**ATTACHMENT C: Screening Instrument**

**Radiation Emergencies Infographics**

**(Focus Group)**

Form Approved  
OMB No. 0920-0572  
Exp. Date 02/28/2015

Recruit

* 3 groups
  + 3:30 – 5:00 pm local time Group 1
  + 6:00 – 7:30 pm local time Group 2
  + 8:00 – 9:30 pm local time Group 3
* Recruit 8 per group
* Numbers in parentheses in each question correspond to question numbers in “Health Message Testing System: Question Bank” –
  + Recruiters need not attend to these numbers.

*Good evening. My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I am calling from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a market research firm. Today we are talking with people as part of a study for the Centers for Disease Control and Prevention. We are not selling anything. We have a few brief questions that will take just 15 minutes of your time,* *and if you qualify and are interested, we will invite you to take part in a discussion group with other people in your area that will take place at a later date.*

1. In which of the following categories does your age fall? (A.2.a)

01 under 18 years of age **[THANK AND TERMINATE]**

02 18-24 years of age

03 25-34 years of age

04 35-44 years of age

05 45-54 years of age

06 55-64 years of age

07 65-74 years of age

08 75 years of age or older

**[DOCUMENT ON GRID]**

**[RECRUIT A MIX WITHIN EACH GROUP]**

**[RECRUIT SO THAT GROUPS TOGETHER ARE REFLECTIVE OF THE COMMUNITY]**

*Public reporting burden of this collection of information is estimated to average 15 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).*

1. 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? (B.2.b)

01 Yes **[THANK AND TERMINATE]**

1. No
2. Do you, or does any member of your household or immediate family work (B.1.b):

01 For a market research company

02 For an advertising agency or public relations firm

03 In the media (TV/radio/newspapers/magazines)

04 As a healthcare professional (doctor, nurse, pharmacist, dietician, etc.)

**[IF YES TO ANY, THANK AND TERMINATE]**

1. What is your current job title? What term would you use to describe your current profession? (A.11.a)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[IF ANY OF THE FOLLOWING, THANK AND TERMINATE**

* **Employee of U.S. Department of Health and Human Services**
* **Employee of state or local health department**
* **Employee of Department of Homeland Security**
* **Employee of state or local emergency management agency**
* **Nuclear power plant employee, Radiation Safety Officer, health physicist or other radiation-related occupation**

1. What is the highest level of education you have completed? (A.4.a)

01 Grade school **[THANK AND TERMINATE]**

02Less than high school graduate/some high school

03 High school graduate or completed GED

04 Some college or technical school

05 Received four-year college degree

06 Some post graduate studies

07 Received advanced degree

08 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[DOCUMENT ON GRID]**

**[RECRUIT A MIX WITHIN EACH GROUP]**

**[RECRUIT SO THAT GROUPS TOGETHER ARE REFLECTIVE OF THE COMMUNITY]**

1. Gender (A.1.a)

01 Male

02 Female

**[DOCUMENT ON GRID]**

**[RECRUIT ABOUT A 50/50 MIX]**

|  |
| --- |
| 1. Are you Hispanic, Latino/a,or Spanish Origin? **(One or more categories may be selected)** |
| Categories |
| a. \_\_\_\_ No, not of Hispanic, Latino/a, or Spanish origin **(SKIP TO QUESTION 8)** |
| b. \_\_\_\_ Yes, Mexican, Mexican American, Chicano/a |
| c. \_\_\_\_ Yes, Puerto Rican |
| d. \_\_\_\_ Yes, Cuban |
| e. \_\_\_\_ Yes, Another Hispanic, Latino/a or Spanish origin |
| 1. Please indicate your race or ethnic background.   a. \_\_\_\_ White |
| b. \_\_\_\_ Black or African American |
| c. \_\_\_\_ American Indian or Alaska Native |
| d. \_\_\_\_ Asian Indian |
| e. \_\_\_\_ Chinese |
| f. \_\_\_\_ Filipino |
| g. \_\_\_\_ Japanese |
| h. \_\_\_\_ Korean |
| i. \_\_\_\_ Vietnamese |
| j. \_\_\_\_ Other Asian |
| k. \_\_\_\_ Native Hawaiian |
| l. \_\_\_\_ Guamanian or Chamorro |
| m. \_\_\_\_ Samoan |
| n. \_\_\_\_ Other Pacific Islander |

**[RECRUIT A MIX]**

**[DOCUMENT ON GRID]**

1. Number of children (under the age of 18) living in your household? (A.14.a)

01 None

02 1-2 children

03 3-4 children

04 5 or more children

**[DOCUMENT ON GRID]**

**[NOT A SCREENING CRITERION]**

1. **ASSESS AND VERIFY ABILITY TO SPEAK AND UNDERSTAND ENGLISH**

*Those are all of my questions. You do qualify for our discussion group and we would like to invite you to join us on \_\_\_\_\_\_\_ at \_\_\_\_\_\_ PM. The discussion will last about 90 minutes; it will be recorded (audio only) to be sure we get all the information. In appreciation for your time, you will be given $40 at the time of the discussion.*

*Are you willing to participate?*

*01 yes*

*02 no*

Prior to the start of the group discussion, you will receive an information sheet with such information as sponsorship of the study and contacts for more information. If after we hang up, you have a question about this group discussion or decide you can’t participate, please contact me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Night Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_