

Form Approved OMB No. 0920-0572 Exp. Date 3/31/2018

Attachment A1: Screener for Skin Cancer Focus Groups

Public reporting burden of this collection of information is estimated to average 3 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 NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0572)

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NEEDS ASSESSMENT FOR SKIN CANCER MESSAGING PARTICIPANT SCREENER

NOTES TO FACILITY

- Please do not call people who have done a focus group in the last 6 months.
- Please do not call people who have ever done 5 or more focus groups.

RECRUITING NOTES

- 8-10 participants per focus group, recruit 11.
- Separate groups by gender, race/ethnicity, and risk profile.
- All participants must be able to read, understand, and speak English.

W Co	ello, my name is and I am calling from a research organization. e are recruiting participants for a research study sponsored by the Centers for Disease ntrol and Prevention (CDC). Participants in this study will receive \$75. I am not trying to anything.
1.	May I ask you a few questions to see if you are eligible to participate in this focus group Yes (CONTINUE) NO (THANK AND TERMINATE)
[IF	RESPONDENT INDICATES THAT THIS IS NOT A GOOD TIME, SCHEDULE A CALL BACK TIME]
2.	When was the last time you participated in a research focus group or interview? Less than 6 months ago (THANK AND TERMINATE) 6 months to 12 months ago (CONTINUE) More than 12 months ago (CONTINUE)
3.	DOCUMENT GENDER. [ASK IF UNSURE] Female (CONTINUE – RECRUIT TO FEMALE GROUPS) Male (CONTINUE - RECRUIT TO MALE GROUPS)

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4.		w old are you? [READ RANGES] _ 17 years old or younger (THANK AND TERMINATE) _ 18-29 years (CONTINUE) _ 30-44 years (CONTINUE) _ 45 years old or older (THANK AND TERMINATE)
5.	 5a.	nich of the following best describes your ethnicity? Hispanic or Latino (CONTINUE – RECRUIT TO HISPANIC GROUPS) Not Hispanic or Latino (GO TO QUESTION # 6) Which of the following best describes your Hispanic/Latino heritage? ECORD HERITAGE. RECRUIT A MIX REFLECTIVE OF THE AREA]
	1.	Dominican or Dominican descent YES NO
	2.	Central American or Central American descentYESNO
	3.	Cuban or Cuban descent YES NO
	4.	Mexican or Mexican descent YES NO
	5.	Puerto - Rican or Puerto Rican descent

____ YES ____ NO

____ YES ____ NO

____ YES ____ NO

3

6. South American or South American descent

7. More than one (mixed) heritage

8. Other _____[SPECIFY]

[GO TO QUESTION # 7]

6.	Which of the following best describes your race? Please select one or more as				
	applicable.				
	American Indian or Alaska Native (THANK AND TERMINATE)				
	Asian (THANK AND TERMINATE)				
	Black or African American (CONTINUE – RECRUIT TO BLACK/AFRICAN AMERICAN GROUPS)				
	Native Hawaiian or Other Pacific Islander (THANK AND TERMINATE)				
	White (THANK AND TERMINATE)				
7.	What is the highest level of education you have completed? (RECRUIT A MIX)				
	High School Diploma or less (CONTINUE)				
	Some college or associates degree (CONTINUE)				
	College degree (CONTINUE)				
	Advanced or postgraduate degree (CONTINUE)				
8.	Where you born in the United States?				
	YES (CONTINUE; GO TO QUESTION # 10)				
	NO (RECORD LOCATION OF BIRTH; GO TO QUESTION # 9)				
	8a. RECORD LOCATION OF BIRTH: (CONTINUE)				
9.	Have you lived in the United States 10 years or more?				
	YES (CONTINUE)				
	NO (THANK AND TERMINATE)				
10	D. Which of the following do you visit and USE multiple times per week?				
	(CHECK ALL THAT APPLY)				
	Google search				
	Facebook				
	Twitter				
	YouTube				
	Snapchat				
	Instagram Personal or work email (TERMINATE IF EMAIL ONLY)				

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 11. Do you or any member of your household work as an employee or contractor the following areas? Public health, such as the Centers for Disease Control and Prevention (Constate health department, or other public health organization Medical professions, such as dermatologist and aesthetician, in a health doctor's office; hospital; or research institution. Advertising Marketing or market research 	CDC), local
(IF "YES" TO ANY OF THE ABOVE IN QUESTION 11, THANK AND TERMINATE	₹)
12. In considering your occupation or the type of work that you perform, please describe the location where you spend the majority of your work day? I spend the majority of my work day indoors I spend the majority of my work day outdoors, in direct sunlight → CHECK BOX 1 I spend the majority of my work day outdoors, in shaded areas 13. How would you describe your natural skin color on parts of your body not exposed to the sun? Pale or milky white → CHECK BOX 2 Very light brown → CHECK BOX 2 Light tan, brown, or olive Brown, dark brown, or black	BOX 1 BOX 2
 14. If you went out in the sun for an hour without sunscreen, a hat, or protective clothing, which one of these best describes what would happen to your skin? (READ ALL OPTIONS) Get severe sunburn with blisters → CHECK BOX 3 Have moderate sunburn with peeling → CHECK BOX 3 Burn mildly with some or no tanning → CHECK BOX 3 Turn darker without sunburn Nothing would happen to my skin 	вох з

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15. In the past 12 months, have you ever used an indoor tanning device?	BOX 4
YES → CHECK BOX 4	
NO	Ш
16. What color are your eyes?	
Blue → CHECK BOX 5	
Blue-grey → CHECK BOX 5	BOX 5
Hazel → CHECK BOX 5	
Green → CHECK BOX 5	
Light brown	
Dark brown/black	
Mixed/other	
17. What is your natural adult hair color? <i>(check only one)</i>	
IF "Gray", PROBE: What was your natural hair color before you turned	
gray?	BOX 6
Light blond → CHECK BOX 6	
Blond → CHECK BOX 6	
Light brown → CHECK BOX 6	
Medium brown	
Red-brown	
Strawberry (reddish) blond > CHECK BOX 6	
Red → CHECK BOX 6	
Dark brown/black	
Jet black	
 ,	
STOP. REVIEW BOXES 1-6.	
RECORD NUMBER OF BOXES CHECKED	
IF 0-1 BOXES CHECKED, RECRUIT TO LOW RISK GROUPS. IF 2+ BOXES CHECKED, RECRUIT TO ELEVATED RISK GROUPS.	

Those are all of my questions.

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IF INELIGIBLE: Thank you for y study.	your interest, but	unfortunately you	are not eligible for this
IF ELIGIBLE, READ THE FOLL	OWING:		
I'd like to invite you to take par discussion. The discussion will No one will try to sell you anyth sales purpose as a result of you opinions and, as I mentioned ea	be held on <mark>[DATE</mark> ning in this discus r participation in	AND TIME] and w sion and no one wi this study. We are	ill last about two hours ll contact you for any only interested in your
If you need them, please remen	aber to bring your	reading glasses.	
GIVE RESPONDENT DIRECTION you about this discussion. We winviting about ten people. So the arrive at our office fifteen minuty your participation, so please be and you find you can't attend. May I please get your:	vill be counting or at we can be sure ites before the beg	n your attendance s to start and end or ginning of the grou	since we will only be n time, please plan to p. We are counting on
Name:			
Address:			
Email Address			
Home Phone:	Work Phone:		