

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 card and 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

2. 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.**

3. 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.**)

4. Do you or someone in your household have a food allergy?
 - Yes **Recruit 2 to 3 to show.**
 - No

5. 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.**

6. Have you ever cooked professionally?
 - Yes **Thank & terminate.**
 - No

7. Have you ever taken a ServSafe training or other food safety class?
- Yes **Thank & terminate.**
- No
8. 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
9. 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
10. 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
11. 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
12. 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
13. Have you participated in a focus group or paid research discussion group in the past 6 months?
- Yes **Thank & terminate.**
- No
14. 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.**
15. Are you ...?
- Hispanic or Latino
- Not Hispanic or Latino

16. 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

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

- None
- One
- Two
- Three
- Four or more

18. 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.**

19. 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

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

- Yes **Terminate.**
- No

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

- Yes **Terminate.**
- No

22. 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

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

- Yes
- No **Terminate.**

24. 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.

25. 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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