

Attachment B
First call script--screening

OMB No. 0920-1030
Exp. Date 10/31/2017

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(Text in all caps are instructions to the interviewer. Text in sentence case are to be read to the respondent)

CALL RCC/ADSC AND ASK TO SPEAK DIRECTLY TO ADMINISTRATOR/DIRECTOR. IF ADMINISTRATOR/DIRECTOR IS NOT AVAILABLE OR IF ROUTED TO THEIR VOICEMAIL, OFFER TO CALL BACK.

1. Hello, may I please speak to [NAME OF DIRECTOR]. HAVE YOU REACHED THE ADMINISTRATOR/DIRECTOR?

YES → GO TO 2

NO → GO TO 1a

1a. IF ADMINISTRATOR/DIRECTOR IS NOT AVAILABLE ASK FOR THE BEST TIME TO CALL BACK TO REACH THE ADMINISTRATOR/DIRECTOR. NOTE BEST TIME TO CALL ON THE CASE TRACKING SPREADSHEET.

2. My name is _____ and I'm calling on behalf of the National Study of Long-Term Care Providers, a project being conducted by CDC's National Center for Health Statistics.

Did you receive and read the advance letter we sent you?

YES → GO TO 2a

NO → GO TO 2b

2a. **IF READ ADVANCE LETTER, READ:**

We appreciate that your (residential community / adult day services center) participated in the National Study of Long-Term Care Provides in 2014. I'm calling today because we are looking for help from administrators and directors of (residential care communities / adult day services centers) to provide input on survey questions about characteristics of (residential care residents / adult day services participants) and to help us assess the procedures we have developed to collect this information.

Participating in this feasibility project includes answering a few questions over the telephone with me today.

You do not have to answer any questions that you don't want to. We will not share your information with anyone outside the project and your name will never be connected to your answers.

If you are eligible and choose to participate, you or your (residential care community / adult day services center) will be given a \$50 gift card as a token of appreciation.

Are you interested in helping with this important project?

NO → Thank you for your time. Have a nice day. END CALL

YES → GO TO 3.

2b. **IF DID NOT READ ADVANCE LETTER, READ THIS TEXT FROM THE ADVANCE LETTER:**

We greatly appreciate that your (residential community/adult day services center) participated in the National Study of Long-Term Care Providers (NSLTCP) survey in 2014. We invite you to participate in an important project to assess how feasible it is to sample and collect (resident-level/participant-level) data and how to improve the materials used to make it easier for providers like you to give this information in future NSLTCP surveys. There will be indirect benefits if you participate. By participating you will help to improve the value of long-term care data which will be used to inform providers like you, researchers, and policymakers. There are no anticipated risks other than your time. We ask for approximately one hour of your time to participate.

Participating in this study will involve completing a brief screening questionnaire, selecting three (residents/participants) using random sampling procedures with the help of a telephone interviewer, and completing questionnaires for these three (residents/participants) over the telephone. Your participation is voluntary and you do not have to answer any questions that you do not want to. Refusal to participate will

involve no loss of benefits and participation can be discontinued at any time. We will not share your information or any information about the (residents/participants) you report on with anyone outside the project, and your name will never be connected to your answers. Your answers will only be used to help us assess how easy or difficult it is to sample the (residents/participants), complete the (resident/participant) questionnaires over the telephone, and how to improve the materials for national implementation. All information collected will be held in the strictest confidence according to section 308(d) of the Public Health Service Act (42, U.S. Code, 242m(d) and the Confidential Information Protection and Statistical Efficiency Act (Title 5 of PL 107-347). No (resident/participant) names or social security numbers will be collected. This study also conforms to the Privacy Rule as mandated by HIPAA, where disclosure of (resident/participant) data is permitted for public health purposes. If you have any questions about your rights as a participant in this research study, you can call the Research Ethics Review Board at the National Center for Health Statistics toll-free at 1-800-223-8118.

If you are eligible and choose to participate, you or your (residential care community / adult day services center) will be given a \$50 gift card as a token of appreciation.

Are you interested in helping with this important project?

NO → Thank you for your time. Have a nice day. END CALL

YES → GO TO 3.

3. SCREENING ITEMS

We first need to determine if your (residential care community / adult day services center) meets our criteria to be included in this project.

We need to ask you some of the same questions we asked in the 2014 NSLTCP survey because these characteristics can change over time and we need to ensure that they still meet the project definition of a residential care community/adult day services center.

3a.

IF RCC: At this residential care community, what is the number of licensed, registered, or certified residential care beds?

IF 4 OR MORE → GO TO 3b

IF < 4 → I'm sorry, residential care communities with less than 4 beds do not meet our eligibility criteria. Thank you for your time. END CALL.

IF ADSC: Based on a typical week, what is the approximate average daily attendance at this adult day services center?

IF 1 OR MORE → GO TO **3b**

IF 0 → I'm sorry, adult day services centers with an average daily attendance of 0 do not meet our project criteria. Thank you for your time. END CALL.

3b.

IF RCC: What is the total number of residents currently living in this residential care community? If you have respite care residents, please include them.

IF 1 OR MORE → GO TO **3c1**

IF 0 → I'm sorry, residential care communities that currently have no residents do not meet our project criteria. Thank you for your time. END CALL

IF ADSC: What is the total number of participants currently enrolled at this adult day services center?

IF 1 OR MORE → GO TO **4**

IF 0 → I'm sorry, adult day services centers that currently have no participants enrolled do not meet our project criteria. Thank you for your time. END CALL

3c1.

IF RCC: Does this residential care community only serve adults with an intellectual or developmental disability?

IF YES → I'm sorry, residential care communities that only serve adults with an intellectual or developmental disability do not meet our project criteria. Thank you for your time. END CALL

IF NO → GO TO **4**

3c2.

IF RCC: Does this residential care community only serve adults with severe mental illness? Do not include Alzheimer's disease or other dementias.

IF YES → I'm sorry, residential care communities that only serve adults with severe mental illness do not meet our project criteria. Thank you for your time. END CALL

IF NO → GO TO **4**

4. Based on your responses, we would like to include you in the next phase of this project to assess how feasible it is to collect resident / participant data over the telephone. To do this assessment, you will need to list of current residents / participants 18 years or older as of midnight last night. From the list, I will talk you through some instructions to select three residents / participants 18 years or older living at your community/enrolled at this center as of midnight last night. Once the three sampled residents / participants are identified, I will ask you questions about each resident / participant. You may need to check resident / participant records to answer some of the questions.

If it is easy for you to list residents / participants 18 years or older as of midnight last night now, we can continue. If not, I can schedule an appointment with you a few days out.

IF R WANTS TO CONTINUE, PROCEED TO **SAMPLING INSTRUCTIONS**

IF R NEEDS TO SCHEDULE AN APPOINTMENT, GO TO 5

IF R REFUSES AT THIS POINT, ATTEMPT TO ANSWER ANY QUESTIONS TO GAIN COOPERATION. IF R STILL REFUSES: Thank you for your time today. END CALL.

5. ATTEMPT TO SCHEDULE AN APPOINTMENT FOR AT LEAST 3-5 DAYS OUT. SUGGEST A DATE AND TIME OR IDENTIFY A TIME THAT WORKS BEST FOR YOU AND THE R. RECORD DATE AND TIME ON THE CASE TRACKING SPREADSHEET.

ONCE THE APPOINTMENT DATE/TIME IS DETERMINED: I would like to send you an appointment reminder by email. What is the best email address to use? RECORD EMAIL ADDRESS IN THE CASE TRACKING SPREADSHEET.

IF R DOESN'T WANT TO RECEIVE REMINDER VIA EMAIL: I can send you an appointment reminder by FedEx. What is the best address to use? ADDRESS CANNOT BE P.O. BOX. RECORD ADDRESS IN THE CASE TRACKING SPREADSHEET.

Thank you for your time today. I look forward to talking to you again on DATE/TIME OF APPOINTMENT. If you have any questions before the appointment or need to reschedule, please call me at [INTERVIEWER TOLL-FREE NUMBER]