

Attachment 3.3

Anniston Community Health Survey: Follow-up Study and Dioxin Analyses

Recruitment Telephone Script

Form Approved OMB No. 0923-XXXX Exp. Date xx/xx/20xx
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HELLO, my name is _____. I am calling from the Calhoun County Health Department on behalf of the Agency for Toxic Substances and Disease Registry, or ATSDR, for short. Am I speaking with _____?

[IF NOT CORRECT PERSON] Please let me know the best time we can reach [name]. _____ (day) ____ (time). I will call back then. Thank you. I will call _____ [name] again.

[IF CORRECT PERSON] We are calling to see if you received a letter from us recently about the Anniston Follow-up Study on polychlorinated biphenyls or PCBs for short. The study is being conducted by the ATSDR, the National Institutes of Health, and the University of Alabama at Birmingham. I will be happy to answer any questions you may have.

[LETTER NOT RECEIVED] We'd like to send the study materials to your correct address. Let me take your current address so we can update your files [address] Thank you. We will get the letter in the mail to you.

Let me briefly tell you about the follow-up study.

The study is a follow-up to the Anniston Community Health Survey on PCBs that you took part in a few years ago. Part of this new study consists of answering some questions about your health. We would also like to draw a blood sample from you to measure PCBs and other chemicals in your blood.

If you are currently pregnant or serving a sentence (including being under house arrest) you cannot participate in the study. Are you currently pregnant or in jail? _____

[IF PREGNANT OR INCARCERATED GO TO INELIGIBLE FOR THE STUDY] [IF NO CONTINUE]

[NOT ELIGIBLE FOR THE STUDY] We are sorry that you cannot participate in the study. Thank you very much for your time today.

Public reporting burden of this collection of information is estimated to average 2 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/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0923-XXXX).
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We ask that you fast for eight hours before the blood draw. If you take diabetes medications, we will give you special instructions later on this call.

We need a little more information from you. Do you have a medical condition that will prevent you from giving blood? This includes bleeding problems like hemophilia, getting chemotherapy in the past four weeks, or a maybe a severe skin problem on your arms. *[IF YES, GO TO MAY NOT BE ELIGIBLE FOR BLOOD DRAW] [IF NO, CONTINUE]*

[MAY NOT BE ELIGIBLE FOR THE BLOOD DRAW] I am sorry but this type of condition means we probably cannot draw your blood. However, you can still take part in the study by completing the interview and having your weight, height, waist and blood pressure measured. We will give you \$50 in gift cards if you complete the interview only. We ask you to bring the medicines you normally take to the interview in a plastic bag. If you bring your medicines with you, maybe you will not forget to tell us about any of them. Do you have any questions? *[REFER TO FAQ'S IF INDIVIDUAL HAS QUESTIONS]*.

Also we will weigh you and we will measure your height, waist, and blood pressure. We ask you to bring the medicines you normally take to the interview in a plastic bag. If you bring your medicines with you, maybe you will not forget to tell us about any of them.

We appreciate you taking part in the study. We will give you \$100 in gift cards if you complete the interview and we draw your blood. We will give you \$50 in gift cards if we draw your blood only. We will give you \$50 in gift cards if you complete the interview only. Do you have any questions? *[REFER TO FAQ'S IF INDIVIDUAL HAS QUESTIONS]*.

For your convenience, the study will be conducted at the CCHD or at an office in West Anniston. We can offer a home visit if it is too hard for you to come to the office.

Are you interested in taking part? _____

[IF INTERESTED IN TAKING PART] For scheduling purposes, we want to know if you are taking diabetes medications. *[IF TAKING MEDS, GO TO INSTRUCTIONS FOR DIABETICS] [IF NOT TAKING MEDS, CONTINUE]*

[INTERESTED IN OFFICE VISIT] Which office would you prefer? _____. Thank you. Can we schedule your visit to the [CCHD/West Anniston] study office between _____? Thank you. We look forward to seeing you then. *[GO TO CLOSING REMARKS]*

[INTERESTED IN HOME VISIT] Do you live within an hour drive from Anniston? *[IF NO, GO TO INTERESTED BUT LIVING TOO FAR] [IF YES, CONTINUE]* Can we schedule you between _____? Thank you. Our study staff will come to your home then. *[GO TO CLOSING REMARKS]*

[CLOSING REMARKS] Thank you very much for your interest. We will mail you a reminder card about your appointment. Don't forget to follow our diet instructions on the card. Also, don't forget to bring all of your medicines with you. If you have to reschedule your appointment, please call our study office as soon as possible toll-free at (855) 822-1778.

[INSTRUCTIONS FOR DIABETIC PARTICIPANTS] We will try to schedule an appointment as early in the morning as possible. We prefer that you fast for at least eight hours before your appointment, but only if it fits with your meal and medication plan. If you need to eat, we do ask that you eat fat-free or low-fat foods in the eight hours before your blood is drawn. Write down the time and the foods you eat, and please take your medicines as usual.

[INTERESTED BUT LIVING TOO FAR] I'm sorry but you live too far away for us to come to your home. Would you like to come in for an office visit? *[IF YES, GO TO INTERESTED IN OFFICE VISIT] [IF NO, GO TO NOT INTERESTED]*

[NOT INTERESTED] Thank you so much for your time today. We would really like you to take part. If you change your mind or have any further questions about the study please call us toll-free at (855) 822-1778.

Voicemail Message:

HELLO, my name is _____. This message is for _____ [name]. I am calling for the Calhoun County Health Department and the Agency for Toxic Substances and Disease Registry. We are calling because you took part in the first Anniston Community Health Survey during 2005-2007. We want to know if you recently received a letter inviting you to take part in the new Anniston Follow-up Study.

For the new study, staff members will ask you questions about your health and draw a blood sample for testing. If you take part, you will receive a gift card for answering the questions and letting us draw a blood sample. If you are interested in taking part in this study, please call our office toll-free at (855) 822-1778.