

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

Attachment 25.2:

AHS PHASE IV - CATI PARTICIPANT CALL SCRIPT

AHS PHASE IV - CATI CALL SCRIPT

Conditions and resulting fills for MN1

AHSPersonType (1=Applicator, 2=Spouse) should not be displayed, but will be added parenthetically to the fill to indicate the specific names and order of display.

<IF ((AHSPersonType = 1 AND VitalStatus = 1 AND CurrentStatus = 0) AND (AHSPersonType = 2 AND VitalStatus = 1 AND CurrentStatus = 0))>

MN1. Hello, this is [INTERVIEWER NAME] calling on behalf of the Agricultural Health Study. May I please speak with [Mr. / Mrs.] [FIRST/LAST NAME/SUFFIX] (1) or [Mr. / Mrs.] [FIRST/LAST NAME/SUFFIX] (2)? **If available, STS1**

<IF ((AHSPersonType = 1 AND VitalStatus = 1 AND CurrentStatus = 0) AND (AHSPersonType = 2 AND VitalStatus = 1 AND CurrentStatus = 1))>

MN1. Hello, this is [INTERVIEWER NAME] calling on behalf of the Agricultural Health Study. May I please speak with [Mr. / Mrs.] [FIRST/LAST NAME/SUFFIX] (1)? **If available, STS1; If unavailable and speaking to Spouse, STS1a**

<IF ((AHSPersonType = 1 AND VitalStatus = 1 AND CurrentStatus = 1) AND (AHSPersonType = 2 AND VitalStatus = 1 AND CurrentStatus = 0))>

MN1. Hello, this is [INTERVIEWER NAME] calling on behalf of the Agricultural Health Study. May I please speak with [Mr. / Mrs.] [FIRST/LAST NAME/SUFFIX] (2)? **If available, STS1; If unavailable and speaking to Applicator, STS1a**

<IF ((AHSPersonType = 1 AND VitalStatus = 1 AND CurrentStatus = 0) AND (AHSPersonType = 2 AND VitalStatus = 2 AND CurrentStatus = 0))>

MN1. Hello, this is [INTERVIEWER NAME] calling on behalf of the Agricultural Health Study. May I please speak with [Mr. / Mrs.] [FIRST/LAST NAME/SUFFIX] (1)? **If available, STS1**

<IF ((AHSPersonType = 1 AND VitalStatus = 2 AND CurrentStatus = 0) AND (AHSPersonType = 2 AND VitalStatus = 1 AND CurrentStatus = 0))>

MN1. Hello, this is [INTERVIEWER NAME] calling on behalf of the Agricultural Health Study. May I please speak with [Mr. / Mrs.] [FIRST/LAST NAME/SUFFIX] (2)? **If available, STS1**

<IF ((AHSPersonType = 1 AND VitalStatus = 1 AND CurrentStatus = 1) AND (AHSPersonType = 2 AND VitalStatus = 2 AND CurrentStatus = 0))>

MN1. Hello, this is [INTERVIEWER NAME] calling on behalf of the Agricultural Health Study. May I please speak with [Mr. / Mrs.] [FIRST/LAST NAME/SUFFIX] (1)? **If available, STS1b**

<IF ((AHSPersonType = 1 AND VitalStatus = 2 AND CurrentStatus = 0) AND (AHSPersonType = 2 AND VitalStatus = 1 AND CurrentStatus = 1))>

MN1. Hello, this is [INTERVIEWER NAME] calling on behalf of the Agricultural Health Study. May I please speak with [Mr. / Mrs.] [FIRST/LAST NAME/SUFFIX] (2)? **If available, STS1b**

MAIN INTRODUCTION

MN1. Hello, this is [INTERVIEWER NAME] calling on behalf of the Agricultural Health Study. May I please speak with [Mr/Ms] [FIRST/LAST NAME/SUFFIX]?

- YES.....[MN1a].....1
- NOT AVAIL/TEMP ILL
 - BY R OR PROXY.....[MN1b].....2
- WRONG NUMBER[MN1c].....3
- DECEASED.....[MN1d].....4
- TOO ILL/INCAPABLE
 - PERM BY PROXY[MN1e].....5

MN1a. FEMALE R AVAILABLE.....[STS1].....1
MALE R AVAILABLE.....[STS1].....2

MN1b. FEMALE R UNAVAILABLE.....[MN2].....1
MALE R UNAVAILABLE.....[MN2].....2

MN1c. WRONG NUMBER FOR HOUSEHOLD.....[WN].....1
WRONG NUMBER FOR FEMALE R.....[WN].....2
WRONG NUMBER FOR MALE R.....[WN].....3

MN1d. FEMALE R DECEASED.....[DEC1].....1
MALE R DECEASED.....[DEC1].....2

MN1e. FEMALE R TOO ILL/INC.....[MN2].....1
MALE R TOO ILL/INC.....[MN2].....2

[IF PERSON WITH WHOM YOU ARE SPEAKING EXPLICITLY VOLUNTEERS THAT R IS PERMANENTLY INCAPABLE OF PARTICIPATING, ENTER “5” AND PROCEED TO “TOO ILL/INCAPABLE PERMANENTLY” BLOCK; IF NOT SURE IF R IS PERMANENTLY UNABLE TO PARTICIPATE, ASK MN2:]

MN2. Will [Mr/Ms] [FIRST/LASTNAME], be available sometime over the next month or so to talk with us about possibly participating in a follow up interview for the Agricultural Health Study?

- YES[APPT/CB].....1
- NO[ILL1].....2

SET THE STAGE

STS1. Occasionally, we contact everyone in the Agricultural Health Study to update information about their health. Now is the time for our next follow up. Involvement of people, just like you, helps us learn about how agricultural and environmental factors may affect the health of farmers and their families.

Did you receive the follow up questionnaire in the mail?

YES[STS3].....1
NO.....[STS2].....2

STS2. I have your mailing address as [MAILADD1]. Is this correct?

YES.....1
NO.....[UPDATEMAILADD1].....2

STS3. We can complete the interview by phone now, or we can schedule a time that is more convenient for you. The call should take approximately 25 minutes.

YES, COMPLETE CATI NOW[STS4].....1
YES, COMPLETE CATI LATER..... [APPT/CB].....2
NO, PLEASE RE-MAIL HARD COPY. .[STS3a].....3

STS3a. We will mail the study letter and another copy of the questionnaire. Please return it in the envelope provided to you. The letter will also include your username and password to complete this survey online if that is your preference. If you have any questions, or decide you would prefer to complete the follow up by phone, please call our toll-free number 1-XXX-XXX-XXXX. Thank you for your time. [END CALL]

STS4. Do you have any questions before we begin?

YES1
NO.....[AU1].....2

[IF STS4 = 1, THEN INTERVIEWER REFER TO FAQs AND CONTINUE]

TOO ILL/INCAPABLE PERMANENTLY

ILL1. I am very sorry to hear that. Occasionally, we contact everyone in the Agricultural Health Study to update information about their health. Now is the time for our next follow up. It is important for us to get this information so we can continue to learn about how agricultural and environmental factors may affect the health of farmers and their families. Would you be willing to answer some questions about his/her health? This call should take approximately 15 minutes.

YES, COMPLETE NOW[ILL2].....1
YES, SCHEDULE CB[APPT/CB].....2
NO.....[ILL3].....3

ILL2. Do you have any questions before we begin?

YES1
NO[AU1].....2

[IF ILL2 = 1, THEN INTERVIEWER REFER TO FAQs AND CONTINUE]

ILL3. Is there someone else we might call who could answer our questions?

YES1
NO..... [REF2].....2

[IF ILL3 = 1, THEN INTERVIEWER RECORD NAME AND CONTACT INFORMATION FOR PROXY/END CALL]

DECEASED

DEC1. I am very sorry to hear that. We try to contact everyone in the Agricultural Health Study to update information about their health, and now is the time for our next follow up. It is important for us to get this information, especially regarding those who have passed away, so we can continue to learn about how agricultural and environmental factors may affect the health of farmers and their families. Would you be willing to answer some questions about his/her health up to the time he/she died? This call should take approximately 15 minutes.

YES, COMPLETE NOW..... [DEC2].....1
YES, SCHEDULE CB..... [APPT/CB].....2
NO.....[DEC3].....3

DEC2. Do you have any questions before we begin?

YES1
NO[AU1].....2

[IF DEC2 = 1, THEN INTERVIEWER REFER TO FAQs AND CONTINUE]

DEC3. Is there someone else we might call who could answer our questions?

YES1
NO..... [REF2].....2

[IF DEC3 = 1, THEN INTERVIEWER RECORD NAME AND CONTACT INFORMATION FOR PROXY/END CALL]

REFUSAL

REF1. [IF PARTICIPANT/PROXY HAS NOT OFFERED A REASON OF REFUSAL, ASK: Would you be willing to tell me why you do not want to participate at this time?]

- I DON'T HAVE ENOUGH TIME1
- I AM TOO ILL TO PARTICIPATE2
- I'M JUST NOT INTERESTED.....3
- I DON'T WANT TO BE IN THE AG HEALTH STUDY AT ALL.....4
- OTHER.....[REF1sp].....5

REF1sp. [SPECIFY OTHER REASON FOR REFUSAL]

[REFER TO QUESTIONS AND CONCERNS DOCUMENT FOR REFUSAL CONVERSION]

REF2. Would you be willing to complete the survey online? If you have an email address, I can enter it into our system and we will send you the link to the online survey.

- YES.....[EM1].....1
- NO.....[REF3].....2

EM1. What is your email address?

[ENTER EMAIL ADDRESS]

EM2. I have recorded your email address as [EMAIL ADDRESS FROM EM1]. Is this correct?

- YES.....[EM3].....1
- NO.....[EM1].....2

EM3. You will use a unique username and password to access the survey on our secure website. If you would please give me just a second, I will look up that information and give it to you now. We do not include this information when we send the link to the survey. This is one of the many ways we protect your privacy.

[LOOK UP R_s USERNAME AND PASSWORD IN SMS AND READ IT TO THEM OVER THE PHONE]

- GAVE INFO.....[CL3].....1
- R REFUSED.....[REF3].....2

REF3. (We will try to call you at some point in the future in case things change.) Thank you for your time. Have a good (day/afternoon/evening). [END CALL]

[IF R EXPLICITLY STATES THAT WE SHOULD NOT CALL BACK, RECORD THE REQUEST IN THE COMMENTS FOR THIS CALL]

AHS PHASE IV - CATI CALL SCRIPT

MAILADD1 = ADDRESS SENT IN SMS
PRE-LOAD MAILADD1 DATA FROM WESTAT

<UPDATEDMAILADD1 START HERE>

UA1. What part of the address is incorrect?

[MAILADDRESS1]

[MAILADDRESS2]

[CITY], [ST] [ZIP]

CHECK ALL THAT APPLY

STREET ADDRESS

CITY

STATE

ZIP

<IF UA1 INCLUDES STREET ADDRESS>

UA1a. What is your correct **street address**?

[ENTER FIRST LINE OF STREET ADDRESS]

<IF UA1 INCLUDES STREET ADDRESS>

UA1b. (What is your correct street address?)

[ENTER SECOND LINE OF STREET ADDRESS, IF NECESSARY, OR PRESS
[ENTER] TO SKIP]

<IF CITY/STATE/ZIP ALL CORRECT, GO TO UA1f>

<IF UA1 INCLUDES CITY>

UA1c. What is the correct **city** for this address?

[ENTER CITY]

<IF STATE AND ZIP CORRECT, GO TO UA1f>

<IF UA1 INCLUDES STATE>

UA1d. What is the correct **state** for this address?

[ENTER STATE]

<IF ZIP CORRECT, GO TO UA1f>

<IF UA1 INCLUDES ZIP>

UA1e. What is the correct **ZIP code** for this address?

[ENTER ZIP CODE]

AHS PHASE IV - CATI CALL SCRIPT

“PHONE1” IS THE NUMBER RECEIVED FROM WESTAT AND CAN ONLY BE UPDATED THROUGH THE WRONG NUMBER MODULE

**“ALTPHONE1” IS ADDED WHEN A PARTICIPANT REPORTS THERE IS A BETTER NUMBER TO REACH HIM OR HER
- ADDING AN ALTPHONE1 DOES NOT OVERRIDE PHONE1**

UALTP1a. Can you please give me a better telephone number to reach you, starting with area code?

[ENTER AREA CODE AS ###]

UALTP1b. Can you please give me a better telephone number to reach you, starting with area code?

[ENTER PREFIX AS ###]

UALTP1c. Can you please give me a better telephone number to reach you, starting with area code?

[ENTER LINE AS ####]

AHS PHASE IV - CATI CALL SCRIPT

****NOTE:** MN1 is the starting point of all interviews as it is defined as the initial question in the standard scheduler for all CATI instruments. To accommodate this, the program will rely on a flag to recognize whether a case is a new contact or a resumption of a previous contact. The script below assumes that this flag indicates the case is being re-entered.

MN1. Hello, this is [INTERVIEWER NAME] calling on behalf of the Agricultural Health Study. May I please speak with [Mr/Ms] [FIRST/LAST NAME/SUFFIX]?

- YES [IF STS3, ILL1 OR DEC1 = 2, GO TO CB2,
IF STS3, ILL1 OR DEC1 = 3, GO TO CB3].....1
- NOT AVAIL/TEMP ILL
BY R OR PROXY.....[MN1b].....2
- WRONG NUMBER.....[MN1c].....3
- DECEASED[MN1d].....4
- TOO ILL/INCAPABLE
PERM BY PROXY.....[MN1e].....5

CB1. When would be a good time to reach him/her?

- CONTINUE.....[APPT/CB].....1

CB2. Good [morning/afternoon/evening]. (This is [INTERVIEWER NAME] calling on behalf of the Agricultural Health Study.) We spoke to you earlier about participating in this study.

- CONTINUE.....[LAUNCH CATI].....1

CB3. Good [morning/afternoon/evening]. Recently, we mailed you a copy of the AHS follow up questionnaire. We have not yet received this from you. I am calling to complete the interview by phone. This call will take approximately (15/25) minutes.

- YES, COMPLETE NOW [MN1a, then CB4].....1
- YES, SCHEDULE CB[MN1b, then APPT/CB].....2
- COMPLETED SURVEY IN THE MAIL.....[CL].....3
- NO.....[CB5].....4

CB4. Do you have any questions before we begin?

- YES1
- NO.....2

[IF CB4 = 1, THEN INTERVIEWER REFER TO FAQs AND CONTINUE]

CB5. Is there someone else we might call you could answer our questions?

- YES1
- NO[REF2].....2

[IF CB5 = 1, THEN INTERVIEWER RECORD NAME AND CONTACT INFORMATION FOR PROXY/END CALL]

WRONG NUMBER SCRIPT

WN1. Is this [PHONE NUMBER]?

YES.....1
NO.....[WN3].....2

WN2. Our records show that [PS NAME] lives at this number. Is this correct?

YES.....[MN1].....1
NO, BUT KNOWS HOW TO
CONTACT R.....[WN4].....2
NO, DON'T KNOW R.....[WN4].....3

WN3. Phone number: [PHONE NUMBER]

I apologize for the inconvenience. I do need to redial this number in order to determine the source of the problem. If your phone should ring, please answer it. Thank you.

[HANG UP AND RE-DIAL NUMBER]

SAME PERSON.....1
DIFFERENT PERSON.....[WN5].....2

WN4. I'm sorry to have disturbed you. Thanks (again) for your help. Goodbye.

[IF WN2 = KNOWS HOW TO CONTACT R:
RECORD NEW CONTACT INFORMATION AND GIVE TO SUPERVISOR]

WHAT IS WRONG WITH THIS NUMBER?

DOUBLE WRONG NUMBER.....[Comments].....1
R NOT KNOWN AT THIS NUMBER.....[Comments].....2
NEW CONTACT INFO FOR
R OBTAINED.....[Comments].....3

WN5. Have I reached [PHONE NUMBER]?

CORRECT.....[MN1].....1
INCORRECT.....2

WN6. I'm sorry to have disturbed you. Thanks (again) for your help. Goodbye.

CONTINUE.....1

WN7. WHAT IS WRONG WITH THIS NUMBER?

DOUBLE WRONG NUMBER.....[Comments].....1
R NOT KNOWN AT THIS NUMBER.....[Comments].....2
GOT NEW CONTACT INFO FOR R.....[Comments].....3

AHS Phase IV – CATI Authentication Script

AU1. Before we get started, I need to confirm that I have accessed the correct survey. This survey is for and/or about **[FIRSTNAME MIDDLENAME LASTNAME, SUFFIX]**.

Which of the following statements is true?

- 1. This name is correct[AU2].....1
- 2. This name was correct,
but it has since changed.....[AU2].....2
- 3. This name is incorrect[AU9].....3

AU2. As an added security measure, we need to verify each participant’s date of birth. I have **[FIRSTNAME MIDDLENAME LASTNAME, SUFFIX]**’s date of birth as **[DATE OF BIRTH]**. Is this correct?

- 1. YES[*].....1
- 2. NO[AU9].....2

***<IF AU2 = DOB and VITALSTATUS = Deceased, GO TO AU6>**

***<IF AU2 = DOB and VITALSTATUS ≠ Deceased, GO TO AU3>**

AU3. It is best for **[FIRSTNAME MIDDLENAME LASTNAME, SUFFIX]** to fill out *[his / her]* own questionnaire, but if this is not possible, it is okay for someone else to complete this survey.

Will **[FIRSTNAME MIDDLENAME LASTNAME, SUFFIX]** be completing this questionnaire *[himself / herself]*?

- 1. YES[AU8].....1
- 2. NO[AU4].....2

AU4. Will **[FIRSTNAME MIDDLENAME LASTNAME, SUFFIX]** actively taking part in answering the questions?

- 1. Yes[AU6].....1
- 2. No.....[AU5].....2

AU5. Why is *[he/she]* not actively taking part in answering the questions? *[He / She]* is...

- 1. Not capable of answering the questions
- 2. Incapacitated
- 3. Deceased
- 4. Currently hospitalized
- 5. Other

AU6. What is your relationship to **[FIRSTNAME MIDDLENAME LASTNAME, SUFFIX]**?

- 1. Spouse
- 2. Sibling
- 3. Child

- 4. Grandchild
- 5. Parent
- 6. Other relative
- 7. Guardian
- 8. Friend
- 9. Other

AU7. How long have you known [*FIRSTNAME MIDDLENAME LASTNAME, SUFFIX*]?
 <RANGE: 1 - 125>

|_|_|_| # Years

<IF (VitalStatus = 2) OR (VitalStatus = 1 AND AU3 = 2 AND AU4 = 2), GO TO AU7a>

AU7a. For our records, would you please give me your name and phone number?

First Name

Last Name

AU7b. [For our records, would you please give me your name and phone number?]

Phone Number

AU7c. Is this phone number your home, work, cell, or some other number?

- 1. Home
- 2. Work
- 3. Cell
- 4. Other

AU8. 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.

Please let me know if you have any questions.

<IF (VitalStatus = 1 AND AU3 = 1) OR (VitalStatus = 1 AND AU3 = 2 AND AU4 = 1), GO TO AU8a>

<IF (VitalStatus = 2) OR (VitalStatus = 1 AND AU3 = 2 AND AU4 = 2), GO TO AU8b>

AU8a. Now we are ready to get started with the AHS Health Follow-up Survey. This should take about 25 minutes to complete. In this survey, we will be asking questions about farming, general health, and family medical history.

We hope that you will be willing to answer all the questions, but if for some reason you prefer not to answer a question, just let me know and we will move on to the next one.

When we ask for dates or ages, if you can't remember the exact year or how old you were when something happened, please give us your best guess. When we ask how many years you did something, please round to the nearest whole number.

<IF ((VitalStatus = 1 AND AU3 = 1) OR (VitalStatus = 1 AND AU3 = 2 AND AU4 = 1)), LAUNCH PARTICIPANT SURVEY>
CONTINUE.....1

AU8b. Now we are ready to get started with the AHS Health Follow-up Survey. This should take about 10 – 15 minutes to complete. In this survey, we will be asking questions about farming, general health, and family medical history.

We hope that you will be willing to answer all the questions, but if for some reason you prefer not to answer a question, just let me know and we will move on to the next one.

When we ask for dates or ages, if you can't remember the exact year or age when something happened, please give us your best guess. When we ask how many years they did something, please round to the nearest whole number.

<IF VitalStatus = 2, LAUNCH DECEASED PROXY SURVEY>
<IF VitalStatus = 1 AND AU3 = 2 AND AU4 = 2, LAUNCH LIVING PROXY SURVEY>
CONTINUE.....1

<IF AU1 = 3; OR if AU2MO ≠ DOBMO, or AU2DY ≠ DOBDY, or AU2YR ≠ DOBYR, GO TO AU9>
<Fill 'name' if AU1 = 3>
<Fill 'and date of birth' if AU1 = 3 AND AU2MO ≠ DOBMO, or AU2DY ≠ DOBDY, or AU2YR ≠ DOBYR>
<IF AU1 ≠ 3 AND AU2MO ≠ DOBMO, or AU2DY ≠ DOBDY, or AU2YR ≠ DOBYR, use first fill>

AU9. *[There seems to be a problem with the date of birth as entered for this person. A member of our study staff will need to make sure we have the correct information for this record. I am very sorry for the inconvenience.] / [It appears there may be a problem with the [name] [and date of birth] in our records. I am very sorry for the inconvenience. A member of our study staff will need to make sure we have the correct information for this record.]*

We will re-contact you once we resolve the discrepancy. Would you please give me your first name, last name, and phone number?

[RECORD CONTACT INFORMATION ON A COMMUNICATION SHEET AND GIVE IT TO AN AHS HEALTH FOLLOW-UP SUPERVISOR]

CONTINUE.....[CL2].....1

AHS Phase IV – Transition and Closing Script

[One participant survey just completed + incomplete survey in household – assumes living]

TN1. Thank you for reviewing your contact information with me. Those are all of the questions I have for you. We greatly appreciate your time and valuable contribution to the Agricultural Health Study. I would like to speak with [Mr/Ms] [FIRST/LAST NAME/SUFFIX] to complete [his/her] survey. Is [he/she] available to come to the phone?

- YES.....[MN1a].....1
- NOT AVAIL/TEMP ILL BY PROXY.....[MN1b].....2
- WRONG NUMBER.....[MN1c].....3
- DECEASED BY PROXY.....[MN1d].....4
- TOO ILL/INCAPABLE BY PROXY.....[MN1e].....5

[One participant survey just completed + incomplete survey in household – known deceased]

TN2. Thank you for reviewing your contact information with me. We greatly appreciate your time and valuable contribution to the Agricultural Health Study. I see in our records that [Mr/Ms] [FIRST/LAST NAME/SUFFIX] has passed away. I am very sorry for your loss. It is important for us to collect information, especially regarding those who have passed away, so we can continue to learn about how agricultural and environmental factors may affect the health of farmers and their families. Would you be willing to answer some questions about [his/her] health up to the time [he/she] died? Answering these questions should take approximately 15 more minutes.

- YES, COMPLETE NOW[MN1d, then DEC2].....1
- YES, SCHEDULE CB.....[MN1d, then APPT/CB].....2
- NO[MN1d, then DEC3].....3

[One participant scheduled a **call back** + 2 incomplete surveys in household – known living]

TN3. Thank you very much. We will call you back [DATE/TIME] to complete your interview. I would like to speak with [Mr/Ms] [FIRST/LAST NAME/SUFFIX] to find out when [he/she] would like to complete their survey. Is [he/she] available to come to the phone?

- YES.....[TN4].....1
- NOT AVAIL/TEMP ILL BY PROXY.....[MN1b].....2
- WRONG NUMBER.....[MN1c].....3
- DECEASED BY PROXY.....[MN1d].....4
- TOO ILL/INCAPABLE BY PROXY.....[MN1e].....5

TN4. Hello, this is [INTERVIEWER NAME] calling on behalf of the Agricultural Health Study. I am calling to complete the health follow-up questionnaire by phone. We could complete the interview now, it takes about 25 minutes, or I can schedule another time to call back. What would work best for you?

- COMPLETE NOW[MN1a].....1
- SCHEDULE CB[MN1b].....2

AHS Phase IV – Closing Script

CL1. Those are all of the questions I have for you. Thank you for your time and valuable contribution to the Agricultural Health Study. If you have any questions or comments, please visit the Agricultural Health Study website by going to www.aghealth.org or call us toll-free at 1-855-443-2692.

CONTINUE.....[COMMENTS].....1

CL2. Thank you for your time. If you have any questions, please call us toll-free at 1-855-443-2692. Have a good [*morning / afternoon / evening*].

CONTINUE.....[COMMENTS].....1

CL3. Thank you for your time and valuable contribution to the Agricultural Health Study. If you have any questions about accessing or completing the online survey, please call us toll-free at 1-855-443-2692. Have a good [*morning / afternoon / evening*].

CONTINUE.....[COMMENTS].....1