**ATTACHMENT A: Recruitment Protocol and Screening Instrument**

**Water Emergency Risk Communication Messaging**

U. S. Department of Health and Human Services

Centers for Disease Control and Prevention

 **(Focus Group)**

CDC estimates the average public reporting burden for this collection of information as 10 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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 (0923-0047).

**Summary Table**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Focus Group* | *Location* | *Number of Participants* | *Date/Time* | *Audience* |
| #1 | Wilmington, NC | 10 | TBD | Community Members (Public) |
| #2 | Wilmington, NC | 10 | TBD | Community Members (Public) |
| #3 | Wilmington, NC | 10 | TBD | Community Members (Public) |
| #4 | Salem, OR | 10 | TBD | Community Members (Public) |
| #5 | Salem, OR | 10 | TBD | Community Members (Public) |
| #6 | Salem, OR | 10 | TBD | Community Members (Public) |
| #7 | Newark, NJ | 10 | TBD | Community Members (Public) |
| #8 | Newark, NJ | 10 | TBD | Community Members (Public) |
| #9 | Newark, NJ | 10 | TBD | Community Members (Public) |

**Recruitment Outline**

* Recruit individuals to conduct 9 focus groups with U.S. adults of who have experienced a diverse range of water emergencies, with 10 individuals per group. The community members may include, but are not limited to, the general public, community leaders, faith-based leaders, and business leaders, to be conducted via [phone, video call, etc.]
* **Recruitment:** Recruit 90 participants for 9 virtual focus groups comprised of 10 people each
* **Incentive:** Participants will receive a $40 gift card as a token of appreciation for their time.
* **Duration:** 90 minutes for each session.

*Good evening. My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I am calling from Powell Strategies. Today we are talking with people as part of a project being held by the Centers for Disease Control and Prevention. The project will focus on gathering feedback about your experience with water-related emergencies and understanding your preferences related to health communications materials created by the Centers for Disease Control and Prevention (CDC). We are not selling anything. We have a few brief questions that will take just 10 minutes of your time,* *and if you qualify and are interested, we will invite you to take part in a focus group that will take place at a later date.*

[Terminate screener as soon as recruiting staff realizes the person does not speak or understand English]

1. In the past three years, have you experienced a water-related emergency?

01 Yes

02 No **[THANK AND TERMINATE]**

1. Which of the following best describes the type of water-related emergency you experienced?

01 Natural disaster (e.g. hurricane, flooding)

02 Water contamination (e.g. harmful algal blooms, lead, disease outbreak)

03 Chemical spill

04 Water outage

05 Other

1. In which of the following categories does your age fall?

01 under 18 years of age **[THANK AND TERMINATE]**

02 18-24 years of age

03 25-34 years of age

04 35-44 years of age

05 45-54 years of age

06 55-64 years of age

07 65-74 years of age

08 75 years of age or older

 **[DOCUMENT ON GRID]**

 **[RECRUIT A MIX WITHIN EACH GROUP]**

1. Have you participated in a focus group, in-depth interview, telephone survey, and/or online survey in which you were asked your opinions regarding a product, a service, or advertising within the past six months?

01 Yes **[THANK AND TERMINATE]**

1. No
2. Do you, or does any member of your household or immediate family work:

01 For a market research company

02 For an advertising agency or public relations firm

03 In the media (TV/radio/newspapers/magazines)

04 As a healthcare professional (doctor, nurse, pharmacist, dietician, etc.)

05 No

06 Not applicable

**[IF YES TO 01 - 04, THANK AND TERMINATE]**

1. What is your current job title? What term would you use to describe your current profession? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **[IF ANY OF THE FOLLOWING, THANK AND TERMINATE]**

* **Employee of U.S. Department of Health and Human Services**
* **Employee of state or local health department**
* **Employee of Department of Homeland Security**
* **Employee of Environmental Protection Agency**
* **Employee of state or local emergency management agency**
* **Nuclear power plant employee, Radiation Safety Officer, health physicist or other radiation-related occupation**
* **Other local, state, or federal health agency employee**
1. What is the highest level of education you have completed?

01 Grade school **[THANK AND TERMINATE]**

02Less than high school graduate/some high school

03 High school graduate or completed GED

04 Some college or technical school

05 Received four-year college degree

06 Some post graduate studies

07 Received advanced degree

08 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 **[RECRUIT A MIX WITHIN EACH GROUP]**

 **[RECRUIT SO THAT GROUPS TOGETHER ARE REFLECTIVE OF THE COMMUNITY]**

**FOR REMOTE (VIRTUAL) FOCUS GROUPS (ASK QUESTIONS 6-7):**

1. Do you use/access the internet?
	1. Yes
	2. No **[IF NO, THANK AND TERMINATE]**
2. Do you have internet access through which we can show you streaming video and images?
	1. Yes
	2. No **[IF NO, THANK AND TERMINATE]**
3. The next few questions are about gender identity.

|  |
| --- |
| What sex were you assigned at birth, on your birth certificate? |
| a. \_\_\_\_ Male  |
| b. \_\_\_\_ Female |
| c. \_\_\_\_ Refused |
| d. \_\_\_\_ I don’t know |
| Do you currently describe yourself as male, female, or transgender? a. \_\_\_\_ Female |
| b. \_\_\_\_ Male |
| c. \_\_\_\_ Transgender |
| d. \_\_\_\_ None of these |

**[DOCUMENT ON GRID]**

**[RECRUIT A MIX]**

|  |
| --- |
| 1. The next few questions are about racial and ethnic identity.
 |
| How do you describe your ethnicity?  |
| a. \_\_\_\_ Hispanic or Latino  |
| b. \_\_\_\_ Not Hispanic or Latino |
| How do you describe your race (select all that apply):a. \_\_\_\_ American Indian or Alaska Native |
| b. \_\_\_\_ Asian |
| c. \_\_\_\_ Black or African American |
| d. \_\_\_\_ Native Hawaiian or Other Pacific Islander |
| e. \_\_\_\_ White |

**[DOCUMENT ON GRID]**

**[RECRUIT A MIX WITHIN EACH GROUP]**

**[RECRUIT SO THAT GROUPS TOGETHER ARE REFLECTIVE OF THE COMMUNITY]**

1. **ASSESS AND VERIFY ABILITY TO SPEAK AND UNDERSTAND ENGLISH**

*Those are all my questions. You do qualify for our focus group and we would like to invite you to join us on \_\_\_\_\_\_\_ at \_\_\_\_\_\_ PM. The focus group will last about 90 minutes; it will be recorded to be sure we get all the information. In appreciation for your time, you will be given $50.*

*Are you willing to participate?*

 *01 Yes*

 *02 No*

*Prior to the start of the focus group, you will receive an information sheet with such information as sponsorship of the study and contacts for more information. If after we hang up, you have a question about this focus group or decide you can’t participate, please contact me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.*

*Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*City/State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Day Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Night Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*