Form Approved

OMB No. 0920-xxxx

Exp. Date xx/xx/xxxx

**Adult Biometric Measures Recruitment Screener**

**(Administered to adult respondents who have completed the ATSS via CATI)**

Public reporting burden of this collection of information is estimated to average 10 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, Georgia 30333; ATTN: PRA (0920-xxxx)

**Adult Recruitment Screener for Enhanced Protocol (Phone/Paper)**

[SET TIMESTAMP: BACKENDBEGIN]

[SET SCHEDULED1=0. (This is an indicator variable. It will be 0 unless an appointment is set in SCHD1]

[SET SCHEDULED2=0. (This is an indicator variable. It will be 0 unless an appointment is set in PG\_CB]

[SET SCHEDULED3=0. (This is an indicator variable. It will be 0 unless an appointment is set in YABS\_B6]

[SET YABS\_B4Count=0. (This will prevent an indefinite loop between END\_AR and YABS\_B4)]

[SET PROCESSED =0. (This will be set to 0 until the incentive is either accepted or declined.)]

[SET GUARDIANABSENT=0. (This is an indicator set to 1 when an appointment has been set, but TI was unable to confirm guardian consent for study due to absence during phone call]

[SET AGEDOUT=0. (This indicator is set to 1 when respondent makes a mistake in selecting an age eligible child.)]

[*\*\*All of the logic below assumes that those who have completed the ATSS on paper and called in to express interest in the YABS will be skipped past this logic, to “back end” locations that are specified in the Phase B call-in specs.*

IF CONTROL SYSTEM STAGE: FIELD >= 2405, THEN GO TO INCENTIVE;

*\*\*If the control system flags case as having completed a biometric visit and the case got to this point, we expect that ATSS Core is complete and no YABS recruitment is still needed, so skip directly to the first incentive information collection screens.*

IF D\_06=1 AND SAMPETYPE=TS SKIP TO INCENTIVE;

*\*\*If the respondent reported that she is pregnant and her address is part of the Targeted Surveillance sample, then skip directly to the first incentive information collection screens.*

IF D\_06=1 AND SAMPETYPE=YE (YABS EXCLUSIVE SAMPLE); GO TO INEL\_PREG\_SC;

*\*\*If the respondent reported that she is pregnant and her address is part of the YABS Exclusive sample, then skip directly to the script explaining why the respondent is not eligible to participate in the YABS.*

IF D\_06 NE 1 & SAMPLETYPE=YE (YABS EXCLUSIVE SAMPLE), THEN GO TO TRANSITION;

*\*\*If the pregnancy question was skipped, or answered “no”, “don’t know”, or was refused and the case in the YABS Exclusive sample, then go to the screen that is labeled “TRANSITION”.*

IF D\_06 NE 1 & IF AwardeeID = (B, C, E, G, L, M, Q, R, S, T, U, OR V), THEN SKIP TO INCENTIVE;

*\*\*If the community in which the respondent lives is in the Targeted Surveillance sample, but is not in one of the YABS study areas, then skip directly to the first incentive information collection screens. (This applies to all cases in non-YABS study areas, including cases where the pregnancy question was skipped, or answered “no”, “don’t know”, or was refuse.)*

IF D\_06 NE 1 & IF SAMPLETYPE=TS (TARGETED SURVEILLANCE) & AwardeeID = (A, D, F, H, J, K, N, OR P) & KIDS=1 & YABSQUOTA for Caller’s AwardeeID =0, THEN GO TO TRANSITION;

*\*\*If the community in which the respondent lives is in the Targeted Surveillance sample, is in one of the YABS study areas, and children aged 3-17 live in the household, and the YABS quota for this community has not yet been met, then go to the screen that is labeled “TRANSITION”. (This only applies to cases where pregnancy question was skipped, or answered “no”, “don’t know”, or was refused—all cases with a “yes” to the pregnancy question would already have skipped past this point.)*

IF D\_06 NE 1 & IF SAMPLETYPE=TS (TARGETED SURVEILLANCE) & AwardeeID = (A, D, F, H, J, K, N, OR P) & KIDS=2, ANDAdultOnlyInv =1, & (YABSQUOTA for Caller’s AwardeeID) =0, THEN GO TO TRANSITION;

*\*\*If the community in which the respondent lives is in the Targeted Surveillance sample, is in one of the YABS study areas, children aged 3-17 do not live in the household, the randomly assigned eligibility indicator says that we can invite the adult to participate in YABS, and the overall YABS quota for this respondent’s community has not yet been met, then go to the screen that is labeled “TRANSITION”. (This only applies to cases where pregnancy question was skipped, or answered “no”, “don’t know”, or was refused—all cases with a “yes” to the pregnancy question would already have skipped past this point.)*

ELSE SKIP TO INCENTIVE.]

INEL\_PREG\_SC.

Thank you for your participation in this very important survey. Earlier in the interview you mentioned that you are currently pregnant. Unfortunately, we are unable to include pregnant women in the part of the study that involves an in-home visit.

(We are excluding pregnant women from the second part of our study because some of the measurements we take are temporarily affected by pregnancy.)

(However, …)

PRESS NEXT TO COLLECT INFORMATION FOR TELEPHONE INCENTIVE.

[GO TO INCENTIVE]

transition.

Thank you for your participation in this very important survey. Before we end, I’d like to quickly share with you information about other study opportunities.

{SELECT NEXT TO CONTINUE}

[IF ADULT RESPONDENT (AR) LIVES IN A HOUSEHOLD WITH NO ELIGIBLE CHILDREN (**KIDS=2 (NO CHILDREN)**), PRESENT INTRO\_ABS;

ELSE IF **KIDS=1** (ELIGIBLE CHILDREN LIVE IN THE HOUSEHOLD), SKIP TO INTRO\_YABS]

**INTRO\_ABS**

This study for the Centers for Disease Control and Prevention has a second part to it.

Adults who agree to participate will be asked questions about their personal health and will have physical measurements taken, such as height, weight, waist circumference, blood pressure, pulse and a sample of saliva.

For this second part of the study, one of our interviewers will come to your house to talk to you directly and take your physical measurements.

The in-home visit takes, on average, less than 1 hour. Adults who complete this part of the study will receive $40 in cash.

(The $40 cash for the in-home visit will be in addition to the $20 check or gift card sent as a token of our appreciation for completion of this telephone interview.)

IF NEEDED, SAY: A staff member will give the $40 to you in cash, immediately after you complete your participation in the in-home visit.

1. - CONTINUE

[IF ACCELQUOTA=0, GO TO INTRO\_ABS\_ACC; **ELSE GO TO ABS1** ]

**----------------------------------------------------------------------------------------------------------------------------------------**

**INTRO\_ABS\_ACC.**

You may also be asked to wear a belt around the waist to measure physical activity and sedentary behavior for 7 days. Participants who wear this belt will be asked to keep a diary of daily activities such as when they exercise, when they get up in the morning and when they go to bed.  If you choose to participate by wearing a monitoring belt, you will be given a $20 gift card once you mail back the belt device and it is found to contain sufficient data.  (That $20 gift card would be additional. It’s separate from the $20 given for completing this telephone interview and the $40 in cash given at the end of the in-home visit.)

We’ll tell you more about the possibility of wearing an activity monitoring belt when we visit your home. You can decide whether you’d like to wear the belt at that time.

CODE VOLUNTEERED COMMENTS FROM R, IF ANY

1. NO COMMENTS

2. NOT INTERESTED IN ACTIVITY MONITORING

3. INTERESTED IN ACTIVITY MONITORING

[DISABLE DK/RF]

**[GO TO ABS1]**

**----------------------------------------------------------------------------------------------------------------------------------------**

**INTRO\_YABS**

This study for the Centers for Disease Control and Prevention has a second part that you may be eligible to participate in. We will be collecting information from one adult and one child who live within the same household.

Adults will be asked questions about their personal health and will have their physical measurements taken, such as height, weight, waist circumference, blood pressure, pulse and a sample of saliva.

Children will have their physical measurements taken as well.  Children between the ages of 12 and 17 will be asked questions about their physical activity and health.  Caregivers of children between the ages of 3 and 11 will be asked questions about their children.

For this part of the study, our interviewers visit participants’ homes and talk with them in person.

The in-home visit, on average, lasts less than 2 hours. Adults who complete this part of the study will receive $40 in cash. Children between the ages of 12 and 17 who complete this part of the study will receive $10 in cash directly. The parents (or other legal guardian) of children between the ages of 3 and 11 will receive $10 in cash for their child’s participation.

IF NEEDED, SAY: (The $40 and $10 for the in-home visit will be in addition to the $20 check or gift card sent as a token of our appreciation for completion of this telephone interview.)

IF NEEDED, SAY: (A staff member will give the $40 to you and the $10 for the participating child immediately after you both complete your participation in the in-home visit.)

1 – CONTINUE

[IF ACCELQUOTA=0, GO TO INTRO\_YABS\_ACC; **ELSE GO TO YABS\_A1** ]

**----------------------------------------------------------------------------------------------------------------------------------------**

**INTRO\_YABS\_ACC**

You and a child in your household may also be asked to wear a belt around the waist to measure physical activity and sedentary behavior for 7 days. Participants who wear this belt will be asked to keep a diary of daily activities such as when they exercise, when they get up in the morning and when they go to bed.

If you chose to participate by wearing a monitoring belt, you will be given a $20 gift card once you mail back the belt device and it is found to contain sufficient data.  (That $20 gift card would be additional. It’s separate from the $20 given for completing this telephone interview and the $40 in cash given at the end of the in-home visit.)

Parents will be given a $10 gift card after a child participates. (The $10 gift card would be additional. It’s separate from the $10 in cash given at the end of a legal guardian’s or child’s participation in the in-home visit.)

We’ll tell you more about the possibility of wearing an activity monitoring belt when we visit your home. You can decide whether you’d like to wear the belt at that time.

CODE VOLUNTEERED COMMENTS FROM R, IF ANY

1. NO COMMENTS

2. NOT INTERESTED IN ACTIVITY MONITORING

3. INTERESTED IN ACTIVITY MONITORING

[DISABLE DK/RF]

1-CONTINUE

**[GO TO YABS\_A1]**

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ABS1.

Your participation is critical to understanding health issues that may affect you or other members of your community. Are you willing to participate in this part of the study?

IF R HESITATES, USE FAQs TO ADDRESS QUESTIONS AND CONCERNS

IF NO, JUST ENTER ANSWER AND THEN FOLLOW REFUSAL CONVERSION GUIDANCE ON NEXT SCREEN

PRESS HELP BUTTON FOR MORE INFORMATION ABOUT IN-HOME EXAMINATIONS

[HELP SCREEN TEXT]

OFFER INFORMATION AND ASSURANCES OR REPEAT THE FOLLOWING, IF NEEDED:

Adults will be asked questions about their personal health and will have their physical measurements taken, such as height, weight, waist circumference, blood pressure, pulse and a sample of saliva.

A staff member will give $40 to you in cash immediately after you complete your participation in the in-home visit.

If you chose to participate by wearing a monitoring belt, you will be given a separate $20 gift card once you mail back the monitoring belt and it is found to contain sufficient data.

1 YES

2 NO

[DISABLE DK/RF]

[IF ABS1 = 1 (YES), GO TO SCHD1. IF ABS1 = 2 (NO), GO TO RFCNV1

**----------------------------------------------------------------------------------------------------------------------------------------**

YABS\_A1

Would you be interested in participating in the in-home visit along with one of the 3 to 17 year old children living in your household?

IF R HESITATES, USE FAQs TO ADDRESS QUESTIONS AND CONCERNS

IF NO, JUST ENTER ANSWER AND THEN FOLLOW REFUSAL CONVERSION GUIDANCE ON NEXT SCREEN

PRESS HELP BUTTON FOR MORE INFORMATION ABOUT IN-HOME VISITS

[HELP SCREEN TEXT]

OFFER INFORMATION AND ASSURANCES OR REPEAT THE FOLLOWING, IF NEEDED:

IF NEEDED, SAY: Adults will be asked questions about their personal health and will have their physical measurements taken, such as height, weight, waist circumference, blood pressure, pulse and a sample of saliva.

IF NEEDED, SAY: Children will be asked questions about their physical activity, health and will have their physical measurements taken as well. For this part of the study, one of our interviewers will come to your house to talk to you directly.

IF NEEDED, SAY: A staff member will give $40 to you in cash, and a $10 bill to the child that participates, immediately after you both complete your participation in the in-home visit.

IF NEEDED, SAY: If you participate in the activity monitoring study and mail back the monitoring belt after 7 days of wear, we will also send you a $20 gift card. Parents will be given a $10 gift card after a child participates.

1 – YES

2 – NO

3 – (NOT WILLING OR ABLE TO AGREE TO CHILD PARTICIPATION)

4 – (WILLING TO PARTICIPATE, BUT MENTIONS NO CHILDREN IN HH)

[DISABLE DK/RF]

[IF YABS\_A1 = 1 (YES), GO TO ChildNum.

IF YABS\_A1 = 2 (NO) OR 3 (NOT WILLING/ABLE), GO TO RFCNV1;

IF YABS\_A1 = 4 & AdultOnlyInv =1 & YABSQUOTA=0, GO TO SCHD1, ELSE GO TO INCENTIVE]

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RFCNV1

REFUSAL CONVERSION

IF NEEDED, ASK: May I ask what your concerns are or why you do not wish to participate in this study?

INTERVIEWER: ADDRESS R’s QUESTIONS AND CONCERNS, USE FAQ LIST AS NEEDED.

Continue 1. NOW AGREES TO PARTICIPATE

Refusal 2 UNABLE TO CONVERT REFUSAL

[IF ABS1=2 **AND** RFCNV1 = 1, GO TO SCHD1.

IF YABS\_A1 =2 OR 3 **AND** RFCNV1 = 1, GO TO ChildNum.

IF RFCNV1 = 2, GO TO INCENTIVE]

**----------------------------------------------------------------------------------------------------------------------------------------**

SCHD1

**[SET TIMESTAMP: SCHEDULEBEGIN]**

Thank you for agreeing to participate. I now would like to set up a time and place for the in-home visit. What would be the best day and time for us to visit you?

CLICK THIS LINK TO ACCESS SCHEDULING PROGRAM

WHEN DONE, SELECT ONE OF THE OPTIONS BELOW.

1. APPOINTMENT SCHEDULED

2. INTEREST EXPRESSED, BUT NO SPECIFIC APPOINTMENT SET

3. REFUSED HOME VISIT

[DISABLE DK/RF]

[AFTER A SELECTION IS MADE FOR SCHD1, **SET TIMESTAMP: SCHEDULEEND]**

[IF SCHD1=1, SET SCHEDULED1=1 & GO TO SCHD1place; ELSE GO TO LOGIC THE PRECEDES “**INCENTIVE”**.]

**----------------------------------------------------------------------------------------------------------------------------------------**

SCHD1place

INTERVIEWER: PLEASE INDICATE IF THE ADDRESS SCHEDULED FOR THE VISIT WAS NOT THE SAME AS THE SAMPLED ADDRESS

SAMPLED ADDRESS VISIT ADDRESS

[FILL SampleFile: Address1] [FILL: Address\_visit]

[FILL SampleFile: City\_Name] [FILL: City\_visit]

[FILL SampleFile: State\_Code] [FILL: State\_visit]

[FILL SampleFile:ZIP first 5 numbers] [FILL: ZIP\_visit]

1 NO EDITS MADE TO ADDRESS

2 EDITS MADE TO ADDRESS

[DISABLE DK/RF]

[ERROR TEXT: PLEASE INDICATE IF YOU NEEDED TO EDIT THE RESPONDENT'S ADDRESS]

[GO TO CONTACTNUMS]

**----------------------------------------------------------------------------------------------------------------------------------------**

ChildNum

We would like to randomly select one child age 3 to 17 who lives in your household and invite his or her participation. Please do not include anyone who is just visiting temporarily or renting a room. How many children who are 3 to 17 years old live in your household?

IF NEEDED, SAY: I know you already told me that there were {FILL NUMBER FROM INTRO\_4} children living in your household. Now we want to know specifically how many are 3-17 years old.

IF NEEDED, SAY: “Only include children that live in your household half or more of the time.”

\_\_\_\_ [RANGE: 0-17]

-1 DON’T KNOW

-2 REFUSED

[IF ChildNum (NUMBER OF CHILDREN) >0, GO TO CHILDR\_NAME. IF ChildNum (NUMBER OF CHILDREN) = DK OR RF, GO TO INCENTIVE, IF ChildNum (NUMBER OF CHILDREN)=0 & AdultOnlyInv =1 & YABSQUOTA=0, GO TO SCHD1, ELSE GO TO INCENTIVE]

**----------------------------------------------------------------------------------------------------------------------------------------**

[IF AGEDOUT=0 **AND** ChildNum =2 OR MORE, THEN **^Fill** SHOULD SAY: “Of the children aged 3-17 living in your household, please tell me the first name of the child whose birthday is coming up next.”

IF AGEDOUT=0 **AND** ChildNum =1, THEN **^Fill** SHOULD SAY: “Please tell me the first name of the child.”

IF AGEDOUT=1, THEN **^Fill** SHOULD SAY: “Not including the child who we just talked about, please tell me the first name of the child whose birthday is coming up next.”]

CHILDR\_NAME

**^Fill**

ONLY IF NEEDED: (His)/(her) initials will be fine.

IF TWO WITH SAME BIRTHDAY, SAY: If two children share the birthday that’s coming up next, please just give us the first name or initials for whichever child **you’d prefer** to invite to participate.

IF RESPONDENT REFUSES TO PROVIDE INITIALS OR NAME OF CHILD, ENTER “THE SELECTED CHILD.”

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ACCEPT UP TO 25 CHARACTERS]

- 1 DON’T KNOW

- 2 REFUSED

[THE NAME OR INITIALS FROM CHILDR\_NAME WILL BE USED THROUGHOUT THE INTERVIEW TO FILL ^ChildName, THEN GO TO YABS\_A2]

**----------------------------------------------------------------------------------------------------------------------------------------**

[DISABLE DK/RF]

YABS\_A2.

Are you the parent or legal guardian of ^ChildName ?

1 – YES

2 – NO

**----------------------------------------------------------------------------------------------------------------------------------------**

[IF YABS\_A2 = 2, ^lcfill SHOULD SAY “Even though you are not the parent or legal guardian of ^ChildName, your opinion is important to us.” ELSE DO NOT FILL.]

YABS\_A3.

^lcfill

Would you be interested in having ^ChildName participate in this in-home visit?

1 – Yes

2 – No

[DISABLE DK/RF]

[IF YABS\_A3 = 1 (YES), GO TO YABS\_A3\_AGE.

ELSE GO TO YABS\_A3a]

**----------------------------------------------------------------------------------------------------------------------------------------**

YABS\_A3a.

REFUSAL CONVERSION

May I ask what your concerns are or why you do not want ^ChildName to participate in this study?

INTERVIEWER: LISTEN TO R CONCERNS AND USE FAQs TO ADDRESS QUESTIONS AND CONCERNS.

Continue 1. NOW AGREES TO PARTICIPATE

Refusal 2 UNABLE TO CONVERT REFUSAL

[IF YABS\_A3a = 1 (CONTINUE), GO TO YABS\_A3\_AGE;

ELSE GO TO INCENTIVE]

**----------------------------------------------------------------------------------------------------------------------------------------**

YABS\_A3\_AGE.

How old is ^ChildName?

IF NEEDED, SAY: Knowing the age of participating children helps us prepare materials for visits.

1 -\_\_\_\_ AGE [range 0 – 99]

-1 - DON’T KNOW

-2 - REFUSED

[THE AGE FROM YABS\_A3\_AGE WILL BE USED THROUGHOUT THE INTERVIEW TO FILL ^CHILDAGE;

IF (YABS\_A3\_AGE = 3 TO 17 OR -1 (DK) OR -2 (RF)) AND (YABS\_A2 = 1 (AR IS THE PARENT OR LEGAL GUARDIAN) GO TO GrdNm;

IF (YABS\_A3\_AGE = 3 TO 17 OR -1 (DK) OR -2 (RF)) AND (YABS\_A2 = 2 (AR IS NOT THE PARENT OR LEGAL GUARDIAN) GO TO YABS\_B1;

ELSE CONTINUE.]

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YABS\_AgeOut.

We’re only including children aged 3-17 in this part of our study. I typed in that ^ChildName is ^CHILDAGE years old now, is that correct?

1 YES

2 NO

-1 DON’T KNOW / NOT SURE  
-2 REFUSED

[IF (YABS\_AgeOut = 2(NO) OR -1 (DK) OR -2 (RF)) GO BACK TO YABS\_A3\_AGE AND COLLECT CORRECT AGE;

IF (YABS\_AgeOut = 1(YES) AND CHILDNUM>1 AND AGEDOUT=0, SET AGEDOUT=1 AND GO TO CHILDR\_NAME;

ELSE GO TO INCENTIVE]

**----------------------------------------------------------------------------------------------------------------------------------------**

YABS\_B1.

So that our field staff can speak to the correct person when they arrive at your home for this part of the study, can you confirm your first name?

IF NEEDED, JUST CONFIRM NAME GIVEN IN THE SCREENER AND RE-TYPE BELOW: {FILL FROM INT5A}

\_\_\_\_\_\_\_ [ACCEPT UP TO 25 CHARACTERS]

[DISABLE DK/RF]

**----------------------------------------------------------------------------------------------------------------------------------------**

**[SET TIMESTAMP: SCHEDULEBEGIN]**

PG\_CB.

Thank you for agreeing to participate. I now would like to set up a time and place for the in-home visit. This should be a time that works best for both yourself, the child, and the child’s guardian. What would be the best day and time for us to visit you?

CLICK THIS LINK TO ACCESS SCHEDULING PROGRAM

WHEN DONE, SELECT ONE OF THE OPTIONS BELOW.

1. Appointment Scheduled

2. Interest expressed, but no specific appointment set

3. Refused Home Visit

[DISABLE DK/RF]

[AFTER A SELECTION IS MADE FOR PG\_CB, **SET TIMESTAMP: SCHEDULEEND]**

[IF PG\_CB=1, SET SCHEDULED2=1 & GO TO PG\_CBplace; ELSE GO TO LOGIC THE PRECEDES “**INCENTIVE”**.]

**----------------------------------------------------------------------------------------------------------------------------------------**

PG\_CBplace

INTERVIEWER: PLEASE INDICATE IF THE ADDRESS SCHEDULED FOR THE VISIT WAS NOT THE SAME AS THE SAMPLED ADDRESS

SAMPLED ADDRESS VISIT ADDRESS

[FILL SampleFile: Address1] [FILL: Address\_visit]

[FILL SampleFile: City\_Name] [FILL: City\_visit]

[FILL SampleFile: State\_Code] [FILL: State\_visit]

[FILL SampleFile:ZIP first 5 numbers] [FILL: ZIP\_visit]

1 NO EDITS MADE TO ADDRESS

2 EDITS MADE TO ADDRESS

[DISABLE DK/RF]

[ERROR TEXT: PLEASE INDICATE IF YOU NEEDED TO EDIT THE RESPONDENT'S ADDRESS]

**----------------------------------------------------------------------------------------------------------------------------------------**

PG\_CBa.

Before we collect your contact information, can you tell me the name of the parent/ legal guardian that our field staff should ask to speak to when they call?

IF NAME REFUSED TYPE GUARDIAN

\_\_\_\_\_\_\_ [Parent/ Legal Guardian Name]

[DISABLE DK/RF]

[THE NAME COLLECTED HERE WILL BE USED TO FILL ^ParGrdName AS NEEDED THROUGH THE INTERVIEW. GO TO PG\_CBrelate]

**----------------------------------------------------------------------------------------------------------------------------------------**

PG\_CBrelate.

How is ^ParGrdName related to ^ChildName?

1 – MOTHER

2 – FATHER

3 – GRANDMOTHER

4 – GRANDFATHER

5 – AUNT

6 – UNCLE

7 – BROTHER

8 – SISTER

9 – COUSIN

10 – OTHER [SPECIFY]

-1 – DON’T KNOW

-2 - REFUSED

If PG\_CBrelate = 10 (OTHER), GO TO PG\_CBrelateOTH. ELSE GO TO ContactNums]

**----------------------------------------------------------------------------------------------------------------------------------------**

PG\_CBrelateOTH.

ENTER THE RELATIONSHIP BETWEEN ^PARGRDNAME AND ^CHILDNAME.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (60 CHARACTERS)

[DISABLE DK/RF]

THEN GOTO CONTACTNUMS

**----------------------------------------------------------------------------------------------------------------------------------------**

**\*\****Note to programmers: this section is presented when the AR is not the parent/guardian, and the actual parent/guardian is on the phone***\*\***

YABS\_B4**.**

**[READ WHEN PARENT/** LEGAL **GUARDIAN COMES TO THE PHONE]:**

Hello, I am calling for RTI International. My name is **(name).** We are gathering information about the health beliefs and health behaviors of residents in your community as part of a study for the Centers for Disease Control and Prevention. We will be collecting information from one adult and one child who live within the same household. Adults will be asked questions about their personal health and will have their physical measurements taken, such as height, weight, abdominal circumference, blood pressure, pulse and a sample of saliva. We’re also asking parents or other legal guardians if it’s okay for one of their children to participate in this study. Children will have their physical measurements taken as well.  Children between the ages of 12 and 17 will be asked questions about their physical activity, health.  Caregivers of children between the ages of 3 and 11 will be asked questions about their children. For this part of the study, one of our interviewers will come to your house to talk to you directly.  Adults who participate will receive a $40 gift card. Children who participate will receive a $10 gift card. The person I was just speaking with said [he/she] would be interested in participating as the adult representative of your household. He/She mentioned that you are the parent or other legal guardian of a child named ^ChildName. Is this correct?

1 YES

2 NO

[DISABLE DK/RF]

[IF YABS\_B4 = 1 (YES), SET YABS\_B4Count=1 AND GO TO YABS\_B5;

IF YABS\_B4Count=0 AND IF YABS\_B4 = 2 (NO), SET YABS\_B4Count=1 AND GO TO END\_AR (to ask to speak with ‘real’ parent/guardian);

IF YABS\_B4Count=1 AND IF YABS\_B4 = 2 (NO), GO TO END2]

**----------------------------------------------------------------------------------------------------------------------------------------**

YABS\_B5.

Would you be interested in having ^ChildName participate in this in-home visit?

1 – Yes

2 – No

[DISABLE DK/RF]

[IF YABS\_B5 = 1 (YES), GO TO GrdNm.

IF YABS\_B5 = 2(NO) GO TO YABS\_B5a.]

**----------------------------------------------------------------------------------------------------------------------------------------**

YABS\_B5a

REFUSAL CONVERSION

May I ask what your concerns are or why you do not want your child to participate in this study?

INTERVIEWER: LISTEN TO R CONCERNS AND USE FAQs TO ADDRESS QUESTIONS AND CONCERNS.

Continue 1. NOW AGREES TO PARTICIPATE

Refusal 2 UNABLE TO CONVERT REFUSAL

[IF YABS\_B5a=1, GO TO GrdNm;

IF YABS\_B5a=2, GO TO END3]

**----------------------------------------------------------------------------------------------------------------------------------------**

GrdNm.

So that I can speak to the correct person when I arrive at your home for this part of the study, can you tell me your first name? If you prefer, you can give me your initials.

IF TALKING TO SAME PERSON WHO COMPLETED TELEPHONE INTERVIEW, JUST CONFIRM NAME GIVEN EALRIER AND RE-TYPE BELOW: **{INT5A}**

IF GUARDIAN IS ANOTHER PERSON AND NAME REFUSED, TYPE “GUARDIAN”

\_\_\_\_\_\_\_ [Parent/ Legal Guardian Name]

[DISABLE DK/RF]

[IF NAME PROVIDED IN GrdNm NE ^ParGrdName, FILL ^ParGrdName WITH NAME PROVIDED IN GrdNm;

IF YABS\_B5=1, GO TO YABS\_B7; IF YABS\_B5a=1, GO TO YABS\_B7; ELSE Go To YABS\_ B5relate]

*\*\*Two separate paths use the GrdNm screen.*

*The first path is for when the AR is the guardian. These people will transfer from YABS\_A3\_AGE to this screen bypassing YABS\_B5 and YABS\_B5a. This group will need to be sent to relationship, scheduling, and incentive screens.*

*The second path is for when the AR is not the guardian and the guardian is available to speak on the phone. The guardian will be transferred from screen YABS\_B4 to YABS\_B5 and then here. They will only need to be sent to an interview end screen after that.*

**----------------------------------------------------------------------------------------------------------------------------------------**

YABS\_B5relate.

How are you related to ^ChildName?

1 – MOTHER

2 – FATHER

3 – GRANDMOTHER

4 – GRANDFATHER

5 – AUNT

6 – UNCLE

7 – BROTHER

8 – SISTER

9 – COUSIN

10 – OTHER [SPECIFY]

-1 – DON’T KNOW

-2 - REFUSED

[IF YABS\_B5relate = 10 (OTHER), GO TO YABS\_B5relateOTH;

ELSE Go To YABS\_B6]

**----------------------------------------------------------------------------------------------------------------------------------------**

YABS\_B5relateOTH.

ENTER THE RELATIONSHIP BETWEEN R AND ^CHILDNAME.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (60 CHARACTERS)

[DISABLE DK/RF]

[CONTINUE]

**-----------------------------------------------------------------------------------------------------------------------------**

\*\* *The following is pre-screen fill logic for the fill in YABS\_B6*

[IF THE AGE OF THE SELECTED CHILD IS GT 2 AND LT/EQ 11, ^Fill SHOULD SAY: “Thank you for agreeing to participate.”

IF THE AGE OF THE SELECTED CHILD IS GT 11, ^Fill SHOULD SAY: “Thank you for agreeing to speak with one of our field staff to allow ^ChildName to participate.”]

[SET TIMESTAMP: SCHEDULEBEGIN]

YABS\_B6

^Fill I now would like to set up a time and place for the in-home visit. What would be the best day and time for us to visit you?

CLICK THIS LINK TO ACCESS SCHEDULING PROGRAM

WHEN DONE, SELECT ONE OF THE OPTIONS BELOW.

1. Appointment Scheduled

2. Interest expressed, but no specific appointment set

3. Refused Home Visit

[DISABLE DK/RF]

**[AFTER A SELECTION IS MADE FOR YABS\_B6, SET TIMESTAMP: SCHEDULEEND]**

[IF YABS\_B6=1, SET SCHEDULED3=1 & GO TO YABS\_B6a; ELSE GO TO LOGIC THE PRECEDES “**INCENTIVE”**.]

**----------------------------------------------------------------------------------------------------------------------------------------**

YABS\_B6a

INTERVIEWER: PLEASE INDICATE IF THE ADDRESS SCHEDULED FOR THE VISIT WAS NOT THE SAME AS THE SAMPLED ADDRESS

SAMPLED ADDRESS VISIT ADDRESS

[FILL SampleFile: Address1] [FILL: Address\_visit]

[FILL SampleFile: City\_Name] [FILL: City\_visit]

[FILL SampleFile: State\_Code] [State\_visit]

[FILL SampleFile:ZIP first 5 numbers] [FILL: ZIP\_visit]

1 NO EDITS MADE TO ADDRESS

2 EDITS MADE TO ADDRESS

[DISABLE DK/RF]

[GO TO ContactNums **(COLLECT ALL CONTACT INFORMATION)** ]

[ERROR TEXT: PLEASE INDICATE IF YOU NEEDED TO EDIT THE RESPONDENT'S ADDRESS]

**----------------------------------------------------------------------------------------------------------------------------------------**

YABS\_B7.

Those were all the questions I had for you today. We are scheduled to visit you at [P\_ApptPlace] on [P\_Appt]. If you have any questions about the visit or need to reschedule please call **{FILL TOLL-FREE NUMBER to FIELD FS, SPECIFIC TO SITE}.** Thank you for your help. Have a good day/evening.

1 - END CALL

[SET TIMESTAMP: BACKENDEND, GO TO LANGUAGE]

*\*\* This screen is only presented to non-respondent Guardians. It can only be reached after passing through the incentive processing screens and passing the phone from AR to guardian.* [*See scenario 3*](file:///\\rtints23\hserproj3\0213197%20CTG\000\Surveillance\Task%201.3%20Targeted%20Surveillance\Survey%20Development\ATSS%20Pre-%20and%20Post-Core%20CATI%20Specs\Reference\Back-End%20Path%20Logic%20Diagrams%20-%20No%20Reselect.vsd) *for test pathway*

**----------------------------------------------------------------------------------------------------------------------------------------**

ContactNums.

What would be the best way to contact you to confirm or reschedule your appointment for an in-home visit—your home phone, cell phone, or work phone?

Our staff can try more than one number, if that would be helpful.

SAMPLE NUMBER: {FILL with phone from SampleFile}

NUMBER CALLED TODAY: {FILL WITH TELEPHONE NUMBER FROM CURRENT ROSTER LINE}

{ALLOW ENTRY IN ALL FIELDS

Home: \_\_\_-\_\_\_-\_\_\_\_ [ALLOW 10 DIGIT NUMBER, ONLY VALID DIGITS ARE 0 – 9]

Cell: \_\_\_-\_\_\_-\_\_\_\_ [ALLOW 10 DIGIT NUMBER, ONLY VALID DIGITS ARE 0 – 9]

Work: \_\_\_-\_\_\_-\_\_\_\_ [ALLOW 10 DIGIT NUMBER, ONLY VALID DIGITS ARE 0 – 9]

[HARD CHECK: REQUIRE ENTRY IN AT LEAST ONE; REQUIRE 10 DIGITS FOR ANY TELEPHONE FIELD THAT ISN’T ENTIRELY EMPTY]

[ERROR TEXT: PLEASE MAKE SURE THAT YOU ENTER A 10 DIGIT PHONE NUMBER WITHOUT DASHES FOR HOME, CELL AND/OR WORK]

[1 CONTINUE]

**----------------------------------------------------------------------------------------------------------------------------------------**

CONFRM.

To prepare for our visit to your home, please gather any medications you are taking and put them into a small bag, so that we can see if any of them might affect the measurements we’ll be taking when we visit you. If you have your medications gathered before our visit, it would make the visit go more smoothly.

If you would like to contact our field staff directly to reschedule an appointment, please call this toll-free number **{FILL TOLL-FREE NUMBER to FIELD FS, SPECIFIC TO SITE}.**

[1 CONTINUE]

**----------------------------------------------------------------------------------------------------------------------------------------**

[IF CallIns\_PhaseB B5=1,2 & IF (YABS\_A2 NE 2 (R IS THE PARENT/ LEGAL GUARDIAN)), GO TO END2;

IF CallIns\_PhaseB B5=1,2 & (YABS\_A2 = 2 (NO, R IS NOT THE PARENT/ LEGAL GUARDIAN)), GO TO END\_AR;

ELSE CONTINUE

**----------------------------------------------------------------------------------------------------------------------------------------**

INCENTIVE.

We would like to send $20 as a token of our appreciation for your participation in this telephone interview. Would you like to receive that $20 in the form of a check or a Wal-Mart gift card?

1 CHECK

2 GIFT CARD

3. DECLINED INCENTIVE

[DISABLE DK/RF]

[IF CHECK SELECTED (INCENTIVE=1), GO TO LOCAT1\_C;

IF GIFT CARD SELECTED (INCENTIVE =2), GO TO LOCAT1\_G;

IF INCENTIVE DECLINED (INCENTIVE =3) & IF POB=Y (SAMPLE FILE INDICATES THE SAMPLED ADDRESS WAS A PO BOX) GO TO LOCAT3\_alt;

\*\* *If the incentive is declined and the sample file indicates that the address is for a P.O. box send to screen to determine where the respondent lives in addition to where they receive mail.*

IF INCENTIVE DECLINED (INCENTIVE =3) & IF POB=N & IF YABS\_A2 = 2(NO, R IS NOT THE PARENT/ LEGAL GUARDIAN) AND YABS\_A3a NE 2 AND AGEDOUT NE 1, GO TO END\_AR; \*\* *If the AR declines the incentive and is not the guardian, then send to end screen for AR*

ELSE GO TO END2.]

\*\* *If the AR declines the incentive and is the guardian, then send to end screen for interview*.

**----------------------------------------------------------------------------------------------------------------------------------------**

LOCAT1\_c.

In order to send you a check, we’ll need to confirm your mailing address and enter your full name.

This information will be kept in secure and protected data files, and will be separate from the responses already provided in the interview.

1. CONTINUE
2. DECLINED PROVIDING CONTACT INFORMATION FOR $20 CHECK

[IF LOCAT1\_c = 1 (CONTINUE), ASK LOCAT2a.

IF LOCAT1\_c = 2 (DECLINED) & IF YABS\_A2 = 2(NO, R IS NOT THE PARENT/ LEGAL GUARDIAN) AND YABS\_A3a NE 2, GO TO END\_AR;

ELSE GO TO END2]

**----------------------------------------------------------------------------------------------------------------------------------------**

LOCAT1\_g.

In order to send you a gift card, we’ll need to confirm your mailing address. We also ask for your full name because including your name along with your address helps to ensure successful delivery of your gift card.

This information will be kept in secure and protected data files, and will be separate from the responses already provided in the interview.

1. CONTINUE
2. DECLINED PROVIDING CONTACT INFORMATION FOR $20 GIFT CARD

[DISABLE DK/RF]

[IF LOCAT1\_g = 1 (CONTINUE), ASK LOCATE2a;

IF LOCAT1\_g = 2 (DECLINED) & IF YABS\_A2 = 2(NO, R IS NOT THE PARENT/ LEGAL GUARDIAN) AND YABS\_A3a NE 2, GO TO END\_AR;

ELSE GO TO END2]

**----------------------------------------------------------------------------------------------------------------------------------------**

LOCAT2a. CONFIRM FULL NAME AND INCENTIVE ADDRESS, IF NEEDED, REPEAT: (We’ll need to confirm your mailing address and enter your full name to ensure successful delivery.)

\_\_\_\_\_\_\_ FIRST NAME {allow 60} [FILL FROM INT5a, BUT ALLOW EDITS]

\_\_\_\_\_\_\_ LAST NAME {allow 60}

\_\_\_\_\_\_\_STREET ADDRESS {allow 60 }[FILL SampleFile: Address1 , BUT ALLOW EDITS]

\_\_\_\_\_\_\_ CITY {allow 30} [FILL SampleFile: City\_Name, BUT ALLOW EDITS]

\_\_\_\_\_\_\_ STATE {provide state list}[FILL SampleFile: State\_Code, BUT ALLOW EDITS]

\_\_\_\_\_\_\_ZIP CODE {allow 5}[FILL SampleFile:ZIP first 5 numbers , BUT ALLOW EDITS; RANGE 00501- 99950]

1. NO EDITS MADE TO ADDRESS

2. EDITS MADE TO ADDRESS

[DISABLE DK/RF]

[HARD CHECK TEXT: PLEASE CONFIRM THE RESPONDENT’S FULL NAME AND ADDRESS BEFORE PROCEEDING.

CHECK RECIPIENTS MUST PROVIDE FIRST AND LAST NAME. GIFT CARD RECIPIENTS WHO WISH TO REMAIN ANONYMOUS CAN HAVE FIRST AND LAST NAME CHANGED TO HOUSEHOLD MEMBER]

**----------------------------------------------------------------------------------------------------------------------------------------**

LOCAT2a1. INTERVIEWER: INDICATE IF THE ADDRESS PROVIDED WAS FOR A PO BOX or RURAL ROUTE OR STREET ADDRESS

STREET ADDRESS : [FILL FROM: LOCAT2a, NO EDITS ALLOWED]

CITY : [FILL FROM: LOCAT2a, NO EDITS ALLOWED]

STATE : [FILL FROM: LOCAT2a, NO EDITS ALLOWED]

ZIP CODE: [FILL FROM: LOCAT2a, NO EDITS ALLOWED]

1. ADDRESS IS A STREET ADDRESS

2. ADDRESS IS A PO BOX or RR (Rural Route)

[IF LOCAT2a1=2 & IF POB=Y (SAMPLE FILE INDICATES THE SAMPLED ADDRESS WAS A PO BOX) GO TO LOCAT3\_alt;

IF LOCAT2a1=2 & IF POB NE Y & YABS\_A2=2(NO, R IS NOT THE PARENT/ LEGAL GUARDIAN) & YABS\_A3a NE 2, GO TO END\_AR;

IF LOCAT2a1=2 & IF POB NE Y & YABS\_A2=2(NO, R IS NOT THE PARENT/ LEGAL GUARDIAN) & YABS\_A3a=2, GO TO END2;

IF LOCAT2a1=2 & IF POB NE Y & YABS\_A2 NE 2, GO TO END2;

IF LOCAT2a1=1 AND YABS\_A2 = 2(NO, R IS NOT THE PARENT/ LEGAL GUARDIAN) & YABS\_A3a NE 2, GO TO END\_AR;

ELSE GO TO END2.]

**----------------------------------------------------------------------------------------------------------------------------------------**

LOCAT3\_alt.

[IF SCHEDULED1=1, FILL ADDRESS FROM SCHEDULER;

IF SCHEDULED2=1, FILL ADDRESS FROM SCHEDULER;

IF SCHEDULED3=1, FILL ADDRESS FROM SCHEDULER;

IF INCENTIVE =3 (INCENTIVE DECLINED) & SCHEDULED1 NE 1 & SCHEDULED2 NE 1 & SCHEDULED3 NE 1, FILL ADDRESS FROM SAMPLEFILE: Address1, City\_Name, State\_Code, ZIP;

ELSE FILL ADDRESS FROM LOCAT\_2a]

*\*\*Note to programmers: If the respondent is participating in the YABS and thus a visit address has been collected, pre-fill address information from the visit address screens, otherwise, if incentive accepted, prefill from the incentive address. If no home visit scheduled and incentive was declined, then fill from sampled address.\*\**

{IF INCENTIVE NE 3, TEXTFILL “We’ll send your check / gift card to the mailing address you provided, but”} we’d also like to know the address of your personal residence. { IF SCHEDULED1=1 OR SCHEDULED2=1 OR SCHEDULED3=1, TEXTFILL *“*Is it the same place we made an appointment to visit*?”}*

SAY IF, NEEDED: Knowing the neighborhood in which people live can be helpful when interpreting our results.

IF R REFUSES TO GIVE HOME ADDRESS, PROBE FOR ZIP ONLY. IF R SAYS ANY PART IS SAME AS OTHER ADDRESS, YOU MAY JUST CONFIRM AS YOU RETYPE

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_{allow 500}[FILL ADDRESS, ALLOW EDITS]

CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_{allow 500}[FILL ADDRESS, ALLOW EDITS]

STATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_{allow 2}[FILL ADDRESS, ALLOW EDITS]

ZIP CODE\_\_\_\_\_{range 00501 - 99500}[FILL ADDRESS, ALLOW EDITS]

1 NO EDITS MADE TO ADDRESS

2 EDITS MADE TO ADDRESS

[DISABLE DK/RF]

[IF YABS\_A2 = 2(NO, R IS NOT THE PARENT/ LEGAL GUARDIAN) & YABS\_A3a NE 2 , GO TO END\_AR;

ELSE GO TO END2.]

**----------------------------------------------------------------------------------------------------------------------------------------**

END\_AR.

[TEXTFILL: IF INCENTIVE ACCEPTED, INCENTIVE=(1 or 2) & PROCESSED=0, “Your $20 {check/gift card} will arrive sometime in the next 4-6 weeks, in an envelope with a blue RTI logo.”]

I would now like to speak with ^ParGrdName. Is he/she available to come to the phone?

IF R ANSWERS YES, SAY: Thank you for your help. Those were all the questions I had for you today.

Would you put ^ParGrdName on the phone?

1 YES

2 NO

-1 DON’T KNOW

-2 REFUSED

[SET PROCESSED=1;

IF END\_AR= 1 (YES), GO TO YABS\_B4;

IF END\_AR = 2(NO) OR -1 (DK) OR -2 (RF), SET GUARDIANABSENT=1 AND GO TO END2]

**----------------------------------------------------------------------------------------------------------------------------------------**

END2

Thank you, those were all the questions I had for you today. Have a good day/evening.

1 - END CALL

[SET TIMESTAMP: BACKENDEND;

IF RFCNV1 = 2 OR ChildNum = -2 OR ChildNum = -1 OR YABS\_A3a = 2 OR YABS\_B5a = 2, GO TO WHY\_REF;

ELSE GO TO LANGUAGE]

**----------------------------------------------------------------------------------------------------------------------------------------**

END3

Thank you, those were all the questions I had for you today. Unfortunately, for this study we require the participation of both an adult and child resident of the household. We will therefore have to cancel our schedule appointment with [FILL FROM INT5a] (the respondent). Please relay our regrets that we are unable to include them in further parts of the study and have a good day/evening. [END CALL]

1 - END CALL

[SET TIMESTAMP: BACKENDEND;

GO TO WHY\_REF]

**----------------------------------------------------------------------------------------------------------------------------------------**

[IF REFUSAL TO THE YABS SCREENER, PLEASE PRESENT THE FOLLOWING TO INTERVIEWERS—MAY BE APPENDED TO STANDARD REFUSAL REASONS LIST, IF THAT’S MOST PRACTICAL]

WHY\_REF.

PLEASE SELECT THE REASON(S) GIVEN FOR REFUSING PARTICIPATION IN THE IN-HOME VISIT:

[ALLOW MULTIPLE SELECTIONS]

* + DON'T WANT SOMEONE COMING TO HOUSE.
  + INCENTIVE IS NOT ENOUGH FOR INCONVENIENCE
  + A SPECIFIC BIOMETRIC MEASUREMENT FEELS TOO INTRUSIVE
  + LENGTH OF VISIT
  + DON'T WANT CHILD TO BE MEASURED
  + OTHER [SPECIFY] {allow 500}

-1 DON’T KNOW

[GO TO LANGUAGE]

**----------------------------------------------------------------------------------------------------------------------------------------**

LANGUAGE. IN WHAT LANGUAGE WAS MOST OF THIS INTERVIEW CONDUCTED:

1. ENGLISH

2. SPANISH

**----------------------------------------------------------------------------------------------------------------------------------------**

**FINALEND**

SURVEY COMPLETE

[IF DEMREFUSED=1, END AND CODE AS 2435: “Refusal - Break Off”;

IF YABS\_B7=1 & (CORECOMP NE 1 & 803 – INTERVIEW PAPI ATSS < 2710) CODE AS 1291: “ATSS Pending – YABS”;

IF YABS\_B7=1 & CORECOMP= 1 CODE AS 2691 “ATSS Complete – YABS Appointment”;

IF YABS\_B7=1 & 803 – INTERVIEW PAPI ATSS = 2712 or >=2740, CODE AS 2693 “ATSS Paper Complete – YABS”;

IF END2=1 & RFCNV1 NE 2 AND ChildNum NE -2 AND YABS\_A3a NE 2 AND YABS\_B5a NE 2 AND (CORECOMP NE 1 & 803 – INTERVIEW PAPI ATSS < 2710) AND DEMREFUSED NE 1 CODE AS 1291: “ATSS Pending – YABS”’;

IF END2=1 & RFCNV1 NE 2 AND ChildNum NE -2 AND YABS\_A3a NE 2 AND YABS\_B5a NE 2 AND (CORECOMP=1) AND DEMREFUSED NE 1CODE AS 2691: “ATSS Complete – YABS.”;

IF END2=1 & RFCNV1 NE 2 AND ChildNum NE -2 AND YABS\_A3a NE 2 AND YABS\_B5a NE 2 AND 803 – INTERVIEW PAPI ATSS >= 2710) AND DEMREFUSED NE 1 CODE AS 2693: “ATSS PAPER Complete – YABS.”;

IF END2=1 & (RFCNV1 = 2 OR ChildNum = -2 OR YABS\_A3a = 2 OR YABS\_B5a = 2) AND (CORECOMP NE 1 & 803 – INTERVIEW PAPI ATSS < 2710) CODE AS 1289: “ATSS Pending - No YABS”’;

IF END2=1 & (RFCNV1 = 2 OR ChildNum = -2 OR YABS\_A3a = 2 OR YABS\_B5a = 2) AND (CORECOMP=1)CODE AS 2690: “ATSS Complete - No YABS”

IF END2=1 & (RFCNV1 = 2 OR ChildNum = -2 OR YABS\_A3a = 2 OR YABS\_B5a = 2) AND (803 – INTERVIEW PAPI ATSS >= 2710) CODE AS 2692: “ATSS Paper Complete - No YABS”

IF END3=1 AND (CORECOMP NE 1 & 803 – INTERVIEW PAPI ATSS < 2710)CODE AS 1289: “ATSS Pending - No YABS”;

IF END3=1 AND (CORECOMP=1)CODE AS 2690: “ATSS Complete - No YABS”]

IF END3=1 AND (803 – INTERVIEW PAPI ATSS > 2710) CODE AS 2692: “ATSS PAPER Complete - No YABS”]

-END-

[SET INDICATOR:BACKENDTIME= BACKENDEND-BACKENDBEGIN]

[SET INDICATOR:SCHEDULINGTIME= SCHEDULEEND-SCHEDULEBEGIN]

|  |  |
| --- | --- |
| **Variables Anticipated By Field:** | **Global Variable Name** |
| Adult Respondent Name | P\_Rname |
| Gender of Adult Respondent | P\_Rgender |
| Child Name | P\_ChildName |
| Child Age | P\_ChildAge |
| Legal Guardian Name | P\_GrdName |
| Relationship of Adult Respondent or Legal Guardian to Child | P\_GrdRelation |
| Visit Type | P\_Visit |
| Appointment Date | P\_Appt |
| Appointment Location | P\_ApptPlace |
| Notes on Appointment | P\_ApptComments |
| Phone Number(Home # for rescheduling Appointment) | CONTACTNUMS – Home (Back-end) |
| Phone Number (Cell # for rescheduling Appointment) | CONTACTNUMS – Cell (Back-end) |
| Phone Number (Work # for rescheduling Appointment) | CONTACTNUMS – Work (Back-end) |
| Phone Number (From Sample File) | PhoneNumber (Sample File) |
| Phone Number (AR provided as alternate) | ALTNUM (Front End) |
| Phone Number (PHONEUPDATE) | (CATI-CMS Roster Line?) |
| Date of ATSS Interview | P\_ATSSDate |
| Diagnosis of High Blood Pressure | P\_BPDiagnosis |
| Interest in Accelerometry | P\_Accel |
| Language in which ATSS conducted | LANGUAGE |
| Guardian Permission | P\_PGrdPermission |

**Global Variable Construction**

|  |  |  |  |
| --- | --- | --- | --- |
| **Global Variable** | **Variable Source 1** | **Variable Source 2** | **Variable Source 3** |
| P\_Rname | YABS\_B1 | INT5A |  |
| P\_Rgender | INTRO\_2 | B3 | Question 3 |
| P\_ChildName | ^CHILDNAME |  |  |
| P\_ChildAge | YABS\_A3\_AGE |  |  |
| P\_GrdName | GRDNM | PG\_CBA |  |
| P\_GrdRelation | YABS\_A2 | PG\_CBRELATE | YABS\_B5RELATE |
| P\_Appt | SCHD1 | PG\_CB | YABS\_B6 |
| P\_ApptPlace | SCHD1place | PG\_Cbplace | YABS\_B6place |
| P\_ApptComments | SCHD1place (captured in notes) | PG\_Cbplace (captured in notes) | YABS\_B6place (captured in notes) |
| P\_ATSSDate | CORECOMPDATE | Question 1 |  |
| P\_Accel | INTRO\_YABS\_ACC | INTRO\_ABS\_ACC |  |
| BACKENDTIME | BACKENDEND minus BACKENDBEGIN |  |  |
| SCHEDULINGTIME | SCHEDULEEND  minus  SCHEDULEBEGIN |  |  |
| BACKENDTIME | BACKENDEND minus BACKENDBEGIN |  |  |
| SCHEDULINGTIME | SCHEDULEEND  minus  SCHEDULEBEGIN |  |  |
| ATSSCORETIME | ATSSCOREEND minus ATSSCOREBEGIN |  |  |
| INTROTIME | INTROEND  minus  ATSSCOREBEGIN |  |  |
| NTIME | NEND  minus  NBEGIN |  |  |
| CGTIME | CGEND  minus  CGBEGIN |  |  |
| HTIME | HEND  minus  HBEGIN |  |  |
| DTIME | ATSSCOREEND minus  DBEGIN |  |  |

Programmer Note: Variables in this table are derived by using Variable Source 1 as the primary source, if that is missing then use Variable Source 2, and if that is missing use Variable Source 3.

Derived Variables (Variables that need to be set using the following formula)

P\_BPDiagnosis = IF (Question 60=1 & Question 61) NE 1OR IF (H\_03=1 & H\_03a NE 1),“YES”; ELSE = “NO”

P\_Visit = IF SCHEDULED1=1, “Adult Only”; IF SCHEDULED2=1, “Adult, Guardian & Child”; IF SCHEDULED3=1, “Adult & Child”; ELSE “ERROR”

P\_PGrdPermission= IF YABS\_A2 = 1, THEN IF YABS\_A3=1, SET P\_PGrdPermission = “YES”;

IF YABS\_A2 = 1, THEN IF (YABS\_A3=2 & YABS\_A3a NE 2), SET P\_PGrdPermission = “NO”;

IF YABS\_A2 = 2, THEN IF YABS\_B5=1, SET P\_PGrdPermission = “YES”;

IF YABS\_A2 = 2, THEN IF (YABS\_B5=2 & YABS\_B5a NE 2), SET P\_PGrdPermission = “NO”;

IF YABS\_A2 = 2, THEN IF YABS\_B5=blank, SET P\_PGrdPermission = “WAS NOT AVAILABLE”

The phone numbers variable names refer to their variable name and the source in parentheses.

**VARIABLES PRELOADED INTO BACK-END**

|  |  |  |
| --- | --- | --- |
| **VARIABLE NAME** | **VARIABLE LOCATION** | **VALUES** |
| SampleType | Sample File | YE, TS |
| AwardeeID | Sample File | 1 Character, A-K |
| Address1 | Sample File | 60 characters |
| Address2 | Sample File | 60 characters |
| City\_Name | Sample File | 28 characters |
| State\_Code | Sample File | 2 characters |
| ZIP | Sample File | 10 number digit |
| CountyName | Sample File |  |
| phone | Sample File | 10 number digit |
| POBox | Sample File | 2 characters |
| AdultOnlyInv | Sample File | 0, 1 |
| ACCELEROMETER AVAILABILITY | Table Updated by Field Data |  |
| D\_06 | ATSS-CATI-CORE | 1, 2, -1, -2 (6, 7), missing |
| KIDS | CATI-CMS | 1, 2 |
| INT5A | CATI-CMS |  |
| RosterLine | CATI-CMS | 10 number digit |
| B5 | PhaseB Call-Ins | 1, 2, missing |
| DEMREFUSED | ATSS-CATI-CORE | 1, missing |

**VARIABLE VALUES TO PASS FROM HATTERAS TO CATI-CMS/NIRVANA**

* CORECOMP
* YABS\_SCR
* YABS\_APPT
* KIDS
* ATSS Pending – YABS
* INCENTIVE
* NOKIDSA.
* LATE
* INELIG\_LATE
* INELIG\_PREG

VARIABLES TO PASS **FROM** **FIELD** TO CATI

* # ACCELEROMETERS ASSIGNED