SCREENER TO RECRUIT FOR FOCUS GROUPS

<u>IN</u>	TRODUCTION		
ma str we we up	ello, my name is and I am calling arketing research company. We will be conduct ategies aimed at youth. Please be assured that are just interested in your opinions. The reseasek of [INSERT DATE] and will take approximate to \$75 as a thank you for takingpart in the studer the age of 18 to see if someone in your house.	ing focus groups to test some t this research does not invol- rch will be at [INSERT LOCA rely 90 minutes. Those who p ly May I please speak with a	e ad campaign ve sales of any kind, aTION] during the participate will receive a parent or guardian
	[CONFIRM THAT YOU ARE NOW SPEAKII REPEAT INTRO IF CA	NG WITH THE HEAD OF TH LL WAS TRANSFERED]	IE HOUSEHOLD.
Ма	y I ask you a few questions to see if anyone in your	household is qualified to particip	pate in the study?
	Yes	()	[CONTINUE]
	No	()	[THANK AND END]
the	c you. You also don't have to answer some question call, this doesn't mean that there was anything wro	ng with the answer you provided	
1A.	To begin, I have several demographic questi households. We aim to talk to households i confirm the county you live in? WRITE IN S	n specific geographic areas.	
1B.	Have you lived in INSERT COUNTY or a neig	phboring county for the last 5	years? RECORD ONE
	Yes		> CONTINUE
	No		> TERMINATE

TERMINATION LANGUAGE: Thank you for taking the time to answer these questions. Unfortunately, based on the responses you provided, you do not meet the specifications we are looking for this study. I appreciate your time and have a good morning/afternoon/evening.

	-	 -		
Voc		ГТ	> CONTINUE	

Are there any boys between the ages of 12 and 17 currently living in your household?

Yes	[]	> CONTINUE
No] []	> TERMINATE

3. Could you please tell me their name, age, and grade? ENTER INFO FOR EACH BOY

2.

CHILD NAME	AGE	GRADE

HIGHLIGHT THE BOY WHO QUALIFIES TO PARTICIPATE. IF MORE THAN ONE BOY QUALIFIES, CHOOSE OLDEST BOY UNLESS YOUNGER AGE GROUP QUOTAS ARE NOT FILLED.

4. Which of the following best describes your son's racial or ethnic background?

White or Caucasian	[] > CONTINUE
Black or African American	[]
Asian	·········
Hispanic or Latino	TERMINATE
Native American or Alaska Native	
Native Hawaiian or Other Pacific Islander	·······
Mixed or Other	

 Which of the following categories includes your total annual household income? READ & RECORD BELOW

Under \$49,999	[]	> IF Paducah OR Charleston
\$50,000 - \$99,999	[]	> IF Wichita OR Oklahoma City
\$100,000 or higher	[]	> TERMINATE

READ: As I mentioned earlier, our research study is to test strategies for a public health campaign being developed by the FDA that is aimed at youth growing up in your area and we are setting up focus groups. If your son qualifies and participates, he will receive \$40 as a token of appreciation for taking part in the focus group and \$10 for completing a homework assignment prior to the focus group. The homework will help facilitate some of the focus group activities; it will be administered online and will take your son about 15 minutes to complete. You or another parent/guardian would also receive an additional \$25 for as a token of appreciation, which includes telephone screening time, travel to and from the focus group facility, and participating in (or waiting during the) 90-minute focus group session.. This particular public health campaign concerns smokeless tobacco usage. We will not share your son's responses regarding smokeless tobacco with you. We want to hear a range of thoughts and opinions and just because your son may be eligible to participate doesn't mean he is a smokeless user.

There will be no attempt to sell you or your child anything. Any personal information collected will be used for research purposes only and kept private to the extent allowable by law. All personal information, including information collected during screening, will be kept for a period of three years and stored on a password-protected computer or in a locked cabinet, and accessible only by limited study personnel. Upon completion of the study, all personal information will be destroyed either by the secure shredding of documents or the permanent deletion of electronic information.

Before we go on, do you have any questions for me?

6.	If your son qualifies	. do vou consent to him t	taking part in a focus group?
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Yes	[]	> CONTINUE	_
No	[]	> TERMINATE	

READ: We have a few more questions for you, and then we will need to talk briefly with your son, too.

7. Have you, or has any member of your immediate family or a close friend, now or in the past five years, worked for or had any special knowledge of any of the following types of businesses?

READ LIST AND RECORD BELOW

an advertising or public relations firm? a marketing or market research firm or department? a marketing or market research consultant? any kind of media company – like a TV or radio station or newspaper?	[]	> TERMINATE IF YES TO ANY
the federal government or a federal government agency?	[]	
a manufacturer or representative of tobacco?	[]	

8. Please answer the following questions about your son, INSERT NAME who is INSERT AGE years old. Would you say that he would be comfortable meeting new people, or is he more on the quiet side? **RECORD ONE ANSWER**

Comfortable meeting new people or	[]	> CONTINUE
On the quiet side.	[]	> TERMINATE

9. When, if ever, was the last time INSERT NAME participated in a marketing research study, such as a consumer interview or a group discussion? **DO NOT READ LIST**

Within the past six months	[]	> TERMINATE
Over six months ago	[]	> CONTINUE
Never	[]	> SKIP TO Q11

10. Please think about the market research studies your child has participated in. What were the topics of the market research that he participated in? **RECORD BELOW**

1)	2)	
3)	4)	

IF RESPONDENT IS UNABLE TO RECALL TOPIC(S) OR IF PREVIOUS PARTICIPATION IS <u>ANYTHING</u> RELATED TO TOBACCO > TERMINATE. OTHERWISE, CONTINUE.

11.	ANYTHING RELATION Thank you for you please ask INSI behaviors?	ur time. As	a final s	tep in d	etermining	if your son	qualifies	s for this research, may
	Yes						[]	> CONTINUE
	No						[]	> TERMINATE
	IF CHILD IS NOT PARENT WILL E	BE AVAILAE		NGE FO	OR A CALI	BACK TII	ME WHI	EN THE CHILD AND
SEC:	FION 2: CHILD SO		QUES ^T	ΓIONS				
NAME	ons to see if you qu	with your [r	nom/da	d/guard	ian] and the	ey said it w	ould be	okay if I ask you a few
		Yes	()	[CONTIN	UE]		
		No	()	[THANK	AND END]		
develoright of questi anythis	oped by the FDA and an or wrong answers to ons if you don't wand and wrong with the a	d are aimed the question to. If an auswer you pools you know	youth lins I'm g nswer le provided	ke you. oing to eads to . I also	Before we ask you. Y me ending might be as	begin, you ou also don the call, thi sking you s	should n't have s doesn ome que	't mean that there was
12.	Have you <u>ever</u> tr responses with y				or dip? RE A	AD: Remer	nber we	will not share your
	Yes No						[]	> CONTINUE
13.	Do you think you	will use chev	ving tob	acco, si	nuff or dip <u>s</u>	<u>soon</u> ?		
	Definite					[]		
	Probabl	y yes				[]		> CONTINUE
	Probabl	y not, or				[]		/ CONTINUE
	Definite	y not				[]		

14.	Do you think you will use chewing tobacco,
	snuff or dip in the <u>next year</u> ? Would you say

Definitely yes	[]	
Probably yes	[]	> CONTINUE
Probably not, or	[]	> CONTINUE
Definitely not	[]	

15. Do you think in the future you might experiment with chewing tobacco, snuff or dip? Would you say...

Definitely yes	[]	
Probably yes	[]	> CONTINUE
Probably not, or	[]	> CONTINUE
Definitely not	[]	

16. If one of your best friends were to offer you chewing tobacco, snuff or dip, would you use it? Would you say...

Definitely yes	[]	
Probably yes	[]	> CONTINUE
Probably not, or	[]	
Definitely not	[]	> IF Q13, Q14, Q15 & Q16 are "DEFINITELY NOT" TERMINATE

17. Do you have any _____ who use chewing tobacco, snuff or dip?

Family members Friends	[Yes]	[No] [No]	> IF "NO" OR "N/A" TO ALL
Teammates	[Yes]	[No] [N/A]	IERWINAIE

18.	Now for a fun question. What is your favorite food? Why do you like it so much? Where do you usually eat it? PROBE What else? RECORI
	BELOW
	Anything else?

[THIS QUESTION WILL BE USED TO ESTABLISH ENGLISH PROFICIENCY AND ARTICULATENESS. RECORD RESPONSES VERBATIM. IF RESPONDENT OFFERS ONLY EXTREMELY BRIEF ANSWERS, THANK AND END INTERVIEW. IF OPEN AND TALKATIVE—MEANING RESPONDENT GIVES AT LEAST ONE COMPLETE SENTENCE OF A MINIMUM OF 9 WORDS—CONTINUE.]

SMOKELESS GROUP CATEGORIZATION

[ASSIGN RESPONDENT TO GROUP BASED ON AGE AND SMOKELESS GROUP ACCORDING TO RESPONSE PATTERNS BELOW]

	SLT EXPERIMENTER	AT-RISK FOR SLT USE	NOT SUSCEPTIBLE TO USE: TERMINATED
Q12	Yes	No	Yes / No
Q13	Probably Not / Probably Yes / Definitely Yes	Probably Not / Probably Yes / Definitely Yes	Definitely Not
Q14	Probably Not / Probably Yes / Definitely Yes	Probably Not / Probably Yes / Definitely Yes	Definitely Not
Q15	Probably Not / Probably Yes / Definitely Yes	Probably Not / Probably Yes / Definitely Yes	Definitely Not
Q16	Probably Not / Probably Yes / Definitely Yes	Probably Not / Probably Yes / Definitely Yes	Definitely Not

SECTION 3: INVITATION TO TEEN TO PARTICIPATE IN FOCUS GROUP

Thank you for your time today. We would like to invite you to participate in a focus group. The focus group will take place at **LOCATION** and we will be asking your reactions to several public health advertising concepts. Portions of the interview will be audio recorded.

The interviews are being held on **DATE** and will last **approximately 90 minutes.**

Your opinions are very important to us. You will be paid up to \$50 to participate, including \$40 for the focus group and an additional \$10 for you to complete an activity before the focus group. You will be given a check (OR AN ALTERNATIVE FORM OF PAYMENT, SUCH AS A GIFT CARD THAT FUNCTIONS AS A PRE-PAID DEBIT CARD, IF A CHECK IS NOT ACCEPTABLE) will be issued upon completion of the session.

People who have been invited to participate in this type of project have found the experience to be enjoyable and informative.

ly?

Yes]	> CONTINUE
No]	> TERMINATE

In order to prepare for the interview, there is a short activity for you to complete. We ask that you complete the activity before the interview to receive the additional \$10. You will need to complete a short online questionnaire, which will take about 15 minutes. We will send you a link to access the questionnaire.

20. Are you able to complete the activity by **DATE**?

Yes	[]	> CONTINUE
No	[]	> TERMINATE

21. What is your email address so we can send you an assent form and link to the homework questionnaire to complete and submit before the focus group?

Record email address:

READ: Okay, great! Before I ask you to put your [mom/dad/guardian] back on the phone, do you have any questions for me?

[ANSWER CHILD'S QUESTIONS, IF ANY]

READ: Now can you please put your [mom/dad/guardian] back on the phone so that we can schedule a time that works for everyone.

SECTION 4: SCHEDULING THE FOCUS GROUP (WITH PARENT)

CHILD'S EMAIL FOR CONSENT FORM

[VERIFY FROM ABOVE]

ONCE THE [PARENT/GUARDIAN] IS ON THE PHONE READ: Your son has been selected to participate in our focus group. The focus group will take place at **LOCATION** and we will be asking his reactions to several public health ad concepts.

Your son's opinions are very important to us. You will be paid \$25 to accompany your son to/from the focus group location. Your son will receive \$40 for participating in the focus group and an additional \$10 if he completes his homework activity. You and your son will be given a check (OR AN ALTERNATIVE FORM OF PAYMENT, SUCH AS A GIFT CARD THAT FUNCTIONS AS A PRE-PAID DEBIT CARD, IF A CHECK IS NOT ACCEPTABLE) will be issued upon completion of the session.

ÀΡ	R AN ALTERNATIVE FORM OF PAYMENT, SUC RE-PAID DEBIT CARD, IF A CHECK IS NOT AC ne session.			
22.	The interviews are being held on DATE/TIME. Does your son have your permission to participate?			
	Yes	[]	> SCHEDULE INTERVIEW	
	No	[]	> TERMINATE	
23.	Can you arrange to provide transportation to session?	the focus	group location on the day of the	
	Yes	[]	> CONTINUE	
	No	[]	> TERMINATE	
pen and	Great! I am going to give you the address and co paper? TY ADDRESS & CONTACT INFORMATION]	ontact infor	mation for the facility. Do you have a	
NAME O	F CHILD FOR			
	a check is unacceptable, participant will be offered a NOTE IF PRE-PAID DEBIT CARD IS REQUESTED.	gift card tha	at functions as a pre-paid debit card.	
READ: the inter	We will be emailing a link to consent forms for you	ou and you	r son to complete and submit prior to	
receive	complete and submit the consent forms within 24 his pre-interview activity instructions until we have the assignment by DATE in order to receive the	e received	both consent forms. He will need to	

PARENT'S EMAIL
FOR CONSENT
FORM

ADVISE PARENT/GUARDIAN

- Thank them for agreeing to participate in focus groups. Remind them to write down the [day, date, time of interview: *give info here*].
- Advise that they will receive a confirmation letter, consent forms, as well as a reminder phone call
 of the focus group.
- Remind them to submit assent/consent forms electronically within 24 hours of receiving them
- •Remind them that their child needs to complete an activity prior to the focus group in order to be paid the additional \$10.
- Request that the child complete the activity on his own to ensure only his ideas, thoughts, and opinions are captured.
- Please be sure there are no scheduling conflicts.

READ: Before we end the call, do you have any questions for me?

[ANSWER QUESTIONS, IF ANY. THANK AND END]