### Attachment F

**Focus Group Moderator Guide**

**Form Approved**

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Public Reporting burden of this collection of information is estimated at 2 hours 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).

**Note to the moderator:** Do not read bolded text aloud. As needed, use italicized text (probes) if topics do not come up naturally, or if they need additional probing.

**Introductory Script/Consent Process**

**[Note: The -focus group script is to be used as a *guide* to help make sure the important points are covered and doesn’t need to be recited verbatim. Practice before the interview so it comes across as more conversational and try not to read from the script].**

Welcome, and thank you for coming today/tonight. My name is \_\_\_\_\_\_\_\_\_\_, and I am also here with\_\_\_\_\_\_, and we both work at Battelle. We are interested in hearing your opinions about an information brochure –also known as a “planning tool” --developed by the Centers for Disease Control and Prevention – CDC – to help people ages 60 or older protect their ability to get places they need to go. *MyMobility Planning Tool* is the name of this brochure, and I will be passing out paper copies of it shortly. Before we begin, please silence your cell phones. As you are doing that, I want to go over some information for our conversation, which will last about 2 hours.

* Your participation is voluntary and you may choose to withdraw from the focus group at any time.
* If at any time you are uncomfortable with a question, you can choose not to answer.
* Everything we discuss today is private to the extent allowable by law. Your name and contact information, which only the project staff knows, will not be given to anyone else, and no one will contact you after this focus group is over.
* Our discussion will be audio recorded. The recordings will help us write a final report and will be kept in a secure location and then destroyed at the end of the project. In the final report created from these focus groups, we will not mention any names. Because we are recording, it is helpful if only one person talks at a time.
* Most importantly, there are no right or wrong answers. I want to know your opinions, so please don’t hold back on sharing your honest thoughts with us.
* Do you have any questions before we begin?

Before we begin our discussion, I’ll need to get your permission to participate. Here are copies of the consent form for you to review and sign. Please take a few minutes to read over the form. Feel free to ask me any questions you might have.

[**Distribute consent forms to participants, have them read the form and answer any questions. Then, have the participants sign the forms and hand them to you to file. Verify that they are willing to be audio recorded].**

[**Provide any site-specific information (e.g., parking, bathrooms/water fountain location, entry/exit procedures, food/beverage, etc.)]**

Do you have any other questions before we begin?

*I’m going to turn the audio recorder on now, and then we can start.*

**\*\*\*Remember to turn on audio recorder\*\*\***

**Part I. Impressions of the MyMobility Planning Tool**

**A. Introduction/Warm Up**

A1. Let’s start by going around the room and having everyone say your first name and where you would like to live as you age. I’ll start.

*B***. “My Mobility, A Plan for Staying Independent”**

OK, now let’s shift focus to talk a bit about the MyMobility planning tool. **[Distribute MyMobility Planning Tool. Each participant should have his/her own copy.]** This is the same brochure or “planning tool” you received a copy of in the mail. Please go ahead a take a couple of minutes to review the planning tool.

**[Give respondents 3-5 minutes to review the tool in its entirety].**

OK, let’s turn our attention first to the cover page of the MyMobility planning tool.

Please look at this page and circle the things that are most appealing or most important to you. If there is anything you dislike please put an X next to it. [**Point to cover page to orient respondents.**]

Now let’s discuss this as a group.

B1. What was the first thing you noticed about this page? What other things did you notice on the page that stand out?

B2. What is the main idea that this page is trying to get across, in your own words?

B3. What actions, if any, would the information on this page prompt you to take? On this page, what would influence you to take, or not take, any actions?

B4. What words would you use to describe your first impression of this message?

*B4a. What makes you say that?*

B5. Are there parts of this page that you would leave off? What? Why?

B6. On this page, what would influence you to read the next pages?

B7. On this page, is there anything confusing, unclear, or hard to understand?

**C. Myself – A Plan to Stay Independent**

Next, let’s discuss the page titled “Myself – A Plan to Stay Independent.”

Please look at this page and circle the things that are most appealing, or most important to you. If there is anything you dislike, please put an X next to it.

[**Point to second page to orient respondents.**]

C1. What did you notice first about this page?

C2. What do you think about the checklist?

*C2a. What do you like or dislike?*

C3. What do you think about the MyMobility Tip?

*C3a. What do you like or dislike?*

C4. What do you think about the information next to the seatbelt graphic?

*C4a. What do you like or dislike?*

C5. What do you think about the Strength & Balance activities?

 *C5a. What do you like or dislike?*

C6. Which actions, if any, sound doable to you?

 *C6a. Why?*

C7. On this page, is there anything confusing, unclear or hard to understand?

**D. My House – A Plan to Stay Safe Inside My Home**

Now, we’ll turn our attention to the page titled “My House– A Plan to Stay Safe Inside My Home.” Please look at this page and circle the things that are most appealing or most important to you. If there is anything you dislike please put an X next to it.

**[Point to third page to orient respondents]**.

D1. What did you notice first about this page? Does anything else stand out to you?

D2. What do you think about the checklist?

*D2a. What do you like or dislike?*

D3. What do you think about the MyMobility Tip?

*D3a. What do you like or dislike?*

D4. Which actions, if any, sound doable to you?

 *D4a. Why?*

D5. On this page, is there anything confusing, unclear, or hard to understand?

**E. My Neighborhood – A Plan to Stay Mobile in My Community**

Next, we are going to spend some time on the fourth page of the planning tool – My Neighborhood – A Plan to Stay Mobile in My Community. Please look at this page and circle the things that are most appealing or most important to you. If there is anything you dislike please put an X next to it. **[Point to fourth page to orient respondents.]**

E1. What did you notice first about this page? Does anything else stand out to you?

E2. What do you think about the table?

*E2a. What do you like or dislike?*

E3. What do you think about the information next to the cellphone graphic?

  *E3a. What do you like or dislike?*

E4. What do you think about the information under “Consider the following”?

 *E4a. What do you like or dislike?*

E5. What do you think about the MyMobility Tip?

*E5a. What do you like or dislike?*

E6. Which actions, if any, sound doable to you?

 *E6a.Why?*

E7. Is there anything in the table, or on the rest of this page, that is confusing, unclear, or hard to understand?

**F. Overall Impressions of Planning Tool**

F1. What is your general reaction to the planning tool’s appearance?

 *F1a. How do you feel about the color scheme?*

*F1b. How do you feel about the font used?*

F2. How do you feel about the language and the writing in the planning tool?

 *F2a. How easy is it to read?*

*F2b. Probes for reactions to tone, language, style, organization.*

F3. Did you visit any of the websites shown on pages 2, and 4 before today?

 *F3a.* *If “yes”, which one(s) did you visit?*

 *F3b. If “yes”, how helpful was the information on the website(s)?*

*E3b1. Why or why not?*

*F3a. If “no”, for those of you that did not visit the website, is there any particular reason you have not visited the website(s)?*

F4. Thinking back to the information the planning tool is trying to convey, is there anything else you would add?

F5. Would you recommend the MyMobility Planning Tool to others?

 *F5a. Why or why not?*

This brings us to the end of the first section on the look of the MyMobility Planning Tool. We’re going to take a short break for 10 minutes. When you come back, we’re going to discuss where you go for information on health and aging.

**\*\*\*Remember to pause audio recorder\*\*\***

----------------------------------------------*10 minute break*----------------------------------------------

**Part II. Dissemination of the MyMobility Planning Tool**

*I’m going to turn the audio recorder back on now, and then we can get started again.*

**\*\*\*Remember to turn on audio recorder\*\*\***

 **G. Preferred Sources of Information**

The next set of questions are about places you go for information.

G1. Where do you typically get information about health?

* *Probe: Books, brochures/pamphlets, physician or healthcare provider, family/friends, Internet, magazines, telephone information number (1-800-Number), complementary or alternative practitioner, pharmacist, etc.*
* *If internet*: Probe about websites, organizations, social media. Do you use a desktop or laptop computer, a tablet, or a smartphone?

G2. Where do you typically get information about making improvements to your home?

Probe: What about making changes that could help you stay in your home longer as you age?

G3. Where do you typically get information about transportation options in your community?

G4. There are varieties of things that some people may consider doing to prepare for changes that occur with aging. These may include considering different places to live, financial planning, and looking at other ways to get around, such as considering alternative transportation options other than driving. What are some of the ways you have gotten information about preparing for aging prior to today?

* + *Probe: role of media, word-of-mouth, other.*
	+ *What kind of information did you get?*

G5. When it comes to aging and mobility, are there any organizations that you would really trust as a reliable source of information? For example, AARP, your local Area Agency on Aging, and so forth?

**H. Placement**

In the first part of this focus group, we discussed the MyMobility Planning Tool, which helps people plan for possible changes in mobility that come with aging.

H1. Is there anything that would prompt you to look for this kind of information?

* *Probe: A life event, an injury, a friend’s injury, discussion with friends, etc.*

H2. Where would you expect to see this planning tool?

H3. Where would this planning tool need to be so that you would pay attention to it?

H4. Where would you want to be able to get a copy of this?

* *Probes: Doctor’s office, pharmacy, senior center, online, etc.*

H5*. Internet user groups only*: Where would you look for this kind of information online? Any websites in particular that you would visit to look for this kind of information?

H6. I want you to imagine this planning tool given to you at your doctor’s office. Do you think you would take the planning tool with you, or leave it behind in the waiting room?

*H6a. Why?*

*H6b. Assume that you brought the planning tool home with you after the doctor’s office visit. Once at home, you read the planning tool thoroughly. In your opinion, would you have preferred someone to go through this information with you? [If yes, who would you want to go through this with you? (Probe: Doctor or nurse, family member). Please explain why you feel that way].*

*H6c. What other kinds of information do you think would help you act on the recommendations described in this tool?*

**I. Conclusion**

Thank you for coming here today and participating in this group discussion. Your participation has been extremely valuable for us in helping us to understand people’s reactions and thoughts about the planning tool.

Are there any last thoughts you would like to share or questions you would like to ask before we conclude? Thank you for your participation. We would like to collect the copies of the Mobility Planning Tool that we passed out. **[Provide information regarding travel reimbursement and other site-specific announcements.]**