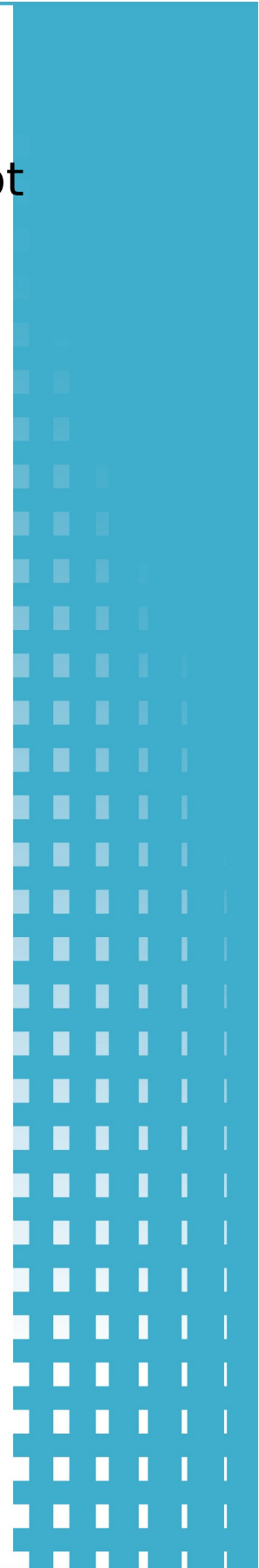


Appendix E9

Follow-up Reminder Telephone Script



Retailer Follow-up Reminder Script

Hello. My name is _____. I am calling from Abt Associates in Cambridge, MA regarding the Evaluation of the Healthy Incentives Pilot. May I please speak with _____ [STORE MANAGER OR OWNER – SAME RESPONDENT AS INITIAL NOTIFICATION SCRIPT]?

[If yes, continue. If no, ask for the store manager or owner (ORIGINAL RESPONDENT).]

I am calling back today to ask **if you have received** the survey we sent to you on _____ [DATE OF EXPECTED ARRIVAL]

IF NO: I am sorry you did not receive the survey. May I please confirm your name and address so I can send you another copy?

[READ NAME AND ADDRESS ON FILE, CONFIRM/CORRECT INFORMATION INCLUDING PREFERENCE FOR ENGLISH OR SPANISH VERSION]

We'll send you another survey right away. It will include pre-addressed, pre-paid materials you can use to return the survey to us. I will follow up with you again in a few days to be sure you received the replacement survey and answer any questions you may have. [SKIP TO END]

IF YES:

We have not yet received your survey back. Your responses to the survey are very important to the results of the evaluation. Your responses will help us provide information to USDA on how stores have been affected by HIP. Do you have any questions that we can answer now about the survey? [ANSWER ANY QUESTIONS THEY HAVE ABOUT THE SURVEY, IF THERE ARE SOME THAT YOU NEED TO FIND OUT ABOUT, PLEASE TELL THEM THAT YOU WILL FIND OUT THE ANSWER AND CALL THEM BACK – ASK THE BEST TIME TO CALL BACK].

We would appreciate it if we could get your completed survey back by [DATE]. Do you think you will be able to complete it by then?

END:

We truly appreciate your participation and taking the time to complete the survey of Retailers. Remember, if you have any questions about the survey, please call our toll-free number: 1-800-xxx-xxxx. Thank you for talking with me today.

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: U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-xxxx). Do not return the completed form to this address.