

## Attachment 4 – Cognitive Interview Telephone Screening Script

The Public Health Service Act provides us with the authority to do this research (42 United States Code 242k). All information which would permit identification of any individual, a practice, or an establishment will be held confidential, will be used for statistical purposes only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).

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Form Approved OMB #0920-0222; Expiration Date: 07/31/2018

### **Sample screening script for respondent contact by Center for Questionnaire Design and Evaluation Research (CQDER) Recruiter/CQDER Staff for**

### **Vaccination acceptance/confidence survey questionnaire development recruited through flyers, newspaper advertisements, email advertisements, and word-of-mouth for cognitive interviews**

**Dial respondent’s telephone number [hereafter referred to as R] as indicated on voice mail system.**

**Note: Speak only to R. If the number is answered by voice mail/answering machine, call back at another time.**

**CQDER Recruiter/CQDER Staff:** Good morning/afternoon, may I speak to (name)?

**If R is not available or not at home, say, “Thank you” and try again at another time.**

**If the person who answered the phone (NOT R) asks, “Who is calling?” or “What’s this about?” say, “I am returning their call to me. I’ll try to reach them at another time.**

**If R has been successfully contacted, continue...**

...Hello, my name is [CQDER Recruiter/CQDER Staff’s name. I am calling from the Centers for Disease Control and Prevention’s National Center for Health Statistics. You may remember that you responded to the advertisement we placed in the [name of newspaper] on [date] or flyer looking for adults to answer survey questions on vaccine acceptance/confidence.

**Wait for acknowledgment, such as, “Oh, yes, I remember.”**

...In order to determine if you are eligible for our study, I’ll need a few minutes of your time to ask some background questions. Answering these questions is completely voluntary. We are required by law to use your information for statistical research only and to keep it confidential. The law prohibits us from giving anyone any information that may identify you without your consent. Is this a good time to ask the questions or should I call back later?

**If not a good time to talk, schedule a time to call back.**

**If good time to talk, continue...**

1. Where did you see our advertisement/flyer?

2. How old are you? **[If under age 18, go to exit script 1]**

\_\_\_\_\_

3. Do you have a child who lives with you in your household?

- Yes
- No

IF YES: How old is the child/are your children? \_\_\_\_\_

4. Are you responsible for making medical or healthcare decisions for your child/children?

- Yes
- No

5. Has/Have your child/children received all the vaccines suggested by his or her doctor?

- All of them
- Some of them
- None of them
- Don't Know

6. What is the highest level of school you have completed?

- Less than High School (No Diploma or GED)
- High School Diploma or GED
- Associate Degree
- Some College
- Bachelor's Degree
- Graduate Degree

7. Are you Hispanic or Latino?

- Yes
- No

8. What race or races do you consider yourself to be? You may indicate more than one race.

- White
- Black or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander

9. Do you currently have health insurance coverage? If yes, what type?

- Private health insurance
- Medicare
- Medicaid
- Some other type of health insurance
- Not covered

**[If the recruitment needs for certain groups have been achieved, go to exit script 2].**

**Entry Script:**

...Based on your answers to the questions so far, we would like you to take part in our study. For this study we'd like you to come here to the National Center for Health Statistics in Hyattsville, MD/agreed mutual location. An

interviewer will ask you a variety of questions about vaccination acceptance/confidence. Then the interviewer will ask you to explain what you were thinking as you answered the questions. The interviewer will also ask you about your opinions of the questions. Your answers will help us find out if the survey questions will be easy for other people to answer. Everything you say will be kept private. With your permission, we would like to record your interview. The recording is a record of what we asked and what you said about the questions. Do you give permission to have your interview video recorded? *Yes/No*. **[If no, ask if for permission to audio record]**. Do you give permission to have your interview audio recorded? *Yes/No*. **[If no, go to exit script 3. At a minimum audio recording is essential for this project].**

Do you have any questions at this point? *Pause to answer questions*. If (not/you have no other questions), then let's get you on the schedule, ok? We will be interviewing (Day, Month/Date) through (Day, Month/Date) from 8 a.m. to 6 p.m. Looking at your schedule, when would you be available to participate? *Schedule*. **[If date/times not available go to exit script 4.]**

A reminder call will be made to you a few days in advance. Should you have any questions or need to change your appointment, please feel free to contact me [name] at [phone number]. Thank you for responding to our ad, and I look forward to seeing you here at (DATE/TIME) *Get respondent to cite date & time if possible*.

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**Exit script 1:** I'm sorry, you have to be over the age of 18 to take part in this study and therefore we won't be able to use you at this time. We appreciate your call and thank you for your interest in our study.

**Exit script 2:** Based upon your answers, it seems that we may already have a number of volunteers with very similar answers to yours. At this point we need to talk with people with some different characteristics. However, if we have cancellations or other slots open up, I may wish to call you back. Would it be okay if I kept your name, telephone number, and the information you provided in response to the eligibility questions until the end of this study? *If yes, make notation. If no, would it be okay if I added your name, telephone number, age, educational level, and race to our database so that I can contact you about other studies coming up in the future? If yes, add to database. If no: OK, thank you for your time. Your name and any information you gave me will not be added to our database.*

**Exit script 3:** I'm sorry, willingness to be audio recorded is required in order to take part in this study and therefore we won't be able to use you at this time. Would it be okay if I added your name, telephone number, age, educational level, and race to our database so that I can contact you about other studies coming up in the future? *If yes, add to database. If no: OK, thank you for your time. Your name and any information you gave me will not be added to our database.*

**Exit script 4:** I see...ok, we were hoping to complete this particular study between (Month/Date) and (Month/Date), so it looks like we won't be able to schedule you at this time. Would it be okay if I added your name, telephone number, age, educational level, and race to our database so that I can contact you about other studies coming up in the future? *If yes, add to database. If no: OK, thank you for your time. Your name and any information you gave me will not be added to our database.*