Appendix I

OMB No: 0910-0497 Expiration Date: 10/31/2020

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Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing burden to <a href="mailto:PRAStaff@fda.hhs.gov">PRAStaff@fda.hhs.gov</a>.

## Focus Groups to Support Education on Dietary Supplements: Older Adults, Phase 1 Appendix I: Recruitment Screener

The target audience for these focus groups is adults 55-80 years old. Recruiting Goals

• Eight (8) focus groups will be conducted. The groups will be segmented, as follows:

Group No.	Location	Age Bracket (years)	Education Level
Group 1	Mid Atlantic (Local)	55-64	Lower Edu
Group 2	Mid Atlantic (Local)	55-64	Higher Edu
Group 3	Mid Atlantic (Local)	65-80	Lower Edu
Group 4	Mid Atlantic (Local)	65-80	Higher Edu
Group 5	West Coast	55-64	Lower Edu
Group 6	West Coast	55-64	Higher Edu
Group 7	West Coast	65-80	Lower Edu
Group 8	West Coast	65-80	Higher Edu

<sup>\*</sup>Data collected from mock focus group will not be included in analysis

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## PARTICIPANT SCREENER SCRIPT

Hello Ms./Mr.		Mr	, my name is consored by the U.S. Food and Drug Administration i	and I'm
			upcoming focus group discussions about dietary sup	
		you interested in pa Yes → cont No → elim		
Great. I	'm j	ust going to ask you	a few questions to see if you are eligible for the grou	p.
Q1.	Wh	at is your age?	years	
		Under 55 years old 55-64 65-80 81 and over	<ul> <li>→ eliminate [thank respondent politely]</li> <li>→ continue [recruit to 55-64 year-old group]</li> <li>→ continue [recruit to 65-80 year-old group]</li> <li>→ eliminate [thank respondent politely]</li> </ul>	
_	Wh		decisions regarding your health? partner, family member, advocate) → eliminate [than] → continue	k respondent politely
	in t (IN LII TH	he past 12 months? TERVIEWER NOT KE ONE-A-DAY, M	s, have you regularly taken a multi-vitamin or multi-res. IF NECESSARY, EXPLAIN THESE PRODUCTS EGA-VITAMIN, CENTRUM A-TO-ZINC, AND OT ARIETY OF DIFFERENT VITAMINS, MINERALS INGS AS WELL.)	S ARE THINGS THER PRODUCTS
	<u> </u>	No Yes	<ul><li>→ continue</li><li>→ continue</li></ul>	
	Over the past 12 months, have you <u>regularly</u> taken a <i>single-ingredient</i> vitamin or mineral supplement? This could be a tablet of vitamin C or E, an iron or calcium pill, or even a B complex vitamin. Please exclude if participant ONLY takes vitamin-fortified foods or beverages (e.g., milk fortified with vitamin D).			
	[IF ANSWER IS NOT CLEARLY A SUPPLEMENT AND SOUNDS LIKE IT MAY BE AN INGREDIENT IN FOOD, ASK "is that in your food or is it taken separately as a supplement?" If taken as a food ingredient only, mark "No."]			
		No Yes	<ul><li>→ continue</li><li>→ continue</li></ul>	

Q5.	Over the past 12 months, have you <u>regularly</u> taken any dietary supplements <i>other than</i> vitamin such as herbs or botanicals,? We are talking about things such as garlic pills, melatonin, Echinacea, ginkgo, glucosamine, St. John's wort, amino acids, fish oil, or melatonin.			
	LI sej he	KE IT MAY parately as a rbs used to b a; supplemen	Y BE AN INGREDIENT IN FOOD a supplement?" EXCLUDE fresh g flavor foods in cooking such as garl	RLY A SUPPLEMENT AND SOUNDS, ASK "Is that in your food or is it taken garlic, fresh ginseng, ginseng root, and ic for spaghetti sauce or peppermint for ch as vitamin E or aloe used on skin. If only, mark "No."]
	<u> </u>	No Yes		See DECISION BOX, BELOW CONTINUE
DEC	ISIO	N BOX		
If res	ponde ponde	ent said YES ent said YES	to Q3, but NO to Q4 and Q5, recruit to Q4 but NO to Q5, recruit no more to Q3 <b>and</b> Q4 and Q5, respondent is i	than 2 per group.
Q6. 7			rill be conducted in English and will n derstanding, speaking and reading En	
	<u> </u>	Yes No	<ul><li>→ continue</li><li>→ eliminate [thank respondent poli</li></ul>	tely]
Q7.	Ha	A Market I Nutritionis Nurse/Nurs Microbiolo A Public H State or loc U.S. Depar	meone from your immediate family values of the Research Firm to or Dietitian see Practitioner, Physician, Pharmacist ogist, toxicologist, or chemist fealth Organization cal food agency, trment of Agriculture, or and Drug Administration	worked for or as any of the following:  → eliminate [thank respondent politely]  → eliminate [thank respondent politely]
Q8.	Have you participated in a focus group within the past 6 months? [Interviewer: participation i telephone or online surveys is allowed. If explanation is needed: A focus group is a when a sr group of individuals come together to talk about a certain topic.]			n is needed: A focus group is a when a small
	<u> </u>	Yes No	<ul><li>→ eliminate [thank respondent polition of the continue]</li><li>→ continue</li></ul>	rely]
Q9.	W]	Less than he High school Technical/Some colle	ol graduate or GED $\rightarrow$ recruit f	or lower education or lower education or lower education

		Advanced degree (postgraduate degree)	$\rightarrow$ recruit for higher education	
Q10.		vou of Hispanic or Latino origin? [RECRUIT A MIX] Yes No		
Q11.		is your race? I am going to read several categories or more categories. Are you? [RECRUIT A MIX] White Black or African American Asian Native Hawaiian or Other Pacific Islander American Indian or Alaska Native	f race to choose from. You may choose	
Q12.	Wł	nat is your gender?		
	_ _ _	Female Male [RECRUIT NO MORE THAN 4 MALES PER Prefer not to answer	R GROUP]	
Thank projec	you t. The by tl	n Script for Ineligible Participants: for answering all of my questions. Unfortunately, you ere are many possible reasons that people may not be ne research team. We value your interest in the focus	eligible. These reasons were decided	
Thank discuss about resear extent the en	s you s issu 90 m ch tea prov d of t	Script for Eligible Participants: for answering these questions. We would like to invit use relating to dietary supplements with about 8 other inutes. The discussion will be video- and audio-taped im. Your participation and everything you say during ided by law, and your personal identifying informatio the focus group, you will receive \$75 as a token of app in participating in this focus group?	participants. The discussion will last, and also observed by members of a the discussion will remain secure to the m will not be included in any reports. At	
_ _	Ye No			
	I'm glad that you are interested! The focus group will take place on (Day), (Date), at [X:00 or X:00 p.m.] at [site location].			
Will y	Will you be available to participate at this time?			
_ _	Ye No			

I would like to send you a confirmation email or letter containing directions to the facility. In order to do so, could you please tell me the best way to reach you (e.g., email and/or a phone number)?

Name:				
Address (if needed to reach par	ticipant):			
City:	State:		Zip:	 _
or			•	
Email (if needed to reach partic	ipant):			
Phone (if needed to reach partic				
Date of focus group:		Time:		

We are only inviting a few people, so it is very important that you notify us as soon as possible if for some reason you are unable to attend. Please call [recruiter] at [telephone number] if this should happen. We look forward to seeing you on [date] at [time]. If you use reading glasses, please bring them with you to the focus group.