GenIC Clearance for CDC/ATSDR Formative Research and Tool Development

Food Safety Communication Evaluation: Assessing Food Safety Messages, Knowledge, and Attitudes

Attachment 3 - Eligible Participant Screener for Focus Group

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Eligible Participant Screener for Focus Group (to be conducted over the phone by recruiter)

CDC estimates the average public reporting burden for this collection of information as 5 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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 CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1154).

Good news. You are eligible to participate in this project.

If you agree to participate in this project, we will ask you to take part in a web-based focus group. We will ask a series of questions about food safety. This focus group will take about 60 minutes. To thank you for your time, you will receive a \$75 token of appreciation for your participation.

Do you have any questions?

Are you interested in participating in the focus group?

- \Box Yes (CONTINUE)
- □ No, Okay, thank you for your time today. *(STOP HERE)*

CONFIRM NAME, DEMOGRAPHICS, EMAIL, AND PHONE

1. Could you please spell your first and last name?

I have a few additional questions to ensure we get a good mix of participants in this study.

- 2. In what ZIP code do you currently live? [ENTER FIVE DIGIT ZIP CODE]
- 3. Are you the parent or caregiver of any children who currently lives in your household?
 - a. Yes [IF YES, ASK QUESTON 4]
 - b. No [IF NO, SKIP TO QUESTION 5]
 - c. Prefer to not answer [SKIP TO QUESTION 5]
- 4. Are you the parent or caregiver of a child(ren) under the age of 5 years who currently lives in your household?
 - a. Yes
 - b. No
 - c. Prefer not to answer
- 5. Are you currently or have you been pregnant within the last year?
 - a. Yes
 - b. No
 - b. Prefer not to answer

- 6. What sex were you assigned at birth, on your original birth certificate?
 - a. Female
 - b. Male
- 7. How do you currently describe yourself (mark all that apply)?
 - a. Female
 - b. Male
 - c. Transgender
 - d. I use a different term
- 8. Just to confirm, you were assigned <Q6> at birth and now you describe yourself as <Q7>. Is that correct?
 - a. Yes
 - b. No <revert back to Q6>
- 9. Which of the following best describes your ethnicity?
 - a. Hispanic or Latino
 - b. Not Hispanic or Latino
- 10. Which of the following best describes your race? [Please select one or more as applicable].
 - a. American Indian or Alaska Native
 - b. Asian
 - c. Black or African American
 - d. Native Hawaiian or Other Pacific Islander
 - e. White
- 11. What is the highest level of education you have completed?
 - a. Some high school
 - b. High school diploma
 - c. Some college or associate's degree
 - d. Bachelor's degree
 - e. Advanced degree
- 12. What is your current occupational status? Would you say...?
 - a. Employed full time
 - b. Employed part time
 - c. Unemployed
 - d. Stay at home parent
 - e. Student
 - f. Retired
 - g. Disabled
 - h. Other:_____
 - i. Don't Know/Not Sure [DO NOT READ]
 - j. Prefer not to answer

- 13. Last year, in 2022, what was your total household income from all sources, before taxes?
 - a. Less than \$15,000
 - b. \$15,000 to \$24,999
 - c. \$25,000 to \$34,999
 - d. \$35,000 to \$49,999
 - e. \$50,000 to \$74,999
 - f. \$75,000 to \$99,999
 - g. \$100,000 to \$149,999
 - h. \$150,000+
- 14. Do you have any of the following conditions?
 - a. HIV
 - b. Cancer
 - c. Diabetes
 - d. Liver disease
 - e. Kidney disease
 - f. Lupus
 - g. Multiple sclerosis (MS)
 - h. Inflammatory bowel disease (IBD)
 - i. Organ transplant recipient
 - j. Any other immunocompromised conditions? [Ask to Specify]
 - k. Prefers not to answer
- 15. Do you have access to a vehicle that you can drive?
 - a. Yes
 - b. No
 - c. Prefers not to answer
- 16. If you are interested in participating in a discussion about food safety, please give us your contact information (*inteviewer will fill out contact information card*) below. If you are chosen for the project, a team member will contact you to arrange a convenient time for the interview.

PARTICIPANT PREFERRED CONTACT INFORMATION

PARTICIPANT NAME:

Cell:

Home (other phone):

EMAIL (must be an email address that is used frequently):

Best time and way to reach:

Segmentation Table (for recruiter use)

Population	Segmentation	Number of Focus groups	Number of Participants
African American (18-64)	Low food access + low SES	2	16
	General population	2	16
Hispanic (18-64)	Low food access + low SES	1	8
	General population	2	16
Pregnant Individuals (18+)	Hispanic	1	8
	Low food access + low SES	1	8
	General population	1	8
Older Adults (65-75)	Low food access + low SES	1	8
	General population	2	16
Caregivers of children <5	Low food access + low SES	2	16
	General population	1	8
General population (18-64)	Immunocompromised	1	8
	Exclude caregivers of children <5, pregnant individuals, immunocompromised individuals, low SES individuals	1	8
Total		18	144