Attachment D

Individual Interview Questions (Comic Book)

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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.

***Electronic Comic Book:***

1. Did you like the comic book?
   1. Probe: If no, why not? If yes, why?
2. Did you find the comic book easy to understand?
   1. Probe: If no, which parts were difficult to understand?
3. Did you find it easy use the comic book?
   1. Probe: If not, why not?
4. Did you find the comic book 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?
5. Did you have fun learning with the comic book?
   1. Probe: If no, which parts were not fun? How could we make it more fun for kids your age?
6. Is there a part of the comic book that you liked the best?
   1. Probe: Why or why not?
7. Is there a part of the comic book that you liked the least?
   1. Probe: Why or why not?
8. Did you learn anything in the comic book that you have not learned before? If so, what was it?
   1. Probe: Is there anything missing that you think should be added?
9. What did you think about the length of the comic book?
   1. Probe: If too long, why?
   2. Probe: If too short, why?
10. Do you have suggestions on how to make the comic book 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? \_\_\_\_\_\_