School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Researcher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Focus Group Protocol – Parents**

**(Ordered from most important to least important)**

**Introductions**

* Introduce myself
* Ask everyone to briefly introduce themselves – simply first name, and who is their child
* Briefly mention what is the purpose of focus group
	+ To get feedback from parents about HackHealth
	+ To obtain your perceptions about HackHealth.
* Some rules for focus group:
	+ Please put up your hand when you want to say something;
	+ You are welcome to disagree with anyone in this group, but please be respectful – we are here to discuss and learn from each other. You can also build on points made by others.
	+ We want everyone to respond and be part of the discussion. Don’t be quiet. Don’t be afraid to share. We simply want to improve this program based on your feedback.
* We think we will have this sharing session for no more than 45 minutes.
* Do you have any questions before we start?
1. What did you think about the HackHealth program?
2. Say that you need to describe this program to your neighbor or your co-worker, how would you describe it?
3. Would you recommend this program to other parents that you know? Why/why not?
4. What kinds of things do you feel that your child has learned/gotten from this program?
5. One type of resource we emphasized in this program was MedlinePlus, developed by the government agency NLM (the National Library of Medicine). Have you ever used a government website in the past? If so, which one(s)? What was your experience like?
6. Do you think you or anyone else in your home has learned something new from your child’s participation?
7. Do you believe that participating in this program was helpful for your child? Why/why not?
8. Do you have any recommendations for us as to how we might improve the program?
9. Please describe the ways in which you participated in this program along with your child (if you did).
10. Were there any factors that made it easier or more difficult for you and your child to participate?
11. Do you feel like your child’s interest in health has changed over the course of the program? If so, please describe.

We would like everyone to complete this honorarium form, so that we can pay your family for participation. Please complete this now and hand it to me before you leave today. Please be sure to include your social security number. A check will be mailed to you within 4 to 6 weeks. Thank you for coming!