**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**

**Contact:** Sara Bresee, MPH

Office of the Director

Division of Foodborne, Waterborne, and Environmental Diseases

Centers for Disease Control and Prevention

1600 Clifton Road, NE

Atlanta, Georgia 30333

Phone: (404) 639.3371

Email: [yla4@cdc.gov](mailto:yla4@cdc.gov)

**Form Approved**

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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?

□ 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.

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

b. No

* 1. Prefer not to answer

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

1. Last year, in 2022, what was your total household income from all sources, before taxes?
   1. Less than $15,000
   2. $15,000 to $24,999
   3. $25,000 to $34,999
   4. $35,000 to $49,999
   5. $50,000 to $74,999
   6. $75,000 to $99,999
   7. $100,000 to $149,999
   8. $150,000+
2. Do you have any of the following conditions?
   1. HIV
   2. Cancer
   3. Diabetes
   4. Liver disease
   5. Kidney disease
   6. Lupus
   7. Multiple sclerosis (MS)
   8. Inflammatory bowel disease (IBD)
   9. Organ transplant recipient
   10. Any other immunocompromised conditions? *[Ask to Specify]*
   11. Prefers not to answer
3. Do you have access to a vehicle that you can drive?
   1. Yes
   2. No
   3. Prefers not to answer
4. 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** |