Form Approved

OMB No. 0990-0459

Exp. Date 03/30/2021

**Appendix A. Focus Group Screener**

National Misuse of Prescription Opioid Prevention Campaign Planning.

**Adults 18-25 years of age**

Hello, my name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am calling from [Professional Recruitment Firm]. We are working with the U.S. Department of Health and Human Services (or HHS) to plan and develop messages for the public focusing on preventing prescription opioid misuse among young adults. I am calling to invite you to take part in discussion groups to get your opinions about prescription opioids and your thoughts on some messages designed to prevent prescription opioid misuse among young adults. Your feedback will be used to help plan and develop materials about preventing and reducing prescription opioid misuse among young adults.

We are holding an online group discussion on [DATE] with 3-4 other young adults. The discussion group starts at [TIME] and will last approximately one hour. For study purposes, the focus group discussion will be recorded; however, your participation in the group discussion will remain private as all audio files of the discussion will be stored by ICF on a secure share drive and password-protected computers. Transcripts and reports will not include any identifiable information. The recordings will be used to help the focus group moderator generate a combined report with non-identifying comments. We will only use your first name during this discussion.

There will also be listeners from the U.S. Department of Health and Human Services and ICF listening to the group via a password-protected web stream. If you qualify for this project and participate in our focus group, you will be emailed a $25.00 gift card and a fact sheet on the dangers of prescription opioid misuse as an appreciation for your time and expenses.

1. **May I ask you a few questions to see if you are eligible to participate in this study?**

* Yes [Continue]
* No [Thank you; end call]

1. **Are you or is anyone in your household an employee of an ad agency, a market research firm or the U.S. Department of Health and Human Services, also known as HHS?**

* Yes [Thank you; end call]
* No [Continue]

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0459. The time required to complete this information collection is estimated to be about 2 minutes, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Office

1. **Are you a doctor, nurse, dentist, other healthcare provider, or an employee of a pharmaceutical company?**

* Yes [Thank you; end call]
* No [Continue]

1. **Are you between the ages of 18 and 25?**

* Yes [Continue]
* No [Thank you; end call]

1. **Do you have access to the internet via a computer or a mobile device?**

* Yes [Continue]
* No [Thank you; end call]

1. **Are you currently enrolled in college (and not taking course online only)?**

* Yes [Continue]
* No [Continue]

1. **What gender do you identify as?** [recruit approximately equal number of males and females]

* Male [Continue]
* Female [Continue]

1. **Are you from a Hispanic or Latino background?**

* Yes [Continue; recruit 20% minimum, and skip question 9]
* No [Continue]

1. **Which of the following best describes your race?**

* White [recruit 40% minimum]
* Black or African American [recruit 20% minimum]
* Native Hawaiian or Other Pacific Islander [Continue]
* American Indian or Alaska Native [Continue]
* Asian [Thank you, end call]
* Other/ refused to answer [Continue]

[Note: For the remaining 20% of participants, give preference to Native Hawaiians or Other Pacific Islander, and American Indian or Alaska Native].

1. **Which of the following groups includes your total annual household income?** [Note: recruit a mix of participants]

* $19,999 or less [Continue]
* $20,000-34,999 [Continue]
* $35, 000-59,999 [Continue]
* $60,000-99,999 [Continue]
* $100,000 and over [Continue]
* Refused to answer/don’t know [Continue]

**The focus group will take place on:**

\_\_\_\_\_\_\_\_\_\_ Day

\_\_\_\_\_\_\_\_\_\_ Date

\_\_\_\_\_\_\_\_\_\_ Time

\_\_\_\_\_\_\_\_\_\_ Place

Will you be available to participate at this time?

\_\_\_\_\_\_\_\_\_\_ Yes [Continue]

\_\_\_\_\_\_\_\_\_\_No [Thank you; end call]

I am pleased that you can join us. I would like to send you a confirmation letter. In order to participate in the focus group, you will need to sign a consent form. Please share with me your contact information which not shared with anyone.

If you wear glasses or a hearing aid, please have them with you for our conversation.

Adult Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Confirm:

Date of Focus Group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you very much. I appreciate you taking time to respond to my questions and look forward to your participation in this focus group.