OMB No.: 0925-XXXX

Expiration Date: XX/XX/2017

Survey 1 – Claimant Screener

S1. Hello, may I speak with (CLAIMANT (IF NEEDED: I am trying to reach the person who recently received a letter from the SSA about a research study))?

[IF ASKED, "WHO'S CALLING?"]:

My name is (DATA COLLECTOR) and I am calling from Westat about a Social Security Administration research study.

YES/SPEAKING	1	(GO TO INTRO1)
NOT AVAILABLE	2	(SET CALLBACK)

[INTRO1]

Hello, this is (INTERVIEWER) and I'm calling from Westat about a Social Security Administration (SSA) research study. The National Institutes of Health and Boston University are doing this study and Westat is supporting them. We recently sent you a letter about the study. I am calling now to invite you to participate in the study.

Before we get started, I am required to read to you a statement from the Office of Management and Budget (the OMB). This statement will provide you with contact information should you have questions or comments about the amount of time this study will take.

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Public reporting burden for this collection of information is estimated to average 3-15 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 aspects 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-XXXX).

I appreciate for your patience as I read that.

S2. First, are you age 21 or older?

YES	1	(GO TO S3)
NO	2	(GO TO THANK1)
REFUSE	7	(GO TO THANK1)
DON'T KNOW	8	(GO TO THANK1)

S3. You recently filed an application for work disability with the Social Security Administration, is that correct?

YES	1	(GO TO INTRO2)
NO	2	(GO TO THANK1)
REFUSE	7	(GO TO THANK1)
DON'T KNOW	8	(GO TO THANK1)

[INTRO2]

Now, I would like to explain to you a little more about taking part in the study. Please listen carefully. I will be asking you a few questions afterwards to make sure you understand.

First, your decision to take part in the study is voluntary and completely up to you. We randomly chose you from a large group of people who applied for social security disability benefits in the last couple of months. However, this study has nothing to do with your disability claim and your claim will not be affected by your decision to take part in the study. SSA staff involved in the disability determination process will not even know if you take part in this study. We will ask you to complete 2 surveys. Survey 1 can be completed during this call or at later time convenient to you. You may decide to do Survey 1 on your own over the internet or with me on the telephone. After you complete Survey 1, you will receive a check for \$20 for your time. We will call you about 10 days after you finish Survey 1 to invite you to complete Survey 2. You may also decide to do Survey 2 on your own over the internet or with an interviewer on the telephone. After you complete Survey 2, you will receive an additional check for \$30 for your time.

I also need to tell you about some possible risks, if you decide to take part in the study. First, it is possible that some of the questions we ask may upset you. We are asking questions about your functioning (activities) and you might find some of those embarrassing or they may hurt your feelings. You do not have to answer any question that you do not want to answer, and you can stop answering questions at any time. In addition, we will keep your contact information, such as your name, address, phone number and email address secure to the fullest extent of the law. However, there is always a small risk of loss of privacy. We go to great lengths to keep your information private. Finally, there is little physical risk involved with taking part in this study. However, answering the questions could make you tired.

Now, I would like to ask just a few questions to see if you can take part in the study.

S4. What is 1 potential risk of participating in this study?

(NOTE TO INTERVIEWER: RESPONDENT MUST BE ABLE TO PROVIDE 1 OF THE POSSIBLE RESPONSES BELOW.)

Possible Responses:

- The questions might make me upset (please accept any synonym for this, including but not limited to: sad; cry; mad; angry; unhappy)
- The study won't affect my current disability application/claim for benefits
- Someone/SSA might find out who I am
- Someone/SSA might know my answers came from me
- My information might get lost
- The information I give may not be kept secure/private/secret
- Someone might hack into my information
- I may get tired/sleepy/exhausted/drained/worn out
- Little risk for physical discomfort/distress/concern/pain

ACCURATE ANSWER	1
INACCURATE ANSWER	2
REFUSE	.7 (GO TO THANK1)
DON'T KNOW	.8 (GO TO THANK1)

S5. Name 1 thing you will do in this study?

(NOTE TO INTERVIEWER: RESPONDENT MUST BE ABLE TO PROVIDE 1 OF THE POSSIBLE RESPONSES BELOW.)

Possible Responses:

- I will do a survey
- I will do 2 surveys / I will answer questions 2 times (contact frequency) [THIS SHOULD BE COUNTED AS A COMPLETE CORRECT RESPONSE.]
- I will take one survey now (contact frequency)
- I will take the next survey in 10 days (contact frequency)
- I will answer questions about my functioning/how I do things/my activities (survey content).
- I will take the survey/answer questions over the internet/on-line by myself (administration mode).
- I will take the survey/answer questions with interviewer over the telephone (administration mode).

ACCURATE ANSWER	1
INACCURATE ANSWER	2
REFUSE	.7 (GO TO THANK1)
DON'T KNOW	.8 (GO TO THANK1)

BOX 1

IF RESPONDENT CORRECTLY DESCRIBES 1 RISK AND 1 ELEMENT OF PARTICIPATION (S4= 1 AND S5 = 1), THEN GO TO S6.

OTHERWISE, GO TO THANK1.

S6.	What are the names of the conditions you would say are the main reasons why working is difficult for you? [LIST UP TO 3 ONLY]	
	a b c REFUSE7	
	DON'T KNOW8	
S7.	CLAIMANT CONSENT: Let me review the consent form that we sent to you in the mail:	
	Please remember that it is your choice whether to participate in this study. You can skip any questions that you do not want to answer. This study is not related to your application for benefits and whether or not you participate will not affect your current or any future application. If you do participate, please realize that you do not give up any of your legal rights. If you withdraw from the study at any time it will not affect you in any way. Nothing in the study will directly benefit you. Hopefully, it will benefit future applicants.	
	Both Survey 1 and 2 will take about 45 minutes to complete. You may obtain further information about your rights as a research participant by calling the Office of the Institutional Review Board at Boston University or the investigator in charge of the study. Their contact information is on the copy of the consent form we mailed to you.	
	Do you wish to participate in the study?	
	YES	
S8.	You have the option of doing the survey now with me or I can schedule the interview for a different time. You can also go on the Internet to complete the survey on your own. Which would you prefer?	
	INTERNET	
S9.	We will send you an email with details and instructions for logging on to the web survey. May I please have your email address? [NOTE TO INTERVIEWER, RESPONDENT CAN NOT DO SURVEY ON INTERNET IF THEY DO NOT HAVE AN EMAIL ADDRESS OR REFUSE TO PROVIDE AN EMAIL ADDRESS FOR US TO SEND THE SURVEY LINK.]	

	E-MAIL ADDRESS CONFIRM E-MAIL ADDRESS	(GO TO THANK3)
THANK1.	Thank you, but those are all the questions I have for you. Good	-bye.
THANK2.	Thank you for taking the time to answer these questions. We lo participation in our study.	ook forward to your
THANK3.	Thank you for taking the time to answer these questions. You s with a link for the web survey soon. We look forward to your page 1.	