

Attachment 1

CATI and web survey introduction and exit scripts

CATI QUESTIONNAIRE INTRODUCTION

According to the Paperwork Reduction Act (PRA) of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 0920-0406. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments about the accuracy of the time estimate(s) or suggestions for improving this form please write to: CDC Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333; call 404-639-4604; or send an email to omb@cdc.gov.

The Public Health Service Act is Volume 42 of the US Code, Section 242k. The collection of information in this survey is authorized by Section 306 of this Act. The confidentiality of your responses is assured by Section 308d of this Act, and by the Confidential Information Protection and Statistical Efficiency Act.

Data collection is conducted under contract to the CDC by the National Opinion Research Center (NORC) at the University of Chicago.

NEW_RESP Hello, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention.

[If youth name available, "May I please speak to [FILL YOUTHNAME_A-YOUTH_NAME_D"]?

Yes, youth comes to phone..... 1 [GO TO NEW_RESP_SC]

No, youth unavailable.....2 [GO TO REACH_SC]

REACH_SC When would be a good time to call back to reach [FILL YOUTHNAME_A-YOUTH_NAME_D"]?

___ : ___

- (1) AM
- (2) PM
- (3) NOON
- (4) MIDNIGHT
- (7) DON'T KNOW
- (9) REFUSED

NEW_RESP_SC

Hello, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention. We are doing a nationwide survey about the health of young people in your age group, and their health status and health care as they get older. In 2001, we spoke to someone in your household about health care. The Centers for Disease Control and Prevention would now like to discuss changes that may have occurred to your health or healthcare in the past few years.

CONTINUE.....1 [GO TO SL_INTRO]

PROXY NEEDED..... 2 [GO TO PDIFF]

PDIFF What difficulty do you have that prevents you from participating for yourself?

Hearing difficulty 1 [GO TO WEB OPTION; IF WEB DECLINED, GO TO RELAY, RELAY DECLINED, GO TO PROXY_INT]

Speech difficulty.....2 [GO TO WEB OPTION]

Cognitive barrier.....3 [GO TO PROXY_SCR]

Physical barrier.....4 [GO TO WEB OPTION]

DK.....77 [GO TO WEB OPTION]

REFUSED.....99 [GO TO PROXY_SCR]

RELAY Thank you for this information. I can continue the RELAY interview in a few minutes, or schedule a time to call you back. Which would be better for you?

CONTINUE NOW USING RELAY.....1 [GO TO RELAYNOW]

SCHEDULE CALLBACK WITH RELAY.....2 [GO TO RELAYCBK]

DON'T KNOW.....77 [GO TO RELAYNOW]

REFUSED.....99 [GO TO RELAYNOW]

RELAYNOW I have to call into the TTY machine to continue this interview. I will call you back in less than five minutes at [FILL SAMPLED PHONE XXX-XXX-XXXX]. Please stay by your TTY machine for the next five minutes. Thank you, and good bye.

RELAYCBK. When would be a good time to call back to reach you using RELAY?

__ __ : __ __

- RELAYCBK_2 (1) AM
- (2) PM
- (3) NOON
- (4) MIDNIGHT
- (7) DON'T KNOW
- (9) REFUSED

PROXY_SCR

Is the person who makes the majority of the decisions about the [FILL AGE]-year old's health care available?

YES, CURRENTLY ON PHONE.....1 [START PROXY INTERVIEW]

NO, NOT AVAILABLE2 [GO TO REACH_PROX]

PROXY_INT I understand that you are the person who makes the majority of the decisions about the [FILL NAME?]. The CDC is interested in either talking with (FILL him/her) for about 15 minutes, or having him/her complete the survey on the Internet. We understand that he/she is unable to do this. Is this correct?
[PROBE TO DETERMINE IF CASE IS ELIGIBLE FOR PROXY COMPLETION AND CODE REASON:]

Yes, hearing difficulty.....1 [CONTINUE]

Yes, speech difficulty.....2 [CONTINUE]

Yes, cognitive barrier.....3 [CONTINUE]

Yes, physical barrier.....4[CONTINUE]

No, youth is able to do the interview.....5 [TERMINATE & CONTACT YOUTH R]

Because [FILL he/she] cannot be interviewed and you are knowledgeable about [FILL: his/her] healthcare, the CDC would like to interview you in [FILL: his/her] place. Please keep in mind that these questions are written to be asked of [FILL: NAME] directly, so please answer the questions as if they were being asked of [FILL:him/her].

SL_INTRO Before we continue, I'd like you to know that it is your choice to participate in this research. You may choose not to answer any question you don't wish to answer or stop at any time. This study is authorized by the U.S. Public Health Service Act. By law, we will take all possible steps to protect your privacy and are required to use your answers only for statistical research. I can give you more information on this and other federal laws if you want. The survey will take about 15 minutes. In appreciation, you will receive \$20. (IF CALLING KNOWN CELL PHONE NUMBER: You will also receive an additional \$5 to defer your costs for doing the interview on your cell phone.) I'd like to continue unless you have any questions. [SKIP IF PDIFF=1:] In order to review my work,

my supervisor may record and listen as I ask the questions. I'd like to continue now unless you have any questions.

CONTINUE, RECORDING ACCEPTABLE.....1 [GO TO
CONF_DOB_X]
CONTINUE, DO NOT RECORD.....2 [DISABLE
RECORDING &
GO TO
CONF_DOB_X]
PROXY NEEDED..... 2 [GO TO PDIFF]

HELP SCREEN (SL_INTRO): The Public Health Service Act is Volume 42 of the US Code, Section 242k. The collection of information in this survey is authorized by Section 306 of this Act. The confidentiality of your responses is assured by Section 308d of this Act, and by the Confidential Information Protection and Statistical Efficiency Act.

CONF
DOB_x

Before we begin, I'd like to confirm your date of birth. The birth date I have for you is [FILL: BIRTH DATE FROM 2001 DOB].

Is this correct?

YES.....1 [GO TO F2Q11]
NO.....2 [GO TO
NEWDOB_X]

NEWDOB_X

What is the correct month, day and year of birth of [FILL YOUTH_NAME_A OR FILL YOUTH_NAME_D if given]?

____/____/____ (mm/dd/yyyy)

GO TO SECTION 2: HEALTH AND FUNCTIONAL STATUS (F2Q11).

CATI QUESTIONNAIRE EXIT

ALL PATHS LEAD TO THIS EXIT PATH WHEN
CONFDOB_X=1 or NEWDOB_X IS WITHIN RANGE

CLOSE

Those are all the questions I have. Thank you for participating in the 2007 Survey of Adult Transition and Health. In appreciation of your time, we would like to send you 20 dollars.

YES.....1 [GO TO
AC_NAME
... INTRO]
NO.....2 [GO TO
AC_REFUSED]

AC_NAME INTRO

Can you please give me your name and mailing address?

AC_NAME _____
AC_STREET _____
AC_CITY _____
AC_STATE _____
AC_ZIP _____
[GO TO CELL_PAY]

CELL_PAY

Did we conduct this survey on your cell phone?

YES.....1 [GO TO
CELL_SCRIPT]
NO.....2 [GO TO
AC_REFUSED]

CELL_SCRIPT

You will also receive an additional \$5 to defer your costs for doing the interview on your cell phone. [GO TO AC_REFUSED]

AC_Refused [BLANK]

Address correct and confirmed.....01 GO TO AC2
Refused to give/confirm address.....99 GO TO AC2

AC2

Those are all the questions I have. I'd like to thank you on behalf of the Centers for Disease Control and Prevention for the time and effort you've spent answering these questions. If you would like more information about the Survey

of Adult Transition and Health, please call the study's toll-free number, xxx-xxx-xxxx. If you have questions about your rights as a study participant, you may call 1-800-223-8118, toll-free, and leave a message asking to speak to the Chairperson of the Research Ethics Review Board. Thanks again.

2007 SATH WEB QUESTIONNAIRE INTRODUCTION

OMB Number 0920-0406

Expiration date 11/30/07

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Data collection is conducted under contract to the CDC by the National Opinion Research Center (NORC) at the University of Chicago.

[STANDARD PIN and password entry screen FORTHCOMING]

The Centers for Disease Control and Prevention (CDC) is doing a nationwide survey about the health of young adults, and their health status and health care as they get older. In 2001, we spoke to someone in your household about health care. The CDC would like to examine changes that may have occurred in your health or healthcare in the past few years by getting information directly from you.

It is your choice to participate in this research. You may choose not to answer any question you don't wish to answer--simply leave it blank. You may also stop the survey at any time without penalty, or continue it at a later time. INSERT BREAK OFF INSTRUCTIONS (currently being developed by NORC). You will be able to restart the survey where you left off.

This study is authorized by the U.S. Public Health Service Act. This and other strict laws require us to protect your privacy and use your answers only for statistical research. You can see these laws by clicking here¹.

This survey will take about 15 minutes. In appreciation, you will receive \$20. If you have any questions about this study, please call the study's toll-free number, xxx-xxx-xxxx.

The survey contains questions about your health, health status, and health care as you get older. INSERT WEB QUEX NAVIGATION INSTRUCTIONS (currently being developed by NORC).

- 1. Please confirm your date of birth. The birth date we have for you is [FILL: BIRTH DATE FROM 2001 DOB]. Is this correct?

YES.....1 [GO TO F2Q11]

¹ If this link is selected, another screen will appear with the following text: "The Public Health Service Act is Volume 42 of the US Code, Section 242k. The collection of information in this survey is authorized by Section 306 of this Act. The confidentiality of your responses is assured by Section 308d of this Act and by the Confidential Information Protection and Statistical Efficiency Act".

NO.....2 [GO TO
NEWDOB_X]

NEWDOB_X

What is the correct month, day and year of birth of [FILL YOUTH_NAME_A OR FILL
YOUTH_NAME_D if given]?

____/____/____ (mm/dd/yyyy)

GO TO SECTION 2: HEALTH AND FUNCTIONAL STATUS (F2Q11).

WEB QUESTIONNAIRE EXIT

ALL PATHS LEAD TO THIS EXIT PATH WHEN
CONFDOB_X=1 or NEWDOB_X IS WITHIN RANGE

Those are all the questions. Thank you for participating in the 2007 Survey of Adult Transition and Health. In appreciation of your time, we would like to send you 20 dollars.

Please enter your name and mailing address:

AC_NAME _____
AC_STREET _____
AC_CITY _____
AC_STATE _____
AC_ZIP _____

AC2

I'd like to thank you on behalf of the Centers for Disease Control and Prevention for the time and effort you've spent answering these questions. If you would like more information about this survey, please call the study's toll-free number, xxx-xxx-xxxx. If you have questions about your rights as a study participant, you may call 1-800-223-8118, toll-free, and leave a message asking to speak to the Chairperson of the Research Ethics Review Board. Thanks again!

