

Attachment 4: Cancer Imaging Program Recruitment Screener Telephone Call Script

OMB No.: 0925-0642
Expiration Date: 9/30/2014

Collection of this information is authorized by The Public Health Service Act, Section 411 (42 USC 285a). 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 kept private under the Privacy Act. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all study participants and reported as summaries. You are being contacted by telephone to complete this instrument so that we can improve the website.

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 (0925-0642). Do not return the completed form to this address.

Hello, my name is [NAME], and I am calling from NOVA Research Company about a research study that we are conducting on behalf of the National Cancer Institute site.

Group A. I received your name and contact information from a search of the NIH RePORTER to identify medical imaging researchers.

Group B. I received your name and contact information from a search of ClinicalTrials.gov to identify medical practitioners with an interest in medical imaging.

Group C. I received your name and contact information from the organization, who helped us by identifying patients and members of the public with an interest in health care.

Group D. I received your name and contact information when you responded to a Call for Volunteers that was posted on the CIP Web site.

The NCI is interested in finding out whether their Web site is easy to use and whether it is achieving key objectives of providing information about its programs, research funding opportunities, etc. to medical researchers, medical professionals, patients and the general public.

We would like to ask you to participate in a Web site testing session via the Internet and telephone. We will ask you to carry out basic tasks on the Web site, such as clicking on certain links. Your feedback will help make the Web site better for everyone who uses it. Should you qualify, you will receive a \$40 Visa gift card as a token of our appreciation for your participation. Note: If you are employed by the U.S. Federal government, you are not eligible to receive the incentive.

Your participation is voluntary. We will not share information about you with anyone outside of this study. The computer and telephone session should take about one hour.

If you have any questions about the study or need more information, you may email KSedgwick@novaresearch.com or call 301-986-1891. Would you be willing to participate?

IF YES: Thank you very much. First, I need to ask you a few questions to see if you qualify.

IF NO: Thank you. Ask for recommendation of an alternate name and contact information.

1. Would you be comfortable participating in the Web site test and discussing it entirely in English?

- No - THANK YOU AND ASK FOR AN ALTERNATE NAME.
- Yes – IF PARTICIPANT IS KNOWN TO HAVE USED THE CIP WEB SITE, SKIP TO QUESTION 4; OTHERWISE, PROCEED TO QUESTION 2.

2. Have you ever visited the National Cancer Institute (NCI) Web site at cancer.gov?

- No - PROCEED TO QUESTION 4.
- Yes - PROCEED TO QUESTION 3.

3. Have you ever visited the Cancer Imaging Program Web site within cancer.gov?

- No
- Yes

4. Are you now or have you ever received funding from the National Cancer Institute or worked on a research project that was funded by the National Cancer Institute?

- No
- Yes

5. Are you an imaging medical investigator or researcher, medical practitioner, patient, or member of the public? [RECRUIT 4 NEVER-VISITED AND 4 HAVE-VISITED FOR EACH GROUP BELOW.]

- Imaging medical investigator or researcher. IF YES, PROCEED TO QUESTION 6.
- Medical practitioner
- Patient
- Member of the public

6. Are you a Federal employee?

- No
- Yes [IF YES: I'm sorry. As a Federal employee, you are not eligible to receive an incentive for participating in this study. Are you still interested in participating? It's entirely up to you.]

RECRUIT: We would like to invite you to participate.

7. What is your email?

8. When is the best day and time to complete the usability test?

TEST DATE & TIME:

| | |
|---------------------------------|--|
| NAME: | |
| BEST PHONE TO USE AT THAT TIME: | |
| ALTERNATE PHONE: | |
| EMAIL: | |

We will send you an email with details about the date and time. Please put this on your calendar right away! Thank you.