

Attachment C18: Interview Telephone Script, Clinic Staff

Form Approved
OMB No. **0920-XXXX**
Exp. Date xx/xx/20xx

IF THE POTENTIAL PARTICIPANT DOES NOT ANSWER:

Hello, may I speak to (*potential participant's name*)? OK. Would you please ask her to call Darcy Holtgrave at Battelle? The toll-free number is 1-800-544-5234 x109.

IF ANSWERING MACHINE:

Hello, this is Darcy Holtgrave from Battelle, calling for (*potential participant's name*). Please give me a call, toll free, at 1-800-544-5234 x109.

IF THE POTENTIAL PARTICIPANT ANSWERS THE TELEPHONE:

Hello, may I speak to (*potential participant's name*)? Hello (*participant's first name*), my name is Darcy Holtgrave, and I am an employee of Battelle Centers for Public Health Research and Evaluation. As you know, Battelle is working on a project sponsored by CDC (the Centers for Disease Control and Prevention) about care coordination for children with spina bifida. I received (your email/fax/phone call) indicating that you might be interested in participating in the study.

Could I ask you a few questions to verify that you are eligible to participate in the study?

(If 'No'): Thank you very much for your interest. Goodbye.

(If 'Yes'): CDC has asked Battelle to find out more about how care is coordinated in spina bifida clinics. During the 30-60 minute interview, you will be asked questions related to the goals of care coordination in your clinic, procedures related to care coordination, the role of the care coordinator, and patient/family satisfaction with care coordination services.

Everything you say in the interview will be handled in a private manner and no one's name will ever appear in any of the reports.

Public reporting burden of this collection of information is estimated to average 10 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 D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX)

At this time, we are still scheduling staff for the interviews. Are you still interested in participating in the study?

(If 'No'). Thank you very much for your interest. Goodbye.

(If 'Yes'): O.K. Before I can sign you up for the interview, I need to verify two things. You don't have to answer these questions if you don't want to. You should also know that all of the information that you provide me today will be handled in a private manner and will be kept under lock and key. Finally, please remember that your participation is completely voluntary, and again you do not have to answer any of these questions. Do I have your permission to ask you these questions?

(If 'No'). Thank you very much for your interest. Goodbye.

(If 'Yes', Ask the two screening questions below)

1. Do you work at [clinic name]?
2. Are you at least 19 years old?

If potential participant responds "yes" to both questions 1 and 2, then proceed with scheduling. If the individual responds "no" to either question 1 or 2:

I am sorry, but you are not eligible for this study. Thank you very much for your interest. Goodbye.

Your answers indicate that you are eligible to participate in an interview. Battelle will be visiting [clinic name] on [dates]. Would you be available to talk with us on either of those dates?

If potential participant is not available on either of those days:

Unfortunately, those are the only days we plan to be in your area. Would you be willing to talk with one of our interviewers on the phone on a different day?

If potential respondent responds "no":

Thank you very much for your interest. Goodbye.

If potential participant is available either during the dates of the clinic site visits or is willing to schedule an interview at an alternate date and time:

What would be a convenient time for you to be interviewed? [note date and time]

We will be sending a confirmation letter to you shortly to confirm the date and location of your interview. Would you please verify your mailing address/email address so we might send your confirmation out as soon as possible? Along with the letter, I will be sending you a consent form that I would like you to read over carefully. I would also like to go over the consent form with you right now, so that you better understand what the interview will be like. Do I have your permission to read the consent form to you now? OK. (Study Coordinator: read the "Consent to Complete a Staff Interview" now.)

If interview will take place in person: You may bring the consent form you receive in the mail/email to the interview if you like, but we will also have another copy for you then.

If you have any questions or comments, please feel free to call me at the Battelle office at 1-800-444-5234 x 109.