

Antimicrobial Resistance Communications and Media Support Services

Focus Group Screener for Consumers, Including Parents, and Caregivers

February 20, 2024 V4

Introduction

Hello. My name is _____ and I'm calling from _____, an independent communications firm.

You indicated that you are interested in participating in a group discussion, conducted virtually, to discuss your experiences and opinions regarding a health topic. **[DO NOT DISCLOSE THE EXACT TOPIC OF DISCUSSION BEFORE THE INTERVIEW.]** The discussion will last up to 1 hour and 30 minutes. This activity is supported by the U.S. Centers for Disease Control and Prevention and focus groups are being conducted by their contractual partner KRC Research.

I have a few questions to start. But first, to maintain participants' confidentiality, we will use first names only during the focus group and your name will not be used in any study materials. CDC will not receive any personally identifying information that you provide. We will be asking you a few questions to ensure we are recruiting a variety of people, but the information will not be associated with your specific name.

IF TERMINATED DURING SCREENING PROCESS, READ: I'm sorry, we already have enough individuals in that category. Thank you very much for your time.

INTERVIEWER INSTRUCTION: If individual expresses concern at any point during the screening process, please note their concern and reassure them appropriately. Remind them that their participation is voluntary, and both their answers and participation will be completely confidential.

Name: _____

Address (residence): _____

City, State, Zip: _____

Phone: _____

Email: _____

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



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Recruiter: _____

SEPARATE CONTACT SHEET FROM THE REST OF THE SCREENER AND SHRED AT THE END OF THE PROJECT.

Recruit Summary

Group	Audience	Number to Recruit
1	Younger adults, age 20-39	8
2	Older adults, age 60+	8
3	Parents of children age 6 or under	8
4	Caregivers of adults age 60+	8

Screening Questions

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

Under 18		TERMINATE ALL
18-19		CONTINUE
20-39		
40-49		
50-59		
60+		

2. How do you currently describe yourself? Mark all that apply.

Female		RECRUIT MIX WITHIN EACH GROUP
Male		
Transgender		
I use a different term [free-text]		
Prefer not to answer/decline		

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

Northeast		RECRUIT A MIX
South		
Midwest		
West		

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

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

5. Are you a parent or full-time guardian of at least one child under 18 years old?

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Yes		CONTINUE
No		PARENTS GROUP: EXCLUDE

6. **IF PARENT** How old is your child who is under 18 years old? If you have more than one child in this age range, please share all ages. **RECORD EXACT AGE(S)**

0-6		CONTINUE PARENTS GROUP: RECRUIT MIX OF AGES
Other		PARENTS GROUP: EXCLUDE

7. **IF A PARENT OF A CHILD AGE 6 OR UNDER** Are you the primary or co-primary health decision maker for your child (or children) who is 6 years old or younger?

Yes		CONTINUE
No		PARENTS GROUP: EXCLUDE
Don't know		

8. Are you the primary caregiver of an adult age 60+?

Yes		CONTINUE
No		CAREGIVERS GROUP: EXCLUDE

9. **IF PRIMARY CAREGIVER OF ADULT AGE 60+** Does the adult age 60+ that you care for have health needs or concerns that require ongoing care?

Yes		CONTINUE
No		CAREGIVERS GROUP: EXCLUDE

10. **IF PRIMARY CAREGIVER OF ADULT AGE 60+** Are you the primary or co-primary health decision maker for the adult age 60+ that you care for?

Yes		CONTINUE
No		CAREGIVERS GROUP: EXCLUDE

11. **IF PRIMARY CAREGIVER OF ADULT AGE 60+** Are you a professional caregiver (e.g. home health aide, personal care assistant)?

Yes		CAREGIVERS GROUP: EXCLUDE
No		CONTINUE

12. Have you been prescribed or taken an antibiotic or antifungal drug in the past 2 years?

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Yes		RECORD, CONTINUE
No		
Don't know		

13. If your healthcare provider recommended that you take an antibiotic or antifungal drug for an infection, would you be willing to take it?

Yes		CONTINUE
No		TERMINATE ALL

14. **IF PRIMARY CAREGIVER OF ADULT AGE 60+** If the healthcare provider of the adult you care for recommended that they take an antibiotic or antifungal drug for an infection, would you allow them to take it?

Yes		CONTINUE
No		CAREGIVERS GROUP: EXCLUDE

15. **IF A PARENT OF A CHILD AGE 6 OR UNDER** If your child's healthcare provider recommended that they take an antibiotic or antifungal drug for an infection, would you allow them to take it?

Yes		CONTINUE
No		PARENTS GROUP: EXCLUDE

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

Urban		RECRUIT A MIX
Suburban		
Small town		
Rural		MINIMUM 2 PER GROUP

17. Are you...?

Hispanic or Latino		CONTINUE
Not Hispanic or Latino		
Prefer not to answer/Decline		

18. What is your race? Select all that apply.

American Indian or Alaska Native		CONTINUE
Asian		
Black or African American		
Native Hawaiian or Other Pacific Islander		
White		
Prefer not to answer/Decline		

**RECRUIT MINIMUM 2 WHO ARE HISPANIC OR LATINO OR NON-WHITE
PER GROUP**

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

Less than high school graduate		MINIMUM 4 PER GROUP
High school graduate or completed GED		
Technical or vocational degree		
Four-year college degree		MINIMUM 3 PER GROUP
Postgraduate or professional degree		

20. What best describes your current employment status?

Employed, full-time		MINIMUM 5 PER GROUP
Employed, part-time		
Student		CONTINUE
Homemaker		
Retired		
Unemployed		

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

Less than \$20,000		MINIMUM 3 PER GROUP
\$20,000 to less than \$30,000		
\$30,000 to less than \$40,000		
\$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		MINIMUM 3 PER GROUP
\$80,000 to less than \$90,000		
\$90,000 to less than \$100,000		
\$100,000 or more		TERMINATE
Prefer not to answer/Decline		

22. Are you currently covered by any of the following types of health insurance or health coverage plans?

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Insurance through a current or former employer or union of yourself or another family member		CONTINUE
Insurance purchased directly from an insurance company by you or another family member		
Medicare, for people 65 or older, or people with certain disabilities		
Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability		
TRICARE or other military health care		
Indian Health Service		
Any other type of health insurance or health plan SPECIFY		
Do not have health insurance coverage		

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

None		CONTINUE
1 or more		TERMINATE ALL

SUMMARY QUALIFICATIONS FOR GROUP 1: YOUNGER ADULTS, AGE 20-39

- Age 29-39
- All other exclusions and per-group quotas as specified

SUMMARY QUALIFICATIONS FOR GROUP 2: OLDER ADULTS, AGE 60+

- Age 60+
- All other exclusions and per-group quotas as specified

SUMMARY QUALIFICATIONS FOR GROUP 3: PARENTS OF CHILDREN AGE 6 or under

- Parent or guardian of child(ren) age 6 or under
- Primary or co-primary health decision maker for child(ren) age 6 or under
- Willing to allow child to take antibiotic/antifungal drug if recommended
- All other exclusions and per-group quotas as specified

SUMMARY QUALIFICATIONS FOR GROUP 4: CAREGIVERS OF ADULTS AGE 60+

- Primary caregiver of an adult age 60+ with health needs that require ongoing care
- Primary or co-primary health decision maker for the adult in their care

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- **Not be a professional caregiver**
- **Willing to allow adult in their care to take antibiotic/antifungal drug if recommended**
- **All other exclusions and per-group quotas as specified**

Invitation

Thank you for answering all my questions. As I mentioned, we respect your privacy and understand this information is confidential, and we will not disclose this information to anyone. 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 virtual focus group that will last approximately 90 minutes. During the virtual discussion, you will need to have a reliable internet connection and use a desktop or laptop computer.

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

All of your feedback will be confidential and will never be reported in association with any personally identifying details like your name. To make sure we capture your remarks accurately, we will record the discussion. The purpose of the audio recording is to make sure we report accurately, but without any personally identifying information. Is this something you are interested in and comfortable with?

Yes		CONTINUE
No		THANK AND TERMINATE

The discussion 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. The information or materials you will review could include reading and visual content, so we request that you do not participate using a cell phone. 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 focus group something you are interested in and comfortable with?

Yes		CONTINUE
No		THANK AND TERMINATE

CONFIRM DATE AND TIME OF FOCUS GROUP

Please provide the best telephone number to reach you:

RECORD PHONE NUMBER

Please indicate how you would like us to confirm with you:

PHONE OR EMAIL, RECORD EMAIL IF PREFERENCE

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