

**THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) ASTHMA
COMMUNICATION MESSAGING AND MATERIALS DEVELOPMENT
SCREENER TO RECRUIT FOR FOCUS GROUPS**

[INTRO TEXT]

Hello, my name is _____, and I am calling on behalf of Fors Marsh Group, a professional research company. We will be conducting focus groups with caregivers of teens ages 12–18 with asthma to test ideas for a health education campaign on behalf of the Centers for Disease Control and Prevention. We are also conducting separate focus groups with teens who have asthma. Each focus group will be led by a qualified researcher and will include about four participants, who will be asked to share their opinions. Focus groups will be held in **[LOCATION]** on **[DATE]** in the evening for about 90 minutes. Those who participate will receive a \$75 gift card as a thank you for taking part in the study.

May I please speak with a parent or guardian over the age of 18 to determine if someone in your household is qualified to participate in the study?

[REPEAT INTRO IF CALL WAS TRANSFERED]

May I ask you a few questions to see if anyone in your household is qualified to participate in the study?

- Yes **[CONTINUE]**
No **[THANK AND END]**

Great! Before I ask you some questions, you should know that there aren't right or wrong answers and you don't have to answer any of the questions if you don't want to answer them. If one of your answers leads me to end the call, it doesn't mean that there was anything wrong with the answer you provided.

TERMINATION LANGUAGE: Thank you for taking the time to answer these questions. Unfortunately, you do not meet the specifications we are looking for in this study. I appreciate your time and have a [good morning/afternoon/evening].

Public reporting burden of this collection of information is estimated to average 5 minutes per screener, 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 NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0572)

SECTION 1: CAREGIVER SCREENER QUESTIONS

CaregiverOfChild. Are there any teens between the ages of 12 and 18 currently living in your household?

Yes

[CONTINUE]

No

[TERMINATE CAREGIVER AND CHILD]

AgeGenderChild. Could you please tell me their age(s) and gender(s)? [ENTER INFO FOR EACH CHILD]

AGE/GENDER	RECORD NAME, IF OFFERED

ChildAsthma. Are there any teens between the ages of 12 and 18 currently living in your household who have asthma?

- Yes [] **[CONTINUE]**
- No [] **[TERMINATE CAREGIVER AND CHILD]**

[DETERMINE WHICH CHILD/CHILDREN LISTED ABOVE HAS ASTHMA; IF MULTIPLE, SELECT ONE BASED ON RECRUITING NEEDS.]

EmergencyRoom. During the past 12 months, did [NAME] have to visit an emergency room or urgent care center because of [his/her] asthma?

- Yes [] **[CONTINUE]**
- No [] **[CONTINUE]**

OvernightHospital. During the past 12 months, has [NAME] stayed overnight in a hospital because of asthma?

- Yes [] **[CONTINUE]**
- No [] **[CONTINUE]**

[IF **EMERGENCYROOM** = NO and **OVERNIGHTHOSPITAL** = NO, **TERMINATE CAREGIVER AND CHILD**]

MissSchool. During the past 12 months, how many days of [school/work] did [NAME] miss because of [his/her] asthma? [RECORD NUMBER]

CaregiverPerceivedLimit. To what extent does asthma interfere with or limit your child’s normal activity?

- None [] **[CONTINUE]**

- Minor Limitation [] **[CONTINUE]**
- Some Limitation [] **[CONTINUE]**
- Extreme Limitation [] **[CONTINUE]**

CaregiverResearchExposure. Have you participated in a market research study, such as a consumer interview or a group discussion, on the topic of health in the past three months?

- Yes [] **[TERMINATE, SKIP TO CHILD]**
- No [] **[CONTINUE]**

CaregiverWorkExposure. Do you work in health care or market research?

- Yes [] **[TERMINATE CAREGIVER, SKIP TO CHILD]**
- No [] **[CONTINUE]**

READ: Great. I have a few more questions to ensure that we speak to a variety of people.

CaregiverGender. What is your gender? **[DO NOT READ LIST]**

- Male [] **[CONTINUE]**
- Female [] **[CONTINUE]**
- Other: _____ [] **[RECORD VERBATIM; CONTINUE]**

[PLEASE AIM TO RECRUIT A MIX OF GENDER FOR EACH GROUP]

CaregiverEthnicity. Are you Hispanic or Latino?

- Hispanic or Latino [] **[CONTINUE]**
- Not Hispanic or Latino [] **[CONTINUE]**
- Refused [] **[CONTINUE]**

CaregiverRace. What is your race? You may select one or more races.

- American Indian or Alaska Native [] **[CONTINUE]**
- Asian [] **[CONTINUE]**
- Black or African American [] **[CONTINUE]**
- Native Hawaiian or other Pacific Islander [] **[CONTINUE]**
- White or Caucasian [] **[CONTINUE]**

Some other race
Refused

[] **[CONTINUE]**
[] **[CONTINUE]**

[PLEASE AIM TO RECRUIT A MIX OF RACE/ETHNICITIES FOR EACH GROUP]

Education. What is the highest level of school you have completed or the highest degree you have received?

- 11th grade or below []
[CONTINUE]
- 12th grade, no diploma []
[CONTINUE]
- GED or equivalent []
[CONTINUE]
- High School Graduate []
[CONTINUE]
- Some college, no degree []
[CONTINUE]
- Associate degree (occupational, technical, vocational program) []
[CONTINUE]
- Associate degree (academic program) []
[CONTINUE]
- Bachelor’s degree (e.g., BA, BS, AB, BBA) []
[CONTINUE]
- Master’s, professional, or doctoral degree (e.g., MA, PhD, MD, JD)[]]
[CONTINUE]
- Refused []
[CONTINUE]

[PLEASE AIM TO RECRUIT A MIX OF EDUCATION LEVELS FOR EACH GROUP]

HealthLiteracy. How confident are you in filling out medical forms by yourself?
Please select only one answer.

- Extremely [] **[CONTINUE]**
- Quite a bit [] **[CONTINUE]**
- Somewhat [] **[CONTINUE]**
- A little bit [] **[CONTINUE]**
- Not at all [] **[CONTINUE]**

[PLEASE AIM TO RECRUIT A MIX OF HEALTH LITERACY LEVELS FOR EACH GROUP]

HEALTH LEVEL	LITERACY	Response
Low		Not at all A little bit
Medium		Somewhat
High		Quite a bit

	Extremely
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[IF CAREGIVER IS ELIGIBLE, CONTINUE TO SECTION 2; OTHERWISE SKIP TO TRANSITION LANGUAGE FOR SECTION 3]

SECTION 2: INVITATION TO CAREGIVER TO PARTICIPATE IN FOCUS GROUPS

Thank you for your time today. We would like to invite you to participate in a focus group for caregivers of children with asthma. The focus group will take place at **[LOCATION]**. Portions of the interview will be recorded but only the audio

The focus groups will be held on **[DATE]** and will last **approximately 90 minutes**.

Your opinions are very important to us. You will be paid **\$75** to participate.

People who have been invited to participate in this type of project have found the experience to be enjoyable and informative.

CaregiverInterest. Are you interested in participating in this study?

- Yes **[CONTINUE]**
- No **[TERMINATE CAREGIVER AND CONTINUE TO CHILD]**

[TRANSITION LANGUAGE]

READ: Okay, great! If your child is home, I would love to ask [him or her] some questions to see if [he or she] qualifies to participate in our teen focus groups. Before I ask you to put your [son/daughter] on the phone, do you have any questions for me?

[ANSWER CAREGIVER’S QUESTIONS, IF ANY]

READ: Now can you please put [NAME] on the phone so that I can ask [him or her] some questions to gauge their interest in participating and qualifying for the focus groups. I will ask to speak to you again to schedule a time that works for everyone.

CaregiverConsent. If your child qualifies, do you consent to allowing him/her to take part in a focus group?

- Yes **[CONTINUE]**
- No **[TERMINATE CHILD]**

SECTION 3: CHILD SCREENER QUESTIONS

WHEN THE CHILD IS ON THE PHONE, PLEASE INTRODUCE YOURSELF AND

SAY: Hi [CHILD NAME]! I was just talking with your [mom/dad/guardian] and [he or she] said it would be okay if I ask you a few questions to see if you qualify to take part in a focus group in which a researcher will ask you and a small group of teens like you to share your opinions on a specific topic. May I ask you a few questions?

- | | | |
|-----|--------------------------|---|
| Yes | <input type="checkbox"/> | [CONTINUE] |
| No | <input type="checkbox"/> | [THANK, ASK TO SPEAK TO CAREGIVER] |

READ: Great! The focus groups are being conducted to gather information about asthma management. Before we begin, you should know that there aren't right or wrong answers to the questions I'm going to ask you and you don't have to answer any questions if you don't want to answer them.

If one of your answers leads me to end the call, it doesn't mean that there was anything wrong with the answer you provided.

ReChildAsthma. Do you have asthma?

- | | | |
|-----|--------------------------|--|
| Yes | <input type="checkbox"/> | [CONTINUE] |
| No | <input type="checkbox"/> | [TERMINATE CHILD & CAREGIVER] |

ChildPerceivedLimit. To what extent does asthma interfere with or limit your normal activity?

- | | | |
|--------------------|--------------------------|-------------------|
| None | <input type="checkbox"/> | [CONTINUE] |
| Minor Limitation | <input type="checkbox"/> | [CONTINUE] |
| Some Limitation | <input type="checkbox"/> | [CONTINUE] |
| Extreme Limitation | <input type="checkbox"/> | [CONTINUE] |

Grade. What grade are you in?

- | | | |
|---------|--------------------------|--------------------|
| 6th | <input type="checkbox"/> | [CONTINUE] |
| 7th | <input type="checkbox"/> | [CONTINUE] |
| 8th | <input type="checkbox"/> | [CONTINUE] |
| 9th | <input type="checkbox"/> | [CONTINUE] |
| 10th | <input type="checkbox"/> | [CONTINUE] |
| 11th | <input type="checkbox"/> | [CONTINUE] |
| 12th | <input type="checkbox"/> | [CONTINUE] |
| College | <input type="checkbox"/> | [TERMINATE] |

ChildResearchExposure. Have you ever participated in a research study?

Yes [] **[CONTINUE]**
No [] **[CONTINUE]**

[IF **ChildResearchExposure** = NO, SKIP TO INVITATION]

ChildResearchExposureTopic. Have you participated in a research study on the topic of health in the past three months?

Yes [] **[TERMINATE CHILD]**
No [] **[CONTINUE]**

ChildEthnicity. Are you Hispanic or Latino?

Hispanic or Latino [] **[CONTINUE]**
Not Hispanic or Latino [] **[CONTINUE]**
Refused [] **[CONTINUE]**

ChildRace. What is your race? You may select one or more races.

American Indian or Alaska Native [] **[CONTINUE]**
Asian [] **[CONTINUE]**
Black or African American [] **[CONTINUE]**
Native Hawaiian or other Pacific Islander [] **[CONTINUE]**
White or Caucasian [] **[CONTINUE]**
Some other race [] **[CONTINUE]**
Refused [] **[CONTINUE]**

[PLEASE AIM TO RECRUIT A MIX OF RACE/ETHNICITIES FOR EACH GROUP]

SECTION 4: INVITATION TO CHILD TO PARTICIPATE IN FOCUS GROUP

READ: Thank you for your time today. We would like to invite you to participate in a focus group. The focus group will take place at **[LOCATION]**. Portions of the interview will be recorded, but only the audio.

The focus groups will be held on **[DATE]** and will last **approximately 90 minutes**.

Your opinions are very important to us. You will be provided a **\$45** token of appreciation to participate and your parent/caregiver will be provided a \$30 token of appreciation to assist with costs associated with transporting you to the facility.

People who have been invited to participate in this type of project have found the experience to be enjoyable and informative.

ChildInterest. Are you interested in participating in this study?

Yes [] **[CONTINUE]**
No [] **[TERMINATE CHILD, ASK TO SPEAK TO CAREGIVER]**

READ: Okay, great! Before I ask you to put your [mom/dad/guardian] back on the phone, do you have any questions for me?

[ANSWER CHILD'S QUESTIONS, IF ANY]

READ: Now please put your [mom/dad/guardian] back on the phone so that we can schedule a time that works for everyone.

SECTION 4: SCHEDULING FOCUS GROUP (WITH PARENT)

READ: We would like to schedule a time for you both to participate in focus groups.

Schedule. The focus groups will be held on **[DATE/TIME]**. Can you arrange transportation for you and [NAME] to and from the focus group location on the day of the session?

Yes [] **[SCHEDULE INTERVIEW]**
No [] **[TERMINATE CAREGIVER AND CHILD]**

READ: Great! Please plan to arrive 15 minutes early in order to complete paperwork before the group starts. I am going to give you the address and contact information for the facility. Do you have a pen and paper?

[PROVIDE FACILITY ADDRESS AND CONTACT INFORMATION]

READ: Before we end the call, do you have any questions for me?

[ANSWER QUESTIONS, IF ANY. THANK AND END]