## ATTACHMENT 8 – Pre-Focus Group Guide

OMB #: 0925-XXXX
Expiration Date: XX/XX/XXXX

*(All guides will be translated into Spanish)*

Collection of this information is authorized by The Public Health Service Act, Section 411 (42 USC 285a). Rights of study participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. Refusal to participate will not affect your benefits in any way. The information collected in this study will be kept private to the extent provided by law. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all study participants and reported as summaries. You are being contacted by face-to-face interview to complete this instrument so that we can better understand the diets and way of life of Native Americans, Hispanos, and non-Hispanic whites in New Mexico around the time of the Trinity nuclear test.

Public reporting burden for this collection of information is estimated to average 10 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.

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### Pre-Focus Group Guide

1. **Greetings**

Welcome. My name is \_\_\_\_\_\_\_\_\_\_\_\_ and this is my colleague, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I work for the University of New Mexico and my colleague works for the National Cancer Institute. The National Cancer Institute is part of the National Institutes of Health, which does research on many diseases such as diabetes and cancer.

The goal of today’s meeting is to learn about people’s diets, activities, and living conditions around the time of the Trinity nuclear test in July of 1945. This will help our team from the National Cancer Institute in their studies of radiation exposure and long-term health effects.

1. **Consent and privacy (10 minutes)**

We hope that you will speak freely about your memories, feelings, observations, and opinions because it will help us to understand what daily life was like for you and your relatives at the time of the nuclear test. We want everyone to feel comfortable participating in this group. Let’s agree to make sure that everyone has a chance to speak. Please know that there is no requirement for you to answer questions or participate in any discussions that make you feel uncomfortable. We will be making notes about your recollections and general reactions to the discussion.

You will be personally identified only with first name and month of birth. We will also ask you for your relatives’ first names and years of birth.

With your permission, we would like to audiotape today’s interview. The recording will only be used to help us with writing the report and conducting an analysis. Please let me know if I have your permission to record this interview. If so, I will turn on the recorder now. You can stop the interview at any time or choose not to answer any question without penalty. There may be questions that I will ask that you may not be able to answer. That is expected and OK. Please just let me know if you do not know the answer to a question and we will move on to the next question. Because we have a limited amount of time there will also be points in the interview where I may move the discussion to another question. If there is time in the end, we can always revisit a topic.

Before we start, we need you to read and sign a consent form. Please read through the form as I read it out loud. Please take your time to make sure the consent form is clear to you. Please let me know if you have any questions.

[If participant agrees – and has signed a consent form – proceed with taping the interview. If participant is uncomfortable or unsure, proceed without taping.]

Do you have any questions for me before we get started?

*Moderator Note: File signed forms in an envelope with the date, time, and code for the community name clearly written on the front.*

1. **Family Demographics**

Now we would like to know about your immediate family. These would be your brothers and sisters living in the same house. *(Does not have to be a blood relative, can be step-sibling as long as living in the house)*

Please tell us the names of each of the family members living in your household in 1945. For each relative, please tell me the relative’s first name, and gender, what year your relative was born and where they were born (geographic location).

Table 1. Focus Group Participant Family

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| --- | --- | --- | --- |
| First Name | Gender  | Year of Birth | Place of Birth |
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