identifying information during the focus group. My personal identity will be protected. A transcript of the focus group will be stored securely and will only be accessible to the research team. No one will be identified in reports resulting from this focus group.

NINR is authorized to conduct this focus group under section 42USC 285q of U.S. Law.

If you have questions about this focus group or your participation, please contact [NAME] by email at [EMAIL] or by phone at [PHONE].

I am at least 18 years old.



O No

By checking this box, I acknowledge and accept the consent statement and agree to participate in the focus group.

- Accept
- O I Do Not Accept



questions	lline focus group, we would like you to answer a few more background
Gender.	
○ Male	
○ Female	
O Do not wish to respond	
How long have you been working in the	field of nursing?
○ 5 years or less	
○ 6-10 years	
○ 11–15 years	
○ 21-25 years	
○ 26-30 years	
More than 30 years	

In what state do you currently work?

Colorado

email@email.com

Please enter a <u>business</u> email address in the box below so that we can send you your login information for the group session. We will ONLY use your email to send you this one additional message with your login information. Your email will NOT be used for ANY OTHER PURPOSES. Please make sure to not use a personal email address such as yahoo or gmail. Check your email address carefully to make sure you typed it correctly!

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