# Focus Group Testing to Effectively Plan and Tailor Cancer Prevention and Control Communication Campaigns

## Appendix C

Reference Set of Example Questions to Use in Constructing A Focus Group Screening Form

# Focus Group Testing to Effectively Plan and Tailor Cancer Prevention and Control Communication Campaigns

**Recruitment Screener** 

Introduction		
Group Date:	Group Time:	
General Public/Health Care Pr	ovider	
Name:		
Address:		
City, State, Zip:		
Day Phone:		_
Evening Phone:		_
Email:		_
Other contact information:		_
Hello, my name is I'm w	ith (insert qualitative researc	h firm description). On behalf
of the federal Centers for Disea	` _	<u> </u>
study with (insert general publi	c or health care providers) ab	oout (insert specific cancer
communication campaign). So	me people we speak with toda	y will be invited to participate
in a focus group and will receiv		
your time. May I ask you a fev		

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 (0920-0800)

#### **INSTRUCTIONS:**

Use this reference set of screening questions to construct a Screening Form for each information collection or focus group. Select questions that will assist in identifying members of the target population. Questions that are not relevant to a specific target population or communication campaign should be deleted to avoid unnecessary burden to respondents.

#### **DEMOGRAPHIC QUESTIONS**

1.	Respondent gender: [ ] Male [ ] Female
2.	Ethnicity [ ] Hispanic or Latino [ ] Not Hispanic or Latino
3.	Race (respondents may select more than one response category for Race)  [ ] White [ ] Black or African American [ ] American Indian or Alaska Native [ ] Asian [ ] Native Hawaiian or Other Pacific Islander
4.	Which of the following age categories includes you?  [ ] Under 50 years old  [ ] 50-60 years old  [ ] 61-70 years old  [ ] 71-74 years old  [ ] 75 or older
Qι	JESTIONS FOR HEALTH CARE PROVIDERS:
5.	What is your primary specialty, that is, the specialty in which you spend 50% or more of your professional time? [Recruit a mix] [] Family Practice [] General Practice [] Internal Medicine: Do you have a sub-specialty?
6.	On average, how many hours per week do you <u>currently</u> spend in direct patient care? [ ] 0 hours [ ] 1 to 19 hours [ ] 20 to 39 hours [ ] 40 hours or more

7.	Which best describes the setting in which you practice?
	[ ] Solo practice [ ] Health Maintenance Organization (HMO) or Managed Care Organization (MCO)
	[] Single specialty group practice
	[] Multi-specialty group practice
	[] Government health facility (e.g., VA)
	[ ] Other (please specify):
8.	Which best describes the type of community where your primary practice is located?  [ ] Urban
	[ ] Suburban [ ] Rural
9.	What percentage of your patients are over the age of 50?
	[]0%
	[] 1 to 19%
	[] 20 to 39%
	[] 40% or more
10.	Have you ever been diagnosed with (insert specific cancer)?
	[] Yes
	[ ] No
11.	Has a close family member ever been diagnosed with (insert specific cancer)?
	[] Yes
	[ ] No
12.	For statistical purposes, may I ask:
	a. What year you graduated from medical school?
	b. What year you were born?
13.	Have you participated in any focus groups about (insert specific cancer) in the last six
	months?
	[] No
	[] Yes

# QUESTIONS FOR GENERAL PUBLIC ONLY (FOR ILLUSTRATIVE PURPOSES, ASSUME RECRUITMENT FOR COLORECTAL CANCER FOCUS GROUPS)

1.	Have you or your spouse <u>ever</u> worked for any of the following types of organizations in a paid position?
	[ ] Doctors office, hospital, clinic, pharmaceutical or drug company
	[] Health department or community health agency
	[] Marketing, advertising or public relations agency or department
	[ ] American Cancer Society (ACS) or another cancer organization
2.	Do you have any kind of health insurance to pay for routine health care?
	If yes: Which plan or plans?
	[] No
	[] Don't know
3.	Have you ever been told by a doctor that you have [READ SLOWLY] any sort of bowel disease such as colitis, inflammatory bowel disease, Crohn's disease, colon cancer, or polyps. POLYPS ARE SMALL GROWTHS IN YOUR COLON OR RECTUM.  [] Yes  If yes: Which one/s:
	[] No
	[] Not sure/don't know
4.	Have you, OR your mother, father, brother, sister, or child ever had colon cancer? [ ] Yes [ ] No [ ] Not sure/don't know
5.	Have you ever been diagnosed with any kind of cancer?
	[] No
	[] Not sure/don't know
	[] Yes
	If yes, ask: <b>What kind of cancer?</b> For "skin cancer" only, skip to Q6. For other cancers, ask:
	When were you diagnosed?
6.	When, if ever, was the last time you participated in a focus group?  [] Have never participated
	[ ] Within the last 6 months: What was the topic?
7.	When was your last routine check-up or physical? [Information only]
8.	Thinking about the doctor visits you have had over the last 5 years, have you been

	Diabetes or "Sugar"
	[] Yes
	[] No [Information Only]
b.	Heart problems
	[] Yes
	[] No [Information Only]
c.	[Ask Females only] Breast cancer
	[] Yes
[] No [Information Only]	
<b>d.</b> [Ask Males only] Prostate cancer	
	[] Yes
	[] No [Information Only]
e.	Colon cancer
	[ ] Yes [ ] No
	[] Don't know
	. I am used to talking with people about these tests, and I hope that you will ward about my questions.
10. Have you could use	ever <u>been given</u> a test kit to check for blood in your stool – a kit which you at home to collect a few stool samples from the toilet, and put them on a card?
10. Have you could use [] No	at home to collect a few stool samples from the toilet, and put them on a card?
10. Have you could use [] No [] Don't k	at home to collect a few stool samples from the toilet, and put them on a card?
10. Have you could use [] No [] Don't l [] Yes	at home to collect a few stool samples from the toilet, and put them on a card?
10. Have you could use [] No [] Don't k [] Yes If yes:	at home to collect a few stool samples from the toilet, and put them on a card?
10. Have you could use [] No [] Don't l [] Yes	at home to collect a few stool samples from the toilet, and put them on a card?  Show  Did you <u>complete</u> the test and return the card to the lab or doctor?
10. Have you could use [] No [] Don't k [] Yes If yes:	at home to collect a few stool samples from the toilet, and put them on a card?  Snow  Did you <u>complete</u> the test and return the card to the lab or doctor?  [] No
10. Have you could use [] No [] Don't k [] Yes If yes:	at home to collect a few stool samples from the toilet, and put them on a card?  Know  Did you complete the test and return the card to the lab or doctor?  [] No [] Don't remember
10. Have you could use [] No [] Don't k [] Yes If yes:	at home to collect a few stool samples from the toilet, and put them on a card?  Chook  Did you complete the test and return the card to the lab or doctor?  [] No  [] Don't remember  [] Yes
10. Have you could use [] No [] Don't k [] Yes If yes:	at home to collect a few stool samples from the toilet, and put them on a card?  Chook  Did you complete the test and return the card to the lab or doctor?  [] No [] Don't remember [] Yes If yes:
10. Have you could use [] No [] Don't k [] Yes If yes:	at home to collect a few stool samples from the toilet, and put them on a card?  Did you complete the test and return the card to the lab or doctor?  Don't remember  Stress  If yes:  When was the last time you completed this test?  [Record answer]
10. Have you could use [] No [] Don't k [] Yes If yes:	at home to collect a few stool samples from the toilet, and put them on a card?  Did you complete the test and return the card to the lab or doctor?  No  Don't remember  Yes  If yes:  When was the last time you completed this test?
10. Have you could use [] No [] Don't k [] Yes If yes:	at home to collect a few stool samples from the toilet, and put them on a card?  Did you complete the test and return the card to the lab or doctor?  No  Don't remember  Syes  If yes  When was the last time you completed this test?  [Record answer
10. Have you could use [] No [] Don't k [] Yes If yes:	Did you complete the test and return the card to the lab or doctor?  [] No [] Don't remember [] Yes If yes: When was the last time you completed this test? [Record answer] Note: If unknown, try to jog memory by asking: Approximately when? [Read] [] Within 1 year or approximately a year ago [] More than a year ago, but less than 2 years ago
10. Have you could use [] No [] Don't k [] Yes If yes:	at home to collect a few stool samples from the toilet, and put them on a card?  Did you complete the test and return the card to the lab or doctor?  No  Don't remember  Syes  If yes  When was the last time you completed this test?  [Record answer

tested for:

	Do you remember anything about the name of the test or tests? It's OK if you're not sure or don't know the exact pronunciationanything you remember about the tests or the names will help me:
	Record anything the person says:
	[OK if they say they don't know the name(s)]
	[Read regardless of what person says] <b>Sigmoidoscopy</b> (SIG-MOYD-OSS-CO-PEE) <b>is one common test. The other test is called a colonoscopy</b> (CO-LON-OSS-CO-PEE).
	Both of these tests involve a lighted tube that the doctor inserts into your rectum to view the colon. The sigmoidoscopy is often done in the doctor's office without medication and is relatively simple. The colonoscopy uses a longer tube and typically you are given medication to relax and you must be driven home by someone else. Some people confuse these tests with one in which a tube is inserted through the mouth or the nose. That's a different test.
	Now that I have explained more about these tests, do you recall whether you have ever had a <u>colonoscopy</u> ? That is the test that uses a longer tube and typically involves some medication. Afterwards, someone else must drive you home.
	[ ] No [ ] Yes [Continue with Q below about when colonoscopy was done] [ ] Not sure [Continue with Q below about when completed to see if this jogs person memory]
	Approximately, when was the last time you had a colonoscopy?  [Record answer]
	If unknown, try asking: Was it:
	[] Within the last 2 years
	[] Within the last 5 years
	[] 5 or more years ago, but less than 10 years [] Longer than 10 years ago
12.	Do you recall whether you have ever had a sigmoidoscopy? The test is usually done without medication in the doctor's office.  [] No [] Yes [] Not sure
	Approximately, when was the last time you had a sigmoidoscopy?  Record answer:
	For responses [] Within the last year [Terminate]

[] Within the last 2-3 years [Terminate] [] Within the last 4-5 years [Terminate] [] 5 or more years ago, but less than 10 [Continue] [] More than 10 years [Continue] [] Don't knowTry to jog person's memory by asking: Approximately when? [Read] Was it? [] Within the last 2 years [Terminate] [] Within the last 5 years [Terminate] [] 5 or more years ago, but less than 10 years [Continue] [] More than 10 years ago [Continue]
Have you ever had an x-ray test of your colon, for which you first were given an enema through your rectum and then x-rays of your colon were taken? This usually is called a barium enema, or lower GI test. [Note: If person volunteers that he/she has had a tube down his/her throat or <a href="swallowed">swallowed</a> "chalky stuff," before an x-ray, this is not the same test. OK to continue if test did NOT involve an enema.]  [] No [] Yes
If yes, ask: When was the last time you completed this test?  Record answer:  [ ] Don't know  If unknown, ask: Approximately when?
[Read] Was it? [] Within the last 2 years [] Within the last 5 years [] 5 or more years ago, but less than 10 years [] More than 10 years ago
What is the last grade or year of school you completed?  [ ] Less than high school  [ ] Some high school  [ ] Completion of high school  [ ] Some college  [ ] Completion of college  [ ] Post-graduate degree
Please stop me when I read the range that includes your total annual household income.  **Categories will be based on each city/metro region's median household income. Goal is to recruit primarily lower to middle class participants. OK to include some people in "upper middle" income category IF they have never had any screening tests for colorectal cancer.  Affluent or very rich are not desired.  [] Less than or equal to \$

## **INVITATION:**

Thank you for answering my questions. We are convening focus groups with (insert general public or health care providers) to discuss (insert specific cancer communication campaign). I hope you will be interested in participating.

The current options are on (insert day/time) at:		
-	PM Eastern Daylight TimeOR PM Eastern Daylight Time	
Are you available? If YES: Record of If NO, please asl	contact information on the front. k:	
Would you like to be contacted again about this study if additional times are scheduled? [] Yes: Thank you. We will contact you if we schedule additional groups. [] No		