Audience Research on Self-Management Education

Attachment 2 to the HMTS Expedited Review Form

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May 16, 2013

FHI 360 - Centers for Disease Control and Prevention

Table 1: Phase I - Summary Table

Table 211 hase 1 Callinary Table				
Group	Location	Date/Time	Audience	
#1	Richmond, Virginia	5:30 PM	Women with 1 or more chronic conditions	
#2	Richmond, Virginia	7:30 PM	Men with 1 or more chronic conditions	
#3	Chicago, Illinois	5:30 PM	Women with 1 or more chronic conditions	
#4	Chicago, Illinois	7:30 PM	Men with 1 or more chronic conditions	
#5	Phoenix, Arizona	5:30 PM	Women with 1 or more chronic conditions	
#6	Phoenix, Arizona	7:30 PM	Men with 1 or more chronic conditions	

Table 1: Phase II - Summary Table

Group	Location	Date/Time	Audience
#1	Atlanta, Georgia	5:30 PM	Women with 1 or more chronic conditions
#2	Atlanta, Georgia	7:30 PM	Men with 1 or more chronic conditions
#3	Houston, Texas	5:30 PM	Women with 1 or more chronic conditions
#4	Houston, Texas	7:30 PM Men with 1 or more chronic conditions	
#5	Des Moines, Iowa	5:30 PM	Women with 1 or more chronic conditions
#6	Des Moines, Iowa	7:30 PM	Men with 1 or more chronic conditions

Public Reporting Burden Statement

Public reporting burden of this collection of information is estimated to average **10** 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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0572).

Re	ecruitment:
(F	or each focus group, recruit 10 for 8 participants to show)
[R	equest to speak with an adult in the household.]
the with pro an the	ello, I'm
lik	ne discussion groups will be held on [Dates] at [Place] and will last about 90 minutes. I would be to ask you some questions to see if there is a discussion group that you could join. These destions will only take a few moments to answer.
ре	ome of the questions I am about to ask you are about your health. These questions may feel ersonal and sensitive. You do not have to answer any question if you don't feel comfortable, and you may stop at any time. Do you have time now to answer a few questions?
Má	ay I continue with my questions?
1.	[Record gender—ask if unsure] () Female () Male
	[Recruit a mix over time]
2.	Have you participated in a focus group, intercept interview, telephone survey, and/or online survey in which you were asked your opinions regarding a product, a service, or advertising within the past six months? () Yes < <terminate (="")="" no<="" td=""></terminate>
3.	Do you, or does any member of your household or immediate family work for: [Read each statement below] () a market research company < <terminate (="" (doctor,="" (tv="")="" <<terminate="" a="" advertising="" agency="" an="" as="" dietician,="" etc.)="" firm="" healthcare="" magazines)="" media="" newspapers="" nurse,="" or="" pharmacist,="" professional="" public="" radio="" relations="" terminate="" the="">> If any YES</terminate>

[Continue only if none of the above employment situations are marked.]

4.	In which of the following categories does your age fall: () under 18 years of age << Terminate () 18-24 years of age << Terminate () 25-34 years of age << Terminate () 35-44 years of age << Terminate () 45-54 years of age () 55-64 years of age () 65-75 years of age () 76 years of age or older << Terminate
	[Only recruit participants who are 45-75 years of age.]
5.	Have you EVER been told by a doctor or other health professional that you had 5a. [Asthma]? () Yes () No () [Do not read; record only] Refuse/Don't Know
	5b. [Arthritis]? () Yes () No () [Do not read; record only] Refuse/Don't Know
	5c. [Diabetes]? () Yes () No () [Do not read; record only] Refuse/Don't Know
	5d. [Heart Disease]? () Yes () No () [Do not read; record only] Refuse/Don't Know
	[Terminate if "No" or "Refuse/Don't Know" to all 5a-d. Recruit a mix for each group. Recruit at least 2 participants with each chronic condition or ongoing health problem for all groups.]
6.	[As appropriate, repeat and record for each chronic condition or ongoing health problem]: For how long have you had [arthritis/asthma/diabetes/heart disease]? Asthma: years Arthritis: years Diabetes: years Heart Disease: years
7.	 [Record number of chronic conditions or ongoing health problems:] () 1 chronic condition or ongoing health problem () More than 1 chronic condition or ongoing health problem
	[Recruit a mix in each segment. Recruit at least 3 participants per group with only 1 ongoing health problem.]

8.	I hinking about your [ongoing health problem or problems], which of the following best describes you TODAY? () I can do everything I want to do. << Terminate () I can do most of the things I want to do, but I have some limitations. () I can do some, but not all of the things I want to do, and I have many limitations. () I can hardly do any of the things I want to do. << Terminate () [Do not read; record only] Don't' Know << Terminate
9.	On a scale from 1 to 5, where 1 indicates that you strongly disagree, and 5 indicates that you strongly agree, please tell me the number which indicates how much you agree or disagree with each statement.
	9a.I have thought about taking action to [do something about my ongoing health problem]. () 1 Strongly Disagree << Terminate () 2 () 3 () 4 () 5 Strongly Agree
	 9b. I am taking action to [manage my ongoing health problem through participation in a self-management program] right now. () 1 Strongly Disagree () 2 () 3 () 4 << Terminate () 5 Strongly Agree << Terminate
10	. Do you consider yourself Hispanic or Latino? () Hispanic or Latino () Not Hispanic or Latino
11	. Please tell me your race or ethnic background. Please select one or more. () American Indian or Alaska Native () Asian () Black or African American () Native Hawaiian or Other Pacific Islander () White

[Recruit a mix over time – AI/AN, Asian, and NH/PI not critical to recruit]

12. What is the highest level of education you ha	ave completed?
 () Grade school () Less than high school graduate/some h () High school graduate or completed GEI () Some college or technical school degree () Received four-year college degree () Some post graduate studies () Received advanced degree () Other:)
· · ·	
13. Which of the following categories best descr () Under \$20,000/year () \$20,001 - \$30,000/year () \$30,001 - \$40,000/year () \$40,001 - \$50,000/year () \$50,001 - \$60,000/year () \$60,001 - \$80,000/year () \$80,001 - \$100,000/year () Over \$100,000/year	ibe your total annual household income?

[Recruit a mix in each segment. Limit recruitment of individuals with income over local median income to no more than 3 participants per group.]

Phase I:

City	Richmond, VA	Chicago, IL	Phoenix, AZ
Median Income	\$39,201	\$47,371	\$48,596
Limit Recruitment of:	>\$40,000/year	>\$50,000/year	>\$50,000/year

Phase II:

City	Atlanta, GA	Houston, TX	Des Moines, IA
Median Income	\$45,946	\$44,124	\$44,997
Limit Recruitment of:	>\$50,000/year	>\$50,000/year	>\$50,000/year

**TERMINATE LANGUAGE: Thank you very much for your time. We have recruited all of the persons like you that we need to talk to, so we won't be able to include you in our study. Thank you for your time and interest. Have a good day/evening.

INVITE TO INTERVIEW

Thank you for answering my questions. As I mentioned this study is being conducted on behalf of the Centers for Disease Control and Prevention about themes and messages about chronic disease management, and we would like to include your views.

	about 90 minut	ut, I would like to invite you to partic tes and will take place at	
	te you for your t	ny kind and no one will call on you as time and travel expenses, you will re	
Check day a	nd time; see de	etails below.	
NAME:			
ADDRESS:			
CITY:			
ZIP CODE:			
PHONE:	(DAY)		
	(EVE)		
	(CELL)		
	(EMAIL)		