

OMB BURDEN STATEMENT: 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 0584-0523 and the expiration date is 11/30/2022. The time to complete this information collection is estimated at 10 minutes per initial screening for non-qualifying participants and 15 minutes per initial screening for qualifying participants. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Braddock Metro Center II, 1320 Braddock Place, Alexandria, VA 22314, ATTN: PRA (0584-0523). Do not return the completed form to this address.

Attachment E-1 Focus Group Screener (English) (Remaining Consumer Audiences)

- **Audience 1:** SNAP-eligible (Q9-Q9d), Mixed BMI (Q14-Q15), Child 0 to <6 mos. (Q2-Q2a), English-speaking (Q10-Q11), Mixed race/ethnicity (Q4-Q5), Female (Q1), Breastfeeding (Q12-Q13), mix of ages (Q6)
- **Audience 2:** Higher income (Q9-Q9d), Mixed BMI (Q14-Q15), Child 6 to <12 mos. (Q2-Q2a), English-speaking (Q10-Q11), Mixed race/ethnicity (Q4-Q5), Mixed gender (Q1), Not breastfeeding (Q12-Q13), 26-40 years of age (Q6)
- **Audience 3:** SNAP-eligible (Q9-Q9d), Healthy BMI (Q14-Q15), Child 12-24 mos. (Q2-Q2a), English-speaking (Q10-Q11), Mixed race/ethnicity (Q4-Q5), Mixed gender (Q1), Not breastfeeding (Q12-Q13), mix of ages (Q6)
- **Audience 4:** Higher income (Q9-Q9d), Mixed BMI (Q14-Q15), Child 0 to <6 mos. (Q2-Q2a), English-speaking (Q10-Q11), Mixed race/ethnicity (Q4-Q5), Female (Q1), Breastfeeding (Q13), 26-40 years of age (Q6)
- **Audience 5:** SNAP-eligible (Q9-Q9d), Mixed BMI (Q14-Q15), Child 6 to <12 mos. (Q2-Q2a), English-speaking (Q10-Q11), African American (Q4-Q5), Mixed gender (Q1), Not breastfeeding (Q12-Q13), mix of ages (Q6)
- **Audience 6:** Higher income (Q9-Q9d), Overweight BMI (Q14-Q15), Child 12-24 mos. (Q2-Q2a), English-speaking (Q10-Q11), Mixed race/ethnicity (Q4-Q5), Mixed gender (Q1), Not breastfeeding (Q12-Q13), mix of ages (Q6)
- **Audience 7:** SNAP-eligible (Q9-Q9d), Mixed BMI (Q14-Q15), Child 0 to <6 mos. (Q2-Q2a), Spanish-speaking (Q10-Q11), Hispanic (Q4-Q5), Mixed gender (Q1), Not breastfeeding (Q12-Q13), mix of ages (Q6)
- **Audience 8:** Higher income (Q9-Q9d), Mixed BMI (Q14-Q15), Child 6 to <12 mos. (Q2-Q2a), English-speaking (Q10-Q11), Mixed race/ethnicity (Q4-Q5), Mixed gender (Q1), Mixed breastfeeding (Q12-Q13), mix of ages (Q6)
- **Audience 9:** SNAP-eligible (Q9-Q9d), Mixed BMI (Q14-Q15), Child 6 to <12 mos. (Q2-Q2a), Spanish-speaking (Q10-Q11), Hispanic (Q4-Q5), Mixed gender (Q1), Not breastfeeding (Q12-Q13), mix of ages (Q6)
- **Audience 10:** SNAP-eligible (Q9-Q9d), Overweight BMI (Q14-Q15), Child 12-24 mos. (Q2-Q2a), English-speaking (Q10-Q11), African American (Q4-Q5), Mixed gender (Q1), Not breastfeeding (Q12-Q13), mix of ages (Q6)

OMB BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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 0584-0524. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Policy Support, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584-0523). Do not return the completed form to this address.

All groups recruit 10 to seat six.

Hello, My name is _____, and I am calling from Edge Research, a research company in CITY/LOCATION. We are calling on behalf of the United States Department of Agriculture (USDA FNS) Food and Nutrition Service (FNS) Center for Nutrition Policy and Promotion (CNPP) to ask for your participation in a discussion about how USDA can best communicate nutrition information to people like you. Your participation is voluntary and as a token of our appreciation, we will provide a \$90 gift card as an incentive for your participation in a 2-hour discussion on this subject (including 30 minutes to log on). There are no penalties if you chose not to participate. This feedback session will be private, which means that nothing that you say will be seen by anyone other than qualified researchers working on this project, except as otherwise required by law. Your responses will be combined with others and you will never be personally identified.

Are you interested in participating?

IF NO: Thank you and have a great day/evening.

IF YES: Great! First, I need to ask you a few questions to find out if your background meets the needs of this study.

Before the questions, I need to inform you about the process.

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 0584-0523 and the expiration date is 11/30/2022. The time to complete this information collection is estimated at 10 minutes per initial screening for non-qualifying participants and 15 minutes per initial screening for qualifying participants. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Braddock Metro Center II, 1320 Braddock Place, Alexandria, VA 22314, ATTN: PRA (0584-0523). Do not return the completed form to this address. If you have comments on any aspect of this information collection, there is a mailing address to send comment to USDA. Would you like that address? [IF YES: U.S. Department of Agriculture, Food and Nutrition Services, Braddock Metro Center II, 1320 Braddock Place, Alexandria, VA 22314, ATTN: PRA (0584-0523).]

1. DO NOT READ: RECORD GENDER

- 1) Male
- 2) Female [MUST BE FEMALE FOR AUDIENCE 1, 4]

RECRUIT MIX FOR AUDIENCE 2, 3, 5, 6, 7, 8, 9, 10

2. Are you the parent/caregiver of a child 24 months or younger who lives with you, even part-time?

- 1) Yes [MUST SELECT TO CONTINUE]

- 2) No [THANK AND TERMINATE: *Based on the requirements of the study, it looks like we can't include you at this time. It is possible we will be calling you in the future for other studies.*]

2a. How old is the child who lives with you?

- 1) 0 to less than 6 months [MUST SELECT TO CONTINUE FOR AUDIENCE 1, 4, 7]
- 2) 6 to less than 12 months [MUST SELECT TO CONTINUE FOR AUDIENCE 2, 5, 8, 9]
- 3) 12 to 24 months [MUST SELECT TO CONTINUE FOR AUDIENCE 3, 6, 10]

2b. Are you currently pregnant or trying to become pregnant within the next year?

- 1) Trying to become pregnant within next year
- 2) Currently pregnant [THANK AND TERMINATE]
- 3) No, none of these

3. In what state do you live?

(DROPDOWN; ONLY ACCEPT **WA, MD, FL, TX**)

RECRUIT MIX ACROSS STATES TO EXTENT POSSIBLE

4. Are you Hispanic, Latino or of Spanish descent?

- 1) Yes, Hispanic or Latino [CONTINUE SCREEN FOR ALL GROUPS; MUST SELECT FOR AUDIENCE 7, 9]
- 2) No, not Hispanic or Latino
- 3) Prefer not to answer

5. Which of the following best describes your race? Select all that apply. [ACCEPT MULTIPLE RESPONSES; RECRUIT A MIX FOR AUDIENCES 1, 2, 3, 4, 6, 8 INCLUDING HISPANIC AND NATIVE AMERICAN]

- 1) American Indian or Alaska Native
- 2) Asian
- 3) Black or African American [MUST SELECT TO CONTINUE FOR AUDIENCE 5, 10]
- 4) Native Hawaiian or Other Pacific Islander
- 5) White [MAX 4 PER GROUP THAT SELECT WHITE ONLY]

- 6) Prefer not to answer [EXCLUSIVE; THANK AND TERMINATE]

6. Please stop me when I come to the category that includes your age.

- 1) Under 18 [THANK AND TERMINATE: *Based on the requirements of the study, it looks like we can't include you at this time. It is possible we will be calling you in the future for other studies.*]
- 2) 18 - 25
- 3) 26 - 29
- 4) 30 - 40
- 5) 41 - 59
- 6) 60 - 74
- 7) 75 or older [THANK AND TERMINATE]

GROUPS 2 AND 4 MUST BE 26-40 YEARS OF AGE (Q6 = 2,3,4)

RECRUIT MIX FOR GROUPS 1, 3, 5, 6, 7, 8, 9, 10

7. Please select the category that best represents your living situation:

- 1) Live in parent/guardian's home

- 2) Live in dorm/group home
 - 3) Live with spouse/significant other
 - 4) Live with children/other family members [CHECK AGAINST PARENT Q2]
8. In your household, who is responsible for making choices regarding the food you and your household eats?
- 1) I am primary responsible for making choices regarding the food I/my household eats
 - 2) I share responsibility for making choices regarding the food I/my household eats
 - 3) Someone else is primarily responsible for making choices regarding the food I/my household eats [THANK AND TERMINATE]
9. How many people live with you regularly and make up your "household" including yourself? Please exclude any roommates/boarders/etc. __ __ [NUMERIC 1-99; REQUIRED]

9a. [ASK ONLY TEXAS] What was your approximate annual household income for 2019, before taxes, from all sources? This includes salaries, Social Security, pension, interest, and investment earnings.

SNAP Eligibility:

Household size	Annual Income
1	\$16,248.00
2	\$21,984.00
3	\$27,732.00
4	\$33,480.00
5	\$39,228.00
6	\$44,976.00
7	\$50,724.00
8	\$56,460.00

IF SNAP ELIGIBLE, CONTINUE FOR GROUPS 1, 3, 5, 7, 9, 10

IF NOT SNAP ELIGIBLE, RECRUIT FOR HIGHER INCOME GROUPS 2, 4, 6, 8

9b. [ASK ONLY MARYLAND] What was your approximate annual household income for 2019, before taxes, from all sources? This includes salaries, Social Security, pension, interest, and investment earnings.

SNAP Eligibility:

Household size	Annual Income
1	\$16,248
2	\$21,984
3	\$27,732
4	\$33,480
5	\$39,228
6	\$44,976
7	\$50,724
8	\$56,460

IF SNAP ELIGIBLE, CONTINUE FOR GROUPS 1, 3, 5, 7, 9, 10

IF NOT SNAP ELIGIBLE, RECRUIT FOR HIGHER INCOME GROUPS 2, 4, 6, 8

9c. [ASK ONLY FLORIDA] What was your approximate annual household income for 2019, before taxes, from all sources? This includes salaries, Social Security, pension, interest, and investment earnings.

SNAP Eligibility:

Household size	Annual Income
1	\$25,520
2	\$34,480
3	\$43,440
4	\$52,400
5	\$61,360
6	\$70,320
7	\$79,280
8	\$88,240

IF SNAP ELIGIBLE, CONTINUE FOR GROUPS 1, 3, 5, 7, 9, 10

IF NOT SNAP ELIGIBLE, RECRUIT FOR HIGHER INCOME GROUPS 2, 4, 6, 8

9d. [ASK ONLY WASHINGTON] What was your approximate annual household income for 2019, before taxes, from all sources? This includes salaries, Social Security, pension, interest, and investment earnings.

SNAP Eligibility:

Household size	Annual Income
1	\$25,520
2	\$34,480
3	\$43,440
4	\$52,400
5	\$61,360
6	\$70,320
7	\$79,280
8	\$88,240

IF SNAP ELIGIBLE, CONTINUE FOR GROUPS 1, 3, 5, 7, 9, 10

IF NOT SNAP ELIGIBLE, RECRUIT FOR HIGHER INCOME GROUPS 2, 4, 6, 8

[ADDITIONAL SCREEN FOR HISPANIC PARTICIPANTS]

10. What language do you usually speak at home?

- 1) Only Spanish
- 2) Mostly Spanish
- 3) Spanish and English equally
- 4) Mostly English
- 5) Only English [SKIP TO RESUME ALL QUESTION]

11. Thinking of your media habits, including television, the internet, social media, radio, and print newspapers and magazines, would you say you use ...

- 1) Only Spanish language media
- 2) Mostly Spanish language media
- 3) Spanish and English language media equally
- 4) Mostly English language media

5) Only English language media

MUST BE MOSTLY SPANISH IN MEDIA OR AT HOME (Q10 or Q11 = 1,2) TO QUALIFY FOR SPANISH-SPEAKING AUDIENCES 7, 9. IF EQUAL OR MOSTLY ENGLISH ON BOTH (Q10 and Q11=3-5), MAY QUALIFY FOR ENGLISH-SPEAKING AUDIENCES.

RESUME ASKING ALL

12. How do you currently feed your child who is 24 months of age or younger? Select all that apply.

- 1) Breastfeeding (including pumping)
- 2) Formula/Breast-milk substitutes
- 3) Pureed food
- 4) Solid food
- 5) Other, please describe: _____ [HOLD FOR EDGE REVIEW]

[ASK IF Q12 DOES NOT EQUAL 1]

13. Have you ever breastfed your child who is 24 months of age or younger?

- 1) Yes
- 2) No

IF Q2A=1 (CHILD 0-6 MONTHS), MUST SELECT Q12=1 TO QUALIFY FOR BREASTFEEDING GROUPS 1, 4

ALL: IF Q2A=2 OR 3 (CHILD OLDER THAN 6 MONTHS), MUST SELECT Q12=1 OR 13=1 TO QUALIFY FOR BREASTFEEDING GROUPS 1, 4

ALL: IF Q2A=2 OR 3 (CHILD OLDER THAN 6 MONTHS), MUST SELECT Q13=2 **AND NOT** SELECT Q12=1 FOR NON-BREASTFEEDING GROUPS 2, 3, 5, 6, 7, 9, 10

RECRUIT MIX OF BREASTFEEDING AND NON-BREASTFEEDING FOR GROUP 8

14. Can you tell me how tall you are in feet and inches? IF RESPONDENT DOESN'T KNOW, ASK FOR BEST GUESS. IF THEY CAN'T GUESS, **TERMINATE.**

____ Feet ____ Inches

15. Can you tell me how much you weigh (pre-pregnancy, if applicable), in pounds? IF RESPONDENT DOESN'T KNOW, ASK THEM TO GIVE YOU THEIR BEST GUESS. IF THEY CAN'T GUESS, **TERMINATE.**

____ Pounds

USE NIH LINK (BELOW) AND ENTER HEIGHT AND WEIGHT TO CALCULATE BMI.

http://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm

IF BMI <18.5, TERMINATE

IF 18.5 <= BMI <= 24.9, CODE AS HEALTHY WEIGHT; MUST SELECT FOR GROUP 3

IF 25 <= BMI <= 29.9, CODE AS OVERWEIGHT; MUST SELECT FOR GROUPS 6, 10

IF 30 <= BMI <= 40, CODE AS OBESE; MUST SELECT FOR GROUPS 6, 10

IF BMI > 40, TERMINATE FOR ALL GROUPS

RECRUIT A MIX OF HEALTHY/OVERWEIGHT/OBESE FOR GROUPS 1, 2, 4, 5, 7, 8, AND 9

RECRUIT A MIX OF OVERWEIGHT/OBESE FOR GROUPS 6, 10

16. For each statement, please tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with that statement.

- 1) Strongly agree
- 2) Somewhat agree
- 3) Somewhat disagree
- 4) Strongly disagree
- 5) Don't know/Not sure

[RANDOMIZE]

- a) I am confident in my ability to make nutritious eating choices
- b) The people closest to me have nutritious eating habits
- c) I know where to find/purchase nutritious foods near me
- d) Eating food you know is not good for you is fine as long as you have a balanced diet
- e) Nutritious food is expensive
- f) I eat whatever I want, whenever I want
- g) I eat whatever I know my kids/family will eat

RECRUIT FOR A MIX OF ATTITUDES/LIFESTYLE

17. How familiar are you with each of the following programs from USDA?

- 1) Very familiar
- 2) Somewhat familiar
- 3) Not too familiar
- 4) Never heard of/don't know

[ROTATE]

- a) "SNAP" or the Supplemental Nutritional Assistance Program. It is sometimes referred to and formerly known as "Food Stamps"
- b) "WIC" or the Special Supplemental Nutrition Program for Women, Infants, and Children
- c) "MyPlate"

MAX 2 PER GROUP "NEVER HEARD OF" SNAP (Q17 A=4) FOR GROUPS 1, 3, 5, 7, 9, 10

MIN 2 PER GROUP "VERY FAMILIAR" WITH SNAP (Q17 A=1) FOR GROUPS 1, 3, 5, 7, 9, 10

18. What is your zip code? ____ [NUMERIC, RECORD]

19. In what type of community do you live? [CONFIRM AGAINST ZIP CODE. RECRUIT A MIX REFLECTIVE OF THE CITY/LOCATION]

- 1) Urban, which is inside a city
- 2) Suburban, which is just outside of a city
- 3) Rural, which is farther outside of a city, like in the country [MIN. 4 PER GROUP IN "RURAL" CITY/LOCATIONS]

IF HIGHER INCOME: The discussion we are recruiting for is virtual, meaning that you can participate from the comfort of your own home, but you would need to be in front of a computer with internet access, as well as on a telephone and in a quiet place. Please make sure and confirm that you can be in a quiet place and can commit to the full 2 hours (including 30 minutes to log on) without many interruptions. It is okay to breastfeed or pump, if needed, during this time. To better simulate a discussion, you would also need to be visible to the interviewer via a web camera. Someone will call you before the group to

help you get set up the webcam and make sure all the technology needed for the discussion is working properly.

IF SNAP ELIGIBLE: The discussion we are recruiting for is virtual, meaning that you can participate from the comfort of your own home, but you would need to be in front of a device with internet access, in a quiet place. Please make sure and confirm that you can be in a quiet place and can commit to the full 2 hours (including 30 minutes to log on) without many interruptions. It is okay to breastfeed or pump, if needed, during this time. To better simulate a discussion, you would also need to be visible to the interviewer via a web camera.

ALL: This is for research purposes only, and all of your feedback during the group would be anonymous and private, and the remote connection is safe and secure. To thank you for participating in this study, we will give you a **\$90 gift card** at the end of the group.

20. Is this something you are interested in and comfortable with?

- a. Yes
- b. No **THANK AND TERMINATE**

Now, just a couple of questions about your technology usage.

21. How would you describe your comfort level with using the internet?

- 1 Very comfortable
- 2 Somewhat comfortable
- 3 Neutral
- 4 Not that comfortable **THANK AND TERMINATE**
- 5 Not comfortable at all **THANK AND TERMINATE**
- 6 Not sure **THANK AND TERMINATE**

22. Do you have a high-speed internet connection that you can use while participating in this research?

- 1 Yes **CONTINUE**
- 2 No **THANK AND TERMINATE**

ASK Q23 AND Q24 IF SNAP-ELIGIBLE

23. What type of device will you be using to participate?

- a. Computer/laptop
- b. Tablet
- c. Phone

24. Do you have a webcam on your computer, laptop, tablet, or smartphone that you can use for the discussion?

- a. Yes **CONTINUE**
- b. No **PLEASE HOLD FOR EDGE REVIEW, IDEALLY ALL RESPONDENTS HAVE WEBCAMS. PRIORITIZE RESPONDENTS WITH WEBCAMS OVER RESPONDENTS WITHOUT WEBCAMS.**

Thank you for completing the screening questions. As I mentioned previously, you have been invited to participate in a small discussion group regarding how USDA can best communicate about nutrition information to people like you. Your participation means that you would participate in the 2-hour discussion (including 30 minutes to log in) that will be held on DATE/TIME/LOCATION. As a token of our appreciation, you will receive a \$90 gift card upon completion of the group.
Would you still like to participate?

[If Respondent seems uncomfortable, explain, "This information will be used only to send you a confirmation and details for the group."]

Respondent's name _____

Address _____

Email Address _____

Telephone Number: _____

Alternate Number: _____

Privacy Act Statement:

Legal Authority: The United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) is authorized to collect this information under Section 19 of the Child Nutrition Act of 1966 (42 U.S.C. 1787), Section 5 of the Richard B. Russell National School Lunch Act (42 U.S.C. 1754) and Section 11(f) of the Food and Nutrition Act of 2008 (7 U.S.C.2020).

Purpose: This information will be used in to inform the 2020-2025 Dietary Guidelines for Americans about how Americans make food choices and think about health-related issues.

Routine Use: Information may be disclosed for any routine uses listed in the published System of Record Notice titled FNS-8 USDA/FNS Studies and Reports Federal Register published on April 25, 1991, Volume 56, Number 80, on pages 19078 discusses the terms of protections that will be provided to respondents.; the SORNs can be found at:

<https://tile.loc.gov/storage-services/service/ll/fedreg/fr056/fr056080/fr056080.pdf>.

Disclosure: All information collected will be collected privately and only reported anonymously, without any associated with your information or personal information. Any information which would permit identification of the individual will be safeguarded and will be used only by persons engaged in and for the purpose of the survey, except as otherwise required by law.

Participation in this research is voluntary and there are no penalties for refusing to answer any question. However, your cooperation in obtaining this much needed information is extremely important in order to insure the completeness of the results.

