Form Approved

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**OIDP Social Norming of Pediatric Vaccines Campaign**

**Parent/Guardian Focus Group - Eligibility Screener Questions**

March 17, 2022

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0459. The time required to complete this information collection is estimated to average 90 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

**Recruitment Screening Criteria:**

* Parents/guardians must be currently parenting at least one child under the age of 5 OR one child between the ages of 5 and 8.
* Parents/guardians must have at least one child under 5 OR one child between the ages of 5 and 8 who is not up to date on routine vaccines (regardless of reason).
* Parents/guardians must be responsible for health-related decision making for their child(ren).

**NOTE TO RECRUITER:** Continue through all questions before letting individual know if they are eligible for the focus groups. See below for the segmentation for parent/guardian focus groups.

**Desired Parent/Guardian Focus Group Composition (n ≤14 groups)**

1. African American parents/guardians of children under 5 years old (2 groups)
2. African American parents/guardians of children 5–8 years old (2 groups)
3. Hispanic/Latino (non-White, non-Black) parents/guardians of children under 5 years old   
   (2 groups)
4. Hispanic/Latino (non-White, non-Black) parents/guardians of children 5–8 years old   
   (2 groups)
5. Parents/guardians of children under 5 years old (heterogenous race/ethnicity)
6. Parents/guardians of children of children 5–8 years old (heterogenous race/ethnicity)
7. Parents/guardians living in rural areas (heterogenous race/ethnicity)
8. Parents/guardians living in urban areas (heterogenous race/ethnicity)
9. Parents with household income <$75k (heterogenous race/ethnicity)
10. Parents with household income >$75k (heterogenous race/ethnicity)

**Notes:**

* Recruit for conduct of 9 focus groups
* Participants will receive a $95 incentive
* Focus groups will last up to 90 minutes
* Focus groups will be held virtually
* Focus groups will be recorded (audio and video) for internal purposes only
* Respondent’s identity will remain confidential

**Welcome**

Hello. My name is \_\_\_\_\_\_\_\_\_\_\_\_ and I work with [Name of Recruiting Firm]. We are working with the U.S. Department of Health and Human Services Office of Infectious Disease and HIV/AIDS Policy (OIDP) to obtain feedback on messages and materials related to pediatric vaccinations in order to develop a social norming campaign to motivate parents/guardians and clinicians to stay up to date with routine childhood vaccines (including measles, HPV, whooping cough, and tetanus) and promptly catch up on routine vaccines that have been missed or delayed. Your participation will help us to assess campaign materials for further refinement and finalization for dissemination. The focus group will last about 90 minutes and will be held online using Zoom. We will not ask you any questions about your own health status or personal health issues. If you participate in the focus group, you will receive $95 as a token of appreciation for your time.

Are you interested in participating in a focus group?

Yes (Continue with screener.)

No (Thank person for time and end conversation.)

May I ask you a few questions to determine whether or not you are eligible for the focus group?

Yes (Continue with screener.)

No (INELIGIBLE, thank person for time and end conversation.)

**Inclusion/Exclusion Criteria (Required)**

**NOTE TO RECRUITER**: Record and keep all screener data.

1. Are you a federal government employee?

Yes **(TERMINATE, GO TO END)**

No

1. Are you currently the parent/guardian of at least one child under the age of 8?

Yes

No **(TERMINATE, GO TO END)**

1. How old are you?

Younger than 18 years old **(TERMINATE, GO TO END)**

18 to 24 years

25 to 29 years

30 to 34 years

35 to 39 years

40 to 44 years

45 to 49 years

50 to 54 years

55 to 59 years

60 years or older

Decline to answer **(TERMINATE, GO TO END)**

1. What are the ages of your children (select all that apply)?

0 to 4 years

5 to 8 years

9 years and older **(if they also have children 8 and under, hold for potential inclusion; if this is the only response selected, TERMINATE, GO TO END)**

1. Is your child [under 5 years old] OR [between ages 5 and 8) fully caught up on their recommended vaccines? Recommended vaccines include those such as such as chickenpox, measles/mumps/rubella (MMR), polio, and hepatitis.

Definitely yes **(TERMINATE, GO TO END)**

Probably **(TERMINATE, GO TO END)**

Unsure

No

1. Are you responsible for health-related decision making for your child(ren)?

Yes

No **(TERMINATE, GO TO END)**

1. How willing are you to vaccinate your children against things like chickenpox, measles/mumps/rubella (MMR), polio, and hepatitis?

Unwilling **(TERMINATE, GO TO END)**

Somewhat unwilling

Neutral

Somewhat willing

Willing

1. Do you trust government sources of public health information?

I don’t trust them at all **(TERMINATE, GO TO END)**

I sometimes trust them

I am neutral

I usually trust them

I fully trust them

1. Do you have access to the internet to participate in a Zoom session?

Yes

No **(TERMINATE, GO TO END)**

**Additional Screening Attributes**

NOTE TO RECRUITER: The following questions respond to required and optional participant attributes.

**Optional Attributes:**

If feasible, enrich the pool with parents/guardians in the younger child age range with those who have children ages 2 and younger.

1. What is your gender?

Male

Female

Other

Decline to answer

1. Would you describe yourself as Hispanic or Latino?

Yes

No

Prefer not to answer

1. How would you describe your racial background? (choose all that apply)

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Prefer not to answer

1. How would you best describe the setting in which you live?

Rural

Suburban

Urban

1. In which state is do you live?

Open-ended

1. What is your approximate total household income?

Less than $75,000 a year

More than $75,000 a year

**Thank You**

**TERMINATION SCRIPT:**

“*We appreciate your willingness to answer each of the questions. Unfortunately, you are not eligible to participate in the focus group. Thank you for your time.”*

**ELIGIBLE SCRIPT:**

Good news! You are eligible to participate in the focus group. Are you still interested in participating?

Yes

No (Thank person for time, terminate and end the conversation.)

I’m glad that you will be able to join us! The focus group will last about 90 minutes. It will be held online using Zoom. The focus group time is scheduled for: [date and time here]

Does this date and time work for you?

Yes

No, but still interested (OR GET OTHER AVAILABLE TIMES THAT MIGHT WORK.)

No (Thank person for time, terminate and end the conversation.)

Please confirm your name, phone number, and e-mail so we can send you instructions on participating in this digital focus group. We will also send reminders to this e-mail address.

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Phone:** |  |
| **Email:** |  |

Please contact [Recruiter] at [PHONE NUMBER] if your plans change so that we may invite someone from the waiting list to attend instead. Otherwise, we’ll look forward to hearing from you on [Month/Day/Year] at [Time].

***END***