

D4. Telephone Non-Response Follow-Up Contact Script

National Survey of Community-Based Policy and Environmental Supports for Healthy Eating and Active Living

TELEPHONE NON-RESPONSE FOLLOW-UP CONTACT SCRIPT

Public reporting burden of 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 CDC Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-xxxx).

A. Hello. My name is _____ and I'm calling from ICF International, on behalf of the Centers for Disease Control (CDC), regarding the National Survey of Community-Based Policy and Environmental Supports for Healthy Eating and Active Living.

A1. **[IF CALLING AFTER INVITATION LETTER SENT]** You may recall that we spoke on **[DATE]** about the study. I am calling today to confirm that you have been able to access the web-based survey and to answer any other questions you may have.

A2. **[IF CALLING AFTER EMAIL REMINDER]** You may have received a reminder e-mail from us about the survey on **[DATE]**. I am calling today to confirm that you have been able to access the web-based survey and to answer any other questions you may have.

B. Have you had the opportunity to begin the survey? **Yes** **No**

B1. **[IF YES:]** Thank you so much for your participation. Do you have any questions about the survey?
[Instruction: REFER TO STUDY FAQs TO ANSWER ANY BASIC QUESTIONS; RECORD QUESTION/ISSUE AND YOUR RESPONSE BELOW:]

B1a. ****[IF CONTACT INDICATES THAT S/HE HAS DESIGNATED SOMEONE ELSE TO ACT AS LIAISON/ COMPLETE SURVEY, ASK RESPONDENT TO PROVIDE THIS PERSON’S CONTACT INFORMATION:]**

| | |
|-------------------|--|
| Name: | |
| Title/Department: | |
| Telephone: | |
| Email: | |

I would like to thank you for your time. I will contact [NAME] regarding this study. Have a nice day!
[FOLLOW UP CALL SHOULD BE MADE TO NEW DESIGNATED CONTACT. RECORD AND LOG NEW INFORMATION]

B2. **[IF NO:]** As a representative for your municipality, you are being asked to complete the survey to help the CDC better understand your local government’s healthy eating and active living policies and initiatives. The survey findings will provide data on the strategies municipal governments have implemented to support healthy eating and physical activity for their residents and will serve as a baseline to assess progress made in changing these policies across time.

Are there any specific concerns you have or any technical issues that you have encountered that I can help address?

[INSTRUCTION: RECORD ISSUE AND YOUR RESPONSE BELOW, THEN GO TO D:]

C. **[IF ISSUE IS REFUSAL BASED:]** Your participation in this study is very important to the CDC. The information you provide is invaluable in terms of understanding the current policies and standards enacted by local governments in regards to healthy eating and active living. CDC understands that your time is extremely valuable and that participating in a survey can be challenging. However, representation from your local government is extremely important. The participation of each selected community is important to ensure the completeness and accuracy of the results and to support the development of national prevalence estimates for communities.

The survey takes on average 30 minutes to complete. We realize that it may be difficult to complete the entire questionnaire in a single setting. Therefore, we have designed the questionnaire so that you may log out and log back in at a later time with no associated data loss. We also encourage you to consult with colleagues or persons from other local government departments whom you feel can provide the most accurate data.

D. We are asking you to complete the survey within a 3 week timeframe, by [Date XXXX, 2014].

As a reminder, the instructions for accessing the web-based survey can be found enclosed with the

invitation letter [OR CONFIRM THE INFORMATION WILL BE RE-SENT AFTER CALL]. The questionnaire can be accessed from any internet-connected computer. Simply go and enter your unique “token,” or access code. This token was provided to you in a letter along with other study-related materials.

E. Do you have any questions I could answer for you now? **[Instruction: RECORD QUESTION AND YOUR RESPONSE BELOW:]**

F. Thank you again for your time. If you have questions or require technical assistance to complete the survey, please contact ICF International at 1-800-XXX-XXXX or via email at CBSSurvey@icfi.com.

Please feel free to call Walter Rives, study specialist at 1-XXX-XXX-XXXX, if you have any questions as you complete the survey. ICF and the CDC thank you in advance for your participation in the national survey.

FOLLOW UP TELEPHONE CALL LOG [for interviewer use only]

| | | | | | | | | | | | |
|--|----------------------|------------------|----------|--------------------|-----------------------|--------------------|---|--------------------|---------|--|--|
| RECRUITER : | | | | | DATA ENTRY : | | | | | | |
| STATE: | | | | MUNICIPALITY NAME: | | | | | STRATA: | | |
| RESPONDENT: | | | | | TITLE: | | | | | | |
| TELEPHONE: | | | | | EMAIL ADDRESS UPDATE: | | | | | | |
| TOKEN ID: | | | | NOTES: | | | | | | | |
| | | | | | | | | | | | |
| DATE OF CALL: | *CALL STATUS: | | | | | | RESISTANCE ENCOUNTERED? IF YES , DESCRIBE ACTIONS TO CONVERT: | ACTION | | | |
| | CB | LM | BZ | W N | D C | HR | | MGR NEEDED | | | |
| | FOLLOW UP CALL TIME: | | DATE | | TIME | | | COMPLETE | | | |
| | CB | LM | BZ | W N | D C | HR | | MGR NEEDED | | | |
| | FOLLOW UP CALL TIME: | | DATE | | TIME | | | COMPLETE | | | |
| | CB | LM | BZ | W N | D C | HR | | MGR NEEDED | | | |
| | FOLLOW UP CALL TIME: | | DATE | | TIME | | | COMPLETE | | | |
| | CB | LM | BZ | W N | D C | HR | | MGR NEEDED | | | |
| | FOLLOW UP CALL TIME: | | DATE | | TIME | | | COMPLETE | | | |
| | CB | LM | BZ | W N | D C | HR | | MGR NEEDED | | | |
| | FOLLOW UP CALL TIME: | | DATE | | TIME | | | COMPLETE | | | |
| GATHER FOLLOWING INFORMATION IF INITIAL RESPONDENT HAS ASSIGNED ANOTHER COLLEAGUE TO ACT AS LIAISON/COMPLETE SURVEY: | | | | | | | | | | | |
| NEW RESPONDENT NAME: | | | | | | | | TITLE/ DEPARTMENT: | | | |
| TELEPHONE: | | | | EMAIL: | | | | NOTES: | | | |
| TOTAL NUMBER OF ATTEMPTS FOR COMPLETION OF QUESTIONNAIRE: | | | | | | | | | | | |
| *CALL STATUS KEY: | CB= CALL BACK | LM= LEFT MESSAGE | BZ= BUSY | WN= WRONG NUMBER | DC= DISCONNECTED | HR=HARD RESISTANCE | | | | | |