Brand Concept Testing for Diabetes Self-Management Education and Support (DSMES) Services: Screeners for People with Diabetes FOCUS GROUPS

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Introduction Control of the Control
Hello, my name is and I work with FHI 360, a non-profit organization. I am calling today to see if you might qualify to participate in a 1-hour focus group about your experience with diabetes self-management education and support services. You do not need to have participated in diabetes education and support services to be eligible. This effort is sponsored by the U.S. Centers for Disease Control and Prevention, also known as the CDC. If you qualify and participate in the focus group, you will receive a \$75 gift card as a thank you for participating.
May I please ask you a few questions to see if you are eligible to participate? The questions will include topics like your health, race, and age. You do not have to answer anything that makes you uncomfortable. [GO TO SCREENING QUESTIONS]

Screening Questions

1.	Gender	
	Male	Continue
	Female	Continue
2.	What is your age?	
	Under 18	
	18-44	Continue
	45-64	Continue
	65 or over	Continue
_	11	
	Have you been diagnosed with diabetes by a healthcare provider?	
	Yes	Continue
	No	TERMINATE
	Do not know/Unsure	TERMINATE

Public Reporting Statement

Public reporting burden of this collection of information is estimated to average 5 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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0572).

4.	What type of diabetes have you been diagnosed with, Type 1 or Type 2, or some other type (such as gestational or cancer-related)?			
	Type 1	Continue		
	Type 2	Continue		
	Gestational	TERMINATE		
	Other type of diabetes	TERMINATE		
	Do not know/Unsure	TERMINATE		
5.	Do you, or does any member of your household or immediate	·		
	professional (diabetes educator, doctor, nurse, pharmacist, die etc.)?	tician, community health worker,		
	Yes	TERMINATE		
	No	Continue		
6.	Do you, or does any member of your household or immediate family, work in a medical office, hospital, health care system, or pharmaceutical company?			
	Yes	TERMINATE		
	No	Continue		
7.	Overall, how comfortable would you say you are you discussin diabetes with an interviewer and others who may be listening? Very comfortable	[READ LIST]Continue		
	Somewhat uncomfortable			
	Very uncomfortable			
8.	[all participants will be remote FG participants] To participate have access to a computer and the internet, do you have access Yes	s? CONTINUE TERMINATE		
9.	How much do you agree or disagree with the following statement	ent: I believe it is important to get		
	regular medical check-ups.	· · · · · · · · · · · · · · · · · · ·		
	Strongly Disagree			
	Somewhat Disagree			
	Neither agree nor disagree			
	Somewhat Agree			
	Strongly Agree	Continue		

10.	Has a health care provider ever referred you to diabetes education? I am referring to diabetes education where you meet with a diabetes care and specialist in either one-on-one, in a group or online. These services help track to live well with diabetes. Diabetes care and education specialists of with resources to build skills, knowledge and tools to reach their goals. So on eating healthy, checking blood sugar, being active, managing stress, a solving.	d education people keep on connect people essions can be
	Yes	CONTINUE
	Have you ever participated in diabetes education to which your health care pro you? Again, I am specifically referring to one where you meet with a diabetes control of the special sp	are and
	YesCONTINUE – ASK TO SPECIFY NAME OF PROGRAM	
Ц	No	
	Do not know/Unsure	ONTINUE
	[IF YES TO Q11] Did you participate in the diabetes education within the last 24 Yes	CONTINUE
	Do not know/Unsure	
	[IF YES to Q11] Thinking specifically about the diabetes education you participal approximately how many hours of diabetes education have you received through RECORD NUMBER OF HOURS	gh this program?
14.	How long have you had diabetes?	
	Less than 2 years	.Continue
	2-9 years	Continue
	10 or more year	.Continue
15.	Have you ever experienced any health problems as a result of having diabetes? these may include eye problems, foot or nerve pain, kidney problems, amputat problems. [DO NOT] ask them to share the specific complications they have experienced and the specific complication of the specific complications.	ions, or heart
	Yes	CONTINUE
	No	
16. □	Which of the following best describe the area where you live? Urban	.Continue

	Suburban	Continue
	Rural	Continue
17.	What is the highest level of education you have completed?	
	☐ Less than high school graduate	Continue
	☐ High school graduate or completed GED	Continue
	☐ Some college or technical school	Continue
	☐ A four-year college degree or higher	Continue
	☐ Higher than a 4-year college degree (e.g., Master's degree, PhD)	
	☐ Other (specify):	
	· · · · · · · · · · · · · · · · · · ·	
18.	The next two questions are about your race or ethnicity. First, how do you	describe your
	ethnicity?	•
	☐ Hispanic or Latino	Continuo
	□ Not Hispanic or Latino	
	NOT HISPAINE OF LAURO	Continue
10	How do you describe your race? (SELECT ALL THAT APPLY)	
17.	American Indian or Alaska Native	Continuo
	Asian	
	Black or African American	
	□ Native Hawaiian or Other Pacific Islander	Continue
	☐ White	Continue

TERMINATION LANGUAGE

Thank you very much for your time. You aren't eligible for the study, so we won't be able to include you this time. Thank you for your time and interest. Have a good day/evening.

INVITATION FOR FOCUS GROUPS

Thank you for answering my questions. You qualify to participate in this telephone/online focus group, and I would like to schedule a time for you to participate. The focus group will last no more than 1 hour, and you will receive a \$75 gift card as a token of our appreciation for your participation in the focus group. The focus group will be online and you will need a computer with internet access and access to a telephone or audio connection. Do you have your calendar available so I can schedule an interview with you? [If no, either ask when a good time is to call back to schedule or you can send an email with available time and let them pick a time via email.]

What time zone are you in? (CONFIRM FOR CALENDAR APPOINTMENTS AND EMAILS SO THAT PARTICIPANT KNOWS WE WILL SEND IT ON EDT)

We are currently scheduling focus groups for the week of [insert week] at [insert times]. What time would work best for you? [wait for response]

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Type of interview:
Scheduled Date:
Time:
If you use a hearing aid or wear glasses, please remember to bring them for the discussion.
Before we hang up, let me get the correct spelling of your name, and your address and phone numbers so we can send you an email with directions and give you a reminder call the day of the group.
FULL NAME
ADDRESS
E-MAIL
CELL PHONE

We are looking forward to your participation on [DATE] at [TIME]. We are under obligation to our client to start on time. We consider your agreement today to be a commitment. If you discover that you must cancel, please inform us at once so that we can replace you.

We will email you before the focus group just to confirm everything. Thank you again for your time and we will talk with you on (DATE and TIME).