

## WS-CDC ARX - OY1 Focus Group Screener

Form Approved  
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### Antimicrobial Resistance Communications and Media Support Services Focus Group Screener for Sandwich Generation Consumers

*November 25, 2024, V4Final*

#### Introduction

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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 (CDC) 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 conversation. You may choose to use a nickname or any other name you prefer. 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 (per Group)
1-4	"Sandwich generation" adults age 40-59, not college graduates	32 (8)
5-8	"Sandwich generation" adults age 40-59, college graduates	32 (8)

\* Groups 1-4 must not include individuals with college graduates, to differentiate from Groups 5-8

## Screening Questions

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

Under 20		<b>TERMINATE</b>
20-29		
30-39		
40-49		<b>CONTINUE</b>
50-59		
60-69		<b>TERMINATE</b>
70+		

2. What sex were you assigned at birth, on your original birth certificate?

Male		<b>CONTINUE</b>
Female		
Unknown		

3. How do you describe your current gender? You can select all that apply.

Male		<b>MIN 3 PER GROUP</b>
Female		<b>MIN 3 PER GROUP</b>
Transgender		<b>CONTINUE</b>
Something else <b>[Please specify]</b>		

4. **[IF Q2 RESPONSE DOES NOT MATCH Q3 RESPONSE]** Just to confirm, you were assigned **[Q2 RESPONSE]** at birth and now you describe yourself as **[Q3 RESPONSE]**. Is that correct?

Yes		<b>CONTINUE</b>
No		<b>REPEAT Q1 and Q2</b>

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

Northeast		<b>RECRUIT A MIX</b>
South		
Midwest		

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West		
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6. Do you, a spouse or partner, or a child work in any of the following fields, or have any of these individuals worked in these fields in the past?

Market research, communications, public relations, or advertising		<b>TERMINATE ALL</b>
Medicine or healthcare (including but not limited to Pharmaceuticals, health sciences, or medical devices)		
Public health, health education, or health media		
Federal or state government		
Animal health (veterinary care)		
None of the above		<b>CONTINUE</b>

7. Are you a caregiver for a parent age 65 or older? This includes being involved in health care and health decisions.

Yes		<b>CONTINUE</b>
No		<b>TERMINATE</b>

8. Are you a caretaker or health decision maker, primary or co-primary, of at least one child? (Meaning you make health decisions on their behalf)

Yes		<b>CONTINUE</b>
No		<b>TERMINATE</b>

9. How old is your child(ren) that you care and make health decisions for? If you have more than one child that you care for, please share all ages. **RECORD EXACT AGE(S)**

0-6		<b>CONTINUE</b>
7-17		
18 or older		

10. How many times within the past 6 months have you participated in a focus group or one-on-one research interview? **DON'T READ LIST**

None		<b>CONTINUE</b>
1 or more		<b>TERMINATE</b>

11. How many times within the past 12 months have you participated in a focus group or one-on-one research interview? **DON'T READ LIST**

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None		<b>CONTINUE</b>
One		<b>RECORD</b>
2 or more		<b>TERMINATE</b>

12. **[IF Q11 = ONE]** What was the topic of the focus group or interview you participated in within the past 12 months? **RECORD TOPICS, DON'T READ LIST**

Antimicrobial resistance		<b>TERMINATE</b>
Antibiotic resistance		
Antifungal resistance		
Antibiotics		
Other Health-related Topics		
Other		<b>CONTINUE</b>

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

Less than high school graduate		<b>NO COLLEGE GRAD GROUPS: REQUIRED</b>
High school graduate or completed GED		
Technical or vocational degree		
Four-year college degree		<b>COLLEGE GRAD GROUPS: REQUIRED</b>
Postgraduate or professional degree		

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

Urban		<b>RECRUIT A MIX</b>
Suburban		
Small town		
Rural		<b>MIN 2 PER GROUP</b>

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15. What is your race and/or ethnicity? Select all that apply. **MULTISELECT**

American Indian or Alaska Native <i>For example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.</i>		<b>RECRUIT A MIX</b>
Asian <i>For example, Chinese, Asian Indian, Filipino, Vietnamese, Korea, Japanese, etc.</i>		
Black or African American <i>For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.</i>		
Hispanic or Latino <i>For example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.</i>		
Middle Eastern or North African <i>For example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.</i>		
Native Hawaiian or Pacific Islander <i>For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.</i>		
White <i>For example, English, German, Irish, Italian, Polish, Scottish, etc.</i>		<b>TERMINATE</b>
Prefer not to answer		

**RECRUIT MINIMUM 3 TOTAL WHO SELECT SOMETHING OTHER THAN WHITE PER GROUP**

16. What best describes your current employment status?

Employed, full-time		<b>CONTINUE</b>
Employed, part-time		
Student		
Homemaker		
Retired		
Unemployed		

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

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

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

Insurance through a current or former employer or union of yourself or another family member		<b>CONTINUE</b>
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 <b>SPECIFY</b>		
Do not have health insurance coverage		

## 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		<b>CONTINUE</b>
No		<b>THANK AND TERMINATE</b>

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 will 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		<b>CONTINUE</b>
No		<b>THANK AND TERMINATE</b>

## 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**



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