Attachment B

Individual Interview Questions (Feature Stories)

OMB Control Number: 0925-XXXX Expiration Date: XX/XX/XXXX

Public reporting burden for this collection of information is estimated to average 120 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: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-XXXX). Do not return the completed form to this address.

**Feature Stories:**

1. Did you find the feature stories easy to understand?
   1. Probe: If no, which parts were difficult to understand?
2. Did you find it easy to move through or navigate the feature stories?
   1. Probe: If not, why not?
3. Did you find the feature stories helpful in learning about clinical trials?
   1. Probe: If yes, can you give me an example of something that was helpful? If no, why were the stories not helpful?
4. Did you have fun learning with the feature stories?
   1. Probe: If no, which parts were not fun? How could we make it more fun for kids your age?
5. Is there a feature story that you liked the best?
   1. Probe: Why or why not?
6. Is there a feature story that you liked the least?
   1. Probe: Why or why not?
7. Did you learn anything in the feature stories that you have not learned before?
   1. Probe: Is there anything missing that you think should be added?
8. What did you think about the length of the feature stories?
   1. Probe: If too long, why?
   2. Probe: If too short, why?
9. Did you like the games and activities in the feature stories?
   1. Probe: If not, why not? Do you have suggestions for other types of games or activities to include in the feature stories?
10. Do you like hearing from kids your age?
    1. Probe: If no, why not?
    2. Probe: If yes, why?
11. Did you like the voices you heard in the feature stories?
    1. Probe: If no, why not?
    2. Probe: If yes, why?
12. Did you like the animations in the feature stories?
    1. Probe: If no, why not?
    2. Probe: If yes, why?
13. Do you have suggestions on how to make the feature stories more fun or interactive for kids your age?
    1. Probe: If yes, what?

**Background Information**

1. Are you male or female?

|  |  |
| --- | --- |
| Male | Female |
| O | O |

1. Are you of Hispanic, Latino or Spanish origin?

|  |  |
| --- | --- |
| No | Yes |
| O | O |

1. What is your race?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Black or African American | American Indian/Alaska Native | White or Caucasian | Native Hawaiian or Other Pacific Islander | Asian |  |
| O | O | O | O | O |  |

1. What is your age? \_\_\_\_\_\_
2. What grade are you in? \_\_\_\_\_\_