Appendix A: Food Recall Focus Groups Screening Questionnaire

Food Safety Consumer Research Project
Food Recall Focus Groups
Screening Questionnaire
[Date, Time]

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| City: |  | State: |  | Zip: |  |
| Home Phone: |  | Work Phone: |  |

Hello, this is \_\_\_\_\_\_\_\_\_\_\_\_\_ from [facility], a local market research firm. May I please speak to\_\_\_\_\_\_\_\_\_\_\_\_\_?

(Hello, this is \_\_\_\_\_\_\_\_\_\_\_\_\_ from [facility], a local market research firm.) We are working with RTI, a nonprofit research organization, and the U.S. Department of Agriculture, or USDA, on a research study about food recalls and would like to include your opinions. We are holding a discussion on [date] with a small group of people like yourself. The discussion group starts at [time]. It will last no longer than 1.5 hours and will be audio- and video-recorded. The discussion group is for research purposes only and is in no way sales related.

If you participate in this discussion group, you will receive a **$75** Visa gift cardand a free gift as tokens of our appreciation. First, however, I need to ask you a few questions to see if you qualify for the study.

Record Gender ***(Do not ask. Recruit at least 2 to 3 males to show per group.)***

[ ]  Male

[ ]  Female

1. About how much of the grocery shopping do you do for your household? Would you say …? ***(Read list.)***

[ ]  None of it ***Thank & terminate.***

[ ]  Less than half of it ***Thank & terminate.***

[ ]  About half

[ ]  More than half

[ ]  All of it

1. Think about a food recall for a food that you or your family eats. Did you have the recalled food at home?

[ ]  Yes ***Recruit half.***

[ ]  No ***Recruit half.***

[ ]  Don’t remember ***Thank & terminate.***

1. In the past 30 days, which of the following have you purchased …? ***(Read list.) Recruit if item 1, 2, 5, or 6 is selected.***

[ ]  1. Raw, single-ingredient meat products, for example, ground beef or pork chops

[ ]  2. Raw, single-ingredient poultry products, for example, chicken breasts or thighs

[ ]  3. Eggs or egg products, for example, Egg Beaters

[ ]  4. Frozen vegetables

[ ]  5. Processed poultry products, for example, frozen chicken tenders or stuffed chicken breasts

[ ]  6. Processed meat products, for example, frozen hamburger patties or ham

[ ]  7. Luncheon or deli meat

[ ]  8. None of the above ***(Do not read. Thank & terminate.)***

1. Do you or someone in your household have a food allergy?

[ ]  Yes ***Recruit 2 to 3 to show.***

[ ]  No

1. What is the last grade of school you completed? ***(Read list.)***

[ ]  High school graduate or less, including GED ***Recruit for less educated.***

[ ]  Technical or vocational school ***Recruit for less educated.***

[ ]  Some college, but do not have a degree ***Recruit for more educated.***

[ ]  Associate’s or 2-year degree ***Recruit for more educated.***

[ ]  College or 4-year degree ***Recruit for more educated.***

[ ]  Postgraduate degree ***Recruit for more educated.***

1. Have you ever cooked professionally?

[ ]  Yes ***Thank & terminate.***

[ ]  No

1. Have you ever taken a ServSafe training or other food safety class?

[ ]  Yes ***Thank & terminate.***

[ ]  No

1. In the past 5 years, have you or any member of your household worked for a market research, advertising, or public relations firm?

[ ]  Yes ***Thank & terminate.***

[ ]  No

1. In the past 5 years, have you or any member of your household worked in a restaurant or other foodservice industry?

[ ]  Yes ***Thank & terminate.***

[ ]  No

1. In the past 5 years, have you or any member of your household worked in a food processing plant or other food industry?

[ ]  Yes ***Thank & terminate.***

[ ]  No

1. In the past 5 years, have you or any member of your household worked as a doctor, nurse, dietitian, or other healthcare professional?

[ ]  Yes ***Thank & terminate.***

[ ]  No

1. In the past 5 years, have you or any member of your household worked for the Food and Drug Administration, the U.S. Department of Agriculture, or the Centers for Disease Control and Prevention?

[ ]  Yes ***Thank & terminate.***

[ ]  No

1. Have you participated in a focus group or paid research discussion group in the past 6 months?

[ ]  Yes ***Thank & terminate.***

[ ]  No

1. Which of the following categories best describes your age? ***(Read list. Recruit a mix to show per group.)***

[ ]  Under 18 ***Thank & terminate.***

[ ]  18 to 24 ***Recruit for 18–35.***

[ ]  25 to 35 ***Recruit for 18–35.***

[ ]  36 to 44 ***Recruit for 36–64.***

[ ]  45 to 64 ***Recruit for 36–64.***

[ ]  65+ ***Thank & terminate.***

1. Are you …?

[ ]  Hispanic or Latino

[ ]  Not Hispanic or Latino

1. What is your race? Please select one or more. (Read list. Recruit a mix per group that reflects local population.)

[ ]  American Indian or Alaska Native

[ ]  Asian

[ ]  Black or African American

[ ]  Native Hawaiian or Other Pacific Islander

[ ]  White

1. How many children younger than 18 years of age live in your household? ***(Do not read list.)***

[ ]  None

[ ]  One

[ ]  Two

[ ]  Three

[ ]  Four or more

1. For study purposes, the group discussion will be audio- and video-recorded. During the discussion, no sensitive questions will be asked. Are you okay with us recording your participation in the discussion?

[ ]  Yes

[ ]  No ***Thank & terminate.***

1. During the group discussion, you will be asked to review written materials and offer your opinions; therefore, I need to ask whether you have a medical or non-medical condition that hinders your ability to read and/or understand written materials.

[ ]  Yes ***Thank & terminate.***

[ ]  No

1. Have you knowingly interacted with someone who has been diagnosed with COVID-19?

[ ]  Yes ***Terminate.***

[ ]  No

1. Have you tested positive for COVID-19 in the past 14 days?

[ ]  Yes ***Terminate.***

[ ]  No

1. Do you have any (one or more) symptoms of COVID-19 such as cough, fever, shortness of breath, chills, muscle pain, or new loss of taste or smell?

[ ]  Yes ***Terminate.***

[ ]  No

1. Are you willing to follow all safety and sanitation procedures while participating in this study, including wearing appropriate personal protective equipment?

[ ]  Yes

[ ]  No ***Terminate.***

1. Do any of the following describe you?

[ ]  I am someone with chronic lung disease or moderate to severe asthma

[ ]  I am someone with a heart condition

[ ]  I am someone who is immunocompromised (*This can result from cancer treatment, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune-weakening medications*)

[ ]  I am someone with a body mass index (BMI) of 40 or higher

[ ]  I am someone with diabetes or prediabetes

[ ]  I am someone with chronic kidney disease undergoing dialysis

[ ]  I am someone with liver disease

Great! You qualify for our study. The discussion group is on [date] at [time] and will last no longer than 1.5 hours. For your time and opinions, you will receive a $75 Visa gift card and a free gift.

***If any selected in Q24:***

Please note that you have indicated you may be at risk for developing severe illness should you contract COVID-19. Participation in this research requires in-person interaction, which may result in contracting COVID-19. Precautions including physical distancing, wearing of personal protective equipment, and cleaning and disinfection will be taken to mitigate possible transmission of COVID-19; however, you may want to take additional personal precautions.

1. Would you like to participate in the group discussion at [time] on [date]?

[ ]  Yes

[ ]  No ***Thank & terminate.***

Great! May I please have your email address to send you a confirmation letter with directions before the group discussion? ***(If no email)*** may I please have your mailing address? ***(Verify address and phone number.)***

Thank you. That’s all the questions I have today. Please arrive at least 15 minutes before the start of the group to ensure you have time to sign in and get a meal/snack. If you arrive 15 minutes early, your name will go into a drawing to win an extra $25 Visa gift card. You must be signed in at that time to be eligible for the drawing.

***Read if necessary:***If you have any questions about the study, you may contact Jenna Brophy of RTI at 1‑800‑334‑8571, extension 28881.

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