

Attachment 3: Screening Script for the 24HR Recall Comparison Study

Diet Methods Study Telephone Participation Screener/Confirmation Script

ID: | | | | | | | | | | | |

OMB #: 0925-xxxx
Expiry Date: xx/xx/20xx

Public reporting burden for this collection of information is estimated to average 3 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: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-xxxx). Do not return the completed form to this address.

INTRODUCTION: Hello, may I speak with [RESPONDENT NAME]?

[IF NOT AVAILABLE, ASK]: When would be a good time to reach [RESPONDENT]? **RECORD BEST DAY AND TIME ON CALL RECORD.**

IF SOMEONE OTHER THAN RESPONDENT ASKS REASON FOR CALL: My name is [INTERVIEWER NAME]. I'm calling from Westat, a research firm located in Rockville, Maryland.

IF RESPONDENT IS AVAILABLE: Hello, my name is [INTERVIEWER NAME]. I'm calling from Westat, a research firm located in Rockville, Maryland. Recently, you visited the website for the diet methods study and indicated that you would be willing to participate in this project.

CFRMPART I would like to confirm that you would like to participate in this project.

- a. YES..... 01
- b. NO 02 **[OK, Thank you for your time today. END]**

IF RESPONDENT DOES NOT RECALL STUDY OR DOES NOT WANT TO PARTICIPATE: The diet methods study is being conducted jointly by your health center and the National Cancer Institute. Your health center has invited you to join this study by visiting the diet methods study website. Your participation will allow us to test methods for collecting food intake information.

CFRMPART2 I would like to confirm that you would like to participate in this project.

- a. YES..... 01
- b. NO 02 **[OK, Thank you for your time today. END]**

DOB In what year were you born? 19_____

IF BORN AFTER 1989 OR BEFORE 1939: OK, I see that you are not in the age group we need for this study, which is for those between 20 and 70 years of age. Sorry. I do thank you for your interest in the study. END.

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INTERNET It is likely that you will be asked to log-in to a secure server and provide information using the internet. Do you have access to high-speed internet?

- a. YES..... 01
- b. NO 02 **[THANK AND END]**

ENGWELL With regard to the English language, how well do you...?

- a. understand it when it is spoken to you?
 - 1. Some but not too well 01
 - 2. Well..... 02
 - 3. Very well..... 03

IF RESPONDENT HAS TROUBLE WITH THIS QUESTION: We are interested in your own opinion of how well you understand English when it is spoken to you. Would you say you

- a. understand spoken English?
 - 1. Some but not too well 01
 - 2. Well..... 02
 - 3. Very well..... 03
- b. how well do you speak English?
 - 1. Some but not too well 01
 - 2. Well..... 02
 - 3. Very well..... 03
- c. how well do you read English?
 - 1. Some but not too well 01
 - 2. Well..... 02
 - 3. Very well..... 03

[IF ANY ANSWER TO ENGWELL=01, THANK AND END]

GENDER If not obvious, ask: For the record, are you male or female?

- a. Male..... 01
- b. Female..... 02

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ASK NEXT PREGNANT QUESTION TO FEMALES ONLY:

PREGNANT Are you currently pregnant?

- a. YES..... 01 [THANK AND END]
- b. NO 02

WTLOSS Are you currently trying to lose weight by dieting, taking medication, or using a liquid diet?

- a. YES..... 01 [THANK AND END]
- b. NO 02

SURGERY Have you had any type of bariatric surgery for weight loss, such as gastric staples, or bands?

- a. YES..... 01 [THANK AND END]
- b. NO 02

NUTREDUC Have you had any formal training or education in the field of nutrition, such as an associate, bachelor, or graduate-level degree in dietetics, nutrition, food science, or home economics?

- a. YES..... 01 [THANK AND END]
- b. NO 02

PHONENUM For this study, it is very important that we are able to reach you. What is the best phone number at which to reach you in the...

Daytime? _____

Evening? _____

ADDRESS I would also like to get your mailing address so that we can mail project related materials and \$5.00 as a token of appreciation for participating in this study. You will also be receiving an additional \$45.00 as you continue to take part in the study.

Record Address: _____

I have just two more questions for you today.

RACEETH1 Do you consider yourself to be Hispanic or Latino?

- YES..... 01
- NO..... 02

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RACEETH2 For this next question, you may choose as many answers as apply. Do you consider yourself to be ...

- | | | |
|---|-----|----|
| American Indian or Alaska Native | Yes | No |
| Asian | Yes | No |
| Black or African-American | Yes | No |
| Native Hawaiian or Other Pacific Islander.. | Yes | No |
| White | Yes | No |

QUESTION Do you have any questions about what you'll be doing in the study?
(Use FAQs to respond to questions).

END Thank you for taking the time to talk with me today. We will be contacting you again soon.