Attachment 10

OMB Control Number: 0910-0674

Expiration Date: 03/31/2016

**Chicago Focus Groups: Recruitment Script**

**When receiving calls from flyer respondents:**

*Hello, my name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at the University of Illinois at Chicago. Thank you for calling about the Flavored Tobacco Study. As you saw on the flyer, we are conducting a research study about teenagers’ experience with flavored tobacco products. We are recruiting youth to participate in a small group discussion about their knowledge and experience with these products and behaviors.*

*Before I tell you a bit more about the study, would it be okay to ask you a few questions to see if you would be a fit for our small group discussions?*

***If no,*** *Okay, no problem. Thank you for calling. Have a nice day.*

***If yes,*** *Okay, great.*

**Screener questions:**

*Before we start, I’d like to let you know that any information you share with us during these questions will be kept* ***COMPLETELY*** *confidential.*

*1) For our small group discussion we are focusing on youth between the ages of 14 and 18. Could you tell me how old you are?*

***If not between 14 and 18,*** *unfortunately you are not eligible to participate in this study, but thank you for calling. Have a nice day.*

***If between 14 and 18,*** *Thank you.* ***Proceed to next screener question.***

<<NOTE: IF PARTICIPANT IS 14-17 YEARS OLD, WILL NEED TO GIVE INFORMATION ABOUT ASSENT DURING SCHEDULING>>

*2) Next, we need to make sure that the school you attend is one of the schools we are targeting for this research study. Could you tell me the name of the school you currently attend?*

<<NOTE: Research assistant will need to verify via electronic database whether school is included in list of affected schools>>

***If school is not on list of affected schools,*** *unfortunately your school is not part of the group of schools included in our study. Thank you for calling, have a nice day.*

***If school is on list of affected schools,*** *great. Thank you.* ***Proceed to next screener question.***

*3) Lastly, for these discussions we are recruiting only people who have previously used flavored tobacco products. In the past, have you ever used any of the following flavored products: menthol cigarettes, vape pens, MODS, cigars, chew that have the taste or aroma of menthol, mint, wintergreen, chocolate, vanilla, honey, cocoa, any candy, any dessert, any alcoholic beverages, any fruit, any herb, or any spice?*

***If no,*** *unfortunately you are not eligible to participate in this study, but thank you for calling. Have a nice day.*

***If yes,*** *Thank you. You are eligible to participate in our focus group discussions. Would you like to be scheduled as a participant? You will come to UIC on the date of your scheduled focus group.*

 ***If 14-17 years old,*** *You will need to bring a parent or guardian with you to UIC on the day of the focus group. They will need to provide written permission for you to participate in the study, but they will not stay for the discussion. You will also complete an agreement form for your participation in the group discussion before the discussion begins. Remember, your participation in the study is* ***completely*** *voluntary and you may decide not to participate at any time.*

***If 18 years old,*** *On the day of the scheduled focus group, before the study begins, you will complete a consent form that says you agree to participate in the group discussion. Remember, your participation in the study is* ***completely*** *voluntary and you may decide not to participate at any time.*

<<NOTE: CONTINUE TO FOCUS GROUP SCHEDULING>>

Paperwork Reduction Act Statement: 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. The OMB control number for this information collection is 0910-0674 (expires 03/31/2016). The public reporting burden for this information collection has been estimated to average 10 minutes per response to complete the questions asked in this recruitment script, the participant form, and its corresponding youth assent form Script (the time estimated to read and review). Send comments regarding this burden estimate or any other aspects of this information collection, including suggestions for reducing burden, to PRAStaff@fda.hhs.gov.