

National Institutes of Health
NCI FOOD AND EATING ASSESSMENT STUDY (FEAST)

Participant Reminder Script

OMB #: 0925-0605
Expiry Date: 10/31/2011

STATEMENT OF CONFIDENTIALITY

Collection of this information is authorized by The Public Health Service Act, Section 412 (42 USC 285 a-1). Rights of study participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. Refusal to participate will not affect your benefits in any way. The information collected in this study will be held in professional confidence. Names and other identifiers will be separated from information provided and will not appear in any report of the study. Information provided will be combined for all study participants and report as statistical summaries.

NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

Public reporting burden for this collection of information is estimated to average 5 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 (0925-0605).

Hello, may I please speak with (ASA24 PARTICIPANT)?

[IF SPEAKING TO THE PARTICIPANT OR WHEN S/HE COMES TO THE PHONE,
CONTINUE WITH THE SCRIPT BELOW. OTHERWISE, GO TO BOX E ON PAGE 3]

[IF THIRD ATTEMPT WITH ANSWERING MACHING PICK-UP. GO TO BOX I PAGE 4]

Hello, my name is _____, and I am calling on behalf of the National Institutes of Health for the NCI Food and Eating Assessment Study, or FEAST. You have two appointments scheduled with the NCI FEAST.

Your first visit is scheduled for tomorrow, [DATE] at [TIME]. You will have breakfast, lunch, and dinner at Westat. Will you be able to attend all three meals?

IF YES, GO TO BOX A

IF NO, GO TO BOX B

Attachment 10: Reminder Telephone Script – FEAST

BOX A ABLE TO ATTEND:

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

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 as a token of appreciation if you finish the study. Please reconsider attending the meal appointments.

Attachment 10: Reminder Telephone Script – FEAST

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 Food and Eating Assessment 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 ask him/her to call [EUREKAFACTS PHONE NUMBER] to confirm the appointment. 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 as a token of appreciation if you finish the study.

Box F: ANSWERING MACHINE MESSAGE:

I am calling for the National Institutes of Health NCI Food and Eating Assessment 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 [EUREKAFACTS PHONE NUMBER] to confirm that you will be able to attend this appointment. Once again, the number is [EUREKAFACTS PHONE NUMBER]. We look forward to seeing you tomorrow.