

### Attachment 3 – Respondent Screening Script

The Public Health Service Act provides us with the authority to do this research (42 United States Code 242k). All information which would permit identification of any individual, a practice, or an establishment will be held confidential, will be used for statistical purposes only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).

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 CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0222).

OMB #0920-0222; Expiration Date: 06/30/2015

#### **Sample screening script for respondent contact by QDRL Laboratory Manager/QDRL Staff for Adult and Child Disability Questions recruited through newspaper advertisement/flyer**

**Dial respondent’s telephone number [hereafter referred to as R] as indicated on audiotape recording.**

**Note: Speak only to R. If the number is answered by an answering machine, call back at another time.**

**Laboratory Manager:** Good morning/afternoon, may I speak to (name)?

**If R is not available or not at home, say, “Thank you” and try again at another time.**

**If the person who answered the phone (NOT R) asks, “Who is calling?” or “What’s this about?” say, “I am returning their call to me. I’ll try to reach them at another time.**

**If R has been successfully contacted, continue...**

...Hello, my name is [Laboratory Manager’s name]. I am calling from the National Center for Health Statistics. You may remember that you responded to an advertisement indicating that you were interested in answering some health-related and quality of life questions.

**Wait for acknowledgment, such as, “Oh, yes, I remember.”**

...In order to determine if you are eligible for our study, I’ll need a few minutes of your time to ask some background questions. Answering these questions is completely voluntary. We are required by law to use your information for statistical research only and to keep it confidential. The law prohibits us from giving anyone any information that may identify you without your consent. Is this a good time to ask the questions or should I call back later?

**If not a good time to talk, schedule a time to call back.**

**If good time to talk, continue...**

1. Where did you see our advertisement?

\_\_\_\_\_

2. How old are you? **[If under age 18, go to exit script 1]**

\_\_\_\_\_

3. Do you have any difficulty seeing?

Yes

If yes, please explain

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No

4. Do you have any difficulty hearing?

Yes

If yes, please explain

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No

5. Do you have any difficulty concentrating?

Yes

If yes, please explain

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No

6. Do you have any difficulty walking?

Yes

If yes, please explain

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No

7. Do you have any difficulty climbing stairs?

Yes

If yes, please explain

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No

8. Do you use any special equipment such as a hearing aid, wheel chair or walker (check all that apply)

Hearing Aid

Wheel Chair

Walker

Other \_\_\_\_\_

9. Do you suffer from a mental illness, such as depression or anxiety?

Yes

If yes, please explain

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No

10. Do you have any learning disabilities?

Yes

If yes, please explain

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No

11. Do you have any difficulty remembering?

Yes

If yes, please explain

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No

12. Do you have any difficulty speaking?

Yes

If yes, please explain

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No

13. Are you a parent or guardian of a child living in your household who is between the ages of 2 and 17?

Yes

No (Go to exit script 2)

14. What are their ages?

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15. Are you the parent or guardian who is most knowledgeable about the physical, emotional, and mental health, and well-being of your [fill] year old?

Yes

No (Go to exit script 3)

16. Does your child have difficulty in any of the following areas? [If none, and quota for non disability specific has been filled go to exit script 3. Otherwise continue.]

a. Seeing – Yes/No If yes, please explain.

b. Hearing – Yes/No If yes, please explain.

c. Walking – Yes/No If yes, please explain.

d. Learning – Yes/No If yes, please explain.

e. Behavior – Yes/No If yes, please explain.

**[If individual has not met any of the eligibility requirements go to exit script 2].**

**[If quota has been met, go to exit script 3. Otherwise continue].**

17. How many years of education do you have?

9 or less 10 11 12 13 14 15 16 17 18 19

18. Are you Spanish, Hispanic or Latino?

Yes

No

19. What race or races do you consider yourself to be? You may indicate more than one race.

White

Black or African American

Asian

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

20. Would you say that your total household income last year was more or less than \$50,000?

If MORE, ask: Would you say that your total household income last year was more or less than \$80,000?

If LESS, ask: Would you say that your total household income last year was more or less than \$25,000?

**Entry Script:**

...Based on your answers to the questions so far, we would like you to take part in our study. For this study we'd like you to come here to the National Center for Health Statistics in Hyattsville, MD/agreed mutual location. An interviewer will ask you questions about [your/your and your child's] physical, mental, and emotional health as well as quality of life. Then the interviewer will ask you to explain what you were thinking as you answered the questions. The interviewer will also ask you about your opinions of the questions. Your answers will help us find

out if the survey questions will be easy for other people to answer. Everything you say will be kept private. With your permission, we would like to record your interview. The recording is a record of what we asked and what you said about the questions. Do you give permission to have your interview video recorded? *Yes/No*. **[If no, ask if for permission to audio record]**. Do you give permission to have your interview audio recorded? *Yes/No*. **[If no, go to exit script 4. At a minimum audio recording is essential for this project].**

Do you have any questions at this point? *Pause to answer questions*. If (not/you have no other questions), then let's get you on the schedule, ok? We will be interviewing (Day, Month/Date) through (Day, Month/Date) from 8 a.m. to 6 p.m. Looking at your schedule, when would you be available to participate? *Schedule*. **[If date/times not available go to exit script 5.]**

A reminder call will be made to you a few days in advance. Should you have any questions or need to change your appointment, please feel free to contact me [name] at [phone number]. Thank you for responding to our ad, and I look forward to seeing you here at (DATE/TIME) *Get respondent to cite date & time if possible*.

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**Exit script 1:** I'm sorry, you have to be 18 years of age or older to take part in this study and therefore we won't be able to use you at this time. However, I would like to put your name and telephone number you gave me into our database so that I can contact you about other studies coming up in the future. Is that OK? *If yes, record name & telephone number. If no: OK, thank you for your time. Your name and telephone number will not be added to our database.*

**Exit script2:** I'm sorry, you have not met one of the eligibility requirements for this particular study. However, I would like to put your name and the information you gave me into our database so that I can contact you about other studies coming up in the future. Is that ok? *If yes, record name & number. If no: OK, thank you for your time.*

**Exit script 3:** Based upon your answers, it seems that we may already have a number of volunteers with very similar answers to yours. At this point we need to talk with people with some different characteristics. However, if we have cancellations or other slots open up, I may wish to call you back. Would it be okay if I kept your name, telephone number, and the information you provided in response to the eligibility questions until the end of this study? *If yes, make notation. If no, Would it be okay if I added your name, telephone number, age, educational level, and race to our database so that I can contact you about other studies coming up in the future? If yes, add to database. If no: OK, thank you for your time. Your name and any information you gave me will not be added to our database.*

**Exit script 4:** I'm sorry, willingness to be audio recorded is required in order to take part in this study and therefore we won't be able to use you at this time. Would it be okay if I added your name, telephone number, age, educational level, and race to our database so that I can contact you about other studies coming up in the future? *If yes, add to database. If no: OK, thank you for your time. Your name and any information you gave me will not be added to our database.*

**Exit script 5:** I see...ok, we were hoping to complete this particular study between (Month/Date) and (Month/Date), so it looks like we won't be able to schedule you at this time. Would it be okay if I added your name, telephone number, age, educational level, and race to our database so that I can contact you about other studies coming up in the future? *If yes, add to database. If no: OK, thank you for your time. Your name and any information you gave me will not be added to our database.*