OMB: 0910-0497 Exp. Date: 03/16

FDA OFFICE OF WOMEN'S HEALTH Diverse Women in Clinical Trials 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 diverse women in clinical trials. Clinical trials help to show if medical products, tests, and other treatments are safe and effective. 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 diverse women in clinical trials. 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)

Questions

- [INTERVIEWER: INDICATE LOCATION OF FOCUS GROUP AREA]
 - 1 Rockville, MD
 - 2 Dallas, TX
 - 3 Los Angeles, CA (surrounding area)
- 2. Is participant female? [INTERVIEWER: ASK ONLY IF NECESSARY]
 - 01 Male (TERMINATE) 02 Female (CONTINUE)
- What is the highest grade or year of school you completed? [INTERVIEWER: DO NOT READ LIST]

01	6 th grade or less	(TERMINATE)
02	7 th grade-11 th grade	(CONTINUE)
03	12 th grade/GED	(CONTINUE)
04	Some college/Associate	(CONTINUE)
05	College graduate or higher	(TERMINATE)
99	Refused	(TERMINATE)

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4.		Have you p	participated in a focus group in the <u>past 6 months</u> ?	
	01 2	•	(TERMINATE) (CONTINUE)	
5.		Are you co	omfortable reading and writing English?	
	1 2	,	(CONTINUE) (TERMINATE)	
6.	Do you currently have health insurance?			
	01 02	Yes No		
7.	7. Do you regularly visit a health care provider?			
	01 02	Yes No		
9.	9. Have you ever participated in a clinical trial?			
	1 2	Yes No		
10			n diagnosed with any of the following conditions? (MAY SEI	LECT
	1 2 3 4 5 6	Heart di	s sease (e.g. COPD) sease (CVD) sion or Anxiety	
11	. Ho	w old are yo	ou?	
	[IN	TERVIEWER EFERS NOT	R: RECORD AGE <u>AND</u> SELECT AGE CATEGORY. IF RESP T TO PROVIDE AGE, READ THE LIST OF CATEGORIES]	ONDENT
	01 02 03 04 05 06 07	18 to 20 21 to 30 31 to 40 41 to 50 51 to 60 61 to 65 Over 65		
	99	Refused		

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12. How would you best describe yourself? [INTERVIEWER: READ LIST]

01	White, non-Hispanic	
02	Black, non-Hispanic	
03	Hispanic/Latino	
04	Asian, describe:	
05	American Indian/Native American	
06	Other, describe:	
99	Refused	

13. Last question: please stop me when I reach the category that includes your household's total annual income for last year, 2014.

- 01 Under \$15.000
- 02 From \$15,000 to less than \$30,000
- 03 From \$30,000 to less than \$50,000
- 04 From \$50,000 to less than \$75,000
- 05 From \$75,000 to less than \$100,000
- 06 From \$100,000 to less than \$125,000
- 07 \$125,000 or more
- 08 Don't Know
- 99 Refused

Thank you for answering the questions. We would like to invite you to participate in discussion about women in clinical trials with a small group of 5-7 other women from the {Washington DC/Dallas/LA} area on {July/Aug XX at 6pm}. Again, you will receive \$75 for your participation and it should take approximately 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 Yes (CONTINUE TO COLLECTING CONTACT INFORMATION)
- 2 No (THANK FOR TIME AND TERMINATE)

INTERVIEWER: Recruit women with a variety of:

- income levels
- target health conditions (Diabetes, Heart Disease/CVD, Lung Diseases, Depression) **also** want healthy women
- ages, and
- ethnicities

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PARTICIPANT CONTACT INFORMATION

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 July/Aug XX at 6pm. We will also call 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?

1 Yes. Describe:	
Respondent name	
Telephone	Alternate
Address	
E-mail	
Best time and way to be reached	
Particinant #	Group #