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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