

**Attachment 20: BEEA CATI Script**  
**Study of Biomarkers of Exposures and Effects in Agriculture**  
**Intro/Eligibility Telephone Script (Random Select Group)**

OMB #: 0925-0406

Expiration date: xx/xx/2016

Collection of this information is authorized by The Public Health Service Act (42 USC 285l). 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 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 for this collection of information is estimated to average twenty 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 Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0406). Do not return the completed form to this address.

Hello, I am trying to reach (APPLICATOR'S FIRST, MIDDLE INITIAL, LAST, SUFFIX).

**IF THE PESTICIDE APPLICATOR IS NOT AVAILABLE NOW, ASK ABOUT AND RECORD A BETTER TIME TO REACH HIM.**

**IF ASKED "WHO IS CALLING?" BEFORE YOU GET TO THE RESPONDENT:**

This is \_\_\_\_\_. I am calling about a health study. This number is the number Mr. (First/Last Name) gave us to use to contact him. Is he there? Thank you very much.

**TO RESPONDENT:**

Am I speaking to (APPLICATOR'S FIRST, MIDDLE INITIAL, LAST, SUFFIX)?

Hello, my name is \_\_\_\_\_. I am calling from the Agricultural Health Study (at the University of Iowa). You should have received a letter from (Marsha Dunn, Study Director in North Carolina/Dr. Charles Lynch, Study Director in Iowa) recently, to let you know that I would be calling. Do you recall seeing that in your mail? **(PAUSE FOR RESPONSE)**

Do you have a moment now to talk with me about that project?

**CALL BACK:** Record better day and better time.

**TOO BUSY:** This initial phone call will take only about 10 minutes. We can schedule for a better time (NOTE TIME). Or if you would like, we could get started and see how it goes. You could stop me at any time. Would that be OK?

**REFUSING:** (Try to respond to concerns.)

**NOTE: CATI TO START HERE – INTERVIEWER WILL FIRST INDICATE IN CATI WHETHER RESPONDENT IS STILL REFUSING OR IS ALLOWING THE CONTACT TO CONTINUE.**

**STILL REFUSING:** → **Go to Additional Questions (Direct Refusal).**

**IF CONTINUING CONTACT:**



I'm calling you today about a new project with the Agricultural Health Study. This part of the Agricultural Health Study is designed to directly measure biologic effects that may be related to various farming activities and exposures, and would involve a visit to your farm during the year by people who specialize in this type of research. I'm happy to tell you that we do have some money to pay you for your participation.

To determine if you are eligible, I need to ask you several questions. Again, please know that your answers are confidential, and that you may refuse to answer any particular question.

E1. According to your birthdate that we have on record, you should be (see age of AHS private pesticide applicator on front of call sheet) years old. Is this accurate?

- a) Yes → **Go to E3**
- b) No
- c) Dk
- d) Ref

E2. What is your current age? \_\_\_\_\_

**IF less than 50 years old, go to INELIGIBLE 1 statement. IF 50 years old or older, continue:**

E3. Do you have a blood clotting disorder such as hemophilia?

- a) Yes → **Go to Ineligible 2**
- b) No
- c) Dk
- d) Ref

E4. Not including non-melanoma skin cancer, have you been diagnosed by a doctor with any type of cancer in the last three years?

- a) Yes
  - b) No
  - c) Dk
  - d) Ref
- **Proceed to END OF ELIGIBILITY INTERVIEW**

E5. In what organ or part of the body did your cancer start? (If you are not sure of the answer, please give me your best guess.)

\_\_\_\_\_

E6. In what year were you first diagnosed by a doctor with this cancer?

YEAR: |\_\_|\_|\_|\_|\_|

→ **Go to Ineligible 3**

### END OF ELIGIBILITY INTERVIEW

**IF ELIGIBLE:** Based on your answers, you are eligible for this part of the Agricultural Health Study. Did you have a chance to read the study fact sheet that was enclosed with the letter you received from Dr. Lynch? Do you have any questions about this study? [IF NOT, OR IF SUBJECTS HAS QUESTIONS; READ INFORMATION FROM FACT SHEET]

Would you be willing to participate in this study?

- a) Yes
- b) No

**Refusing:** Do you have any questions or concerns about the study that you would like to speak to one of the researchers about? **[TRY TO ALLEVIATE CONCERNS OR SCHEDULE TIME TO TALK TO NCI RESEARCHERS] Go to Screening Questions.**

**Still Refusing → Go to Additional Questions (Participating/Ineligible/Indirect Refusal)**

**IF “YES”:** Thank you. This study would involve a visit to your home on a date that is convenient for you. Can I schedule a time during (MONTH) or (MONTH) for the visit?

**Record date and time of visit:** Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_ am or pm

A1. Let me verify your street address. Is it (READ ADDRESS, CITY, STATE, AND ZIP CODE)?

- a) Yes → **Go to A4**
- b) No

A2. What is the address of your current residence?

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A3. In what year did you move to this address? \_\_\_\_\_

A4. [INTERVIEWER] ENTER THE CURRENT PHONE NUMBER FROM THE CALL RECORD.

\_\_\_-\_\_\_-\_\_\_\_

IF PHONE NUMBER CANNOT BE FOUND, GO TO A6.

A5. Is (CURRENT PHONE) the best number to contact you?

- a) Yes → **Go to A7**
- b) No

A6. Can you please give us the best number to contact you about the visit to your home?

\_\_\_-\_\_\_-\_\_\_\_

A7. Is there another number like a cell phone or second number to contact you about this visit?

\_\_\_-\_\_\_-\_\_\_\_

**→ Proceed to Additional Questions (Participating/Ineligible/Indirect Refusal)**

**INELIGIBLE 1:** I apologize. Our records indicated that you were within the age range we are including in the study. However, based on this updated information on your age, you are not eligible for this part of the Agricultural Health Study. **Go to Additional Questions (Participating/Ineligible/Indirect Refusal).**

**INELIGIBLE 2:** Unfortunately, you are not eligible for this part of the Agricultural Health Study: we are looking for a group of men who are able to provide blood samples. **Go to Additional Questions (Participating/Ineligible/Indirect Refusal).**



- a) Yes
- b) No (Closings)

C5. Do you know how we can reach him? \_\_\_\_\_

**Record information on how to reach (collect phone and best time to reach); then go to Closings.**

**PARTICIPATING OR INELIGIBLE OR INDIRECT REFUSAL:**

Before we finish, would you have time to answer three more quick questions about health screening for us? It will take about two minutes of your time, if that.

- a) Yes
- b) No → **Go to Closings**

**IF "YES", continue:**

**ADDITIONAL QUESTION INTRO:**

These questions are aimed toward improving our understanding of cancer screening practices among participants in the Agricultural Health Study, and they are a separate part of the sub-study. As always, your answers are confidential, and you may refuse to answer any particular question.

S1. Have you ever had a blood test for prostate cancer, for example PSA? Would you say:

- a) Never,
- b) Once, or
- c) More than once?
- d) DK
- e) REF

S2. Have you ever had a digital rectal examination of the prostate? Would you say:

- a) Never,
- b) Once, or
- c) More than once?
- d) DK
- e) REF

S3. Have you ever had a colonoscopy or sigmoidoscopy to examine the colon and rectum?

- a) Never,
- b) Once, or
- c) More than once?
- d) DK
- e) REF

**CLOSINGS**

**ELIGIBLE, WILLING TO PARTICIPATE:**

Thank you. Those are all the questions I have for you today. About four weeks before your home visit, we will mail an appointment confirmation letter and materials for you to review and prepare for the visit. Meanwhile, please contact us at (800-217-1954/800-424-7883) if you have any questions about this study. We sincerely appreciate all of your help with our research.

**INELIGIBLE:**

Thank you for your time today and thanks again for taking part in the Agricultural Health Study.

**REFUSAL:**

Thank you for your time today and thanks again for taking part in the Agricultural Health Study.

**RECORD REASON FOR REFUSAL.**

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**NOT CORRECT RESPONDENT:**

I'm sorry for the confusion. That is all the questions I have for you at this time. Thank you for speaking with me today.