**OMB Control # 0584-NEW**

 **Expiration Date: xx/xx/20xx**

Public reporting burden for this collection of information is estimated to average 30 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: U.S. Department of Agriculture, Food and Nutrition Services, Office of Research and Analysis, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-xxxx\*). Do not return the completed form to this address.

**VERBAL INTRODUCTORY SCRIPT – PARENT QUESTIONNAIRE**

**INTRODUCTION**

**NOTE:** Interviews will be conducted with primary care giver or other adult who can answer questions about children in the household.

**INTRO1**: Hello, may I speak to [NAMED ADULT FROM SAMPLE FILE]?

Yes/speaking or available 🡪 Continue

No 🡪 INTRO4

**INTRO2**: My name is \_\_\_\_ and I’m calling on behalf of the [PROGRAM]. Our records show that one or more children from your household is taking part in this program and we’d like to ask you some questions about this. Are you familiar with your child(ren)’s participation in this program?

 Yes 🡪 START

 No 🡪 Continue

**INTRO3**: May I speak to an adult in this household who is familiar with this program?

 Knowledgeable adult available 🡪 INTRO2 [TO NEW ADULT]

 Adult not available 🡪 Collect first name and schedule call-back

**INTRO4**: My name is \_\_\_\_ and I’m calling on behalf of the [PROGRAM]. Our records show that one or more children from your household is taking part in this program and we’d like to ask you some questions about this. May I speak to an adult in this household who is familiar with this program?

 Knowledgeable adult speaking or available 🡪 START

 Adult not available 🡪 schedule call-back

**START**: The interview takes about 30 minutes to complete. Your participation in this survey is voluntary. You have the right to stop at any time or skip questions with no penalty. All your answers are private and the information you provide will not be identified by your name, except as otherwise required by law. You will receive (INCENTIVE) as a thank you for completing the survey. Your answers to our survey questions will provide important [PROGRAM] with important information to help improve its services. Any information you provide will remain private. ASK FIRST SURVEY QUESTION.