

FDA Caregiver Study

Phase 1 – Focus Group Participant Screener

Introduction

Hello, my name is _____ and I'm from [name of company]. I'm calling on behalf of RTI International, a non-profit research organization, about a research study. I'm not selling or promoting any product.

The purpose of this study is to learn more about how people and their spouses/partners discuss health issues with one another. We will be conducting several focus groups on this topic. To see if you are eligible, I'd like to ask you some questions. If you are eligible and choose to participate, all of your comments will be kept private and we will reimburse you \$75 at the end of the focus group.

May I continue?

Yes → CONTINUE

No → [Thank respondent and end call.]

CORE ELIGIBILITY CRITERIA

1. What year were you born?

_____	1996 or earlier → CONTINUE 1997 or later → TERMINATE
-------	--

2. Do you currently have a spouse or partner who lives with you?

Yes	→ CONTINUE
No	→ TERMINATE

3. How many days per week does your spouse/partner live in the same residence as you? [Goal is to exclude individuals whose spouse lives separately (e.g., military deployments).]

_____	4 days or more → CONTINUE 3 days or less → TERMINATE
-------	--

4. Have you ever been diagnosed by a doctor with any of the following health conditions? [Read options below]

High Blood Pressure		→ CONTINUE
Chronic Pain		→ CONTINUE
Asthma		→ CONTINUE
Acid Reflux		→ CONTINUE
Depression		→ CONTINUE
None of the above		→ CONTINUE

5. Has your spouse/partner ever been diagnosed by a doctor with any of the following health conditions? [Read options below]

High Blood Pressure		→ SEE BELOW
Chronic Pain		→ SEE BELOW
Asthma		→ SEE BELOW
Acid Reflux		→ SEE BELOW
Depression		→ SEE BELOW
None of the above		→ SEE BELOW
SEGMENTATION: <ul style="list-style-type: none"> • If Q4 and Q5 both = None of the above, then TERMINATE • If Q4 and Q5 both = Asthma, then TERMINATE • If Q4 = Asthma and Q5 ≠ Asthma, then CONTINUE and classify as PATIENT • If Q4 ≠ Asthma and Q5 = Asthma, then CONTINUE and classify as SPOUSE 		

6. What is your current occupation?

Healthcare Provider (e.g., Physician, Nurse, Counselor) → TERMINATE
Pharmaceutical Employee → TERMINATE
All Other Occupations → CONTINUE

7. What is your sex?

Male		→ CONTINUE
Female		→ CONTINUE
SCREEN FOR A MIX		

8. What is the highest level of education you have attained?

Less than high school		→ CONTINUE
High school graduate (or GED)		→ CONTINUE
Some college or technical school (No degree)		→ CONTINUE
College graduate (2- or 4-year degree)		→ CONTINUE
Some graduate school (No degree)		→ CONTINUE
Graduate school degree		→ CONTINUE
SCREEN FOR A MIX		

9. Which of these racial groups best describes you? [\[Read options below\]](#)

White		→ CONTINUE
Black / African American		→ CONTINUE
American Indian or Alaskan Native		→ CONTINUE
Asian		→ CONTINUE
Native Hawaiian or Pacific Islander		→ CONTINUE
Other		→ CONTINUE
SCREEN FOR A MIX		

10. [\[PATIENTS ONLY\]](#) Are you currently taking or have you ever taken any prescription drugs for asthma?

Currently taking		→ CONTINUE
Taken previously, but not currently taking		→ CONTINUE
Never taken		→ TERMINATE
SCREEN FOR A MIX		

11. [SPOUSES ONLY] Is your spouse/partner currently taking or have they ever taken any prescription drugs for asthma?

Currently taking		→ CONTINUE
Taken previously, but not currently taking		→ CONTINUE
Never taken		→ TERMINATE
SCREEN FOR A MIX		

Focus Group Invitation:

Thank you for answering all of my questions. Based on your responses, you appear eligible to participate in our study and join one of our focus groups.

Each focus group will last about 90 minutes and should be very interesting. No one will try to sell you anything, and no one will call you later because you participated. We will reimburse you \$75 at the end of the discussion for your time and participation. We can invite only a few individuals to take part, and if it's okay, we would like to record the discussion. Can I schedule your participation?

The focus groups will take place on [DATES AND TIMES TBD]. Which date and time would work best for you?

Patient Groups: 1 2 3

Spouse Groups: 4 5 6

Your participation in this study is very important. If for some reason you will not be able to attend, please let us know right away. You can call us anytime at [INSERT PHONE NUMBER], and if we are not here, please leave a message.

Closing for Ineligible Participants:

I'm sorry, but you are not eligible for this study. There are many possible reasons why people are not eligible. These reasons were decided earlier by the researchers. However, thank you for your interest in this study and for taking the time to answer our questions today.

Participant Information

NAME: _____

ADDRESS: _____

CITY: _____

ZIP CODE: _____

EMAIL _____

What is the best time to reach you? What is the best telephone number to reach you at that time?

BEST TIME TO BE REACHED: _____

BEST PHONE NUMBER: _____

Is there another time and number we can try if we miss you?

ALTERNATE PHONE NUMBER: _____

Recruiter: _____