

Attachment 25.1: Phase IV Health Follow-Up CAWI Participant Introductory Interview Script

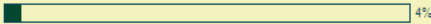



Welcome to the AHS Health Followup Online Survey!

If you are an AHS participant and received a letter with your log-in information, or if you are responding on behalf of an AHS participant, please continue to the next page.

If you found our site looking for more information from the Agricultural Health Study, please go to www.aghealth.org.

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 Please enter the username and password from your letter:

Username:



Password:

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OMB No.: 0925-0406
Expiration Date: xx/xx/2016

Collection of this information is authorized by The Public Health Service Act (42 USC 285). Rights of study participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. Refusal to participate will not affect your benefits in any way. The information collected in this study will be kept private to the extent provided by law. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all study participants and reported as summaries. You are being contacted by mail to complete this online health follow-up survey because as a member of the Agricultural Health Study your continued involvement can help us learn more about how agricultural and environmental factors may affect the health of farmers and their families.

Public reporting burden for this collection of information is estimated to average 25 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

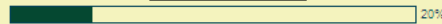


General Instructions for the Online Survey:

- To move through the survey, please use the 'Next' and 'Previous' buttons at the bottom of each page. **Do not use the back button** on your browser.
- If you want to quit and come back later, you may close the survey by clicking the 'X' at the top right corner of the survey window. The answers you provided up to that point are saved.
- To return to this online survey, you will need to go to the study website at www.aghealthsurvey.org (as described in your letter). You will use the same username and password each time you access the survey.

Please click 'Next' to continue.

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Before we get started, please confirm that we have the correct survey. This survey is for and/or about **John Joe Doe, Sr.**

Which of the following statements is true?

- This name is correct
- This name was correct, but it has since changed
- This name is incorrect

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28%


 As an added security measure, we need to verify each participants date of birth before going any further.


Please enter the date of birth for **John Joe Doe, Sr.** below:

MM/DD/YYYY

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37%

 It is best for **John Joe Doe, Sr.** to fill out his own questionnaire, but if this is not possible, it is okay for someone else to complete this survey.

Will **John Joe Doe, Sr.** be completing this questionnaire himself?

Yes


No, I am completing this on behalf of the AHS participant

[Next >>](#) [<< Previous](#)

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45%

 Is **John Joe Doe, Sr.** actively taking part in answering the questions?

- Yes
- No


Next >>

<< Previous

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54%

 Why is he not actively taking part in answering the questions? He is...

- Not capable of answering the questions
- Incapacitated
- Deceased
- Currently hospitalized
- Other

Next >>

<< Previous

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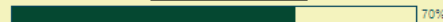


What is your relationship to **John Joe Doe, Sr.?**

- Spouse
- Sibling
- Child
- Grandchild
- Parent
- Other relative
- Guardian
- Friend
- Other

[Next »](#) [« Previous](#)

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How long have you known **John Joe Doe, Sr.?**

of Years

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70%

 How long have you known **John Joe Doe, Sr.?**

of Years


[Next >>](#) [Previous <<](#)

Message from webpage ✖

 Please give us your best guess. If you prefer to not answer this question, please enter '997'.

[OK](#)

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81%

We want to thank you for agreeing to take part in this survey. As a reminder, your participation is completely voluntary and all the information collected will be kept confidential to the extent permitted by law.

If you have any questions while you are completing this survey, please contact study staff at 1 (###) ### - ####.

[Next >>](#) [Previous <<](#)

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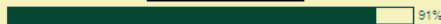
Now we are ready to get started with the AHS Health Follow-up Survey.


This should take about 25 minutes to complete.

Please click 'Submit' to begin.

Next >> << Previous

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 It appears there may be a problem with the [name and/or date of birth] in our records. Sorry for the inconvenience. We need to contact you to make sure we have the correct information in your record.

Please let us know the best way to reach you to update your information.

Click 'Close' to exit this survey, and a study staff member will be in touch soon.

Next >> << Previous

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