Attachment 10: Reminder Telephone Call Script - Observational Feeding Study...........DRAFT 14 April 2009

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

National Institutes of Health NCI Feeding Study

Participant Reminder Script

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.

BOX A

IF NO, GO TO BOX B

Your second visit is scheduled for the day after tomorrow, [DATE] at [TIME]. This visit will last about 45 minutes. Will you be able to attend this visit as well?

IF YES, GO TO BOX C IF NO, GO TO BOX D

ABLE TO ATTEND:

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Box B: NEED TO RESCHEDULE:

I'm sorry you are unable to attend your meal times tomorrow. Would you like to reschedule your appointment for another day?

YES...... OPEN SCHEDULE APP

NO...... GO TO BOX E

Box C: ABLE TO ATTEND

Your participation is very important to the success of the study. Thank you, and we'll see you tomorrow.

Box D: NEED TO RESCHEDULE INTERVIEW:

I'm sorry you are unable to attend your interview on [DAY]. You must attend an interview visit the day following the meals. Would you like to reschedule your appointment for the interview for another time on [DAY], or do you need to reschedule both the meal and interview days?

IF YES, RESCHEDULE AS NEEDED...... OPEN SCHEDULE APP

NO...... GO TO BOX C

Box E: REFUSED TO PARTICIPATE:

I am sorry to hear that. Your participation is very important to the success of the study and you will receive \$120 if you finish the study. Please reconsider attending the meal appointments.

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Box D: WHEN THE RESPONDENT IS NOT AVAILABLE, AND YOU ARE SPEAKING TO A HOUSEHOLD MEMBER My name is ______, and I am calling on behalf of the National Institutes of health for the NCI Feeding Study. (Mr./Ms. PARTICIPANT'S NAME) is scheduled to arrive at Westat tomorrow, [DATE] at [TIME], and also to attend a 2nd day appointment on [DATE] at [TIME]. Would you please remind him/her of this appointment? He/She may call XXX-XXX-XXXX if he/she has any questions. Thank you.

Box E: NON-RESPONSE PROMPTS:

TOO ILL TO PARTICIPATE: I am very sorry to hear that I hope (you/he/she) feel(s) better soon.

FOR MINOR ILLNESS: Would (you/he/she) like to reschedule your appointment?

[IF YES] OPEN SCHEDULE APP.

[IF NO] Thank (you/him/her).

FOR MAJOR ILLNESS OR INJURY: Thank (you/him/her).

REFUSAL: I am sorry to hear that. Your participation is very important to the success of the study and you will receive \$120 if you finish the study.

Box F: ANSWERING MACHINE MESSAGE:

I am calling for the National Institutes of Health NCI Feeding Study. I am calling to remind Mr./Ms. (PARTICIPANT'S NAME) that he/she is scheduled for the first visit to Westat tomorrow, [DATE] at [TIME]. He/she will have breakfast, lunch, and dinner at Westat, and then return the next day, [DATE] at [TIME] to complete an interview about diet and health. Please call (xxx-xxx-xxxx) if you have any questions about the study. Once again, the number is (xxx-xxx-xxxx). We look forward to seeing you tomorrow.