FDA OFFICE OF WOMEN'S HEALTH Medication & Pregnancy Focus Group Screener Guide

Introduction: Hello, I am {INTERVIEWER NAME}, and I am calling to invite women in your area to participate in a small group discussion about medication use during pregnancy. This discussion will be confidential and anonymous. Your name or other identifying information will not be shared with anyone outside this research project. You do not need to prepare to participate. We are interested in your opinions and comments on health education materials. You will receive \$75 for your participation and light refreshments will be provided during the discussion. May I ask you a few questions to determine if you are eligible to participate?

Voicemail Message: Hi, my name is {INTERVIEWER NAME} I am calling about participating in a women's health project about medication use during pregnancy. We will try to call you back over the next few days to see if you may be interested in participating.

01	CONTINUE
02	TERMINATE (RECORD REASON AND THANK)
03	CONTINUE IN SPANISH (for Miami and one DC group)

Questions

- 1. [INTERVIEWER: INDICATE LOCATION OF FOCUS GROUP AREA]
 - 1 Washington DC area: English2 Washington DC area: Spanish
 - 3 Chicago
 - 4 Miami: Spanish
- 2. Is participant female? [INTERVIEWER: ASK ONLY IF NECESSARY]
 - 01 Male (TERMINATE) 02 Female (CONTINUE)
- 3. Are you currently pregnant, have given birth within the last year or are currently trying to get pregnant?

01	Yes, currently pregnant	(CONTINUE)
02	Yes, given birth within the last 5 years	(CONTINUE)
03	Yes, currently trying to get pregnant	(CONTINUE)
04	No	(TERMINATÉ)

				Exp. Date: TBD	
4.	What is the highest grade or year of school you completed? [INTERVIEWER: DO NOT READ LIST]				
	01 02 03 04 05 99	7 th gra 12 th gr Some	de or less de-11 th grade ade/GED college/Associate e graduate or higher sed	(TERMINATE) (CONTINUE) (CONTINUE) (CONTINUE) (TERMINATE) (TERMINATE)	
5.	Are you currently employed in the health care field?				
	01 02	Yes No	(TERMINATE) (CONTINUE)		
6.	На	ve you	participated in a foci	us group in the <u>past 6 months</u> ?	
	01 2	Yes No	(TERMINATE) (CONTINUE)		
7.			currently taking any p ion medicine during p	rescription medication or have you ever take oregnancy?	en
	01 02	Yes No	(CONTINUE) (TERMINATE)		
8.			licine for an ongoing acute condition (like	chronic condition (like diabetes or asthma) o an infection)?	or
	1 2		ing/ chronic condition (condition (i.e., antibioti	(i.e., diabetes, seizure, etc.) ics for an infection)	
9.			en diagnosed with an ONE CONDITION)	y of the following conditions? (MAY SELEC	Γ
	1 2 3 4 5 6 7 8 9 10	Autoir Type I Type I Gestar Asthm Seizur	Diabetes I Diabetes tional Diabetes (diabetea a es/Epilepsy ssion/Anxiety/ Other M	Lupus, MS, Rheumatoid Arthritis) es that is first diagnosed during pregnancy) ental Health Condition	
10.				unter medicine during pregnancy? (over-theou can buy without a prescription)	-
	01 02	Yes No			

11.		Have you mist)?	ever received a vaccine during pregnancy (incl	udes flu shot or
	01 02	Yes No		
12.		Would yo	u take medication during pregnancy, if necessa	ıry?
	1 2 3		e, it depends vould not take any medication during pregnancy	(CONTINUE) (CONTINUE) (TERMINATE)
13.		How old a	are you?	
			ER: RECORD AGE <u>AND</u> SELECT AGE CATEGO OT TO PROVIDE AGE, READ THE LIST OF CATE	
	01 02 03 04 99		30 10 over	
15.	Н	ow would y	you best describe yourself? [INTERVIEWER: RI	EAD LIST]
	01 02 03 04 05 06 99	Black, Hispar Asian, Americ	non-Hispanic non-Hispanic nic/Latino describe: can Indian/Native American describe: describe:	
16	6. Thank you for answering the questions. We would like to invite you to participate in a discussion about medication use in pregnancy with a small group of 6-8 other women from the {Washington DC/Chicago/Miami} area on {March/April XX at Xpm?}. Again, you will receive \$75 for your participation and it should take 60-90 minutes of your time if you choose to participate. Light refreshments will also be provided. During the discussion we will ask your opinion and comments and everything discussed will be confidential and anonymous. No identifying information will be used. Participation is voluntary and you may leave at any time. Would you like to participate in this group?			
	1 2	Yes No	(CONTINUE TO COLLECTING CONTACT INFOR	RMATION)

INTERVIEWER: Recruit a mix of women who are:

- currently pregnant, given birth within the last 5 years, or are currently trying to get pregnant
- AND currently taking prescription medication *or* had exposure to prescription medication, over-the-counter medication or vaccine during pregnancy
- with a 7th grade up to some college education level
- with a variety of chronic conditions,
- with a variety of ages and ethnicities

PARTICIPANT CONTACT INFORMATION

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Thank you very much for your interest in participating. The last thing I need to ask is for contact information to send you a letter with details about participating including location/directions to the focus group on March/April XX at XXam/pm. We will also call you before the discussion to confirm. Again, this information will be used *only* to confirm participation and will not be used for any other purposes.

Lastly, we will make every effort to accommodate persons with physical disabilities or special needs. Do you require special accommodations due to a disability?

Yes. Describe:

Respondent name			
Telephone	Alternate		
Address			
E-mail			
Best time and way to be reached			
Preference for focus group time?			
01 Morning			
02 Afternoon			
03 Evening 04 No preference			
04 No preference			

Participant # _____ Group # _____