

Attachment 6d. NY telephone script for non-responders to screening, licensed anglers

Caller: May I speak to [NAME OF LICENSED ANGLER]? I am _____ from the New York State Department of Health and I am calling you as a follow-up to the Great Lakes Biomonitoring Project screening survey we sent to you a few weeks ago. We sent you this survey because you bought a New York fishing license and live near the Great Lakes. We did not receive a completed survey from you. Did you receive the survey in the mail? We mailed it to the following address: (*Read address*). Is this the correct address? Are you interested in answering a short survey to find out if you can participate in this project?

Angler is not interested in the project:

Licensed angler: No, I am not interested at this time.

Caller: Ok, thank you for your time and have a good day.

END CALL.

Angler is interested in the project:

Licensed angler: Yes, I would like to learn more.

Caller: To find out if you are eligible you need to read the three questions on the survey we mailed you and check the boxes that apply. Do you still have the survey? I can help you answer the survey over the phone right now if it is convenient for you. You can either follow along with me if you have the survey in front of you or if not, I can read the questions to you over the phone?

Licensed angler: No thank you, I will fill it out and mail it back to you.

Caller: Ok, that would be great, but I would also like you to know that you have the option to complete it online. (*Caller can either give the link to angler over the phone or email it to them if an email address is provided.*)

If angler wants to mail in the survey or complete it online, END CALL.

If angler wants to complete survey over the telephone:

Licensed angler: Yes, we can complete it over the phone right now.

Caller: If you are ready I'm going to read you three questions. **USE THE ELIGIBILITY SCREENING SURVEY.**

Public reporting burden of this collection of information is estimated to average 5 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).

1. Do you currently live at the address above?[]
2. Have you lived at this address for one year or longer?[]
3. During 2011 <2012, did you eat at least one fish that was caught in the following bodies of water?[]

- **Buffalo area** including the Buffalo River, Cazenovia Creek, Niagara River, Hoyt Lake, shore of Lake Erie in Buffalo, and Erie Canal
- **Lockport area in Erie County** Lake Ontario including the area around Eighteenmile Creek, shore of Lake Ontario near the mouth of Eighteenmile Creek, Erie Canal and neighboring creeks from Fourmile to Johnson going west to east
- **Rochester area** Lake Ontario including the lower Genesee River (Lower Falls/Driving Park Bridge to Lake Ontario), Irondequoit Bay, Ponds of Greece and various creeks along the Lake Ontario shore from Yanty to Fourmile going west to east

Angler is eligible:

Caller: You have answered “Yes” to all three questions; therefore, you are eligible to participate in this project. Would you like to schedule your appointment at this time?

Licensed angler: Yes. (*Schedule the appointment.*)

Caller: Thank you for your time today and please feel free to contact me at XXX-XXX-XXXX with any questions you have about the project.

END CALL.

Angler is NOT eligible:

Caller: You did not answer “Yes” to all three questions so you are not eligible to participate in this project. I am sorry. Thank you for your time.

END CALL.