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.

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.

- 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

Do you have any questions?

- 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="" q6="" to=""></revert></q7></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

	a. Less than \$15,000				
	b. \$15,000 to \$24,999				
	c. \$25,000 to \$34,999				
	d. \$35,000 to \$49,999e. \$50,000 to \$74,999				
	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				
PARTICIPA	NT NAME:				
Cell:	Home (other phone):				
EMAIL (must be an email address that is used frequently):					
Best time and way to reach:					

	Segmentation	Number of Focus	Number of Participants
Population			
		groups	
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