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FOCUS GROUP SCREENING AND DEMOGRAPHIC QUESTIONS

This document includes recruitment screeners for the following audiences:

- State and tribal agency staff administering the CACFP

STATE AND TRIBAL AGENCY STAFF ADMINISTERING CACFP

Hello, my name is _____. I'm calling from KRC Research. May I speak with [INSERT NAME]?
WHEN CORRECT INDIVIDUAL HAS BEEN REACHED, CONTINUE.

Hello, my name is _____. I'm calling from KRC Research. You participated in a USDA Food and Nutrition Survey last [INSERT FIELD DATE]. You indicated in the survey that you might be willing to participate in a follow-up small group discussion. Is that correct?

Yes, that is correct	<input type="checkbox"/>	CONTINUE
No, that is not correct	<input type="checkbox"/>	THANK AND TERMINATE

Terrific! We are calling today to find out if you would be willing to participate in a small group telephone discussion with a few other people like yourself who work in child care about nutrition, physical activity and electronic media use among children 5 years and younger while they are in a child care setting. We are not selling anything and we will not ask for any contributions or donations. This is not a marketing call. If you qualify to participate and agree to do so, your answers will be completely anonymous and neither you nor your agency will be identified. Do you think you are interested in participating in a small group discussion?

Yes, interested	<input type="checkbox"/>	CONTINUE
No, not interested	<input type="checkbox"/>	THANK AND TERMINATE

May I ask you a few questions to see if you qualify to participate in this research?

1 **RECORD:**

Male	<input type="checkbox"/>	CONTINUE
Female	<input type="checkbox"/>	CONTINUE

2 To confirm, do you work at [INSERT STATE AGENCY/DIVISION FROM SAMPLE]?

Yes	<input type="checkbox"/>	CONTINUE
No	<input type="checkbox"/>	TERMINATE
IF NOT CONTACT FROM SAMPLE, ASK TO SEE IF RESPONDENT HAS CONTACT INFORMATION FOR NAME ON LIST OR FOR AN ALTERNATIVE CONTACT WHO HAS RESPONSIBILITY FOR ADMINISTERING THE CACFP		

3 Have you previously or do you currently work for any of the following? [READ LIST]

	YES	NO
In advertising or public relations?	<input type="checkbox"/>	<input type="checkbox"/>
In marketing or opinion research?	<input type="checkbox"/>	<input type="checkbox"/>
In journalism or for the news media?	<input type="checkbox"/>	<input type="checkbox"/>
TERMINATE IF YES TO ANY OF ABOVE.		

4 To ensure that we include the opinions of a variety of participants could you please tell me your age?

Under 18	<input type="checkbox"/>	TERMINATE
18 - 20	<input type="checkbox"/>	RECRUIT A MIX
21 - 34	<input type="checkbox"/>	
35 - 44	<input type="checkbox"/>	
45 - 54	<input type="checkbox"/>	
55 - 64	<input type="checkbox"/>	
65 or older	<input type="checkbox"/>	

5 What is your job title or role?

Director/Chief	<input type="checkbox"/>	CONTINUE
Program Manager/Supervisor/ Administrator	<input type="checkbox"/>	CONTINUE
Nutritionist	<input type="checkbox"/>	CONTINUE
Program Specialist	<input type="checkbox"/>	CONTINUE
Education/Training Specialist	<input type="checkbox"/>	CONTINUE
Field Staff/Monitor	<input type="checkbox"/>	CONTINUE
Secretary	<input type="checkbox"/>	TERMINATE
Other	<input type="checkbox"/>	TERMINATE

6 Does your agency or division work with sponsoring organizations, child care centers and/or day care homes to administer the Child and Adult Care Food Program, or CACFP in your state or tribe?

Yes	<input type="checkbox"/>	CONTINUE
No	<input type="checkbox"/>	TERMINATE

7 Are you responsible for administering the CACFP in your state or tribe?

Yes	<input type="checkbox"/>	CONTINUE
No	<input type="checkbox"/>	TERMINATE

8 What is the total number of child care centers and day care homes enrolled in the CACFP in your state or tribe? **[READ LIST AND RECORD NUMERIC RESPONSE.]**

	NUMERIC RESPONSE	None
a. Child care centers	_____	<input type="checkbox"/>
b. Day care homes	_____	<input type="checkbox"/>

RECRUIT A MIX OF TOTAL NUMBER OF CENTERS AND DAY CARE HOMES; TOTAL NUMBER BREAKS TO FOLLOW BASED UPON QUANTITATIVE FINDINGS

9 What is the total number of sponsor organizations that you work with to administer CACFP?

NUMERIC RESPONSE	_____	CONTINUE
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RECRUIT A MIX OF TOTAL NUMBER OF SPONSOR ORGANIZATIONS; TOTAL NUMBER BREAKS TO FOLLOW BASED UPON QUANTITATIVE FINDINGS

10 Please tell me, what is the last grade of school you have completed? If you are currently in college, just say so.

Some university/college or vocational school	<input type="checkbox"/>	RECRUIT A MIX
College	<input type="checkbox"/>	
Postgraduate degree (Masters, Ph.D., professional degree)	<input type="checkbox"/>	

11 Are you of Hispanic or Latino background – such as Mexican, Puerto Rican, Cuban, or another Latin American background??

Hispanic or Latino	<input type="checkbox"/>	CONTINUE
Not Hispanic or Latino	<input type="checkbox"/>	

12 **[IF NOT HISPANIC OR LATINO IN Q47]** Which of the following categories best describes your race or ethnicity?

American Indian or Alaska Native	<input type="checkbox"/>	RECRUIT A MIX
Asian	<input type="checkbox"/>	
Black or African American	<input type="checkbox"/>	
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	
White	<input type="checkbox"/>	

INVITATION:

We would like to invite you to participate in a research discussion group. The group will take 90 minutes of your time. The discussion group will be held on [INSERT DATE] at [INSERT TIME].

Will you be available on ____ from ____ to ____ p.m.?

Yes	<input type="checkbox"/>	CONFIRM DATE & TIME
No	<input type="checkbox"/>	THANK & TERMINATE

We will send you an email confirming the time and how to participate. May I have your email address where it is best to reach you?

To verify, do you have access to a computer where you can go to a link or a website?

Yes	<input type="checkbox"/>	
No	<input type="checkbox"/>	THANK & TERMINATE