

CPSC Refining Messaging for Seated-Infant Products Focus Group Study

SCREENER – Focus Groups

SECTION 1: INTRODUCTION

Hello, my name is _____, and I am calling on behalf of Fors Marsh Group, an independent research firm. We will be conducting focus groups for a federal public health agency about “Seated Infant products.” . Focus groups will last about 90 minutes. As a thank you for participating in the study, participants will receive **\$90 via TangoCard, which can be redeemed for a gift card.**

[REPEAT INTRO IF CALL WAS TRANSFERRED]

May I ask you a few questions to see if you are qualified to participate in the study?

Yes	<input type="checkbox"/>	[CONTINUE]
No	<input type="checkbox"/>	[THANK AND END]

Great! Before we begin, you should know that there are no wrong answers to the questions I’m going to ask you. You also don’t have to answer any questions if you don’t want to. If an answer leads to me ending the call, that is because we are looking for a diverse set of people, and we may already have enough similar candidates for this study. Any questions before we begin?

SECTION 2: SCREENER AND DEMOGRAPHIC QUESTIONS

PLEASE USE THE TERMINATION LANGUAGE BELOW FOR ANY RESPONSE THAT LEADS TO THE ANSWER OPTION “[THANK AND END].”

- 1. In the past 5 years, have you or a member of your immediate family worked in any of the fields, companies, or organizations listed below?**

A market research or marketing company	[]	[THANK AND END]
A health care company or organization	[]	[THANK AND END]
Childcare (e.g., daycare employee, babysitter/nanny)	[]	[THANK AND END]
Children’s product manufacturer	[]	[THANK AND END]
Refused	[]	[THANK AND END]

- 2. When, if ever, was the last time you participated in a marketing research or survey research study?**

Within the past 3 months	[]	[THANK AND END]
More than 3 months ago	[]	[CONTINUE]
Never	[]	[CONTINUE]
Refused	[]	[THANK AND END]

3. Which of the following currently applies to you? You can select more than one answer.

I am married.	[]	ONLY CONTINUE TO Q4 IF YES TO CHILDREN OR GRANDCHILDREN. IF NO TO CHILDREN OR GRANDCHILDREN, THANK AND END.
I have children.	[]	
I have grandchildren.	[]	
I live alone.	[]	
I am single.	[]	
I live with roommates.	[]	
Refused	[]	[THANK AND END]

4. Are you a primary guardian of your child or children, or grandchild or grandchildren)?

Yes	[]	[CONTINUE] GO TO Q5
No	[]	[THANK AND END]
Refused	[]	[THANK AND END]

5. Do you provide care for your child/children/grandchild/grandchildren?

Yes, I provide care for my child/children/grandchild/grandchildren at least 3 days a week.	[]	[CONTINUE] GO TO Q6
No, I provide care for my child/children/grandchild/grandchildren less than 3 days a week.	[]	[THANK AND END]
Refused	[]	[THANK AND END]

6. How old will your youngest [child/children/grandchild/grandchildren] be in January 2022?

Child/Grandchild	[Open text box] months old
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Age ranges for eligibility:

0–6 months; 6-12 months

IF CHILD OR GRANDCHILD IS BETWEEN 0–12 MONTHS, GO TO Q7. IF CHILD OR GRANDCHILD IS OLDER THAN 12 MONTHS, THANK AND END.

If >12 months, [THANK AND END]

IF ELIGIBLE, GO TO Q7.

7. Do you have any other children for whom you are the primary caregiver?

Yes	[]	[CONTINUE] GO TO Q8
No	[]	[CONTINUE] GO TO Q9
Refused	[]	[CONTINUE] GO TO Q9

8. How old are the other children for whom you are a primary caregiver?

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Child/Grandchild 1	[Open text box] years old
Child/Grandchild 2	[Open text box] years old
Child/Grandchild 3	[Open text box] years old
Child/ Grandchild 4	[Open text box] years old

GO TO Q9

READ: Great. I have a few more questions to ensure that we speak to a variety of people during our focus groups.

9. How would you describe your gender?

Male	<input type="checkbox"/>	[CONTINUE]
Female	<input type="checkbox"/>	
Other	<input type="checkbox"/>	
Refused	<input type="checkbox"/>	

10. What is your age?

	years old
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//PROGRAMMING NOTE: This box should appear on screen with “years old” written after it

Note to recruiter: Please record age-range category.

18–24 years old	<input type="checkbox"/>	[CONTINUE]
25–34 years old	<input type="checkbox"/>	
35–44 years old	<input type="checkbox"/>	
45–54 years old	<input type="checkbox"/>	
55–64 years old	<input type="checkbox"/>	
65–74 years old	<input type="checkbox"/>	
75 years or older	<input type="checkbox"/>	

Refused	[]	
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11. Which of the following categories includes your race? You may select one or more races.

American Indian or Alaska Native	[]	[CONTINUE]
Asian	[]	
Black or African American	[]	
Native Hawaiian or other Pacific Islander	[]	
White	[]	
Some other race [Record]	[]	
Multiple races	[]	
Refused	[]	

12. Are you Hispanic or Latino?

Yes	[]	[CONTINUE]
No	[]	
Refused	[]	

13. In your household [when your child or grandchild is at your house], who typically puts your infant [child/grandchild] to bed? (Can choose more than one answer)

Myself	[]	[CONTINUE]
Spouse	[]	
Other	[]	
Refused	[]	

//PROGRAMMERS NOTE: Allow multi-punch//

14. In your household, are you the primary purchaser of your [children's/grandchildren's] nursery products?

Yes, I am the primary purchaser.	[]	[CONTINUE]
Yes, but I share being the primary purchaser with another primary caregiver.	[]	
No, I am not the primary purchaser.	[]	
Refused	[]	

