**Appendix C: EurekaFacts LLC Recruitment Phone Script for CDC**

Form Approved

OMB Control No.: 0920-1154

Expiration date: 01/31/2020

Introduction:

Hello, my name is [NAME] from EurekaFacts, a social science research company in Rockville, Maryland calling on behalf of the Centers for Disease Control and Prevention (CDC).

May I speak with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_?

*If unavailable,*

Is there someone else we can speak with who may be interested in participating in a focus group project?

*If not at the moment,*

When would be a convenient time to reach them?

**Please fill out the following information:**

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT INFORMATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If Prefer not to answer,*

Thank you for taking the time to talk with me today. Have a great day/evening.

*If yes, or speaking*

We are looking for people to participate in a secure focus group session at our office in downtown Rockville. This interview will last about 100 minutes, and you will receive $75 in appreciation for your participation. We will be conducting a focus group about information on foodborne illnesses, outbreaks, and prevention. The purpose of the focus group is to help us make sure that the information we share to the public on foodborne illness is clear and easy to understand. Your participation will help us improve the messaging shared by CDC so that more people can be informed and aware of foodborne outbreaks and illnesses. Would you be interested in helping us with this very important effort?   
    
The interview is for evaluation purposes only and none of the answers you provide will be shared with or used by anyone else other than the EurekaFacts and CDC project team.  If you are interested, I would like to ask you a few questions to see if you’re eligible to participate.

Public reporting burden of this collection of information is estimated to average 3 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 CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-1154

Screener:

[Interviewer: Determine recruitment needs in advance. Record all responses. End screener at whatever point the participant gives a response that confirms that their group has already been sampled adequately. End screener script: *Based on the requirements of this project, we are not able to include you in the project at this time.*]

1. ASK ONLY IF NOT OBVIOUS: Are you male or female?
2. Male
3. Female
4. Prefer not to answer
5. What is your age?
6. Under 18 **(Terminate)**
7. 18-30
8. 31-40
9. 41-50
10. 51-60
11. 61-64
12. 65 +

**TERMINATION LANGUAGE:** **IF UNDER 18**, Is there an adult that we could speak with?

**IF NO**, Thank you very much for your time, but unfortunately you do not qualify for this project.

**IF YES**, ask to speak with them and start from beginning.

1. In the last 6 months, have you participated in any paid market research studies conducted by EurekaFacts?
2. Yes **(Terminate)**
3. No
4. What is the highest degree or level of school you have completed?
   1. Less than high school diploma
   2. High school diploma or GED
   3. Some college, but no degree
   4. Associates Degree (e.g. AA, AS)
   5. Bachelor’s Degree (e.g. BA, BBA, BS)
   6. Master’s Degree (e.g. MA, MS)
   7. Professional Degree (e.g. MD, JD) or Doctorate (e.g. PhD, EdD)
5. Are you currently employed in any of the following:
   1. Risk Communication **(Terminate)**
   2. Market research **(Terminate)**
   3. Advertising agency or public relations firm **(Terminate)**
   4. Website Design **(Terminate)**
   5. Food Safety or Public Health **(Terminate)**
   6. Restaurant Management **(Terminate)**
   7. Healthcare with patient care responsibilities **(Terminate)**
   8. Cheesemaker or cheese monger **(Terminate)**
   9. Leafy green produce grower, distributor, or seller **(Terminate)**
   10. No
6. Within the last 6 months, have you experienced any severe illness requiring hospitalization that was attributed by a healthcare provider to consumption of contaminated food?
   1. Yes **(Terminate)**
   2. No
7. Do you live in a rural, suburban, or urban areas?
8. Rural
9. Suburban
10. Urban
11. Don’t know
12. Prefer not to answer
13. Which of the following best describes your race?
14. White
15. Black or African American
16. American Indian or Alaska Native
17. Asian
18. Native Hawaiian or Other Pacific Islander
19. Other
20. Prefer not to answer
21. Are you of Hispanic or Latino origin or descent?
22. Yes
23. No
24. Prefer not to answer
25. Do you have children under the age of 18 living in your household?
    1. Yes
    2. No
26. In this project we will ask you to read several paragraphs aloud. The reading materials will only be in English. Do you feel comfortable reading aloud, without assistance, during the interview?
27. Yes
28. No **(Terminate)**

1. As I mentioned before, these interviews will take place at the EurekaFacts’ office located in downtown Rockville, Maryland. Are you willing to drive or commute to our location? (PROVIDE MORE INFO IF NEEDED: 51 Monroe St., Plaza East 10; NEAR Rockville Town Center; Rockville Metro Station on the Red Line)
2. Yes
3. No **(Terminate -** Thank you very much for your time, but unfortunately you would need to be present at our facilities to participate in this project. Have a nice day/evening.)

**GENERIC TERMINATION LANGUAGE:** Thank you very much for your time, but unfortunately you do not qualify for this project.

**Closing:**Thank you for answering these questions. You are eligible to help with this project. If you choose to participate in a 100-minute focus group about foodborne illnesses, you will receive $75 in appreciation for your participation.  To participate and receive a $75 VISA gift card, you must provide consent.

1. Do you understand that you must complete and sign a consent form to participate?
   1. Yes
   2. No (Terminate-Thank you for taking the time to talk with me today. Have a great day/evening.)

**IF RECRUITING ONLY:** Thank you so much for your willingness to help us. We are looking to schedule people for sessions between <DATE> and <DATE>. We will contact you to schedule you for a specific date and time.

Could you please confirm your contact information:

RECORD FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RECORD LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RECORD EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOBILE PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IF SCHEDULING:** Thank you so much for your willingness to help us. We have sessions available at the following dates/times. Which of these dates/times would work best for you?

* 1. <DATE> and <TIME>.
  2. <DATE> and <TIME>.
  3. <DATE> and <TIME>.

We will provide you with a confirmation about your participation in this project, will you please provide us with your contact information?

RECORD FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RECORD LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RECORD EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOBILE PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_