

CPSC – FOCUS GROUPS WITH CAREGIVERS SCREENER

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 about infant sleeping behaviors for a federal public health agency. Each focus group will be led by a trained researcher and will include up to eight participants who will be asked to share their opinions about infant sleeping behaviors. Focus groups will be held at Observation Baltimore on x for about 90 minutes. Participants will receive \$75 as a thank you for taking part in the study. May I please speak with a [parent/grandparent] in your household to see if they are qualified to participate in the study?

[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 group, 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]”.

TERMINATION LANGUAGE: Thank you for taking the time to answer these questions. Unfortunately, based on the responses you provided, you do not meet the specifications we are looking for in this study. I appreciate your time, and have a good morning/afternoon/evening.

FOR PARENT GROUP:

1. Are you a parent of a child under 1 year old?

Yes	[]	[CONTINUE] GO TO Q2
No	[]	[CONTINUE] GO TO Q4
Refused	[]	[THANK AND END]

2. Are you a primary guardian of your child (/children)?

Yes	[]	[CONTINUE] GO TO Q3
No	[]	[THANK AND END]
Refused	[]	[THANK AND END]

3. How old is your child?

Years old

Age ranges for eligibility:

2–4 months

5–7 months

8–11 months

If <2 months or >11 months [THANK AND END].

4. Do you have any other children?

Yes	[]	[CONTINUE] GO TO Q5
No	[]	[CONTINUE] GO TO Q11
Refused	[]	[CONTINUE] GO TO Q9

5. How old are your other children?

Years old

FOR GRANDPARENT GROUP:

6. Are you a grandparent of a child under 1 year old?

Yes	[]	[CONTINUE] GO TO Q7
No	[]	[THANK AND END]
Refused	[]	[THANK AND END]

7. Is your grandchild (/are your grandchildren) under your supervision at any time during the week or weekend for a minimum of 1 day per week?

Yes	[]	[CONTINUE] GO TO Q8
No	[]	[THANK AND END]
Refused	[]	[THANK AND END]

8. How old is your grandchild?

Years old

Age ranges for eligibility:

2–4 months

5–7 months

8–11 months

If >2 months or <11 months [THANK AND END].

9. Do you have any other grandchildren?

Yes	[]	[CONTINUE] GO TO Q10
No	[]	[CONTINUE] GO TO Q11
Refused	[]	[CONTINUE] GO TO Q11

10. How old are your other grandchildren?

	Years old
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11. 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	[]	[CONTINUE]

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

12. What is your gender?

Male	[]	[CONTINUE]
Female	[]	
Refused	[]	

13. What is your age?

--

Years old

Note to recruiter: Please record age-range category

18–24 years old	[]	[CONTINUE]
25–34 years old	[]	
35–44 years old	[]	
45–54 years old	[]	
55–64 years old	[]	
65–74 years old	[]	
75 years or older	[]	
Refused		

14. 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	[]	
Refused	[]	

15. Are you Hispanic or Latino?

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

16. In your household, who typically puts your child (/children) to bed?

Myself	<input type="checkbox"/>	[CONTINUE]
Spouse	<input type="checkbox"/>	
Other	<input type="checkbox"/>	
Refused	<input type="checkbox"/>	

17. Are you the primary purchaser of your child's (/children's) nursery products?

Yes	<input type="checkbox"/>	[CONTINUE]
No	<input type="checkbox"/>	
Refused	<input type="checkbox"/>	

SECTION 3: INVITATION TO PARTICIPATE IN FOCUS GROUP

Thank you for taking the time to speak with me today. We would like to invite you to participate in a focus group. The focus group will take place at Observation Baltimore, a focus group facility, where we will be discussing infant sleep habits. The focus group will be audio/visual-recorded. You may not participate in this study if you are not willing to be recorded.

The focus group is being held on **X**, at Observation Baltimore in Catonsville, MD and will last **approximately 90 minutes**.

Your opinions are very important to us. You will be paid **\$75** in the form of _____ (e.g., gift card, voucher). A light dinner will also be provided.

People who have been invited previously to participate in this type of project have found the experience to be enjoyable and informative.

Are you interested in participating in this study?

..... Yes > CONTINUE

No

[]

> **TERMINATE**

READ: Great! I am going to give you the address and contact information for the facility. Please be sure to be there 15 minutes before the scheduled start time to ensure that the group starts on time. Additionally, please bring a government-issued photo ID with you to the study. Do you have a pen and paper? If you would like to provide your email address, I can send you a confirmation with address and time?

Email address

[] Open ended

GIVE LOCATION OF FACILITY

Observation Baltimore

5520 Research Park Dr, Catonsville, MD 21228

Focus Group participant breakdown and size:

Group #	Caregiver Status	Infant Age	# of Participants
1	Grandparents	5 to 7 months	Up to 8
2	Grandparents	8 to 11 months	Up to 8
3	Parents	2 to 4 months	Up to 8
4	Parents	2 to 4 months	Up to 8
5	Parents	5 to 7 months	Up to 8
6	Parents	8 to 11 months	Up to 8

CONFIRMATION LETTER TEMPLATE:



Date

Dear Participant,

Thank you for participating in our upcoming discussion group on “**Infant Sleep Practices.**” The discussion will last **about 90 minutes**, and you will receive **\$75** for your valuable time and opinions. In addition, we will provide a light dinner. You will be expected to pay for your own transportation to the facility.

Please arrive at least 15 minutes ahead of time so that you may fill out any necessary paperwork.

We will call to confirm you 1-2 days before the study. However, if we do not reach you the day before the study, you may be replaced. Please bring a government-issued photo ID, such as a driver’s license, with you to the study.

DATES: Day, Month Date, 2019

TIME: 00:00am – 00:00pm

PLACE: Observation Baltimore
5520 Research Park Drive
Suite 200
Baltimore, MD 21228

Your participation is critical to the success of our study and is greatly appreciated! Please feel free to call **(410) 332-0400** with any questions or concerns.

Private Protection Policy:

It is the practice of Observation Baltimore and the marketing research profession to protect the identity of research participants. Your identity, along with personal information, will be held confidential and will not be used for reasons outside the scope of the research, unless you give your consent. Our projects are conducted strictly for research purposes, not for solicitation or sales. Observation Baltimore is a division of The Research Group.

Respectfully,

Caitlin Elliott
Frontline Supervisor

REMINDER EMAIL TEMPLATE:

- Make sure that directions are attached.

Subject: See you today @ 0:00

Dear Participant,

We are looking forward to seeing you today for your scheduled focus group! As we discussed, please arrive at least 15 minutes early to complete paperwork. Please bring a government-issued photo ID with you to the study. Your participation is critical to the success of our study. If you have any questions or concerns, please feel free to contact me at: **(410) 332-0400**. Directions are attached for your reference.

Time: {0:00}

Place: Observation Baltimore
5520 Research Park Drive Suite 200
Baltimore, MD 21228

Consent to Participate in a Focus Group

Title of the Project: Understanding Infant Sleeping Practices Among Caregivers

Researcher: Fors Marsh Group (under contract with the U.S. Consumer Product Safety Commission) (CPSC)

Invitation to Participate in a Research Study

Fors Marsh Group invites you to be part of a focus group to investigate infant sleep practices. The study is funded by the CPSC.

Description of Your Involvement

If you agree to be part of the research study, you will be asked to participate in a focus group, where you will discuss your experience with infant sleep practices. The entire session will take about 90 minutes.

Benefits of Participation

Although you may not benefit directly from being in this study, others may benefit because the findings of this study may be used to improve communication/messaging around infant sleep practices.

Risks and Discomforts of Participation

We do not believe that there are any risks or discomforts from participating in this research.

Compensation for Participation

You will be given an incentive of \$75 to participate in the group, and we will provide a light dinner as well. You will be expected to pay for your own transportation to the facility.

Confidentiality

The results of this study may be published or made public. You will not be identified by full name or pictures/video in any publically released documents or presentations. There are some reasons why people other than Fors Marsh researchers may need to see information that you provided as part of the study, including audio/visual recordings of your participation. This includes personnel at the CPSC—the agency sponsoring this study.

To keep your information safe, your name will not be attached to any data, but a study number will be used instead. Please be advised that although the researchers will take every precaution to maintain confidentiality, the nature of focus groups prevents the researchers from guaranteeing confidentiality. Please respect the privacy of your fellow participants, and do not repeat what is said in the focus group to others.

Voluntary Nature of the Study

Participating in this study is completely voluntary. Even if you decide to participate now, you may change your mind and stop at any time. You do not have to answer any question that you do not want to answer.

Audio/Visual Recording

Audio/visual recording will be done as part of the study procedures. These recordings will be used to collect data but will not be publically released. You may not participate in this study if you are not willing to be recorded. Please sign below if you are willing to be recorded.

Storage and Future Use of Data

The researchers will destroy any information containing identifying information about you within 6 months after completing the study. Audio/visual recordings will be archived for potential use for the purposes described above.

Contact Information for the Study Team

If you have any questions about this study, please contact:

Fors Marsh Group
1010 North Glebe Rd., Suite 510
Arlington, VA 22201
pburke@forsmarshgroup.com

Contact Information for Questions about Your Rights as a Research Participant

If you have questions about your rights as a research participant, or wish to obtain information, ask questions or discuss any concerns about this study, please contact Fors Marsh Group at: pi@forsmarshgroup.com. Please send a message with your full name and the name of the study, “Infant Sleep Practices Focus Group.” Someone will return your message as soon as possible.

Consent

By signing below, you are agreeing to be in the study, and you are giving permission to be recorded. You will be given a copy of this document for your records, and one copy will be kept with the study records. Be sure that any questions you have about the study have been answered and that you understand what you are being asked to do. You may contact the researcher if you think of a question later.

I agree to participate in the study. Yes No

Printed Name

Signature Date

I agree to be audio/video recorded. Yes No

Printed Name

Signature Date

Caregiver Perceptions and Reactions to Safety Messaging: Focus Group Discussion Guide

Research Objective: Conduct focus groups with adults (parents and grandparents) to discuss their understanding, perceptions, and attitudes toward infant sleep safety messaging. Specific focus will be given to identifying the main reasons caregivers do not follow safety messages on products; what caregivers think they should know to improve their understanding of the risks of certain sleep environments/products; and what would motivate them to comply with safety warnings. Additional discussion will focus on perceived barriers and misperceptions that impact child safety.

NOTES TO REVIEWER:
This discussion guide is not a script, and therefore, it will not be read verbatim. The moderator will use these questions as a roadmap and probe, as needed, to maintain the natural flow of conversation.
Moderator instructions are highlighted in yellow.

Session Overview: Total time—90 minutes

SECTION A: Introduction and Icebreaker (5 min.) The moderator will explain the purpose of the research, present the ground rules, and allow participants to ask any questions.
SECTION B: Behaviors Associated with Infant Sleeping (40 min) This section will assess participant perceptions of infant sleeping more generally, starting with a flip chart activity to ease participants into the topic of discussion. Then, participants will complete a worksheet activity that will facilitate discussion around their current behaviors regarding infant sleeping practices. Finally, the moderator will probe on various other areas related to infant sleeping.
SECTION C: Knowledge, Attitudes, and Awareness of Infant Sleep Safety (40 min.) Barriers, misperceptions, as well as general understanding and awareness of infant sleep safety will be assessed. Additionally, participants will be asked to view a sample warning label to understand their perceptions of sleep safety warning labels, including assessment of comprehension and likelihood to comply.
SECTION D: Conclusion (5 min.) Moderator ensures that all questions are answered and all comments have been heard.

Section A. Introduction and Icebreaker (5 minutes)

Thank you all for coming to talk to us today. Your time is greatly appreciated. My name is _____, and I work for Fors Marsh Group, which is an independent research company. This means that I'm here to listen to you and to what you have to tell me. I have no stake in how you respond. Today, we would like to hear from you about infant sleeping practices and safety messages.

We will have about 90 minutes for our discussion. Before we get started, I want to go over a few general rules for our discussion today:

- First, there are no wrong answers in this room, and we are not here to evaluate or judge each other. Our whole purpose is to hear your perspectives, opinions, and experiences.
- What we talk about here is confidential. That means your name will not be associated with anything you say in our reports, and your responses will not be linked to your identity in any way.
- Likewise, we want to respect everyone's privacy in this room. Therefore, we ask that no one share any of our discussion today with others who were not here.
- Your participation is voluntary, and you have the right to withdraw from the study at any time.
- You don't have to answer every question. However, I do want to hear from everyone. So, I might call on you at some point. Please speak one at a time and speak clearly so that I can hear you.
- You might have already noticed the glass behind me. There are some people from the research team who are observing and taking notes so I can be present in our discussion. Even though people are observing, please speak openly about your opinions and experiences. We want to learn from you. Therefore, it is important that you share your honest opinions.
- We are also audio-recording this session. I will be speaking with a lot of people for this project, and it will be impossible for me to remember everything that is said in these groups. The audio files will be transcribed, but any information that could identify you will be removed from the transcripts. At the end of our discussion, I must write a report and will refer to the recordings and transcripts when writing the report.
- Please turn off your cellphone or switch to "silent" mode.
- If you need to go to the restroom during the discussion, please feel free to do so.

Does anyone have any questions before we begin?

Okay, great. First, I'm going to ask everyone to introduce themselves. Please tell us your first name and something you like to do in your free time. I'll go first.

[Introductions and Icebreaker]

It's wonderful to meet you all—let's get started.

Section B. Behaviors Associated with Infant Sleeping (40 min)

[Brainstorming Activity: Infant Sleeping]

So to start off our discussion, I'd like to do a brainstorming activity with you on the flip chart. I would like to hear from you about any topics related to infant sleeping—such as in the news or media, from pediatricians or other healthcare providers, or other individuals you might speak to about infants and sleep. What are some words or phrases that come to mind? Let's hear the very first thing that pops into your head when I say "infant sleeping." These could be good or bad things. Right now we're just going to make a list, so feel free to share as many ideas as you can think of. I will write down your responses, and then we can talk about them.

[Participants list the items and moderator writes on chart. Allow brainstorming for 2 minutes or until group has exhausted options. Moderator then focuses on selection of items and uses prompts as needed to fully understand idea.]

Great, thank you! Now let's talk about what [X] is.

- What have you learned or what do you know about [X]?
- What makes [X] a positive thing? Negative? Neither?
- Are there any other items we've missed?

Great, thank you for starting the conversation off. Now, I'd like us to dive in and talk a little about some behaviors and practices associated with infant sleeping, some of which you just mentioned. As a reminder, no one is here to evaluate or judge anyone; but rather, we are just looking for feedback on this topic.

[PARENTS]

- Who typically puts your infant to bed at night?
 - What does that process look like? (Probe on interaction with sleep product)
 - What about daytime naps?
- Where does your infant sleep? (Probe for room and product)
- What is typically in your infant's sleeping area? (Probe on blankets, toys, pillows, pads, etc.)
 - (If they mention blanket, probe for swaddle or cover, thin or thick/quilted/fluffy.)

[GRANDPARENTS]

- How often do you care for your grandchild?
- When you look after your grandchild, are they typically in your house, or are you at the home where the child/children live?
- How often do you put your grandchild to bed at night?
 - What about nap time?
- Where does your grandchild sleep when you are watching them?
- What is typically in your grandchild's sleeping area? (Probe on blankets, toys, pillows, pads, etc.)

- (If they mention blanket, probe for swaddle or cover, thin or thick/quilted/fluffy.)

[Worksheet: Sleep Products]

We are going to do a worksheet activity. If you flip over the worksheet in front of you, you will see that there are five sleep products identified by name and picture: full-size cribs, bassinets, portable cribs and play yards, inclined sleepers, and bedside sleepers. The last line allows you to enter a product that your baby sleeps in, if it isn't on our list. I would like you to enter approximate percentage of time your child/grandchild sleeps in each of them (if they have them/use them) during daytime naps, as well as at night for a typical day. After you are done, we will discuss your answers.

Alright, let's hear how some of you answered. (Probes to understand why some products are used more for day time naps and other for night time sleep.)

- In which of these products does your infant sleep most soundly/comfortably?
- What factors do you typically consider when you use these sleep products?
 - Are there certain products you prefer over others?
 - Do you choose different products now for this particular stage in your infant's life (or grandchild's life) compared to products that you might have chosen previously?
 - If you have more than one child, how have the sleep products you have used changed from child to child, if at all?
 - Do you think you will choose different products in future stages of their life?
 - Have you ever stopped using any of these products for sleep? For what reasons?
- What position do you typically place your child in on these sleep surfaces? (If participants are not sure, specify back, front, or side)
 - Why do you choose this (these) position(s)?
- What do you think about wrapping infants in blankets? (Probe to understand if they think it goes against safe sleeping practices)
- Do you use the restraints provided in these environments, where available?
 - In what situations?
- What do you think about the comfort of these products?
 - Are some more comfortable than others?
 - How do you feel about the comfort of cribs with the base mattresses?
 - What about portable cribs or play yards?
 - What about bedside sleepers?
 - What about inclined sleepers?
- Is there anything you do to the product to make it more comfortable or to help your baby sleep? If you add anything, what do you add to these sleeping products for the purpose of sleep or comfort? Tell us about some of the reasons you add these products.

- For those of you who listed other products your infant sleeps in, what did you list and when do you use that product?

Okay, now I'm going to have you look at the words on this flip chart. You will see that there are three more places listed in which infants are known to fall asleep—swings, bouncer seats, and handheld infant carriers. I would like us to talk generally about these three things.

- Has your child/have any of your children (/grandchildren) ever fallen asleep in one of these?
 - If so, which?
 - In what situations?
- (If yes), what do you typically do during situations in which they fall asleep? (Probe to understand if they take them out to move them, leave them asleep, use the restraints, snugly, or loosely, or partially, etc.)

Great, thank you! This is all very helpful information.

Section C. Knowledge, Attitudes, and Awareness of Infant Sleep Safety (40 minutes)

Next, I would like to talk a little more specifically about infant sleep safety.

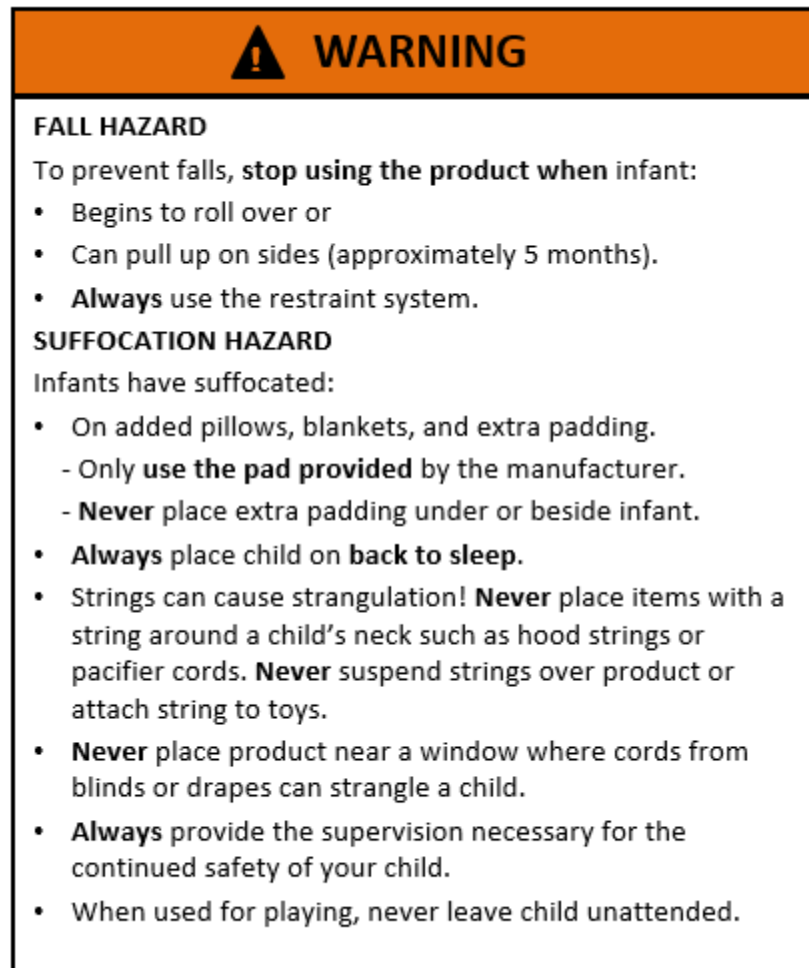
- What kinds of messages have you seen or heard regarding infant sleep safety?
 - Have you ever seen any messages about it on social media?
 - If so, where? What type of social media? Accounts?
 - Have your friends or family members ever given you any advice on infant sleep safety? (Probe to elaborate)
 - Have you ever seen any messages like this on other products?
- Which sources do you trust most to receive information regarding infant sleep safety? (Probe for sources – e.g., AAP, doctor, their mom, etc.)
- What is your interpretation of the risks these messages are trying to convey?
- How do you think your understanding of the associated risks could be improved in the future? (Probe for More messaging? Different messaging? Different Source (doctor, friend, family) of message?)
- What type of precautions did the message provide? Do you adhere to the precautions?
 - What are some reasons you do? (Or, do not?)
 - What, if anything, would make you more motivated to comply with the safety messaging?

(If haven't seen any) In the future, would you read or listen to safety messages regarding infant sleep? Would you adhere to the precautions?

- What are some reasons you would? (Or, would not?)

[Activity: Warning Label]

If you look at the last piece of paper in front of you [labeled X], you will see an example of a warning label found commonly on infant sleeping environments/products. I'm going to give you a few minutes to read the text in the warning label.



- What do you think is the purpose of these warnings?
- What is the main message in this warning label?
 - How easy is this message to understand?
 - Do you believe what this message is trying to say?
 - Is there any information that stands out to you?
 - What would you add or change, if anything, to improve communication about risks (such as the information in this label?)

- Have you ever noticed any warnings on sleep products?
 - [If yes] Where? When? Did it look like this? Did you read the message? Did you read all of it?
 - Did you follow the guidelines of the warning? Why or why not?
 - [If no] Did you know that warnings like this exist?
- Have you noticed warnings on other infant product in which your child may fall asleep?
 - [If yes] Where? When? Did it look like this? Did you read the message? Did you read all of it?
 - Did you follow the guidelines of the warning? Why or why not?
 - [If no] Did you know that warnings like this exist?
- What precautions do you typically take regarding infant sleep safety?
 - How have your sleep practices changed over time, if at all?
 - [GRANDPARENT] How do your sleep habits for your grandchildren compare to your children?)
 - Do you pay more or less attention to the safety labels now?

Section D. Conclusion (5 min.)

This has been a very helpful session. Thank you so much for taking time out of your day to be with me and share your perspectives and experiences. Before we wrap up, is there anything else that you would like to share or that we might have missed?






We've talked about some things today that are sensitive so please be reminded to not discuss this session with others who did not attend.

[TIME PERMITTING] If you don't mind, I am going to step out for just a moment to see if my team has any additional follow-up questions for you. [Ask any additional questions.]

Ok, thank you again for your time. Are there any final questions? If not, you are free to go. Please leave behind your worksheets and writing utensils. Have a wonderful evening!

Sleep Product Activity Worksheet

On average, how many hours does your child spend sleeping in the following products in a typical day?

	Daytime Naps	Night time sleep
Full-size cribs 		
Bassinet 		
Portable cribs and play yards 		
Bedside sleepers 		
Inclined Sleepers 		
Other (please write down the product): _____		