

## **Appendix B**

### **Informal Caregiver Recruiting Script**

Public Reporting burden of this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NW, MS D-74, Atlanta, GA 30333; Attn: PRA (0920-0572).

***Address person who answers the phone:***

Hello, my name is \_\_\_\_\_. I'm calling from \_\_\_\_\_. We're trying to learn how caregivers get the information they need to keep the people they care for safe and healthy. We randomly chose your number to see if anyone in your household would be eligible and willing to help us.

To understand this subject, it's important that we talk to people who provide unpaid care for older adults. Is there anyone in your household that has provided unpaid care to a relative or friend 65 years or older in the last year?

[Prompt: Unpaid care may include help with personal needs or household chores. It might be managing a person's finances, arranging for outside services, or visiting regularly to see how they are doing. The person need not live with the older person.]

May I speak with that person to see if they might be interested in participating? The phone call should only take about five minutes.

***Address caregiver:***

We're trying to learn the best ways to give caregivers information to help keep the people they care for safe and healthy. To understand this subject, it's important that we talk to people who provide unpaid care for older adults.

To do this, we are going to hold a discussion group with 8-10 randomly chosen caregivers of older adults like yourself. The discussion will last no more than two hours and will be conducted at [location, date, time]. The purpose of the discussion is to learn the best ways to give caregivers information to keep the people they care for safe and healthy.

If you take part in this discussion group, you will receive a **\$75** check as a token of our appreciation.

Would you be willing to participate?

Yes	<input type="checkbox"/>	<b>CONTINUE</b>
No	<input type="checkbox"/>	<b>TERMINATE</b>

Thank you. First I need to ask you a few questions to see if you qualify.

1 What is your age? [RECORD NUMBER.]

Under 25	<input type="checkbox"/>	<b>TERMINATE</b>
25 to 29	<input type="checkbox"/>	<b>RECRUIT A MIX</b>
30 to 34	<input type="checkbox"/>	
35 to 39	<input type="checkbox"/>	
40 to 44	<input type="checkbox"/>	
45 to 49	<input type="checkbox"/>	
50 to 54	<input type="checkbox"/>	
55 to 59	<input type="checkbox"/>	
60 to 64	<input type="checkbox"/>	<b>TERMINATE</b>
65 or older	<input type="checkbox"/>	

2 ***In the last 12 months, have you provided unpaid care to a relative or friend 65 years or older to help them take care of themselves? You don't need to live with the person, but it should be someone that you see at their home on a regular basis.***

[Prompt: Unpaid care may include help with personal needs or household chores. It might be managing a person's finances, arranging for outside services, or visiting regularly to see how they are doing. Note: Exclude care provided to someone who lives in an assisted-living facility or nursing home.]

Yes	<input type="checkbox"/>	<b>CONTINUE</b>
No	<input type="checkbox"/>	<b>TERMINATE</b>

3 What is the age of the person you provide care for? [RECORD AGE]

At least 1 adult > = 65	<input type="checkbox"/>	<b>CONTINUE</b>
No adults > = 65	<input type="checkbox"/>	<b>TERMINATE</b>

4 How would you describe your relationship to the person you care for? **[READ LIST]**

Neighbor/ Friend	<input type="checkbox"/>	<b>CONTINUE</b>
Child (older adult is parent)	<input type="checkbox"/>	
Other Relative	<input type="checkbox"/>	
Employee (older adult is employer)	<input type="checkbox"/>	<b>TERMINATE</b>
Other (SPECIFY) _____	<input type="checkbox"/>	<b>CONTINUE</b>

5 Do you see the person you care for at their home on a regular basis?

Yes	<input type="checkbox"/>	<b>CONTINUE</b>
No	<input type="checkbox"/>	<b>TERMINATE</b>

6 On average, about how many hours per month do you provide care? **[RECORD TOTAL HOURS]**

At least 2 hours	<input type="checkbox"/>	<b>CONTINUE</b>
Less than 2 hours	<input type="checkbox"/>	<b>TERMINATE</b>

7 How long have you been providing care? **[RECORD TIME AND UNITS]**

1 month or more	<input type="checkbox"/>	<b>CONTINUE</b>
Less than 1 month	<input type="checkbox"/>	<b>TERMINATE</b>

8 Does the person you care for live in a nursing home or assisted living facility?

Yes	<input type="checkbox"/>	<b>TERMINATE</b>
No	<input type="checkbox"/>	<b>CONTINUE</b>

9 Does the person you care for live with you?

Yes	<input type="checkbox"/>	<b>RECRUIT A MIX</b>
No	<input type="checkbox"/>	

10 To make sure we have a mix of people in our discussion group, please tell me what was the last grade of school you completed? **[DO NOT READ]**

High school graduate or less	<input type="checkbox"/>	<b>RECRUIT A MIX</b>
Some college or completed 2-year degree	<input type="checkbox"/>	
Graduated college	<input type="checkbox"/>	
Post-graduate degree	<input type="checkbox"/>	

11 What is your ethnicity? Are you .....

Hispanic or Latino	<input type="checkbox"/>
Not Hispanic or Latino	<input type="checkbox"/>
Don't Know/ Not Sure (DO NOT READ)	<input type="checkbox"/>
Refused (DO NOT READ)	<input type="checkbox"/>

12 What is your race? You can answer "Yes" to more than one. Are you .....

American Indian or Alaska Native	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
White	<input type="checkbox"/>
Don't Know/ Not Sure (DO NOT READ)	<input type="checkbox"/>
Refused (DO NOT READ)	<input type="checkbox"/>

13 When was the last time, if ever, that you participated in a research discussion group or interview? **[READ LIST.]**

Within the last 6 months	<input type="checkbox"/>	<b>TERMINATE</b>
More than 6 months ago	<input type="checkbox"/>	<b>GO TO INVITATION</b>

14 **RECORD:**

Male	<b>RECRUIT A MIX</b>
Female	

**INVITATION:**

Great! You qualify. As I said earlier, you will be take part in a two-hour group discussion with other caregivers about keeping the people you care for safe and healthy. The discussion will take place at [location, date, time].

15 Are you available at that time and willing to participate?

Yes	<input type="checkbox"/>	<b>CONTINUE</b>
No	<input type="checkbox"/>	<b>TERMINATE</b>

Thanks. When you arrive at the discussion we will go over the details of the discussion and ask you to sign a form saying that you agree to participate.

The discussion will be open but if any questions make you feel uneasy, you may choose not to answer. None of the questions during the discussion will be about private matters.

The discussion will be video- and audio-recorded and you will only use your first name. What you say will remain private. Only the people involved in this project will watch and listen to the recording. Your name will not be included in any reports. All personal information you give us will be stored separately from the recording and will be destroyed as soon as this project is over.

May I please have your full name and mailing address, so I can send you a confirmation letter? May I also have your home telephone number, so I can give you a reminder call the day before the group discussion? **(Obtain address and phone number.)**