



W2 Foundational Focus Group Screeners - Parents

Notes to Recruiters

Recruitment Segments:

- **4 Focus Groups with Parents of 5-11-year-olds**
 - Parents/guardians must be 18+
 - Parents/guardians must be vaccinated
 - Parents/guardians must be part of the movable middle when it comes to their child getting vaccinated
 - Must have at least one unvaccinated 5-11-year-old child for whom the parent/guardian makes health-related decisions (on their own or with someone else)
 - Mix of gender, age, race/ethnicity, location, SES, political ideology, etc.

Other Notes

- For all groups, recruit 8 to seat 6.
- If participants are not eligible for parent focus groups (e.g., they are unvaccinated), please note that they may be eligible for Black, Latino, or White focus groups.

Screener

Hello, my name is **[INSERT NAME]** from **[INSERT FACILITY NAME]**, a market research firm. We are recruiting for an upcoming study that will collect feedback about COVID-19. This is not a sales call of any kind. I am only calling to see if you or an eligible member of your household has an interest in participating in 90-minute focus group. The focus group would be conducted virtually, and you would receive \$75 for participating. I have some questions I need to ask to see if you are qualified for this study. You don't have to answer any question that you don't want to answer.

1. Are you interested in seeing if you or anyone in your household qualifies to participate in this online research panel? **[ACCEPT ONLY 1 PER HOUSEHOLD]**

Yes	<input type="checkbox"/>	> CONTINUE
No	<input type="checkbox"/>	> TERMINATE

2. In the past five years, have you or a member of your immediate family worked in any of the following fields, companies, or organizations?

Market or public opinion research	<input type="checkbox"/>	> TERMINATE
An advertising, public relations, or marketing agency	<input type="checkbox"/>	> TERMINATE
News, radio, TV, print, media	<input type="checkbox"/>	> TERMINATE
As a health care provider or medical professional (e.g., physician, nurse)	<input type="checkbox"/>	> CONTINUE
At a health care company	<input type="checkbox"/>	> CONTINUE
Construction, repair and maintenance	<input type="checkbox"/>	> CONTINUE
Finance	<input type="checkbox"/>	> CONTINUE
None of these	<input type="checkbox"/>	> CONTINUE

3. What is your age? _____ **[RECORD VERBATIM, TERMINATE <18]**
[NOTE TO RECRUITMENT: RECRUIT A MIX OF AGES.]

4. Are you the parent or guardian of a child who is 5 to 11 years old?

Yes	<input type="checkbox"/>	> CONTINUE
No	<input type="checkbox"/>	> TERMINATE

5. In order to participate, you need to have a desktop or laptop computer or a smartphone with an internet connection. You will also need to consent to be recorded during the focus group. Will you be able to meet both requirements?

Yes	<input type="checkbox"/>	> CONTINUE
No	<input type="checkbox"/>	> TERMINATE

6. Would you be willing and able to participate in this study via a webcam or smartphone camera?

Yes	<input type="checkbox"/>	> CONTINUE
No	<input type="checkbox"/>	> TERMINATE

7. Have you received all required doses of an authorized COVID-19 vaccine? That is, two doses of either the Pfizer or Moderna vaccines or one dose of the Johnson & Johnson vaccine.

Yes	<input type="checkbox"/>	> CONTINUE
No	<input type="checkbox"/>	> TERMINATE

8. When you became eligible for a vaccine, how long did you wait before getting the first (or only) shot?

I got it right away	<input type="checkbox"/>	> CONTINUE
I chose to wait to get vaccinated for one or more reasons	<input type="checkbox"/>	> CONTINUE

9. Please tell me the first name only, gender, and age of each person aged 5 to 11 who is currently living in your household for whom you are a guardian. **(RECORD FOR ALL LIVING IN THE HOUSEHOLD.)**
CONTINUE IF AT LEAST ONE CHILD IS AGE 5 TO 11.

	1 st	2 nd	3 rd
Name:			
Gender:			
Age:			

Note to recruitment:

- If there is a child aged 11, ask parent/guardian for child's birthday; if child is turning 12 within the next month, do not include this child in Q9.
- If there is more than one child aged 5-11 in the household for whom respondent is a guardian, ask respondent whose birthday is next. Use this child for Q10-Q15.

10. Who primarily makes your child's health-related decisions? Select all that apply.

You	<input type="checkbox"/>	> CONTINUE
Someone else	<input type="checkbox"/>	> TERMINATE
You and someone else	<input type="checkbox"/>	> CONTINUE
Other: _____	<input type="checkbox"/>	> TERMINATE IF "YOU" IS NOT ALSO SELECTED

11. Has your child participated in a COVID-19 vaccine clinical trial?

Yes	<input type="checkbox"/>	> TERMINATE
No	<input type="checkbox"/>	> CONTINUE

12. Has your child received a COVID-19 vaccine?

No, my child has not received a COVID-19 vaccine	<input type="checkbox"/>	> CONTINUE
Yes, my child has at least one shot of a COVID-19 vaccine	<input type="checkbox"/>	> TERMINATE

13. Do you have an appointment scheduled to get **[INSERT NAME FROM Q9]** an authorized COVID-19 vaccine in the next two weeks?

Yes	<input type="checkbox"/>	> TERMINATE
No	<input type="checkbox"/>	> CONTINUE

14. What is the likelihood you will get **[INSERT NAME FROM Q9]** vaccinated? **[RECRUIT A MIX]**

Very unlikely	<input type="checkbox"/>	> TERMINATE
Somewhat unlikely	<input type="checkbox"/>	> CONTINUE
Neither likely nor unlikely	<input type="checkbox"/>	> CONTINUE
Somewhat likely	<input type="checkbox"/>	> CONTINUE
Very likely	<input type="checkbox"/>	> CONTINUE

Note to recruitment: If selected child from Q9 has been vaccinated and there are other children aged 5-11 listed in Q9, ask Q10 for child with the next birthday after first child, etc. If no child aged 5-11 in household is unvaccinated, terminate.

Participants for the parents groups must meet the following criteria:

- **Parent/guardian must be fully vaccinated**
- **Must have at least one child aged 5-11;**
- **Must make health-related decisions (on their own or with someone else) for the child;**
- **Child (ages 5-11) must not have participated in a vaccine clinical trial;**
- **Child (ages 5-11) must not be vaccinated;**
- **Child (ages 5-11) must not have an appointment to get vaccinated in next two weeks; and**
- **Parent/guardian must not answer “Very unlikely” to Q14.**

15. What is your relationship to **[INSERT NAME FROM Q9]**?

Mother/female guardian	<input type="checkbox"/>	> CONTINUE
Father/male guardian	<input type="checkbox"/>	> CONTINUE
Grandmother	<input type="checkbox"/>	> CONTINUE
Grandfather	<input type="checkbox"/>	> CONTINUE
Aunt	<input type="checkbox"/>	> CONTINUE
Uncle	<input type="checkbox"/>	> CONTINUE
Sister	<input type="checkbox"/>	> CONTINUE
Brother	<input type="checkbox"/>	> CONTINUE
Girlfriend or partner of child’s parent/guardian	<input type="checkbox"/>	> CONTINUE
Boyfriend or partner of child’s parent/guardian	<input type="checkbox"/>	> CONTINUE
Cousin	<input type="checkbox"/>	> CONTINUE
Other relative	<input type="checkbox"/>	> CONTINUE
Other non-relative	<input type="checkbox"/>	> CONTINUE

[NOTE TO RECRUITMENT:]

- **MOTHER/FEMALE GUARDIAN INCLUDES: BIRTH OR BIOLOGICAL MOTHERS, ADOPTIVE, STEP, FOSTER, AND OTHER MOTHERS, AS WELL AS LEGAL FEMALE GUARDIANS.**
- **FATHER/MALE GUARDIAN INCLUDES: BIRTH OR BIOLOGICAL FATHERS, ADOPTIVE, STEP, FOSTER, AND OTHER FATHERS, AS WELL AS LEGAL MALE GUARDIANS.**

- **GRANDMOTHER INCLUDES: THE FEMALE PARENT OF THE CHILD’S BIOLOGICAL OR ADOPTIVE MOTHER OR FATHER.**
- **GRANDFATHER INCLUDES: THE MALE PARENT OF THE CHILD’S BIOLOGICAL OR ADOPTIVE MOTHER OR FATHER.**
- **AUNT INCLUDES: THE SISTER OF THE CHILD’S BIOLOGICAL OR ADOPTIVE MOTHER OR FATHER OR THE WIFE OF THE CHILD’S AUNT OR UNCLE.**
- **UNCLE INCLUDES: THE BROTHER OF THE CHILD’S BIOLOGICAL OR ADOPTIVE MOTHER OR FATHER OR THE HUSBAND OF THE CHILD’S AUNT OR UNCLE.**
- **SISTER INCLUDES: BIOLOGICAL (FULL, HALF), ADOPTIVE, STEP, AND FOSTER SISTERS.**
- **BROTHER INCLUDES: BIOLOGICAL (FULL, HALF), ADOPTIVE, STEP, AND FOSTER BROTHERS.**
- **GIRLFRIEND OR PARTNER OF CHILD’S PARENT/GUARDIAN INCLUDES: FEMALE WHO HAS A PARTNER-LIKE RELATIONSHIP WITH ONE OF THE CHILD’S PARENTS OR GUARDIANS. “LIVING AS MARRIED” IS ANOTHER WAY OF DESCRIBING THE RELATIONSHIP.**
- **BOYFRIEND OR PARTNER OF CHILD’S PARENT/GUARDIAN INCLUDES: MALE WHO HAS A PARTNER-LIKE RELATIONSHIP WITH ONE OF THE CHILD’S PARENTS OR GUARDIANS. “LIVING AS MARRIED” IS ANOTHER WAY OF DESCRIBING THE RELATIONSHIP.**
- **COUSIN INCLUDES: A CHILD OF THE FOCAL CHILD’S UNCLE, AUNT, OR COUSIN.**
- **OTHER RELATIVE INCLUDES: RELATIONSHIPS THAT AREN’T SPECIFICALLY LISTED, SUCH AS GREAT GRANDMOTHER OR GREAT GRANDFATHER.**
- **OTHER NON-RELATIVE INCLUDES: RELATIONSHIP BETWEEN TWO PEOPLE WHEN THERE IS NO FAMILY RELATIONSHIP THROUGH BLOOD, MARRIAGE, ADOPTION, OR PARTNERSHIP (I.E., LIVING TOGETHER AS MARRIED).]**

16. What is your gender?

Male	<input type="checkbox"/>	> CONTINUE
Female	<input type="checkbox"/>	> CONTINUE
Prefer to self-describe (specify)	<input type="checkbox"/>	> CONTINUE

17. Are you of Hispanic, Latino, or Spanish origin?

Yes	<input type="checkbox"/>	> CONTINUE
No	<input type="checkbox"/>	> CONTINUE

18. What is your race? Please select all that apply. **[RECRUIT A MIX]**

American Indian or Alaska Native	<input type="checkbox"/>	> CONTINUE
Asian	<input type="checkbox"/>	> CONTINUE
Black or African American	<input type="checkbox"/>	> CONTINUE
Native Hawaiian and Other Pacific Islander	<input type="checkbox"/>	> CONTINUE
White/Caucasian	<input type="checkbox"/>	> CONTINUE
Prefer not to say/Refuse to answer	<input type="checkbox"/>	> CONTINUE

19. In what city, state, and ZIP code do you live? **[RECRUIT A MIX]**

CITY: _____ STATE: _____ ZIP CODE: _____

20. What is the highest level of school you have completed? **[RECRUIT A MIX]**

Some high school or less (no diploma)	<input type="checkbox"/>	> CONTINUE
High school diploma or high school equivalent (GED)	<input type="checkbox"/>	> CONTINUE
Some college, no degree	<input type="checkbox"/>	> CONTINUE
Associate degree	<input type="checkbox"/>	> CONTINUE
Bachelor's degree	<input type="checkbox"/>	> CONTINUE
Master's degree	<input type="checkbox"/>	> CONTINUE
Professional or doctorate degree	<input type="checkbox"/>	> CONTINUE

21. Which of the following best describes you? Please select all that apply. **[RECRUIT A MIX]**

Employed full-time	<input type="checkbox"/>	> CONTINUE
Employed part-time	<input type="checkbox"/>	> CONTINUE
Self-employed	<input type="checkbox"/>	> CONTINUE
Not employed, but looking for work	<input type="checkbox"/>	> CONTINUE
Not employed and not looking for work	<input type="checkbox"/>	> CONTINUE
Stay-at-home parent/guardian	<input type="checkbox"/>	> CONTINUE
Student	<input type="checkbox"/>	> CONTINUE
Retired	<input type="checkbox"/>	> CONTINUE

22. Last year (in 2020), what was your total household income from all sources, before taxes? **[RECRUIT A MIX, ENSURE ROBUST REPRESENTATION OF <\$50K]**

Less than \$15,000	<input type="checkbox"/>	> CONTINUE
\$15,000 to \$24,999	<input type="checkbox"/>	> CONTINUE
\$25,000 to \$34,999	<input type="checkbox"/>	> CONTINUE
\$35,000 to \$49,999	<input type="checkbox"/>	> CONTINUE
\$50,000 to \$74,999	<input type="checkbox"/>	> CONTINUE
\$75,000 to \$99,999	<input type="checkbox"/>	> CONTINUE
\$100,000 to \$149,999	<input type="checkbox"/>	> CONTINUE
\$150,000 to \$199,999	<input type="checkbox"/>	> CONTINUE
\$200,000 and over	<input type="checkbox"/>	> CONTINUE
Don't know/Refuse to answer	<input type="checkbox"/>	> CONTINUE

23. In general, do you think of yourself as...? **[RECRUIT A MIX]**

Extremely liberal	<input type="checkbox"/>	> CONTINUE
Liberal	<input type="checkbox"/>	> CONTINUE
Slightly liberal	<input type="checkbox"/>	> CONTINUE
Moderate, middle of the road	<input type="checkbox"/>	> CONTINUE



Slightly conservative	<input type="checkbox"/>	> CONTINUE
Conservative	<input type="checkbox"/>	> CONTINUE
Extremely conservative	<input type="checkbox"/>	> CONTINUE

Thank you for taking the time to answer these questions. We will be in touch with additional information on the study.