

**First call at start of survey appointment:**

Hello, this is \_\_\_\_\_ with Battelle Centers for Public Health Research and Evaluation. May I please speak with \_\_\_\_\_? (If contact doesn't answer phone directly.) You may recall that we are conducting a survey for the Centers for Disease Control and Prevention on the use of evidence-based practices among comprehensive cancer control programs. I am calling about the appointment we scheduled with you for today at this time to participate in the survey. Yesterday, we sent you an e-mail message that contained a link to the on-line component of the survey. Did you receive the e-mail?

**[If no]** Okay. I will resend the e-mail right now and you can click on the link and complete the survey. I will call you back in about a half hour which should give you time to complete the survey, and then we will complete the telephone interview component of the survey.

**End call. Resend e-mail with survey link**

**[If yes]** Great. Do you have any questions about taking the survey?

**[If yes] Answer all questions.** If you do not have any more questions about the survey, then I will call you back in about a half hour, which should give you time to complete the survey, and then we will convene the telephone interview component of the survey. **End call.**

**[If no]** Great. I will call you back in about a half hour, which should give you time to complete the survey, and then we will complete the telephone interview component of the survey. **End call.**

**Second call at half hour past appointment time:**

Hello, this is \_\_\_\_\_ with Battelle Centers for Public Health Research and Evaluation. May I please speak with \_\_\_\_\_? (If contact doesn't answer phone directly). Have you completed the survey?

**[If no]** shall I call you back in about 10 minutes?

**[If yes]** great, I would now like to start the telephone interview component of the survey, and ask you a few additional questions about evidence-based practices.

Before I start I would like to ask your permission to audio record the interview. We will use the recording to make sure our notes are accurate. We will not share the recordings with anyone and we will destroy them at the completion of the study. May I record the interview?

**[If yes]** Thank you. **[start recording]**

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Public reporting burden of this collection of information is estimated to average 20 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 CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-xxxx).

**[If no]** Okay. We will not make an audio recording of the interview.

**Ask the following questions**

1. Can you talk about how you work with your partners to identify and implement EBPs?

Probe: Example of a particular partner and what they do.

2. Can you talk about some of the benefits that you see to using evidence-based strategies in your cancer control program?
3. Can you talk about the challenges your program faces when using EBPs for your cancer control program?

Probe:

- a. Identifying EBPs, especially using websites, e.g., Community Guide, PLANET, RTIPs.
  - b. Adapting
  - c. Implementing
  - d. Evaluating
4. Can you talk about how CDC can support the utilization of EBPs among the CCC programs?

**After the last question, thank the respondent for answering the questions and filling out the survey.**

**Before ending the call, ask respondent for 3-4 names of key partners/collaborators if they haven't already provided this information.**

*We would also like to survey some of the comprehensive cancer control coalition partners that you work with. Would you provide us with the names and contact information for 3-4 key partners that you work with?*

**[If yes]**

Collect the following:

1. Name: \_\_\_\_\_ (required)  
Phone: \_\_\_\_\_ (required)  
Email: \_\_\_\_\_ (required)  
Address: \_\_\_\_\_ (optional)
2. Name: \_\_\_\_\_ (required)  
Phone: \_\_\_\_\_ (required)  
Email: \_\_\_\_\_ (required)  
Address: \_\_\_\_\_ (optional)
3. Name: \_\_\_\_\_ (required)  
Phone: \_\_\_\_\_ (required)  
Email: \_\_\_\_\_ (required)  
Address: \_\_\_\_\_ (optional)

**[If no]** Thank participant and end call

**[If not now]** Make arrangements with the PD for following up with the partner recommendations