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Attachment P. Focus Group Moderator Guides

Focus Group Moderator Guide (English Groups)

Welcome! Thank you for taking part in today's group discussion. My name is [name] and I work for [Organization and Location]. We are working with the Centers for Disease Control and Prevention (CDC) to test MyMobility products. As part of this effort, we're conducting a series of focus groups with adults between the ages of 60-74 to determine the effectiveness of the products. The purpose of our project is to help CDC improve the usability and impact of these materials.

This discussion will last up to 90 minutes.

Before we get started, I am going to review a few details and gather your consent to participate:

- **Audio Recording.** To make sure that we capture everything you say, we are making an audio recording of this discussion. This recording is for the use of this study and will not be shared with anyone else outside of the study. Is it okay for us to start recording? [\[if yes, start record; if someone says no, dismiss from group\]](#)
- **Participation.** Your participation in this session is voluntary, and you can stop participating at any time. If you are uncomfortable with any question, you can choose not to answer. **Also, please know that there are no right or wrong answers.**
- **Privacy.** Your name and contact information will not be given to anyone else, and no one will contact you after our discussion is over unless you give permission. We will not collect any personal or family health information from you. This activity is not considered research with human subjects.
- **Observations.** Some of the people working on this project may be observing so that they can hear your opinions and take notes so that your opinions are accurately captured.
- **Reporting.** As part of this study, we will write a report summarizing what we learned from these interviews. We will not include your name or any identifying information in the report. The information that you give us will be anonymized and combined with the responses of other participants. This report will be shared with staff at the Centers for Disease Control and Prevention.

- **Token of Appreciation.** You will receive a \$75 gift card that can be used anywhere for taking part in the study. You can choose to have this sent to you through the mail or to your email address. If you cannot accept this gift card, please let us know now.

Do you have any questions before we begin?

Do I have your consent to participate? [if a verbal “yes” then continue]

Introductions [10 min.]

Before we start reviewing the MyMobility resources that were shared with you, I would like to take a few minutes for everyone to introduce themselves. Please share your first name and the town or city where you’re joining us from, and one thing you like about where you live. To start, as I mentioned earlier, my name is [name], and I’m joining you from [city and/or state], and I like [one item you like].

[Allow each participant to introduce themselves]

Thank you all for the sharing about yourself. As a quick reminder, please be sure to only refer to one another by first names throughout our discussion.

First Impressions [5 min.]

To get started with our discussion of the MyMobility resources, I would like to ask you to share any immediate reactions you had to the products when you reviewed them on your own. We’ll discuss each product more in-depth later in our discussion, but I’d like to hear your first impressions to the products overall.

1. What were your first reactions to the materials/products when you reviewed them?’

Probes:

- a. What thoughts did you have about the look of the resources?
 - b. Did the resources seem like something developed with you in mind?
2. What did you think of the images of the people used in the different resources?

Products Review [60 min.]

Thank you for sharing your first impressions with us. Now we're going to spend some time talking about each of the four products to hear your thoughts on them and learn how you might use them in your home. We'll start out with the **MyMobility Plan**.

[\[Share screen to show MyMobility Plan\] – 25 minutes](#)

Comprehension/Readability

3. Overall, what did you see as the main purpose of the **MyMobility Plan**, in your own words?
4. In reviewing the **MyMobility Plan**, was there anything in it you found confusing, unclear, or hard to understand?

Probes:

- a. When reading through the Plan, what words did you circle that were unclear or unfamiliar?
 - b. What other words could be used in their place?
 - c. Was there anything else about it that you thought was confusing?
5. What challenges, if any, did you have while filling out the **MyMobility Plan**?
 6. What thoughts did you have about how the information in the Plan is organized?

Probes:

- a. What did you think about the colors used in the Plan?
- b. What did you think of the different text boxes include in the Plan? Did they seem helpful?
- c. Is there anything you would change about it to make it easier to read or use?

Knowledge

7. Before reading the **MyMobility Plan**, were you aware of any of the safety tips or suggestions provided?

Probe:

- a. Were any of the suggestions new to you or surprising? How so?
- b. Were you familiar with the resources that were shared in the plan?
- c. Do you feel this plan is missing any key information you think would be important to include?

Motivation

8. Would you consider filling out the **MyMobility Plan** with a spouse, partner, or loved one?

Probe:

- a. Would you share the MyMobility Plan with friends?

9. How easy do you think it would be for you and your loved ones to fill out the Plan together?
10. What other actions, if any, does this product motivate you to take?

Self-Efficacy

11. Overall, what do you think about the idea of having a “Plan” in place?
12. Which actions described in the **MyMobility Plan**, if any, sound doable to you? Why?

Probes:

- a. Which actions, if any, sound less doable? Why?
- b. What would make them easier?

Before we move on to the next product, does anyone have any last comments or thoughts about the **MyMobility Plan**?

Next, we’re going to take a look at the **Medicine Fact Sheet**.

[\[Switch screen to Medicine Fact Sheet\] – 10 min](#)

Comprehension/Readability

13. In your own words, what do you think is the main purpose of this product?
14. Is there anything confusing, unclear, or hard to understand?

Probe:

- a. Besides the list of medications, were there any words that were unusual or unfamiliar?

Knowledge

15. What new information, if any, did you learn from the **Medicine Fact Sheet**?

Motivation

16. What actions, if any, would you take based on the information shared on the fact sheet?
What would you do with this **Fact Sheet**?
17. If the product did not motivate you to take any action, how might the information be presented in a more motivating way?

Self-Efficacy

18. What, if anything, makes the recommendations on the **Medicine Fact Sheet** difficult to follow?

Probe:

- a. How might the information be presented in a clearer way?

Before we move on, does anyone have any last thoughts on the **Medicine Fact Sheet**?

Now we're going to discuss the **MyMedications List**, which was referenced on the bottom of the **Medicine Fact Sheet**.

[Switch screen to **MyMedications List**] – 15 min

Comprehension/Readability

19. In your own words, what do you think is the purpose of the **MyMedications List**?

20. What challenges, if any, did you have in filling this form out?

Probes:

- a. In filling it out, did you have any questions about how the information you needed to provide was organized?
- b. What did you think of the examples provided for each of the categories of information?
- c. Was there anything you could not fill out? Can you share more about why you could not fill it out?
21. Was there anything you circled as confusing, unclear, or hard to understand?
22. How might the information be presented in a way to make it easier to use?

Knowledge

23. What new information, if any, did you learn from the **MyMedications List**?

Motivation/Self-Efficacy

24. Would you consider using the **MyMedications List**?
25. How might the information be presented differently to increase your likelihood of using this

form?

Before we move on, does anyone have any last thoughts on the **MyMedications List**?

Now we're going to switch to the **MyMedication Action Plan**.

[Switch screen to MyMedications Action Plan] – 10 min

Comprehension/Readability

26. What would you say is the main idea or purpose of the product?

27. What challenges, if any, did you experience in filling this out?

Probe:

a. What could be changed about this form to make it easier to use?

28. Are there any words that are unusual or unfamiliar?

Probe:

b. What words could be used in their place?

Knowledge

29. What new information, if any, did you learn from the **MyMedications Action Plan**?

Motivation

30. What actions, if any, does this product motivate you to take?

Probe:

c. If the **MyMedications Action Plan** didn't motivate you to take any action, how might the product be changed?

Self-Efficacy

31. Would you consider using the **MyMedications Action Plan**?

32. Do you think this could work for someone like you? Why or why not?

33. What would make this easier for you to use?

Before we move on, does anyone have any last thoughts on the **MyMedications Action Plan**?

Thank you for all of your feedback on the products. Now that we've gone over all of the products individually, we're going to spend a bit of time talking about how you might use these products.

Motivation and Outcome Expectations [5 min]

I'd like to discuss how you see yourself using the products we talked about today.

34. Based on your review of the products and our conversation today, do you think you would use these resources?

Probe:

a. Which product would you be most or least likely to use?

35. If you don't see yourself using these products, what would make you more likely to use them?

Probe:

- a. Would you be more likely to use these products if your physician or another healthcare provider gave them to you?
- b. Would you be more likely to use these products if they were provided by an organization you trust (example: AARP)?
- c. Would you be more likely to use these products if they were available to fill out online or on an app on your phone?

Wrap-Up [5 min]

Thank you so much for your feedback today. I have just one closing question:

36. If you could share one piece of feedback with the CDC on these materials, what would it be?

Excuse me for one moment while I see if the people listening in have any questions that I have not asked. I will be right back.

That's all we have time for today. Is there anything else anyone would like to share before we close?

Thank you for your participation. We value your time and appreciate your feedback on how to improve CDC's MyMobility resources. Have a good day.

Focus Group Moderator Guide (Spanish Groups)

Bienvenidos. Gracias por participar en la discusión grupal de hoy. Me llamo [nombre] y trabajo para [organización y ubicación]. Estamos trabajando con los Centros para el Control y la Prevención de Enfermedades (CDC, por sus siglas en inglés) con el fin de probar los productos de MyMobility. Dentro de este esfuerzo, estamos organizando una serie de discusiones grupales con adultos de entre 60 y 74 años para determinar la eficacia de los productos. El propósito de nuestro proyecto es ayudar a los CDC a mejorar la facilidad de uso y el alcance de estos materiales.

Esta discusión durará hasta 90 minutos.

Antes de empezar, voy a repasar algunos detalles y a obtener su consentimiento para participar:

- **Grabación de audio.** Para asegurarnos que registramos todo lo que usted dice, estamos haciendo una grabación de audio de esta discusión. Esta grabación es para el uso de este estudio y no se compartirá con nadie más fuera del estudio. ¿Le parece bien que empecemos a grabar? [if Sí, start record; if someone says no, dismiss from group]
- **Participación.** Su participación en esta sesión es voluntaria y puede dejar de participar en cualquier momento. Si se siente incómodo con alguna pregunta, puede optar por no responder. **Además, debe saber que no hay respuestas correctas o incorrectas.**
- **Privacidad.** Su nombre y su información de contacto no se facilitarán a nadie más, y nadie se comunicará con usted una vez finalizada nuestra conversación, a no ser que usted lo autorice. No obtendremos ninguna información personal o familiar sobre su salud. Esta actividad no se considera una investigación con sujetos humanos.
- **Observaciones.** Algunas de las personas que trabajan en este proyecto pueden estar observando para poder escuchar sus opiniones y tomar notas para que sus opiniones se registren con precisión.
- **Informes.** Dentro de este estudio, redactaremos un informe que resuma lo que hemos aprendido de estas entrevistas. En el informe no incluiremos su nombre ni ninguna información que le identifique. La información que nos proporcione será anónima y se combinará con las respuestas de otros participantes. Este informe se compartirá con el personal de los Centros de Control y Prevención de Enfermedades.
- **Muestra de agradecimiento.** Recibirá una tarjeta de regalo de \$75 dólares que podrá utilizar en cualquier lugar por participar en el estudio. Puede optar por que se la enviemos por correo postal o a su dirección de correo electrónico. Si no puede aceptar esta tarjeta de regalo, comuníquenoslo ahora.

¿Tiene alguna pregunta antes de comenzar?

¿Tengo su consentimiento para participar? [if a verbal “yes” then continue]

Introductions [10 min.]

Antes de empezar a analizar los recursos de MyMobility que se han compartido con usted, me

gustaría dedicar unos minutos a que todos se presenten. Comparta su nombre y su pueblo o ciudad de origen, y una cosa que le guste del lugar en el que vive. Para empezar, como he mencionado antes, mi nombre es [nombre], y me uno a usted desde [ciudad o estado], y me gusta [una cosa que le guste].

[Allow each participant to introduce themselves]

Gracias a todos por compartir su información personal. Como recordatorio rápido, asegúrense de dirigirse a los demás solo por sus nombres a lo largo de nuestra discusión.

First Impressions [5min.]

Para empezar nuestra discusión sobre los recursos de MyMobility, me gustaría pedirle que compartiera cualquier reacción inmediata que haya tenido ante los productos cuando los analizó por su cuenta. Hablaremos de cada producto con mayor profundidad en un momento posterior de nuestra discusión, pero me gustaría escuchar sus primeras impresiones sobre los productos en general.

1. ¿Cuáles fueron sus primeras reacciones ante los materiales/productos cuando los analizó?

Preguntas para indagar:

- a. ¿Qué opinión le merece el aspecto de los recursos?
 - b. ¿Le parecieron que los recursos se desarrollaron pensando en usted?
2. ¿Qué le parecieron las imágenes de las personas utilizadas en los diferentes recursos?

Products Review [60 min.]

Gracias por compartir con nosotros sus primeras impresiones. Ahora vamos a dedicar un tiempo a hablar de cada uno de los cuatro productos para conocer su opinión sobre ellos y saber cómo podría utilizarlos en su hogar. Empezaremos con el **plan de MyMobility**.

[Share screen to show MyMobility Plan] – 25 minutes

Comprehension/Readability

3. En general, con sus propias palabras, ¿cuál cree que es el objetivo principal del **plan de MyMobility**?
4. Al analizar el **plan de MyMobility**, ¿hubo algo en él que le pareciera confuso, poco claro o difícil de entender?

Preguntas para indagar:

- a. Al leer el plan, ¿qué palabras ha señalado con un círculo que no estuvieran claras o le parecían desconocida?

- b. ¿Qué otras palabras podrían utilizarse en su lugar?
 - c. ¿Hubo algo más que le pareciera confuso?
5. ¿Qué dificultades, en caso de que las hubiera, tuvo al completar el **plan de MyMobility**?
6. ¿Qué opinión le merece la organización de la información en el plan?

Preguntas para indagar:

- a. ¿Qué le parecieron los colores utilizados en el Plan?
- b. ¿Qué le parecieron los diferentes cuadros de texto incluidos en el Plan? ¿Fueron útiles?
- c. ¿Hay algo que cambiarías para que sea más fácil de leer o usar?

Knowledge

7. Antes de leer el **plan de MyMobility**, ¿conocía alguno de los consejos o sugerencias de seguridad que se ofrecen?

Preguntas para indagar:

- a. ¿Alguna de las sugerencias fue nueva para usted o le sorprendió? ¿En qué sentido?
- b. ¿Conocía los recursos que se han compartido en el plan?
- c. ¿Cree que a este plan le falta alguna información fundamental que cree que sería importante incluir?

Motivation

8. ¿Consideraría la posibilidad de completar el **plan de MyMobility** con un cónyuge, pareja o ser querido?

Pregunta para indagar:

- a. ¿Compartiría el plan de MyMobility con sus amigos?
9. ¿Qué tan fácil cree que sería para usted y sus seres queridos completar juntos el plan?
10. ¿Qué otras medidas, en caso de haberlas, le motiva a tomar este producto?

Self-Efficacy

11. En general, ¿qué le parece la idea de tener un "plan" establecido?
12. ¿Qué acciones descritas en el **plan de MyMobility** le parecen factibles, si es que se lo parece alguna? ¿Por qué?

Preguntas para indagar:

- a. ¿Qué acciones le parecen menos factibles, si es que se lo parece alguna?

Antes de pasar al siguiente producto, ¿alguien tiene algún último comentario o idea sobre el **plan de MyMobility**?

A continuación, vamos a examinar la **hoja informativa sobre medicamentos**.

[Switch screen to Medicine Fact Sheet]- 10 min

Comprehension/Readability

13. Con sus propias palabras, ¿cuál cree que es el principal objetivo de este producto?

14. ¿Hay algo confuso, poco claro o difícil de entender?

Pregunta para indagar:

a. Además de la lista de medicamentos, ¿hubo alguna palabra inusual o desconocida?

Knowledge

15. ¿Qué información nueva descubrió en la **hoja informativa sobre medicamentos**, si es que descubrió alguna?

Motivation

16. ¿Qué medidas tomaría, si es que tomaría alguna, según la información compartida en la hoja informativa? ¿Qué haría con esta **hoja informativa**?

17. Si el producto no le motivó a realizar ninguna acción, ¿cómo podría presentarse la información de forma más motivadora?

Self-Efficacy

18. ¿Qué hace que las recomendaciones de la **hoja informativa sobre medicamentos** sean difíciles de seguir, si es que hay algo que lo haga?

Pregunta para indagar:

a. ¿Cómo se podría presentar la información de forma más clara?

Antes de seguir adelante, ¿alguien tiene alguna última opinión sobre la **hoja informativa sobre medicamentos**?

Ahora vamos a hablar de la **lista de MyMedications**, a la que se hace referencia en la parte inferior de la **hoja informativa sobre medicamentos**.

[Switch screen to MyMedications List] –15 min

Comprehension/Readability

19. Con sus propias palabras, ¿cuál cree que es el objetivo de la **lista de MyMedications**?
20. ¿Qué dificultades ha tenido para completar este formulario, si es que ha tenido alguna?

Preguntas para indagar:

- a. Al completarla, ¿tuvo alguna duda sobre cómo estaba organizada la información que debía proporcionar?
 - b. ¿Qué le parecieron los ejemplos proporcionados para cada una de las categorías de información?
 - c. ¿Hubo algo que no pudo completar? ¿Puede compartir más información sobre el motivo por el que no pudo completarlo?
21. ¿Hubo algo que marcó con un círculo como confuso, poco claro o difícil de entender?
22. ¿Cómo se podría presentar la información de manera que sea más fácil de usar?

Knowledge

23. ¿Qué información nueva descubrió de la **lista de MyMedications**, si es que descubrió alguna?

Motivation/Self-Efficacy

24. ¿Consideraría la posibilidad de utilizar la **lista de MyMedications**?
25. ¿Cómo se podría presentar la información de forma diferente para aumentar su probabilidad de utilizar este formulario?

Antes de seguir adelante, ¿alguien tiene alguna última idea sobre la **lista de MyMedications**?

Ahora vamos a pasar al **plan de acción de MyMedication**.

[Switch screen to MyMedications Action Plan] –10 min

Comprehension/Readability

26. ¿Cuál diría que es la idea principal o el propósito del producto?

27. ¿Qué dificultades tuvo al completarlo, si es que tuvo alguna?

Pregunta para indagar:

d. ¿Qué podría cambiarse de este formulario para facilitar su uso?

28. ¿Hay alguna palabra que sea inusual o desconocida?

Pregunta para indagar:

e. ¿Qué palabras podrían utilizarse en su lugar?

Knowledge

29. ¿Qué nueva información descubrió del **plan de acción de MyMedication**, si es que descubrió alguna?

Motivation

30. ¿Qué medidas le motiva a tomar este producto, si es que le motiva a tomar alguna?

Pregunta para indagar:

f. Si el **plan de acción de MyMedications** no le motiva a tomar ninguna medida, ¿cómo podría cambiar el producto?

Self-Efficacy

31. ¿Consideraría la posibilidad de utilizar el **plan de acción de MyMedications**?

32. ¿Cree que esto podría funcionar para alguien como usted? ¿Por qué o por qué no?

33. ¿Qué haría que le resultase más fácil utilizarlo?

Antes de seguir adelante, ¿alguien tiene alguna última opinión sobre el **plan de acción de MyMedications**?

Gracias por todos sus comentarios sobre los productos. Ahora que hemos analizado todos los productos individualmente, vamos a dedicar un poco de tiempo a hablar de cómo podría utilizar estos productos.

Motivation and Outcome Expectations [5 min]

Me gustaría hablar de cómo se ve a sí mismo utilizando los productos de los que hemos hablado hoy.

- 34.** Basándose en su revisión de los productos y en nuestra conversación de hoy, ¿cree que utilizaría estos recursos?

Pregunta para indagar:

- b. ¿Qué producto es más o menos probable que utilice?

- 35.** Si no se ve usando estos productos, ¿qué haría que fuera más probable que los usara?

Pregunta para indagar:

- a. ¿Sería más probable que utilizara estos productos si su médico u otro profesional sanitario se los diera?
- b. ¿Sería más probable que utilizara estos productos si se los proporcionara una organización en la que confía (ejemplo: AARP)?
- c. ¿Sería más probable que utilizara estos productos si estuvieran disponibles para completar por el Internet o en una aplicación en su teléfono?

Wrap-Up [5 min]

Muchas gracias por sus comentarios de hoy. Solo tengo una pregunta final:

- 36.** Si pudiera compartir un comentario con el CDC sobre estos materiales, ¿cuál sería?

Discúlpeme un momento mientras veo si la gente que está escuchando tiene alguna pregunta que no haya hecho. Vuelvo enseguida.

Eso es todo para lo que tenemos tiempo hoy. ¿Hay algo más que alguien quiera compartir antes de terminar?

Gracias por su participación. Agradecemos su tiempo y sus comentarios sobre cómo mejorar los recursos de MyMobility de los CDC. Que tenga un buen día.

Focus Group Moderator Guide (Tribal Groups)

Welcome! Thank you for taking part in today's group discussion. My name is [name] and I work for [Organization and Location]. We are working with the Centers for Disease Control and Prevention (CDC) to test MyMobility products. As part of this effort, we're conducting a series of focus groups with adults between the ages of 55-74 to determine the effectiveness of the products. The purpose of our project is to help CDC improve the usability and impact of these materials.

This discussion will last up to 90 minutes.

Before we get started, I am going to review a few details and gather your consent to participate:

- **Audio Recording.** To make sure that we capture everything you say, we are making an audio recording of this discussion. This recording is for the use of this study and will not be shared with anyone else outside of the study. Is it okay for us to start recording? [if yes, start record; if someone says no, dismiss from group]
- **Participation.** Your participation in this session is voluntary, and you can stop participating at any time. If you are uncomfortable with any question, you can choose not to answer. **Also, please know that there are no right or wrong answers.**
- **Privacy.** Your name and contact information will not be given to anyone else, and no one will contact you after our discussion is over unless you give permission. We will not collect any personal or family health information from you. This activity is not considered research with human subjects.
- **Observations.** Some of the people working on this project may be observing so that they can hear your opinions and take notes so that your opinions are accurately captured.
- **Reporting.** As part of this study, we will write a report summarizing what we learned from these interviews. We will not include your name or any identifying information in the report. The information that you give us will be anonymized and combined with the responses of other participants. This report will be shared with staff at the Centers for Disease Control and Prevention.
- **Token of Appreciation.** You will receive a \$75 gift card that can be used anywhere for taking part in the study. You can choose to have this sent to you through the mail or to your email address. If you cannot accept this gift card, please let us know now.

Do you have any questions before we begin?

Do I have your consent to participate? [if a verbal "yes" then continue]

Introductions [10 min.]

Before we start reviewing the MyMobility resources that were shared with you, I would like to take a few minutes for everyone to introduce themselves. Please share your first name and the town or city where you're joining us from, and one thing you like about where you live. To start, as I mentioned earlier, my name is [name], and I'm joining you from [city and/or state], and I like [one item you like].

[\[Allow each participant to introduce themselves\]](#)

Thank you all for the sharing about yourself. As a quick reminder, please be sure to only refer to one another by first names throughout our discussion.

First Impressions [5 min.]

To get started with our discussion of the MyMobility resources, I would like to ask you to share any immediate reactions you had to the products when you reviewed them on your own. We'll discuss each product more in-depth later in our discussion, but I'd like to hear your first impressions to the products overall.

1. What were your first reactions to the materials/products when you reviewed them?

Probes:

- a. What thoughts did you have about the look of the resources?
 - b. Did the resources seem like something developed with you in mind?
2. What did you think of the images of the people used in the different resources?

Products Review [60 min.]

Thank you for sharing your first impressions with us. Now we're going to spend some time talking about each of the four products to hear your thoughts on them and learn how you might use them in your home. We'll start out with the **MyMobility Plan**.

[\[Share screen to show MyMobility Plan\] - 25 minutes](#)

Comprehension/Readability

3. Overall, what did you see as the main purpose of the **MyMobility Plan**, in your own words?
4. In reviewing the **MyMobility Plan**, was there anything in it you found confusing, unclear, or hard to understand?

Probes:

- a. When reading through the Plan, what words did you circle that were unclear or

unfamiliar?

- b. What other words could be used in their place?
- c. Was there anything else about it that you thought was confusing?

5. What challenges, if any, did you have while filling out the **MyMobility Plan**?

6. What thoughts did you have about how the information in the Plan is organized?

Probes:

- a. What did you think about the colors used in the Plan?
- b. What did you think of the different text boxes include in the Plan? Did they seem helpful?
- c. Is there anything you would change about it to make it easier to read or use?

Knowledge

7. Before reading the **MyMobility Plan**, were you aware of any of the safety tips or suggestions provided?

Probe:

- a. Were any of the suggestions new to you or surprising? How so?
- b. Were you familiar with the resources that were shared in the plan?
- c. Do you feel this plan is missing any key information you think would be important to include?

Motivation

8. Would you consider filling out the **MyMobility Plan** with a spouse, partner, or loved one?

Probe:

- a. Would you share the MyMobility Plan with friends?

9. How easy do you think it would be for you and your loved ones to fill out the Plan together?

10. What other actions, if any, does this product motivate you to take?

Self-Efficacy

11. Overall, what do you think about the idea of having a "Plan" in place?

12. Which actions described in the **MyMobility Plan**, if any, sound doable to you? Why?

Probes:

- a. Which actions, if any, sound less doable? Why?
- b. What would make them easier?

Before we move on to the next product, does anyone have any last comments or thoughts about the

MyMobility Plan?

Next, we're going to take a look at the **Medicine Fact Sheet**.

[\[Switch screen to Medicine Fact Sheet\] – 10 min](#)

Comprehension/Readability

13. In your own words, what do you think is the main purpose of this product?

14. Is there anything confusing, unclear, or hard to understand?

Probe:

- a. Besides the list of medications, were there any words that were unusual or unfamiliar?

Knowledge

15. What new information, if any, did you learn from the **Medicine Fact Sheet**?

Motivation

16. What actions, if any, would you take based on the information shared on the fact sheet?
What would you do with this **Fact Sheet**?

17. If the product did not motivate you to take any action, how might the information be presented in a more motivating way?

Self-Efficacy

18. What, if anything, makes the recommendations on the **Medicine Fact Sheet** difficult to follow?

Probe:

- a. How might the information be presented in a clearer way?

Before we move on, does anyone have any last thoughts on the **Medicine Fact Sheet**?

Now we're going to discuss the **MyMedications List**, which was referenced on the bottom of the **Medicine Fact Sheet**.

[Switch screen to MyMedications List] – 15 min

Comprehension/Readability

19. In your own words, what do you think is the purpose of the **MyMedications List**?

20. What challenges, if any, did you have in filling this form out?

Probes:

- a. In filling it out, did you have any questions about how the information you needed to provide was organized?
- b. What did you think of the examples provided for each of the categories of information?
- c. Was there anything you could not fill out? Can you share more about why you could not fill it out?

21. Was there anything you circled as confusing, unclear, or hard to understand?

22. How might the information be presented in a way to make it easier to use?

Knowledge

23. What new information, if any, did you learn from the **MyMedications List**?

Motivation/Self-Efficacy

24. Would you consider using the **MyMedications List**?

25. How might the information be presented differently to increase your likelihood of using this form?

Before we move on, does anyone have any last thoughts on the **MyMedications List**?

Now we're going to switch to the **MyMedication Action Plan**.

[Switch screen to MyMedications Action Plan] – 10 min

Comprehension/Readability

26. What would you say is the main idea or purpose of the product?

27. What challenges, if any, did you experience in filling this out?

Probe:

g. What could be changed about this form to make it easier to use?

28. Are there any words that are unusual or unfamiliar?

Probe:

h. What words could be used in their place?

Knowledge

29. What new information, if any, did you learn from the **MyMedications Action Plan**?

Motivation

30. What actions, if any, does this product motivate you to take?

Probe:

i. If the **MyMedications Action Plan** didn't motivate you to take any action, how might the product be changed?

Self-Efficacy

31. Would you consider using the **MyMedications Action Plan**?

32. Do you think this could work for someone like you? Why or why not?

33. What would make this easier for you to use?

Before we move on, does anyone have any last thoughts on the **MyMedications Action Plan**?

Thank you for all of your feedback on the products. Now that we've gone over all of the products individually, we're going to spend a bit of time talking about how you might use these products.

Motivation and Outcome Expectations [5 min]

I'd like to discuss how you see yourself using the products we talked about today.

- 34.** Based on your review of the products and our conversation today, do you think you would use these resources?

Probe:

- c. Which product would you be most or least likely to use?

- 35.** If you don't see yourself using these products, what would make you more likely to use them?

Probe:

- a. Would you be more likely to use these products if your physician or another healthcare provider gave them to you?
- b. Would you be more likely to use these products if they were provided by an organization you trust (example: AARP)?
- c. Would you be more likely to use these products if they were available to fill out online or on an app on your phone?

Wrap-Up [5 min]

Thank you so much for your feedback today. I have just one closing question:

- 36.** If you could share one piece of feedback with the CDC on these materials, what would it be?

Excuse me for one moment while I see if the people listening in have any questions that I have not asked. I will be right back.

That's all we have time for today. Is there anything else anyone would like to share before we close?

Thank you for your participation. We value your time and appreciate your feedback on how to improve CDC's MyMobility resources. Have a good day.