



**HEALTHY COMMUNITIES STUDY**  
**FAMILY HOUSEHOLD VISIT SCREENING OVERVIEW**  
**FOR PARENTS/CAREGIVER PARTICIPANTS**

This document provides an overview of the screening process for the family household to determine eligibility to participate in the Healthy Communities Study (HCS).

Schools that agree to participate in the study will be provided with a Recruitment Toolkit (**see SSA Attachment 4**) that includes materials to send home with students. Parents/guardians will receive an informational letter, brochure, and a Study Interest Form that they are encouraged to complete with some basic information, including a telephone number, to indicate their interest in participating in the study.

The information from the completed Interest Forms will be compiled and then stratified to prioritize the selection of minority families for participation in the HCS. Telephone calls will be attempted with each family that submitted an interest form containing a contact number, following the prioritized listing to complete the screening process. Telephone interviewers will attempt up to five calls to the household, at different times of the day and on different days of the week, to reach the adult in the household. If the adult cannot be reached within the five calls, that household will be removed from the calling list and contact will be attempted with the next household in the sequence. Once telephone contact is made with a household adult, we will verify (or collect) the grade level and gender of the child(ren) attending one of the recruited schools, and the child's and adult's willingness to participate in the HCS.

Note that eligibility of children within a particular household will be based on both answers to the screening questionnaire (to establish that each child is able to participate with assistance from the parent/caregiver), as well as whether we still require a child with matching grade level and gender characteristics for that particular community (e.g., a household could have one or more children that have grade level/gender characteristics that match cells in Table C.3 in which the sampling goal has already been met for a particular community). As long as one or more children within the household are eligible for the study, the HCS enrollment Information Management System (IMS) will randomly select a single child to participate in the study. Selection probabilities will be based on the number of children with matching grade level and gender characteristics that remain to be recruited and enrolled into the HCS at the time of the telephone screening and recruitment session.

Only families who have at least one child attending one of the recruited schools and who return the interest form with accurate contact information, and are found to be eligible for the study during the screening call, may participate in the study. If the child is eligible the next step will be to complete the recruitment script to provide further detail on the study and enroll the family in the study.

## HEALTHY COMMUNITIES STUDY HOUSEHOLD SCREENING SCRIPT

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: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0649). Do not return the completed form to this address.

Q1. *WHEN PLACING AN OUTGOING CALL:* Hello. My name is (INTERVIEWER NAME) and I am with the Healthy Communities Study. (ADULT NAME) filled out a form about this study. May I please speak with (ADULT NAME)?

*WHEN RETURNING A CALL TO SOMEONE WHO LEFT A VOICEMAIL:* Hello. My name is (INTERVIEWER NAME) and I am with the Healthy Communities Study. (ADULT NAME) left us a voicemail. I am returning the call. May I please speak with (ADULT NAME)?

*IF NO:* Ok. Do you know when would be a good time to call back?

*IF YES:* Hi (ADULT NAME). Thank you for filling out the Healthy Communities Study Interest form. We drew names of families to call, like a lottery, and we drew your family's name! I am calling to tell you more about the study and answer your questions. I also wanted to ask you a few questions to make sure your family can be in the study. Then we can make an appointment.

Q2. Did you get to look at the pamphlet? Do you have any questions? Would you like me to give you a summary of the study?

*ANSWER QUESTIONS. IF REMEMBER STUDY AND DECLINE SUMMARY OF STUDY, SKIP TO Q.3.*

*IF THEY WOULD LIKE STUDY SUMMARY:* The Healthy Communities Study is being done to see how communities can help children be healthy. Being in the study is easy and free! If you decide to be in the study, I will work with you to figure out who from your family will be in the study. Then, a study team member will come to your house at a time that works for your family. He or she will ask about the foods your child eats, the sports and games your child plays, and your child's activities. The study team member will measure the height and weight of one or two adults in your home. They will measure your child's height, weight, and waist. They will ask if we can get your child's medical records from the doctor. This is so that we can see how he or she has grown. We will keep all information about you private. Your family will get a gift to thank you for being in the study.

Do you have any other questions?

[ANSWER THEIR QUESTIONS]

Q3. First I want to make sure I have the right address for you. I have your address as [ADDRESS FROM INTEREST FORM]. Is that correct?

*IF YES, PROCEED*

*IF NO:* Ok, did you ever live at that address?

*IF NO:* I'm sorry. In order to be in the study, you have to have lived in the study area. Thank you for your interest in the study and for your time. Have a nice day.

[END CALL]

*IF YES, BUT NOT CURRENTLY LIVING AT ADDRESS ON INTEREST FORM:* What is your current address?

[RECORD AND PROCEED]

Q4.

On your interest form, you listed (a child/some children) in your home. It looks like there are (# BOYS/# GIRLS) in your home. I have that on the interest form you included:

(CHILD NAME) is a (GIRL/BOY) in (GRADE#) grade attending (SCHOOL NAME). I have that you (DO/DO NOT) consider (HIM/HER) to be Hispanic/ Latin(O/A) and that you consider (HIM/HER) to be (RACE). Is that correct?

IF NO: [ASK FOR CORRECTIONS IF THEY DO NOT OFFER THEM].

[FOR EACH CHILD]:

-What is his or her name?

-Is (CHILD NAME) a boy or a girl?

-What grade is (HE/SHE) in?

-What school does (HE/SHE) attend?

-Do you consider (CHILD NAME) Hispanic/Latin(o/a)? (YES/NO)

-What race do you consider your child to be? Tell me all that apply. White? Black/African American? American Indian/Alaska Native? Native Hawaiian/Pacific Islander? Asian?

Q5.

Are there any other children who live in your home and attend [LIST PARTICIPATING SCHOOLS IN THAT COMMUNITY]?

[FOR EACH ADDITIONAL CHILD]:

-What is his or her name?

-Is (CHILD NAME) a boy or a girl?

-What grade is (HE/SHE) in?

-What school does (HE/SHE) attend?

-Do you consider (CHILD NAME) Hispanic/Latin(o/a)? (YES/NO)

-What race do you consider your child to be? Tell me all that apply. White? Black/African American? American Indian/Alaska Native? Native Hawaiian/Pacific Islander? Asian?

IF WE HAVE FILLED ALL GRADE/GENDER SLOTS FOR ALL CHILDREN IN THE HOME: I apologize - we have already found all of the children of (that/those) grade(s) that we need from your community. If any of the families who signed up for the study cancel, we will give you a call. Thank you for your time. Have a wonderful day!

[END CALL]

Q6.

IF ONLY 1 CHILD IN HOME IS STILL NEEDED: (CHILD NAME) may be eligible to be in the study. I first need to confirm that (CHILD NAME) is able to walk. Is that the case for (CHILD NAME)?

IF YES, SKIP TO Q8.

IF NO: We are only able to include children in the home who can walk.

IF THERE WERE OTHER CHILDREN IN THE HOUSEHOLD WHO WERE INELIGIBLE BECAUSE CELLS WERE FILLED:

We already found all of the children of the grade and genders of your other child(ren) that we need from your community. If any of them cancel, we will give you a call.) Thank you for your time. Have a wonderful day!

[END CALL]

IF >1 CHILD IN HOME IS NEEDED: Is it ok with you if we draw one of your children's names - like a lottery - to pick which child will be in the study?

IF YES: Ok, our computer has picked (CHILD NAME) to be in the study. I first need to confirm that (CHILD NAME) is able to walk. Is that the case for (CHILD NAME)?

Q7.

IF YES, SKIP TO Q8.

IF NO (THEY DO NOT WANT US TO PICK A CHILD AT RANDOM: Ok. [LIST CHILDREN IN HOME WHO ARE NOT ELIGIBLE BECAUSE CELLS FILLED] (is/are) not able to be in the study because we already have all of the children of their age and grade that we need in your community. The child(ren) in your home who are able to be in the study are: [LIST ALL CHILDREN IN HOME WHO ARE ELIGIBLE]. Which child would you like to be in the study? Please understand that the child you suggest must be able to walk.

IF CHILD NAMED IS ELIGIBLE, PROCEED TO Q8.

IF NO (THEY DO NOT WANT US TO PICK A CHILD AT RANDOM AND RUN OUT OF CHILDREN WHO ARE ELIGIBLE IN HOUSEHOLD: I apologize – we have already found all of the children of (that/those) grade(s) that we need from your community. If any of the families who signed up cancel, we will give you a call. Thank you for your time. Have a wonderful day!

[END CALL]

Q8. What adult in your home knows the most about (CHILD NAME)'s daily routine?

[IF DON'T ALREADY HAVE IT]: May I please have (YOUR/THAT PERSON'S) first name?)

Q9. IF SCREENING CALL WAS COMPLETED WITH THE ADULT RESPONDENT, SKIP TO Q.11

IF SCREENING CALL WAS NOT COMPLETED WITH THE ADULT RESPONDENT:

Now that we selected (CHILD NAME) to be in the study, I would like to tell (ADULT RESPONDENT NAME) a little more about the study. Is (ADULT RESPONDENT NAME) available?

IF YES, PROCEED ONCE THEY ARE ON THE PHONE

IF NO: Ok, I can call back. When would be a more convenient time for (ADULT RESPONDENT NAME)?

RECORD CALLBACK DETAILS AND END CALL

Q10.

IF YES: [ONCE ON PHONE] Hello. My name is (INTERVIEWER NAME) and I am with the Healthy Communities Study. (CHILD NAME) was picked to be in the study and I was told you know the most about (CHILD NAME)'s daily routine. I'd like to tell you a little more about the study and schedule a home visit. Did you get to look at the study pamphlet? Do you have any questions? Would you like me to give you a summary of the study?

ANSWER QUESTIONS. IF REMEMBER STUDY AND DECLINE SUMMARY OF STUDY, SKIP TO Q11.

IF THEY WOULD LIKE STUDY SUMMARY: The Healthy Communities Study is being done to see how communities can help children be healthy. Being in the study is easy and free! If you decide to be in the study, I will work with you to figure out who from your family will be in the study. Then, a study team member will come to your house at a time that works for your family. He or she will ask about the foods your child eats, what sports and games your child plays, and your child's activities. The study team member will measure the height and weight of one or two adults in your home. They will measure your child's height, weight, and waist. They will ask if we can get your child's medical records from the doctor. This is so that we can see how he or she has grown. We will keep all information about you private. Your family will get a gift to thank you for being in the study.

Do you have any questions?

ANSWER ANY QUESTIONS THEN PROCEED

Q11 What is (CHILD NAME)'s birthday?

RECORD IN MM/DD/YYYY

Q12 Are you and (CHILD NAME) able to answer questions in English or Spanish?

IF YES, PROCEED

IF NO: Would there be another household member, or possibly a neighbor, aged 18 or older who could be present during the visit to help translate?

IF YES, PROCEED WITH RECRUITMENT SCRIPT

IF NO: I apologize – in order to be in this study, we need to be able to complete the visit in English or Spanish or

with someone you can provide to translate. Thank you for taking the time to speak with me today. Have a great day!

*END CALL*