OMB No. 0920-0572 Exp. Date 03/31/2018

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. If your child participates, they will receive a \$45 gift card as a thank you, along with a \$30 gift card for their caregiver to cover transportation costs. 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? [CONTINUE] Yes [] 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

CaregiverOfChile living in your ho	<u> </u>	between the ages of 12	and 18 currently
Yes No		CONTINUE] FERMINATE CAREGIVER	AND CHILD]
AgeGenderChild	<u>.</u>	ne their age(s) and gender	(s)? [ENTER INFO
TOR LACIT CITE			
	AGE/GENDER	RECORD NAME, IF OFFERED	
	e there any teens betwe who have asthma?	en the ages of 12 and 18	currently living in
Yes No		CONTINUE] FERMINATE CAREGIVER	AND CHILD]
=	HICH CHILD/CHILDREN LIS SED ON RECRUITING NEE	STED ABOVE HAS ASTHMA; [DS.]	IF MULTIPLE,
		months, did [NAME] hecause of [his/her] asthma	
Yes No		CONTINUE] CONTINUE]	
<mark>OvernightHospit</mark> hospital because		months, has [NAME] staye	ed overnight in a
Yes No	• • •	CONTINUE]	

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

MissSchool. During the past 12 miss because of [his/her] asthm		s, how many days of [school/work] did [NAME] CORD NUMBER]
CaregiverPerceivedLimit. To wl child's normal activity?	nat ext	tent does asthma interfere with or limit your
None Minor Limitation Some Limitation Extreme Limitation	[] [] []	[CONTINUE] [CONTINUE] [CONTINUE]
	-	ou participated in a market research study, roup discussion, on the topic of health in the
Yes No	[]	[TERMINATE, SKIP TO CHILD] [CONTINUE]
CaregiverWorkExposure. Do you	u work	in health care or market research?
Yes CHILD]	[]	[TERMINATE CAREGIVER, SKIP TO
No	[]	[CONTINUE]
READ: Great. I have a few more people.	e quest	tions to ensure that we speak to a variety of
CaregiverGender. What is your	gender	? [DO NOT READ LIST]
Male	[]	[CONTINUE]
Female Other:	[]	[] [CONTINUE] [RECORD VERBATIM; CONTINUE]
[PLEASE AIM TO RECRUIT A MIX	OF GE	NDER FOR EACH GROUP]
CaregiverEthnicity. Are you Hisp	oanic o	r Latino?
Hispanic or Latino Not Hispanic or Latino [CODE NON-CONFORMING RESERVED] Refused	PONSES	[] [CONTINUE]

CaregiverRace. What is you	r race? You	may select	one or more races.		
American Indian or A Asian Black or African Ame Native Hawaiian or of White or Caucasian [CODE NON-CONFORMING F Some other race Refused	rican ther Pacific	[] [] Islander []	[] [CONTINUI [CONTINUE] [CONTINUI [] [CONTINUI [CONTINUE] /S - DO NOT READ] [CONTINUE] [CONTINUE]		
[PLEASE AIM TO RECRUIT A	MIX OF RAC	CE/ETHNICIT	TIES FOR EACH GROU	JP]	
Education. What is the hig degree you have received?	hest level o	of school yo	u have completed	or th	e highest
11th grade or below				[]
[CONTINUE]			_		
12th grade, no diplor [CONTINUE]	na		[]
GED or equivalent			[]
[CONTINUE]			L		,
High School Graduate	9			[]
[CONTINUE]					
Some college, no deg	gree		[]
[CONTINUE] Associate degree (oc [CONTINUE]	cupational,	technical, v	ocational program)	[]
Associate degree (ac	ademic prod	gram)		[1
[CONTINUE]	adding pro	g. a,		٠	•
Bachelor's degree (e.	.g., BA, BS,	AB, BBA)		[]
[CONTINUE]			! !-		
Master's, professiona	il, or doctora	al degree (e	e.g., MA, PhD, MD, JD))[]
[CONTINUE] Refused			[]
[CONTINUE]			ı.		,
[PLEASE AIM TO RECRUIT A	MIX OF EDU	JCATION LE	VELS FOR EACH GRO	OUP]	
HealthLiteracy. How confidence of the Please select only one answer.	-	ou in filling	out medical forms	s by	yourself?
Extremely Quite a bit		[CONTINUI	=		

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
LOW		A little bit
Medium		Somewhat
High		Quite a bit
Tilgii		Extremely

[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.

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CaregiverInterest	. Ale vou ii	itelested iii	Daiticidatilia	III tilis staav

Yes	[]	[CONTINUE]
No	[]	[TERMINATE CAREGIVER AND CONTINUE
TO CHILD1		

[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? [CONTINUE] Yes [] [] [TERMINATE CHILD] No CaregiverPermission. Fantastic, thank you for your time. May I please ask [NAME] a few guick guestions to make sure he or she is gualified to participate? Yes [] [CONTINUE] No [] [TERMINATE CHILD] [IF PARENT/GUARDIAN HAS NOT ALREADY SHARED CHILD'S NAME, ASK FOR CHILD'S FIRST NAME AT THIS POINT IN THE INTERVIEW] [IF CHILD IS NOT AT HOME, ARRANGE FOR A CALL-BACK TIME WHEN THE CHILD AND PARENT WILL BE AVAILABLE] CALL BACK DAY/TIME: **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 [] [CONTINUE] No [] [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 [] [CONTINUE]

[]

[TERMINATE CHILD & CAREGIVER]

No

activity?		
None	[]	_
Minor Limitation	[]	
Some Limitation		[CONTINUE]
Extreme Limitation	[]	[CONTINUE]
Grade. What grade are you in	า?	
6th	[]	[CONTINUE]
7th	[]	[CONTINUE]
8th	[]	[CONTINUE]
9th		[CONTINUE]
10th		[CONTINUE]
11th		[CONTINUE]
12th	[]	[CONTINUE]
College		[] [TERMINATE]
ChildResearchExposure. Hav	e you ev	er participated in a research study?
Yes	[]	[CONTINUE]
No	[]	[CONTINUE]
[IF ChildResearchExposure =	NO, SKII	P TO ChildEthnicity]
ChildResearchExposureTopic of health in the past three many	•	ou participated in a research study on the topi
Yes	[]	[TERMINATE CHILD]
No	[]	[CONTINUE]
ChildEthnicity. Are you Hispa	nic or La	tino?
Hispanic or Latino		_
Not Hispanic or Latino		[] [CONTINUE]
- -		S AS FOLLOWS - DO NOT READ]
Refused	[]	[CONTINUE]
ChildRace. What is your race	? You ma	ay select one or more races.
American Indian or Ala	ska Nati	ve [] [CONTINUE]
Asian		[] [CONTINUE]
Black or African Ameri	can	[] [CONTINUE]

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

Native Hawaiian or other Pacific	Islander [] [CONTINUE]
White or Caucasian	[] [CONTINUE]
[CODE NON-CONFORMING RESPONSES	AS FOLLOWS - DO NOT READ]
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 paid **\$45** to participate. Additionally, your caregiver will receive **\$30** to help with transportation costs.

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.

IF CHILD DOES NOT CONSENT OR QUALIFY BUT CAREGIVER QUALIFIES, READ: We would like to schedule a time for you 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 INTERIVIEW]
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]