FORM APPROVED: OMB# ####-####
OMB EXPIRATION DATE: mm/dd/yyyy

#### Appendix D

"Biologic Sample Collection Discussion Groups"

# **Telephone Script – Westat Scheduler**

Atlanta Center

Hello, may I please speak with <Mother's first and last name>?

NO. Leave message with another person (see next page)

YES. My name is <caller name> calling for the National Birth Defects Prevention Study. You were recently contacted about being part of a group discussion to give us your ideas about the cheek cell sample kit and collection process. Did you receive a letter about the group discussion?

NO. Confirm address

<Address>

May I send you another letter that will give you information about the group discussion?

NO. Thank you for your time. You have already helped us to better understand the causes of some birth defects by completing the telephone interview.

YES. Thank you. You should receive the letter in a few days.

YES. Today, I am calling to answer any questions you may have about the discussion, confirm your willingness to participate in a discussion, and schedule a discussion that is convenient for you.

Do you have any questions about the group discussion?

NO.

YES. <FAQ sheet>

Can we set up a day and time for you to come to a group discussion?

NO. Thank you for your time. You have already helped us to better understand the causes of some birth defects by completing the telephone interview.

YES. Thank you. The discussion facility is conveniently located at Lenox Mall. The day and time that a group discussion will be conducted at that facility is <day and time>.

Will you be able to attend the group discussion at that location, day, and time? YES.

NO. I have another day and time available at the same location. The day and time for that group discussion is <alternate day and time>.

Will you be able to attend the group discussion on that day and time?

Public reporting burden of this collection of information is estimated to average 2½ hours 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/ATSTR Reports Clearance Officer: 1600 Clifton Road NE, MS D-74, Atlanta, GA 30333: ATTN:PRA (########)

YES.

NO. I am sorry that we cannot arrange a time for you to be part of the group discussion.

May we contact you again if we have group discussions in the future?

NO. < Attached Address Correction Form>

Thank you for your time. You have already helped us to better understand the causes of some birth defects by completing the telephone interview.

YES. < Attached Address Correction Form>

Thank you for your time. We will contact you if other groups are scheduled in the future.

We will send you a packet in the next week that contains the following items:

- a \$50 money order to help with childcare costs
- a reminder card with our phone number in case you need to reschedule
- directions to the group discussion facility (and a reminder to bring photo

ID)

a consent form

Let me make sure we have your correct address. Should we send the packet to:

<Address>

<Attached Address Correction Form>

Would you like for me to arrange a taxi service for you?

NO. \$20 in cash will be given to you at the group discussion facility to cover your travel costs.

< Attached Address Correction Form>

YES. We will call <taxicab service> and schedule a pick up for <time> on <date>. We will pay for this service.

<Attached Address Correction Form>

Please plan to arrive early. We will be holding an "early-bird" raffle at the facility. All women who arrive more than 15 minutes before the scheduled discussion time will have their name added to a drawing for an additional \$25.

You will receive a reminder phone call two days before and the morning of your scheduled discussion. Is there a better phone number that we can use to contact you on those days?

NO.

YES. < Attached Address Correction Form>

We hope to gain valuable information from these group discussions to help improve the way that biological samples are collected. Thank you again for your time and effort.

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### **Message for answering machine:**

My name is <caller name>. I am calling <Mother's first and last name> about scheduling an appointment for a children's health study she is participating in. She may call me toll-free at <contractor's number>. I will also try calling her again.

### Message left with another person:

My name is <caller name>. I am calling <Mother's name> about scheduling an appointment for a children's health study she is participating in. Can I give you a number where she can reach me?

YES. She may call me toll-free at <contractor's number>. I'll also try calling her again. When would be a good time to call her? <Attached Address Correction Form>

NO. I will try calling her again. When would be a good time to call her? <Attached Address Correction Form>

## **Focus Group Discussions**

Atlanta Center NBDPS

### ADDRESS CORRECTION FORM

USE THE FOLLOWING FOR NOTES. THEN RECORD UPDATED INFORMATION IN TRACKING SYSTEM.

MOTHER'S NAME	
	-MOTHER:
CITY:	ZIPCODE:
BETTER TIME TO CALL	MOTHER:
MOTHER CANNOT ATTEND GROUP DISCUSSION AT LOCATION, DAY, AND TIME. CAN WE CONTACT AGAIN? YES NO	
MOTHER NEEDS TAXIC	AB SERVICE? YES NO
PICK UP AND RETURN ADDRESS	
DATE & TIME PHONE NUMBERS:	(CELL)
<b>GROUP DISCUSSION</b> LOCATION DATE	
TIME	
REMINDER CALLS PHONE NUMBERS:	(CELL)