

Attachment 6

CHIS 2011 Subject Contact Materials

6A: Survey Advance Letter

6B: Telephone Introduction and Consent/Assent Scripts

6C: Screener Refusal Conversion Letter

6D: Extended Interview Refusal Conversion Letter

6E: Permission Refusal Conversion Letter



Dear Current Resident,

Your household has been selected for this year's California Health Survey. This important telephone survey is your opportunity to have your voice heard on health issues.

This survey helps California learn about the health of its people and the problems they have getting health care. The results may help the people and families in your community.

Your household is very special because you are part of a scientific sample representing many other households like yours. Since 2001, more than **275,000** Californians have talked to us about many different health topics.

We will be calling sometime in the next two weeks and one adult in your household will be selected for the interview. If you have teenagers (ages 12-17), we will ask to interview one with permission from a parent. Participation is voluntary and confidential. Your answers will be combined with other participants and used only for statistical reporting.

Please take a moment to take our call. We are not selling anything or asking for money. If we call at an inconvenient time, you can suggest a better time for us to call back. To thank you in advance for taking our call and hearing about this survey, we are enclosing a \$2 bill. This small gift is for you to keep whether or not you decide to participate (this money is not from State or local taxes).

Thank you for your help.

Sincerely,

Dr. E. Richard Brown
Director, UCLA Center for Health Policy Research

Note: If you have questions about the California Health Survey, you can call toll-free 1-888-941-2950 or visit our website at www.californiahealthsurvey.org

Major funders of this survey include the California Department of Health Care Services, California Department of Public Health, First 5 California, Office of the Patient Advocate, The California Endowment, and the National Cancer Institute.

Relevant to Privacy Act Information, the legislative authority for this survey is 42 USC 285.

10960 Wilshire Boulevard, Suite 1550 Los Angeles, CA 90024

CALIFORNIA HEALTH INTERVIEW SURVEY

RESPONDENT CONSENT SCRIPT

Verbal Consent Obtaining Process:

Verbal Consent and Assent Scripts for the California Health Interview Survey

- 1) Consent Script read to the adult respondent for RDD cases and bias study cases with telephone recruitment
- 2) Consent Script read to the adult proxy for the selected frail elderly interview
- 3) Consent Script read to the adult respondent, who is the parent/guardian for the selected child interview
- 4) Consent Script read to the adult proxy if different from the parent/guardian for the selected child interview;
- 5) Consent Script read to parent/guardian giving permission to interview their adolescent;
- 6) Consent Script read to the selected adolescent respondent;
- 7) Consent Script read to the screener respondent for the cell phone component; and
- 8) Consent script read to the respondent if eligible (at least 18, telephone is not business use only, and respondent has no landline) for the cell phone component.
- 9) Consent script read to the adult respondent selected for staging (English only)

1) Consent Script read to the adult respondent for RDD cases:

"Hello, my name is {interviewer name}. I am calling for the University of California at Los Angeles. We are doing a scientific study about health that may help improve services in your community. Your telephone number was chosen at random to be in the California Health Survey.

"This interview is voluntary and confidential. You can skip any question, and you can stop at any time.

"The interview takes about 30 minutes on average, but may be as short as 20 minutes. There are questions about your health, diet and exercise, sexual behaviors, violence, suicide, emotional health and treatment for mental health problems, and your healthcare and insurance. I will also ask you about where you live.

"Do you have any questions about this?"

[PROGRAMMING NOTE: ANSWER QUESTIONS AND PROCEED.]

"The University has very strict safeguards to protect your confidentiality. We are also certified by the National Institutes of Health to protect your privacy. We may not be able to keep confidential any thoughts to harm yourself and if you tell us that you have had thoughts of suicide we may provide you with a referral to someone who can help.

We make every effort to protect your identity. If you provide your address, it will be kept in a secure data center for research to better understand how health is related to where people live. Other information that could identify you, like your name and telephone number will be erased after the study is completed. Your other answers will be combined with the answers of other participants and shared with researchers to better understand the health of Californians. Your address, if you provide it, will be erased after conversion into latitude and longitude for research purposes.

If you want, I can give you the name and toll-free telephone number of the persons at UCLA in charge of the study. Would you like this information now, or can we begin the interview?"

*[PROGRAMMING NOTES: IF REQUESTS INFORMATION ABOUT PRIVACY SAFEGUARDS]
Your name and telephone number will be removed from your answers and erased after the study is completed. The survey responses will be kept in a secure data center, and your responses will only be used to produce aggregate numbers.*

IF REQUESTS INFORMATION ABOUT NIH CERTIFICATE OF CONFIDENTIALITY:

With a Certificate of Confidentiality, the researchers cannot be forced to disclose information that may identify you, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. The researchers will use the Certificate to resist any demands for information that would identify you, except for those from personnel of the United States Government for information that would be used for auditing or evaluation of federally funded projects.

A Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, employer, or other person obtains your written consent to receive research information, then the researchers may

not use the Certificate to withhold that information."

A Certificate of Confidentiality does not prevent the researchers from disclosing voluntarily, without your consent, information that would identify you as a participant in the research project if you disclose information about harming yourself or others."

"Would you like this information now or can we begin the interview?"

[PROGRAMMING NOTES:

IF REQUESTED:

1. WANTS STUDY INFORMATION: Please contact Dr. E. Richard Brown if you have any questions about the study. Dr. Brown can be reached toll-free at 1-866-275-2447.

2. WANTS INFORMATION ABOUT RIGHTS OF RESEARCH SUBJECTS OR THE NIH CERTIFICATION FOR PROTECTION OF PERSONAL INFORMATION: Please contact the Office for the Protection of Research Subjects at (310) 825-8714.]

3. BOTH: Provide both contact numbers.

4. BEGIN INTERVIEW – THANK AND CONTINUE

5. DON'T BEGIN INTERVIEW: Ask, "If another time is more convenient, we can schedule at a better time."]

Read to the adult respondent for quality control methodological research audio recording:

"We are randomly tape-recording some interviews for quality control purposes. The tapes are kept strictly confidential, and your identity will not be disclosed. The tapes will be destroyed at the completion of the project. May I have your permission to tape this interview?"

"I need to confirm that you gave your permission to participate and to be recorded. Is that correct?"

2) Consent Script read to the adult proxy for the selected frail elderly interview:

"Hello, my name is {interviewer name}. I am calling for the University of California at Los Angeles. We are doing a scientific study about health and health care that may help improve services in your community. Your telephone number was chosen at random to be in the California Health Survey.

"{Now} I'd like to ask you some questions about {selected respondent}. When we called several weeks ago, we were told that {Adult's first name} was too ill to participate in the interview.

1) Is {he/she} able to participate in the interview at this time?

1. YES..... [ASK TO SPEAK WITH SELECTED ADULT]

2. NO..... [PROCEED]

2) "Because information about all older adults is important to us, I'd like to ask you some questions about {frail elderly adult's first name}. Are you the person in the household who is the most knowledgeable about the health and health care of {Adult's first name}?"

1. YES..... [RESPONDENT IS MKA; GO TO 3]

2. NO..... [GO TO 2a]

2a) "What is the first name of the person in the household who is most knowledgeable about the health and health care of {Adult's first name}?"

3) "What is (your/MKA's) relationship to {frail adult elderly's first name}?"

1. Spouse or domestic partner
2. Adult son or daughter
3. Custodial parent
4. Adult brother or sister
5. Adult grandchild
6. Other adult relative

4) "Does {Adult's first name} have an agent named by an advance health care directive?"

1. YES..... [GO TO 4a]
2. NO..... [GO TO 5]

4a) "Are you or (MKA) that agent?"

1. YES, RESPONDENT IS AGENT... [IF R IS MKA, GO TO PROXY CONSENT SCRIPT;
ELSE GO TO 7]
2. YES, MKA IS AGENT..... [ASK TO SPEAK WITH MKA, THEN GO TO PROXY
CONSENT SCRIPT]
3. NO..... [GO TO 4b]

4b) "Does that agent live in this household?"

1. YES..... [GO TO 4c]
2. NO..... [GO TO 5]

4c) "California law requires that I get that person's permission before I can interview you about {adult's first name}? What is his or her first name?"

ASK TO SPEAK WITH AGENT. IF AGENT COMES TO PHONE, GO TO 7.

5) "Does {frail adult elderly's first name} have a conservator or guardian having the authority to make health care decisions for (him/her)?"

1. YES..... [GO TO 5a]
2. NO..... [GO TO PN 6]

5a) "Are you or (MKA) that conservator or guardian?"

1. YES, RESPONDENT IS AGENT... [IF R IS MKA, GO TO PROXY CONSENT SCRIPT;
ELSE GO TO 7]
2. YES, MKA IS AGENT.....[ASK TO SPEAK WITH MKA, THEN GO TO
PROXY CONSENT SCRIPT]
3. NO..... [GO TO 5b]

5b) "Does that conservator or guardian live in this household?"

1. YES..... [GO TO 5c]
2. NO..... [GO TO PN 6]

5c) "California law requires that I get that person's permission before I can interview you about [ADULT]. What is his or her first name?"

ASK TO SPEAK WITH CONSERVATOR/GUARDIAN. IF PERSON COMES TO PHONE, GO TO 7.

PN 6: IF MKA IS SPOUSE OR DOMESTIC PARTNER (Q3=1), ASK TO SPEAK WITH MKA IF NOT ALREADY DOING SO AND GO TO PROXY CONSENT SCRIPT. ELSE ASK 6A AND 6B AS APPROPRIATE FOR EACH RELATIONSHIP IN Q3 WITH A LOWER NUMBER THAN THAT OF THE MKA UNTIL 6A=1. IF 6A NE 1 FOR ALL ELIGIBLE RELATIONSHIPS, AFTER LAST ELIGIBLE RELATIONSHIP, ASK TO SPEAK WITH MKA IF NOT ALREADY DOING SO AND GO TO PROXY CONSENT SCRIPT.

6a) "Does (ADULT) have a(n) (RELATIONSHIP) living in this household?"

1. YES..... [GO TO 6b]
2. NO..... [GO TO PN 6]

6b) "California law requires that I get that person's permission before I can interview you about [ADULT]. What is his or her first name?"

ASK TO SPEAK WITH RELATIVE. IF PERSON COMES TO PHONE, GO TO 7.

7) May we have your permission to ask (MKA) about the health and health care of (ADULT)?

1. YES..... [ASK FOR MKA, THEN GO TO PROXY CONSENT SCRIPT]
2. NO..... [THANK AND END]

Continuation of consent script read to the adult proxy for the selected frail elderly interview:

"Again, I am calling for the University of California at Los Angeles. We are doing a scientific study about health that may help improve services in your community. {Frail adult elderly's first name}'s telephone number was chosen at random to be in the California Health Survey."

[IF THE ANSWER IS YES, THE INTERVIEW PROCEEDS AS FOLLOWS.]

"This interview is voluntary and confidential. You can skip any question, and you can stop at any time.

The interview will take about 20 minutes. Specifically, I will ask about health, health care, and {his/her/his or her} health insurance coverage. I will also ask you about where {he/she} lives.

"Do you have any questions about this?"

[PROGRAMMING NOTES: ANSWER QUESTIONS AND PROCEED.]

"The University has very strict safeguards to protect your confidentiality. We have also obtained a certification from the National Institutes of Health to protect your privacy.

We make every effort to protect {frail adult elderly's first name}'s identity. If you provide {frail adult elderly's first name} address, it will be kept in a secure data center for research to better understand how health is related to where people live.

Other information that could identify {frail adult elderly's first name}, like {his/her} name and telephone number will be erased after the study is completed. Your other answers will be combined

with the answers of other participants and shared with researchers to better understand the health of Californians. {Frail adult elderly's first name}'s address, if you provide it, will be erased after conversion into latitude and longitude for research purposes.

Do you have any questions about this?

[PROGRAMMING NOTES: IF REQUESTS INFORMATION ABOUT PRIVACY SAFEGUARDS: Your name and telephone number will be removed from your answers and erased after the study is completed. The survey responses will be kept in a secure data center, and your responses will only be used to produce aggregate numbers.]

IF REQUESTS INFORMATION ABOUT NIH CERTIFICATE OF CONFIDENTIALITY: With a Certificate of Confidentiality, the researchers cannot be forced to disclose information that may identify you, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. The researchers will use the Certificate to resist any demands for information that would identify you, except for those from personnel of the United States Government for information that would be used for auditing or evaluation of Federally funded projects.

A Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, employer, or other person obtains your written consent to receive research information, then the researchers may not use the Certificate to withhold that information."]

"If you want, I can give you the name and toll-free telephone number of the persons at UCLA in charge of the study. Would you like this information now or can we begin the interview?"

[PROGRAMMING NOTES:

IF REQUESTED:

- 1. WANTS STUDY INFORMATION: Please contact Dr. E. Richard Brown if you have any questions about the study. Dr. Brown can be reached toll-free at 1-866-275-2447.*
- 2. WANTS INFORMATION ABOUT RIGHTS OF RESEARCH SUBJECTS OR THE NIH CERTIFICATION FOR PROTECTION OF PERSONAL INFORMATION: Please contact the Office for the Protection of Research Subjects at (310) 825-8714.]*
- 3. BOTH: Provide both contact numbers.*
- 4. BEGIN INTERVIEW – THANK AND CONTINUE*
- 5. DON'T BEGIN INTERVIEW: Ask "If another time is more convenient, we can schedule at a better time."]*

[IF THE RESPONDENT IS NOT THE MOST KNOWLEDGEABLE ADULT, THE FOLLOWING QUESTIONS ARE ASKED:]

"Who is the person in the household who is most knowledgeable about the health and healthcare of {frail elderly adult's first name}?"

3) Consent Script read to the adult respondent, who is the parent/guardian for the selected child interview:

"Now I'd like to ask you some questions about {child's first name}, who was also selected for this study. Specifically, I will ask about health, diet, exercise, and health care.

"Are you the parent or legal guardian of {child's first name}?"

[IF THE ANSWER IS YES, THE INTERVIEW PROCEEDS AS FOLLOWS.]

Are you the person in the household who is most knowledgeable about the health and health care of {child's first name}?"

[IF THE ANSWER IS YES, THE INTERVIEW PROCEEDS AS FOLLOWS.]

"Again, your participation in this section of the interview is voluntary and confidential and takes about 15 minutes. Your answers will be combined with the answers of other participants and shared with researchers to better understand the health of Californians. You can skip any question, and you can stop at any time.

"Do you have any questions about this?"

[IF THE ANSWER IS NO, THE FOLLOWING QUESTIONS ARE ASKED:]

"Who is the person in the household who is most knowledgeable about the health and healthcare of {child's first name}? What is {most knowledgeable adult's first name} relationship to {child's first name}?"

"May we have your permission to ask {most knowledgeable adult's name} about the health and health care of your child?"

4) Consent Script read to the adult proxy if different from the parent/guardian for the selected child interview:

"Hello, my name is {interviewer name}. I am calling for the University of California at Los Angeles. We are doing a scientific study about health that may help improve services for adults and children in your community. Your number was chosen at random to be in the California Health Survey.

"{Child's first name} has been selected for the study. {Adult respondent's first name} told us that you were the person in the household that is most knowledgeable about the health and health care of {child's name}.

"I'd like to ask you some questions about {child's first name}. Specifically, I will ask about health, diet, exercise, and health care.

"Your participation in this interview is voluntary and confidential, and the child survey takes about 15 minutes. You can skip any question, and you can stop at any time.

"Do you have any questions about this?"

[PROGRAMMING NOTE: ANSWER QUESTIONS AND PROCEED.]

"The University has very strict safeguards to protect your confidentiality. We have also obtained a certificate from the National Institutes of Health to protect your privacy.

We make every effort to protect {child's first name} identity. If you provide your address, it will be kept in a secure data center for research to better understand how health is related to where people live. Other information that could identify {child's first name}, like your {Child's first name}'s name and telephone number will be erased after the study is completed. Your address, if you provide it, will be erased after conversion into latitude and longitude for research purposes.

[PROGRAMMING NOTES: IF REQUESTS INFORMATION ABOUT PRIVACY SAFEGUARDS: Your name and telephone number will be removed from your answers and erased after the study is completed. The survey responses will be kept in a secure data center, and your responses will only be used to produce aggregate numbers.]

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A Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, employer, or other person obtains your written consent to receive research information, then the researchers may not use the Certificate to withhold that information."]

"If you want, I can give you the name and toll-free telephone number of the persons at UCLA in charge of the study. Would you like this information now or can we begin the interview?"

[PROGRAMMING NOTES:

IF REQUESTED:

1. WANTS STUDY INFORMATION: Please contact Dr. E. Richard Brown if you have any questions about the study. Dr. Brown can be reached toll-free at 1-866-275-2447.

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3. BOTH: Provide both contact numbers.

4. BEGIN INTERVIEW – THANK AND CONTINUE

5. DON'T BEGIN INTERVIEW: Ask "If another time is more convenient, we can schedule at a better time."]

5) Consent Script read to parent/guardian giving permission to interview their adolescent:

"{Adolescent's first name} has {also} been selected for the study. Are you the parent or legal guardian who can give permission for us to speak with {adolescent's first name}?"

"Because this interview is voluntary, I will need to ask {adolescent's first name} if {he/she} is willing to do it. However, I need to obtain your consent to talk to {adolescent's first name} because {he/she} is under the age of 18.

"I will ask questions about health and health behaviors, such as food, exercise, tobacco, and alcohol and drug use. There are also questions about sexual behavior. Children and teens have heard about many of these topics in the classroom as important health issues.

"All the information is strictly confidential and will not be released to anyone, even you. {Adolescent's first name} can skip any question and can stop the interview at any time. {adolescent's first name}'s answers will be combined with the answers of other participants and shared with researchers to better understand the health of Californians. The phone interview takes about 15 minutes.

We make every effort to protect {adolescent's first name}'s information.

Your teen's name and telephone number will be erased after the study is completed. Your teen's answers will be combined with answers of other participants and shared with researchers to better understand the health of Californians. Your address, if you provide it, will be erased after conversion into latitude and longitude for research purposes.

"Also, we believe that young people tend to feel more comfortable doing the interview when their parents are not in the same room listening. Do you have any questions?"

[PROGRAMMING NOTE: ANSWER QUESTIONS AND PROCEED.]

"May I have your permission to speak with and interview {adolescent's first name}?"

"If you'd like more information, I can give you the name and toll-free telephone number of the persons at UCLA in charge of the survey."

[PROGRAMMING NOTES:

IF REQUESTED:

1. WANTS STUDY INFORMATION: Please contact Dr. E. Richard Brown if you have any questions about the study. Dr. Brown can be reached toll-free at 1-866-275-2447.

2. WANTS INFORMATION ABOUT RIGHTS OF RESEARCH SUBJECTS OR THE NIH CERTIFICATION FOR PROTECTION OF PERSONAL INFORMATION: Please contact the Office for the Protection of Research Subjects at (310) 825-8714.]

3. BOTH: Provide both contact numbers.

4. READ VERBAL ASSENT SCRIPT TO ADOLESCENT

5. DON'T BEGIN INTERVIEW: Ask "If another time is more convenient, we can schedule at a better time."]

6) Consent Script read to the selected adolescent respondent:

"Hello, my name is {interviewer name}. I am calling for the University of California at Los Angeles. We are doing a scientific study about health that may help improve services in your community.

"You were chosen at random to be in the California Health survey.

This interview is completely voluntary and confidential. You can skip any question, and you can stop at any time.

"The interview takes about 15 minutes. There are questions about diet and exercise and about tobacco, alcohol, and drugs, even if you don't use any of these. There are also some questions about

sexual behavior. Remember, there are no right or wrong answers in a survey like this. Answer the questions based on what you really do, think, and feel.

Do you have any questions about this?

[ANSWER QUESTIONS AND PROCEED.]

"The University has very strict safeguards to protect your confidentiality. We have also obtained a certificate from the National Institutes of Health to protect your privacy.

We make every effort to protect your identity. If your parent or guardian provided an address, it will be kept in a secure data center for research to better understand how health is related to where people live.

Other information that could identify you, like your name and telephone number will be erased after the study is completed. Your other answers will be combined with the answers of other participants and shared with researchers to better understand the health of Californians.

Do you have any questions about this?"

[PROGRAMMING NOTES: IF REQUESTS INFORMATION ABOUT PRIVACY SAFEGUARDS: Your name and telephone number will be removed from your answers and erased after the study is completed. The survey responses will be kept in a secure data center, and your responses will only be used to produce aggregate numbers.

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"If you want, I can give you the name and toll-free telephone number of the persons at UCLA in charge of the study. Would you like this information now or can we begin the interview?"

[PROGRAMMING NOTES:

IF REQUESTED:

1. WANTS STUDY INFORMATION: Please contact Dr. E. Richard Brown if you have any questions about the study. Dr. Brown can be reached toll-free at 1-866-275-2447.

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3. BOTH: Provide both contact numbers.

"Are you in a private enough place so you can answer these questions freely?"

[PROGRAMMING NOTES:

1. BEGIN INTERVIEW – THANK AND CONTINUE

2. DON'T BEGIN INTERVIEW: Ask "If another time is more convenient, we can schedule at a better time."]

7) Consent Script read to the screener respondent for the cell phone component

"Hello, my name is {INTERVIEWER NAME}. I am calling for the University of California. We are doing a scientific study about health in California. If you are currently driving a car or doing any activity that requires your full attention, I need to call you back at a later time. [PROGRAMMING NOTE: IF TRUE, END CALL IMMEDIATELY AND SET APPOINTMENT]. In this part of the study, we are trying to reach people who use cellular service for their primary telephone. It will take about 2 minutes to see if you qualify for the study. We will send you \$5 to thank you for answering these questions."

Are you at least 18 years old?

- 1. YES..... [CONTINUE]]
- 2. NO..... [THANK and END]

Are you a California resident?

- 1. YES..... [CONTINUE]]
- 2. NO..... [THANK and END]

I would like to ask if you have any regular, landline telephone numbers in your home?

- 1. YES..... [CONTINUE]
- 2. NO.....[CONTINUE]

Is this telephone number also used for business purposes?

- 1. YES..... [GO TO END]
- 2. NO..... [CONTINUE]

Including yourself, how many adults AGE 18 AND OLDER, currently live in this household?

_____ NUMBER OF ADULTS

Do any of the adults share this cell phone number?

- 1. YES..... [USE MODIFIED LAST-BIRTHDAY SELECTION METHOD]
- 2. NO..... [GO TO EXTENDED INTERVIEW]

[PROGRAMMING NOTE: IF ANOTHER MEMBER OF THE HOUSEHOLD IS SELECTED]

Please tell me just the first name and age of the other adult in this household.

NAME _____ AGE ____ [GO TO PROGRAMMING NOTE: IF SCREENER COMPLETED]

END and THANK RESPONDENT

[PROGRAMMING NOTE: IF INELIGIBLE]

“Thank you. These are all the questions I have. Because you are not a cell-phone only user, you are not eligible to participate in this survey. If you can provide me with your name and mailing address, we would be happy to send you \$5 to thank you for your time.

[PROGRAMMING NOTE: IF REFUSE TO PARTICIPATE]

“If you can provide me with your name and mailing address, we would be happy to send you \$5 to compensate you for your time and costs in taking this call.”

8) Consent script read to the respondent if eligible (at least 18, telephone is not business use only, and respondent has no landline) for the cell phone component:

[PROGRAMMING NOTE: IF PERSON COMPLETING SCREENER IS SELECTED] “You have been selected to participate in this interview. Please tell me just your first name and age.

NAME _____ AGE _____

"Again, I am calling for the University of California at Los Angeles. This is a scientific study about health that may help improve services in your community. Your telephone number was chosen at random to be in the California Health Survey. Some people are concerned about the privacy of conversations on cell phones. If you would prefer, I would be happy to call you back on a landline phone to conduct this interview at a time that is convenient for you. *[PROGRAMMING NOTE: IF YES GO TO APPOINTMENT SCREEN]*.

[PROGRAMMING NOTE: IF PERSON SHARING CELL PHONE WITH PERSON COMPLETING SCREENER IS SELECTED]

"Hello, my name is {INTERVIEWER NAME}. I am calling for the University of California. We are doing a scientific study about health in California. This part of the study has to do with people who only use cell phones. If you are currently driving a car or doing any activity that requires your full attention, I need to call you back at a later time. *[PROGRAMMING NOTE: IF TRUE, END CALL IMMEDIATELY AND SET APPOINTMENT]*. Some of the numbers we are calling are for cell phones. Some people are concerned about the privacy of conversations on cell phones. If you would prefer, I would be happy to call you back on a landline phone to conduct this interview at a time that is convenient for you. *[PROGRAMMING NOTE: IF YES GO TO APPOINTMENT SCREEN]*.

[FOR ALL EXTENDED INTERVIEWS]

“This interview is voluntary and confidential. You can skip any question, and you can stop at any time.

"The interview takes about 30 minutes on average, but may be as short as 20 minutes. There are questions about your health, diet and exercise, sexual behaviors, violence, suicide, emotional health and treatment for mental health problems, and your healthcare and insurance. I will also ask about where you live. We will send you \$25 to thank you for your help with this survey.

"Do you have any questions about this?"

[PROGRAMMING NOTE: ANSWER QUESTIONS AND PROCEED.]

"The University has very strict safeguards to protect your confidentiality. We have obtained a certificate from the National Institutes of Health to protect your privacy. We may not be able to keep confidential any thoughts to harm yourself and if you tell us that you have had thoughts of suicide we may provide you with a referral to someone who can help.

We make every effort to protect your identity. If you provide your address, it will be kept in a secure data center for research to better understand how health is related to where people live.

Other information that could identify you, like your name and telephone number will be erased after the study is completed. Your other answers will be combined with the answers of other participants and shared with researchers to better understand the health of Californians. Your address, if you provide it, will be erased after conversion into latitude and longitude for research purposes.

If you want, I can give you the name and toll-free telephone number of the persons at UCLA in charge of the study.

[PROGRAMMING NOTES: IF REQUESTS INFORMATION ABOUT PRIVACY SAFEGUARDS]:
Your name and telephone number will be removed from your answers and erased after the study is completed. The survey responses will be kept in a secure data center, and your responses will only be used to produce aggregate numbers.

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With a Certificate of Confidentiality, the researchers cannot be forced to disclose information that may identify you, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. The researchers will use the Certificate to resist any demands for information that would identify you, except for those from personnel of the United States Government for information that would be used for auditing or evaluation of Federally funded projects.

A Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, employer, or other person obtains your written consent to receive research information, then the researchers may not use the Certificate to withhold that information."

A Certificate of Confidentiality does not prevent the researchers from disclosing voluntarily, without your consent, information that would identify you as a participant in the research project if you disclose information about harming yourself or others."]

"Would you like this information now or can we begin the interview?"

[PROGRAMMING NOTES:

IF REQUESTED:

- 1. WANTS STUDY INFORMATION: Please contact Dr. E. Richard Brown if you have any questions about the study. Dr. Brown can be reached toll-free at 1-866-275-2447.*
- 2. WANTS INFORMATION ABOUT RIGHTS OF RESEARCH SUBJECTS OR THE NIH CERTIFICATION FOR PROTECTION OF PERSONAL INFORMATION: Please contact the Office for the Protection of Research Subjects at (310) 825-8714.]*
- 3. BOTH: Provide both contact numbers.*
- 4. BEGIN INTERVIEW – THANK AND CONTINUE*

5. *DON'T BEGIN INTERVIEW: Ask, "If another time is more convenient, we can schedule at a better time."*]

9) Consent Script read to the adult respondent selected for staging (English only):

"Hello, my name is {interviewer name}. I am calling for the University of California at Los Angeles. We are doing a scientific study about health that may help improve services in your community. Your telephone number was chosen at random to be in the California Health Survey.

"This interview is voluntary and confidential. You can skip any question, and you can stop at any time.

"The interview takes about 30 minutes on average, but may be as short as 20 minutes. There are questions about your health, diet and exercise, sexual behaviors, violence, suicide, emotional health and treatment for mental health problems, and your healthcare and insurance. I will also ask you about where you live. We will send you \$25 to thank you for your help with this survey.

"Do you have any questions about this?"

[PROGRAMMING NOTE: ANSWER QUESTIONS AND PROCEED.]

"The University has very strict safeguards to protect your confidentiality. We are also certified by the National Institutes of Health to protect your privacy. We may not be able to keep confidential any thoughts to harm yourself and if you tell us that you have had thoughts of suicide we may provide you with a referral to someone who can help.

We make every effort to protect your identity. If you provide your address, it will be kept in a secure data center for research to better understand how health is related to where people live. Other information that could identify you, like your name and telephone number will be erased after the study is completed. Your other answers will be combined with the answers of other participants and shared with researchers to better understand the health of Californians. Your address, if you provide it, will be erased after conversion into latitude and longitude for research purposes.

If you want, I can give you the name and toll-free telephone number of the persons at UCLA in charge of the study. Would you like this information now, or can we begin the interview?"

[PROGRAMMING NOTES: IF REQUESTS INFORMATION ABOUT PRIVACY SAFEGUARDS]
Your name and telephone number will be removed from your answers and erased after the study is completed. The survey responses will be kept in a secure data center, and your responses will only be used to produce aggregate numbers.

IF REQUESTS INFORMATION ABOUT NIH CERTIFICATE OF CONFIDENTIALITY:
With a Certificate of Confidentiality, the researchers cannot be forced to disclose information that may identify you, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. The researchers will use the Certificate to resist any demands for information that would identify you, except for those from personnel of the United States Government for information that would be used for auditing or evaluation of Federally funded projects.

A Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, employer, or other person obtains your written consent to receive research information, then the researchers may not use the Certificate to withhold that information."

A Certificate of Confidentiality does not prevent the researchers from disclosing voluntarily, without your consent, information that would identify you as a participant in the research project if you disclose information about harming yourself or others."]

"Would you like this information now or can we begin the interview?"

[PROGRAMMING NOTES:

IF REQUESTED:

1. WANTS STUDY INFORMATION: Please contact Dr. E. Richard Brown if you have any questions about the study. Dr. Brown can be reached toll-free at 1-866-275-2447.

2. WANTS INFORMATION ABOUT RIGHTS OF RESEARCH SUBJECTS OR THE NIH CERTIFICATION FOR PROTECTION OF PERSONAL INFORMATION: Please contact the Office for the Protection of Research Subjects at (310) 825-8714.]

3. BOTH: Provide both contact numbers.

4. BEGIN INTERVIEW – THANK AND CONTINUE

5. DON'T BEGIN INTERVIEW: Ask, "If another time is more convenient, we can schedule at a better time."]

Read to the adult respondent for quality control methodological research audio recording:

"We are randomly tape-recording some interviews for quality control purposes. The tapes are kept strictly confidential, and your identity will not be disclosed. The tapes will be destroyed at the completion of the project. May I have your permission to tape this interview?"

"I need to confirm that you gave your permission to participate and to be recorded. Is that correct?"

Dear Current Resident,

Your household has been selected for this year's California Health Survey. This telephone survey is an important opportunity to have your voice heard on health care issues.

This research helps California learn about the health of its people and the problems they have getting health care. The results may be used to help the people and families in your community.

We recently called your home, but it was not a good time for anyone to speak with us. We know your time is valuable. However, we encourage you to take just a few minutes to talk to our interviewer when we call again.

Your household is part of a scientific sample representing many other households like yours. Please take a moment to take our call. If we happen to call at an inconvenient time, you can suggest a time that is better for you.

If you have any questions, you may call toll free at 1-888-941-2950.

Sincerely,

A handwritten signature in black ink that reads "E. Richard Brown". The signature is fluid and cursive, with a long horizontal flourish at the end.

Dr. E. Richard Brown
Director, UCLA Center for Health Policy Research

Note: If you want to read more about this survey, you can visit our website at www.californiahealthsurvey.org

Major funders of this survey include the California Department of Health Care Services, California Department of Public Health, First 5 California, Office of the Patient Advocate, The California Endowment, and the National Cancer Institute.

Relevant to Privacy Act Information, the legislative authority for this survey is 42 USC 285.

10960 Wilshire Boulevard, Suite 1550 Los Angeles, CA 90024

Dear Current Resident,

We recently talked on the telephone with someone in your home who has been selected to be part of the California Health Survey. I do not know that person's name because this is a confidential survey and names cannot be released.

The person we talked to chose not to do the interview or not to finish it. We respect that decision since the interview is voluntary. However, I kindly ask him or her to please reconsider.

You are part of a scientific sample representing many others like yourself. You are important in making a complete picture of the people of California. The results may be used to improve health care and help your community.

One of our interviewers from [data collection vendor information will be available in October], the survey firm making the telephone calls, will call again. I want to give the selected person one more opportunity to be part of this important survey. If necessary, our interviewer can make an appointment for a more convenient time.

Please take a moment to talk with us. If you have any questions, you may call toll free at 1-888-941-2950.

Sincerely,



Dr. E. Richard Brown
Director, UCLA Center for Health Policy Research

Note: If you want to read more about this survey, you can visit our website at www.californiahealthsurvey.org

Major funders of this survey include the California Department of Health Care Services, California Department of Public Health, First 5 California, Office of the Patient Advocate, The California Endowment, and the National Cancer Institute.

Relevant to Privacy Act Information, the legislative authority for this survey is 42 USC 285.

10960 Wilshire Boulevard, Suite 1550 Los Angeles, CA 90024

Dear Parent or Guardian,

We recently did a telephone interview with an adult in your household. I want to thank that person for his or her time. We also selected one teenager between age 12 and 17 to be interviewed. However, the parent or guardian did not give us permission to interview their teenager. We respect that decision and will not speak with anyone under 18 years old without permission.

I want to ask the parent or guardian to please reconsider. Our survey results may help to improve the health of young people in your community. Your teenager is important. She or he is part of a scientific sample representing many other similar young people.

One of our interviewers from [data collection vendor information will be available in October], the survey firm making the telephone calls, will call again. We will again ask for permission to interview the selected teenager. This voluntary interview only takes about 15 minutes. We can make an appointment for a convenient time to do it.

If we still cannot get permission, or the selected teenager does not want to do it, tell the interviewer when we call. We will not call or write again.

If you have any questions, you may call toll-free at 1-888-941-2950.

Yours truly,



Dr. E. Richard Brown
Director, UCLA Center for Health Policy Research

Note: If you want to read more about this survey, you can visit our website at www.californiahealthsurvey.org

Major funders of this survey include the California Department of Health Care Services, California Department of Public Health, First 5 California, Office of the Patient Advocate, The California Endowment, and the National Cancer Institute.

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10960 Wilshire Boulevard, Suite 1550 Los Angeles, CA 90024