

THE PROJECT.

Form Approved OMB Control No.: 0920-1154 Expiration date: 03/31/2026

CDC Division of Vector-Borne Diseases

Focus Group Screener for Outdoor Enthusiasts on Alpha-Gal Syndrome Updated: December 14, 2023

Hello. My name is	and I'm calling from	, an independent communications firm.
matter or be interesting to yo THE FOCUS GROUP.] The activity is the Centers for Dis the leader will use first name transcripts or reports available	u. [DO NOT DISCLOSE THE EX discussion will last approximately ease Control and Prevention (CI s only during the discussion, and le to CDC. CDC is not interested	Is group conversation on topics that may KACT TOPIC OF DISCUSSION BEFORE y 90 minutes. The sole sponsor of this DC). To maintain participants' confidentiality, d no part of your name be used in any in any of your personal information. At this e recruiting a variety of people only.
I have a few questions to sta	rt.	
	SCREENING PROCESS, READ Thank you very much for your time.	e:] I'm sorry, we already have enough ne.
	ncern and reassure them approp	oncern at any point during the screening oriately. Remind them that their answers and
Name:		
Address (residence):		
City, State, ZIP:		
Phone:		
Email:		
Recruiter:		
SEPARATE CONTACT SHE	EET FROM THE REST OF THE	SCREENER AND SHRED AT THE END OF

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS H21-8, Atlanta, Georgia 30333; ATTN: PRA 0920-1154

Recruit Summary

Segment	Audience	FGs / Recruits
Α	Hunters and fishers	1/8
В	Hikers and campers	1/8
С	Outdoor dog owners	1/8
D	Outdoor activities near home	1/8

Screening Questions

1. Are you...?

Female	
Male	RECRUIT A MIX; MINIMUM 3
Transgender, non-binary, or another	FEMALE/MALE PER GROUP
gender	

2. What is your age? **RECORD EXACT AGE; DO NOT READ LIST**

Under 18	TERMINATE ALL
18-29	MINIMUM 3 PER GROUP
30-39	WIINIWIOW 3 PER GROUP
40-49	
50-59	MINIMUM 3 PER GROUP
60 or older	

3. In what city and state do you live? RECORD CITY & STATE, ALSO CODE TO TABLE

Northeast	MINIMUM 2 FDOM FACU DECION DED
South	MINIMUM 2 FROM EACH REGION PER GROUP
Midwest	GROUP
West	TERMINATE

4. Have you participated in any of the following activities in the past 12 months? Choose all that apply.

Hunting	
Hiking or backpacking	CONTINUE
Camping	CONTINUE
None of the above	

5. **IF ANY OF PREVIOUS ARE SELECTED** In the past 12 months, how many times have you participated in each of the activities you selected? Your best estimate is fine. RECORD FOR **EACH ACTIVITY SELECTED**

Once or twice	
Three or four times	CONTINUE
Five to 10 times	CONTINUE
More than 10 times	

HUNTERS GROUP:

- o Must have participated in hunting 5 or more times in the past 12 months.
- o Minimum 2 of who have hunted more than 10 times.

HIKERS/CAMPERS GROUP:

o Must have participated in (a) hiking or backpacking or (b) camping five or more times in the past 12 months.

- o Minimum 4 hikers or backpackers (can count toward both).
- o Minimum 3 campers (can count toward both).
- o Minimum 1 of each who have hiked/backpacked or camped more than 10 times.

IF NOT QUALIFIED FOR ABOVE GROUPS, ASK THE FOLLOWING QUESTIONS

6. Do you own a dog?

Yes	CONTINUE
No	CONTINUE

7. **IF OWN A DOG** For how long have you had dogs, including any you had before?

Less than 1 year	
1 to 2 years	CONTINUE
2 or more years	

8. IF HAD DOG 2 OR MORE YEARS Here are some outdoor activities some people do with their dogs. Do you do any of these with your dog? **READ:** Water activities or visits to rivers, lakes, or beaches; camping, hiking, or trail running; visiting woods, nature parks, or state or county parks; or similar natural activities.

Yes	PROBE AND RECORD WHICH ACTIVITIES, CONTINUE
No	CONTINUE

9. IF YES TO PREVIOUS DOG ACTIVITIES In the past month, how many times have you and your dog participated in any of the activities you mentioned? Your best estimate is fine.

Once	
Twice	
Three or four times	CONTINUE
Five to ten times	
More than ten times	

- **OUTDOOR DOG OWNERS GROUP:**
 - o Must own a dog.
 - o Must have had dogs for 2 or more years.
 - o Must have participated in natural outdoor activities with dog at least 3-4 times in the past month.

IF NOT QUALIFIED FOR ABOVE GROUPS, ASK THE FOLLOWING QUESTIONS

10. Have you participated in any of the following outdoor activities in the past 12 months? Choose all that apply.

Gardening at home or in the community	
Walks or runs on park paths, trails, or	
roads	
Biking on park paths, trails, or roads	
Birdwatching at parks, forests, fields, or	
bodies of water	CONTINUE
Outdoor rock climbing	
Horseback riding	
Other activities outdoors (please	
specify)	
None of the above	

11. **IF ANY OF PREVIOUS ARE SELECTED** In the past 12 months, how many times have you participated in each of the activities you selected? Your best estimate is fine. RECORD FOR **EACH ACTIVITY SELECTED**

Gardening at home or in the community	
Walks or runs on park paths, trails, or	
roads	
Biking on park paths, trails, or roads	
Birdwatching at parks, forests, fields, or	CONTINUE
bodies of water	CONTINUE
Outdoor rock climbing	
Horseback riding	
Other activities outdoors (please	
specify)	

- **OUTDOOR ACTIVITIES NEAR HOME GROUP:**
 - o Must have participated in <u>any</u> of the outdoor activities 24 times or more in the past 12 months; can include the combined total across activities.
 - o Maximum 4 who only do gardening, walks/runs, or both.
 - o KRC to review if "Other" is the only activity mentioned.

RESUME ASKING ALL

12. How familiar are you with each of the following topics? Are you very familiar, somewhat familiar, not too familiar, or not at all familiar? READ IN RANDOM ORDER, RECORD FOR EACH

Tick bites and tick-borne diseases	MAX 2 NOT AT ALL PER GROUP
Sun damage and heatstroke	CONTINUE. DUMMY TOPICS TO MASK
Poison ivy and poison oak	SUBJECT.

13. How concerned are you about each of the following topics? Are you very concerned, somewhat concerned, not too concerned, or not at all concerned? READ IN RANDOM ORDER, RECORD **FOR EACH**

Tick bites and tick-borne diseases	<i>I</i>	MAX 2 <u>NOT AT ALL</u> PER GROUP
Sun damage and heatstroke	COI	NTINUE. DUMMY TOPICS TO MASK
Poison ivy and poison oak		SUBJECT.

14. Which of the following best describes the area where you live?

Urban	MAX 4 URBAN + SUBURBAN PER
Suburban	GROUP
Small town	MAX 5 SMALL TOWN + RURAL PER
Rural	GROUP

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

Yes	CONTINUE
No	CONTINUE

16. What is your race? Choose all that apply.

American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific	CONTINUE
Islander	
White	
Another race	

MINIMUM 2 WHO ARE HISPANIC, LATINO, SPANISH, OR NON-WHITE PER GROUP

17. Which of the following includes your total annual household income for the last year?

Less than \$20,000	
\$20,000 to less than \$30,000	
\$30,000 to less than \$40,000	MINIMUM 3 PER GROUP
\$40,000 to less than \$50,000	
\$50,000 to less than \$60,000	
\$60,000 to less than \$70,000	
\$70,000 to less than \$80,000	
\$80,000 to less than \$90,000	MINIMUM 3 PER GROUP
\$90,000 to less than \$100,000	
\$100,000 or more	

18. Do you, a spouse or partner, or a child work in any of the following fields?

Market research or communications		
Health care or public health		
Pharmaceuticals, health sciences, or		TERMINATE ALL
medical device manufacturing		
Federal or state government		
None of the above	·	CONTINUE

19. How many times within the past three months have you participated in a focus group or one-onone research interview? DON'T READ LIST

None	CONTINUE
1 or more	TERMINATE ALL

Finally, to ensure we understand the individuals who are answering these questions...

20. What is the highest level of education you have completed?

Less than high school graduate	
High school graduate or completed	MIN 2 DED COOLD
GED	MIN 2 PER GROUP
Technical or vocational degree	
Four-year college degree	MIN 2 DED COOLD
Postgraduate or professional degree	MIN 2 PER GROUP

21. What best describes your current employment status?

Employed, full-time	MIN 4 PER GROUP
Employed, part-time	WIIN 4 PER GROUP
Student	
Homemaker	CONTINUE
Retired	CONTINUE
Unemployed	

Invitation

Thank you for answering all of my questions. As I mentioned, we respect your privacy and understand this information is confidential, and we will not disclose this information to anyone outside of the project team. We asked these questions because we want to speak with a wide variety of people who can review important information and provide their feedback. Based on your answers to the questions, we would like to invite you to participate in a 90-minute focus group.

You will receive \$75 as a token of appreciation for your participation, which will be provided to you after you complete the focus group.

All of your feedback will be confidential, never in association with your name. To make sure we capture your remarks accurately, we will audio and video record the discussion. The purpose of the recording is to make sure we report accurately, we will not include your name in the transcript. After approval of the final report, recordings will be deleted. Is this discussion something you are interested in and comfortable with?

Yes	SHARE DATE AND TIME OF FOCUS GROUP
No	TERMINATE ALL

Additionally, the focus group is virtual, meaning that you can participate from the comfort of your home or office. You will not need to come to a facility and can meet us from wherever you are, but you will need to be in front of a computer or tablet with internet access and camera so you can be on screen. You will also have to be in a quiet place. Someone will call you before the focus group to make sure all the technology needed for the discussion is working properly. Is this something you are interested in and comfortable with, and do you have access to a computer or tablet to fulfill these requirements?

Yes	CONTINUE
No	TERMINATE ALL

FOR SCHEDULED PARTICIPANTS:

The focus group will occur on **DATE**, at **TIME**. Before your scheduled discussion, we will send you confirmation with all the required logistical and technological information. If you wear reading glasses or use a hearing aid, please remember to have those with you at the focus group.

lf y	you must cancel,	, please let	t us know i	mmediately,	so we ca	an find s	someone	to take y	your pla	ace. N	∕ly na	ame
is .	ar	nd you can	reach me	at								

SEPARATE FIRST PAGE (CONTACT SHEET) AND SHRED AT THE END OF THE PROJECT