

**Attachment A-1: USDA Quiz Screener
 Virtual Focus Groups: Screener**

Focus Group Distribution				
Grp #	Location	Income (Q6-Q6c)	Race/Ethnicity (Q2-Q3)	Weight (Q7-Q8)
1	North Carolina	Low income	Mixed	Healthy weight/borderline
2	North Carolina	Higher income	African American	Overweight/obese
3	Pennsylvania	Higher income	Mixed	Overweight/obese
4	Pennsylvania	Low income	African American	Healthy weight/borderline
5	Texas	Low income	Mixed	Overweight/obese
6	Texas	Higher income	Mixed	Healthy weight/borderline
7	Texas	Low income	Hispanic/Latino	Overweight/obese
8	Texas	Higher income	Hispanic/Latino	Healthy weight/borderline

All groups recruit 10 to seat six. All groups will be conducted virtually.

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) Food and Nutrition Service (FNS) to ask for your participation in a discussion about information that USDA can provide to support people in healthful eating. 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 virtual discussion on this subject. 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.

It will take approximately 15 minutes to complete the questions. In accordance with the Paperwork Reduction Act of 1995, the valid OMB control number for this information collection is 0503-0024. 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 (0503-0024).]

1. DO NOT READ: RECORD GENDER [**RECRUIT A MIX FOR EACH GROUP**]
 - 1) Male
 - 2) Female

2. Are you of Hispanic or Latino descent?
 - 1) Yes, Hispanic or Latino **MUST SELECT FOR AUDIENCE 7 AND 8**
 - 2) No, not Hispanic or Latino
 - 1) Prefer not to answer

3. Which of the following best describes your race? Select all that apply. [**ACCEPT MULTIPLE RESPONSES; RECRUIT A MIX FOR AUDIENCES 1, 3, 5, AND 6 INCLUDING HISPANIC AND NATIVE AMERICAN**]
 - 1) American Indian or Alaska Native
 - 2) Asian
 - 3) Black or African American **MUST SELECT FOR AUDIENCE 2 AND 4**
 - 4) Native Hawaiian or Other Pacific Islander
 - 5) White
 - 6) Prefer not to answer **THANK AND TERMINATE**

4. Please stop me when I come to the category that includes your age.
 - 1) Under 18 [**TERMINATE AND THANK: 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 - 29
 - 3) 30 - 44
 - 4) 45 - 59
 - 5) 60 - 74
 - 6) 75 or older [**TERMINATE AND THANK**]

FOR ALL AUDIENCES, RECRUIT A MIX

5. 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 **[TERMINATE]**
6. How many people live with you regularly and make up your “household” including yourself?
Please exclude any roommates/boarders/etc. __ __ **[NUMERIC 1-99; REQUIRED]**
- 6a. **[ASK ONLY TEXAS]** Your approximate annual household income for 2019, before taxes, and from all sources, includes salaries, Social Security, pension, interest, and investment earnings. Is your approximate household income above or below **[INSERT ANNUAL INCOME THAT CORRESPONDS TO HOUSEHOLD SIZE IN THE TABLE BELOW]**?

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 INCOME IS BELOW ANNUAL INCOME LISTED IN THE TABLE, CODE AS SNAP ELIGIBLE
IF SNAP ELIGIBLE, CONTINUE FOR GROUPS 5, 7
IF NOT SNAP ELIGIBLE, CODE AS HIGHER INCOME

- 6aa. **[ASK ONLY TEXAS AND HIGHER INCOME]** To confirm, is your approximate annual household income above or below \$119,140.00?

RECRUIT MIX OF ABOVE AND BELOW FOR GROUPS 6, 8

- 6b. **[ASK ONLY PENNSYLVANIA]** Your approximate annual household income for 2019, before taxes, and from all sources, includes salaries, Social Security, pension, interest, and investment earnings. Is your approximate household income above or below **[INSERT ANNUAL INCOME THAT CORRESPONDS TO HOUSEHOLD SIZE IN THE TABLE BELOW]**?

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 INCOME IS BELOW ANNUAL INCOME LISTED IN THE TABLE, CODE AS SNAP ELIGIBLE
 IF SNAP ELIGIBLE, CONTINUE FOR GROUP 4
 IF NOT SNAP ELIGIBLE, CODE AS HIGHER INCOME**

6ba. [ASK ONLY PENNSYLVANIA AND HIGHER INCOME] To confirm, is your approximate annual household income above or below \$118,890.00?
RECRUIT MIX OF ABOVE AND BELOW FOR GROUP 3

6c. [ASK ONLY NORTH CAROLINA] Your approximate annual household income for 2019, before taxes, and from all sources, includes salaries, Social Security, pension, interest, and investment earnings. Is your approximate household income above or below [INSERT ANNUAL INCOME THAT CORRESPONDS TO HOUSEHOLD SIZE IN THE TABLE BELOW]?
 SNAP Eligibility:

IF	Household size	Annual Income
	1	\$24,984.00
	2	\$33,816.00
	3	\$42,660.00
	4	\$51,504.00
	5	\$60,336.00
	6	\$69,180.00
	7	\$78,024.00
	8	\$86,856.00

**INCOME IS BELOW ANNUAL INCOME LISTED IN THE TABLE, CODE AS SNAP ELIGIBLE
 IF SNAP ELIGIBLE, CONTINUE FOR GROUP 1
 IF NOT SNAP ELIGIBLE, CODE AS HIGHER INCOME**

6ca. [ASK ONLY NORTH CAROLINA AND HIGHER INCOME] To confirm, is your approximate annual household income above or below \$104,826.00?
RECRUIT MIX OF ABOVE AND BELOW FOR GROUP 2

[RESUME ASKING ALL]

7. 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

8. Can you tell me how much you weigh 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; QUALIFY FOR GROUPS 1, 4, 6, AND 8

IF 25 <= BMI <= 26.9, CODE AS BORDERLINE OVERWEIGHT; QUALIFY FOR GROUPS 1, 4, 6, AND 8

IF 27 <= BMI <= 29.9, CODE AS OVERWEIGHT; QUALIFY FOR GROUPS 2, 3, 5, AND 7

IF 30 <= BMI <= 40, CODE AS OBESE; QUALIFY FOR GROUPS 2, 3, 5, AND 7

IF BMI > 40, TERMINATE

RECRUIT A MIX OF HEALTHY/BORDERLINE FOR GROUPS 1, 4, 6, AND 8

RECRUIT A MIX OF OVERWEIGHT/OBESE FOR GROUPS 2, 3, 6, AND 7

9. 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]

- 1) I am confident in my ability to make nutritious eating choices
- 2) The people closest to me have nutritious eating habits
- 3) I know where to find/purchase nutritious foods near me
- 4) I eat whatever I want, whenever I want
- 5) I follow social media accounts or hashtags that promote healthy eating
- 6) I use websites or apps to help me shop and eat healthy
- 7) I regularly go online to find information on nutrition and healthy eating
- 8) I wish I knew more about healthy eating
- 9) I tend to eat similar meals most days

TERMINATE IF STRONGLY DISAGREE/NOT SURE FOR ITEMS 6 AND 7

RECRUIT FOR A MIX OF ATTITUDES/LIFESTYLE

11a. **IF SELECTED AGREE FOR Q11=6** Which websites do you visit, or apps do you use, to help you shop and eat healthy? **OPEN END; RECORD RESPONSE**

11b. **IF SELECTED AGREE FOR Q11=7** When you go online to find information on nutrition and healthy eating, what websites do you visit? **OPEN END; RECORD RESPONSE**

RECRUIT FOR A MIX OF WEBSITES/TOOLS USED IN Q11a AND Q11b

10. Which of the following USDA programs have you heard of? *Select all that apply.*

[RANDOMIZE]

- a) SNAP or the Supplemental Nutritional Assistance Program
- b) WIC or the Special Supplemental Nutrition Program for Women, Infants, and Children
- c) MyPlate

RECRUIT FOR A MIX OF FAMILIARITY WITH EACH PROGRAM

11. **DO NOT ASK BUT RECORD ENGLISH PROFICIENCY GAUGED FROM INTERVIEW**

- 1) EXCELLENT
- 2) GOOD
- 3) FAIR **MAX 1 PER GROUP**
- 4) POOR **TERMINATE**

12. Which of the following statements best describes you in a group situation?

- 1) I have no difficulty expressing my opinions in front of others and enjoy a group discussion where different opinions are being expressed
- 2) I like a group discussion, and, with some encouragement, I will share my opinions with others
- 3) 3) I tend to be very quiet and do not usually express my opinions in a group situation **THANK AND TERMINATE**

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 support healthful eating. Your participation means that you would participate in the 2-hour discussion that will be held on DATE/TIME/LOCATION. As a token of our appreciation, you will receive \$90 upon completion of the group.

OMB CONTROL NO.: 0503-0024
EXPIRATION DATE: 04/30/2023



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: _____

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 0503-0024 and the expiration date is 04/30/2023. The time required to complete this information collection is estimated at 10 minutes per initial screening for non-qualifying participants, 15 minutes per initial screening for qualifying participants, 10 minutes per attendance for non-focus group participants, and 2.5 hours per attendance for focus group participants, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, 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, Braddock Metro Center II, 1320 Braddock Place, Alexandria, VA 22314, ATTN: PRA (0503-0024). Do not return the completed form to this address.