

HEALTH DISPARITIES COGNITIVE INTERVIEW (Phase 1) TELEPHONE SCREENING SCRIPT

Hello, my name is _____ from the department of Pediatrics at Johns Hopkins.

We are working on a research study about different things and can affect a mother and her children's health. May I ask you some questions to see if you are eligible to participate?

NO:

Thank you for your time

YES:

We will be collecting information about you during this phone call. Your taking part in this phone call is completely voluntary.

Your information will only be seen by researchers at Johns Hopkins. We will make sure that the information we collect from you is kept private and used only for the research study we are discussing. If you do not agree to continue the phone call, it will not affect your care at Johns Hopkins.

If you are not eligible or do not wish to participate you will have the option to let us keep your information on file so we can contact you about future opportunities. If you do not want us to keep this information we will destroy all documents with your name on them.

ADMINISTER SCREENING SHEET (separate document):

We will be asking some basic questions about your age, race/ethnicity, and income level.

IF NOT ELIGIBLE:

Unfortunately you are not eligible for this study, would like you me to keep you information on file and contact you at a later point?

YES:

Take down contact information

NO:

Thank you for your time.

IF ELIGIBLE:

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 (0925-0593). Do not return the completed form to this address.

You are eligible to participate in this study. If you wish to participate you will be asked to come in and complete a onetime interview with one of our researchers. During the interview we would ask you about your thoughts on some survey questions we are hoping to include in a larger national study. We are doing these interviews because we want to know if the survey questions are easy to understand and meaningful across different groups of people. The interview would take approximately an hour and a half to complete.

There are minimal risks to you if you choose to participate. Your participation is completely voluntary and you will have the right to refuse any of our questions.

There is no cost to you to participate in the study and we will give you \$25 in cash or gift card to thank you for your time.

- **Do you have any questions?**
- **Do you think you would like to take part in this research?**

YES:

Let's make an appointment for your interview. You will meet with _____ at __:__ AM/PM on _____. If you need to cancel or reschedule call _____ at _____.

NO:

Would like you me to keep you information on file and contact you at a later point?

YES:

Take down contact information

NO:

Thank you for your time.

In addition [or if you selected OTHER] to the categories of ethnic or racial origin I have just shown you, are there any other ethnic or racial categories you identify with that are not included in these lists? You may use more than one category, for example Chinese Vietnamese, Cuban African American, Korean, Haitian, or Somali.

ANSWER: _____

4. How well would you say you speak English?

Not at all

Low English Proficiency

A little

Pretty Well

English Proficiency

Extremely Well

5. Were you born in the United States? [] YES [] NO

6. Were your parents born in the United States?

MOTHER [] YES [] NO

FATHER [] YES [] NO

8. What is the highest degree or level of school that you have completed?

ELEMENTARY

NURSERY SCHOOL TO 4TH GRADE

5TH-6TH GRADE

7TH-8TH GRADE

HIGH SCHOOL

9TH GRADE

10TH GRADE

11TH GRADE

12TH GRADE (NO DIPLOMA)

HIGH SCHOOL DIPLOMA

GED OR EQUIVALENT

COLLEGE

SOME COLLEGE CREDITS, BUT LESS THAN 1 YEAR

1 OR MORE YEARS OF COLLEGE, BUT NO DEGREE

ASSOCIATE DEGREE: OCCUPATIONAL, TECHNICAL, OR VOCATIONAL PROGRAM

ASSOCIATE DEGREE: ACADEMIC PROGRAM

BACHELOR'S DEGREE (e.g., BA, BS)

GRADUATE

MASTER'S DEGREE (e.g., MA, MS, MSW, MEng, MBA)

PROFESSIONAL SCHOOL DEGREE (e.g., MD, DDS, DVM, JD)

DOCTORAL DEGREE (e.g., Ph.D., Ed.D.)