Form Approved OMB No. 0920-xxxx Exp. Date xx/xx/xxxx

Hello, this is _______ with the Battelle Centers for Public Health Research and Evaluation. May I please speak with ______? (If contact doesn't answer phone directly).

We are conducting a survey on behalf of the Centers for Disease Control and Prevention and I'm calling you today to invite you to participate in the survey. You should have received recently a letter about the survey.

Do you have few minutes to talk with me about the survey, or shall I call back at another time?

Either proceed with script or set time to call back.

CDC is conducting a survey of programs that are funded by their National Comprehensive Cancer Control Program (NCCCP). You are being asked to participate because you are listed as the program director for a funded program [or they were designated by their program director]. The survey is intended to help the CDC understand the issues facing NCCCP grantees with regards to their use of evidence-based practices. The survey will consist of two parts. The first part will be an on-line questionnaire and the second part will be a brief telephone interview. Both parts together should take about an hour of your time. As appreciation for participating in the survey, we will provide you with a CDC-approved summary of the survey results.

Your participation in the survey is completely voluntary, and you may chose to not participate without any penalty to you or your program. Should you choose to participate, your answers will be maintained in a secure manner and your responses will not be linked to you personally. You may refuse to answer any questions and you may terminate your involvement at any time. Do you have any questions about how we will maintain your responses in a secure manner?

Answer questions. If all questions cannot be answered at this time, tell them that the Battelle project leader will contact them to answer any outstanding questions.

Would you be willing to participate in the survey, or would there be someone else in your department that would be more appropriate for us to talk with?

[If not interested in participating] Thank person for their time and end call.

[If someone else is more appropriate collect his/her name and contact information]

Public reporting burden of this collection of information is estimated to average 15 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).

Section A.

[If willing to participate in the survey] Great, I would like to schedule about an hour of your time for this two-part survey. The first part will consist of a 30 minute on-line web survey and the second part will be a 20 minute follow-up telephone interview. Combined this should take an hour or less of your time.

[Scheduler should then work with person to schedule an hour of time that is convenient for the PD and fits in with an interviewer's schedule at Battelle]

[Once the interview is scheduled describe what will happen as indicated below and then go to the next section]

We will send you a confirmation e-mail with the date and time of the appointment and contact information in case you need to reschedule or cancel.

One day prior to your scheduled appointment you will receive an e-mail message with a link to the web survey. You are welcome to complete the survey at any time before the actual appointment if you would like, or you can complete it at the beginning of the scheduled appointment. At the start of the appointment we will call you to confirm that you received the email and assist you with getting started, if necessary. Then, once you have completed the survey, which should take about 30 minutes, we will contact you again by phone for a brief follow-up interview.

Section B. Confirming and Collecting Contact Information.

Confirm and collect the following information.

Best telephone number for the scheduled survey appointment: (___) ____ - _____.

Best e-mail address for receiving messages about survey: ______. (Should be one they check every day)

Mailing address (for receiving copy of the study summary).

Section C. Collecting partner names

We would also like to survey some of the key partners that play a substantial role in helping your program utilize evidence-based practices to address its cancer control objectives. Would you be able to provide us with the names and contact information for 3 key partners that you work with?

[If yes]

Collect the following:

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

[If no] Thank participant and end call

[If not now] Provide PD with the e-mail address of the person with whom the appointment was scheduled (Gary Chovnick or Alessandra Favoretto) for follow up.