

Attachment 4b

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
DIVISION OF ENVIRONMENTAL HEALTH**

**Biomonitoring of Persistent Toxic Substances
in Michigan Urban Fisheaters**

Telephone Questionnaire for Scheduling Appointments

Revised July 10, 2012

Readability has been calculated using the Fry Readability Formula for determining grade level at the 7th grade level when sentences containing agency names are omitted.

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Note to scheduler: *The text in italics and unbold font is instructional or supporting information. Do not read aloud. CIRCLE or WRITE in answers.*

Hello. My name is (first name). I am with the Fisheaters Study from the Michigan Department of Community Health. Recently, you were fishing on the {name of water body} and talked to someone from Wayne State University about a study that we are working on. We are looking at the amount of chemicals in people who eat fish that are caught from {name of water body}. You answered some questions and were interested in being in the study. Are you still interested?

If NO: That's fine. Thank you for taking the time to talk with me today.

If YES: Great! I need to ask you a few questions to find out if you can be part of the study.

1. How old are you?

_____ years

If less than 18 years old, person is not eligible. READ the Ineligible Age Script

(Ineligible Age Script)

I'm sorry but you are not old enough to be in the study. You must be 18 years old or older to be included. Thank you for taking the time to talk to me today.

If 18 years old or older, continue.

Public reporting burden of this collection of information is estimated to average 7 minutes) per response for total participation, 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 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-74, Atlanta, GA 30333, ATTN: PRA (0923-XXXX).

2. On average, how many meals of fish caught from the {Saginaw AOC/Detroit AOC} do you eat per month?

_____ meals per month

If less than two meals per month, go to Ineligible Fish Eater Script

(Ineligible Fish Eater script)

I'm sorry; in order to be part of this study you must eat at least 2 meals per month of fish that are caught from the {Saginaw AOC/Detroit AOC}. Thank you for taking the time to talk to me today.

3. Do you have hemophilia or any other blood clotting or bleeding health problem?

Yes *READ Ineligible Blood Health Problem Script*

No

(Ineligible Blood Health Problem script)

I'm sorry but we cannot include anyone with a blood health problem in the study. You would not be able to give us a blood sample. Thank you for taking the time to talk to me today.

4. Have you had chemotherapy in the past 6 weeks?

Yes *READ Ineligible Due to Chemotherapy Script*

No

(Ineligible Due to Chemotherapy script)

I'm sorry but we cannot include anyone who has had chemotherapy in the past 6 weeks. You would not be able to give the amount of blood needed for this study. Thank you for taking the time to talk to me today.

5. Do you weigh less than 95 pounds?

Yes *READ Ineligible Weight Script*

No

(Ineligible Weight script)

I'm sorry but we cannot include anyone who weighs less than 95 pounds in the study. You would not be able to give the amount of blood needed for this study. Thank you for taking the time to talk to me today.

6. Have you lost more than 15 pounds In the last year?

Yes *READ Ineligible Weight Loss Script*

No

(Ineligible Weight Loss script)

I'm sorry but we cannot include anyone who has lost more than 15 pounds in the last year in the study. Weight loss could affect the amount of chemicals in your blood. Thank you for taking the time to talk to me today.

Questions 8 and 9 are for females. SKIP to Q 10 for males. If unsure of gender, READ Gender script.

(Gender script)

The next questions are for females. *Wait for response indicating gender. If no response, ask his/her gender.*

7. Indicate whether the person is male or female.

M

F

8. Are you currently pregnant?

Yes *READ Ineligible Due to Pregnancy Script*

No

(Ineligible Due to Pregnancy script)

I'm sorry but we cannot include anyone who is pregnant in the study. Thank you for taking the time to talk with me today.

9. Have you breastfed a child in the past 6 months?

Yes *READ Ineligible Due to Breastfeeding script*

No

(Ineligible Due to Breastfeeding script)

I'm sorry but we cannot include anyone who has breastfed a child in the past 6 months in our study. Thank you for taking the time to talk to me today.

If participant is eligible for the study go to Eligible Participant script

(Eligible participant script)

Great! You are eligible to take part in this study. Let's talk about scheduling an appointment for you.

Your appointment will take about two hours. When you come to the clinic, you will be asked some questions to help us find out how you might come into contact with chemicals. We'll ask you questions like where you live, your activities, and food you eat. You will receive a \$25 gift card as a thank you for answering these questions. You can refuse to answer any of the questions you do not want to answer.

Next, a medical professional will take 83 ml (about 5 ½ tablespoons) of blood from a vein in your arm. Then, you will be shown to a private room and asked to provide a urine sample in a cup. You will be given another \$25 gift card as a thank you for your blood and urine samples. Finally, you will receive another \$25 for completing both the questionnaire and giving blood and urine samples, for a total of up to \$75 in gift cards.

10. Do you still want to be part of this study?

Yes

No

If NO That's fine. Thank you for taking the time to talk with me today.

11. If YES Great! Let's take a look at the available times to find out what works for you. Are there days or times that are better for you?

Yes

No

If YES,

Best days _____

Best times _____

12. You could come in at (time/location). Does that work for you?

Yes

No *If NO, propose another time/location*

RECORD Appointment

Date

Time

Location

13. Do you have a way to get to (location) for your appointment?

- Yes
 No *If NO, offer transportation assistance*

Let's make sure I have your correct name and other contact information.

14. What is your full name? *VERIFY spelling*

First: _____

Middle initial: _____

Last: _____

15. What is your mailing address still? (Verify from Contact Form)

Street Number: _____ Street Name: _____

Unit: _____ and (if applicable) P.O. Box: _____

City: _____ State: _____ ZIP Code: _____

16. Would you prefer me to use an email address to contact you?

Email address: _____

17. I just called you at XXX- XXX-XXXX. READ participant's phone number. Is this the best phone number to reach you? If YES, SKIP to Q 6.

- Yes
 No

18. Do you have another number where we can reach you?

Phone 2: _____ • Home • Work • Cell

Phone 3: _____ • Home • Work • Cell

Phone 4: _____ • Relative/friend's name: _____

Closing script Thank you very much for agreeing to be part of this study. I will mail some information to you including an appointment reminder, a map, and a consent form. We will also call you a few days before to remind you of your appointment.

Please read the consent form before you come to your appointment. Don't sign the form until you come in for your appointment.

I will include our phone number in the mailing in case you have questions or need to change your appointment. Do you have any questions that I can answer now? Okay, we'll see you on (date/time) at (location). Thanks again for taking the time to talk with me today.