Parental Mental Health Script

Hello, my name is [Data Collector Name]. I'd like to speak to [Name of respondent]. Is he/she available?

OMB #: 0925-0661

Expiration Date: 06/30/2015

If not, ask:

- 1. What is a good phone number to reach him/her?
- 2. Is that his/her: work, home, cell, friend/relative, other?
- 3. What are the best days of the week to reach [Name of respondent]?
- 4. What would be a good time to reach her/him at this number?

If yes:

I'm from the Parental Mental Health Study. I received your name from [Name of Recruiter] who said that you were interesting in participating in this study. You signed an informed consent form on [Date] giving us permission to contact you regarding this study.

1. Are you still interested in participating? If yes:

This is a survey of 10 minutes that asks questions about your health and if/or how often you may feel angry, sad, worried and substance use. Some participants will receive a second phone call with an interview that will last approximately 30 minutes. It will ask similar questions to this phone interview.

Some of the questions that we ask may be uncomfortable. If you are uncomfortable, you can skip any part of the survey. You are in charge.

All information we collect from you is protected by law and we keep all of it private. However, if we learn that you or someone else is harming you, your child or others around you, we may be required by law to report this to the proper authority of social services agency in your community.

Do you give your verbal permission to continue in this study? If yes, start REDCap.

If no,

1. Do you have any specific concerns about participating in this study?

Public reporting burden for this collection of information is estimated to average 5 minutes. 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: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0661). Do not return the completed form to this address.

- 2. Not interested: "I'm sorry to hear that you are not interested. Most people find that they really enjoy this research study once they get started. Can we try just a few minutes to see if you change your mind?"
- 3. Time: I understand that it is sometimes difficult to find half an hour. We don't have to complete the entire survey in one sitting. Why don't we get started and we'll stop when you need to go?
 - a. If still no, Set a hard appointment.

Closing Statement

Thank you for taking the time to answer these questions. I would like to confirm your mailing address so that I can send you \$25 as a thank you for your time.

1. Get address