Form Approved

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**Capacity Building Assistance Program: Assessment and Quality Control**

**Attachment 14**

**Technical Assistance (TA) Telephone Script for Nonresponders**

Public reporting burden of this collection of information is estimated to average 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 aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-New)

**TECHNICAL ASSISTANCE (TA) TELEPHONE SCRIPT FOR NONRESPONDERS**

**(45-day Follow-up)**

*\*Note that text in* ***red*** *are instructions to the caller and should not be read.*

*\*Highlighted information in brackets should be prepopulated from non-responder data file.*

**Caller records call attempt number – [1st, 2nd, 3rd, or 4th attempt]**

**“May I speak to {*Name in Data file*}?”**

**{Yes - Sought respondent answers} [Skip to B1]** 1

**{Reach voicemail of sought respondent - don’t leave voicemail if this is first call attempt}** **[Skip to A2 if call attempt 2, 3, or 4]** 2

**{No - don’t get sought respondent but a call screener asks for the purpose of the call}** **[Go to A1]** 3

**A1)** “I am calling on behalf of the Division of HIV/AIDS Prevention at the Centers for Disease Control and Prevention. {*Name in data file*} received Technical Assistance through their Capacity Building Assistance program, and I am calling to get feedback on the Technical Assistance they received. Are they available to talk now?”

**{Yes - Transferred to sought respondent} [Go to B1]** 1

**{No - [If first call attempt, terminate call and then schedule a callback a week later] “I will try to call them back later. Thank you. Goodbye.”}** 2

**{No - [If 2nd, 3rd, or 4th call attempt, ask to leave a voicemail] “Could I please leave them a voicemail?” Transferred to voicemail} [Go to A2, or if email address is invalid, go to A2a]** 3

**A2)** “Hello, I’m (GIVE AT LEAST FIRST NAME) calling on behalf of the Division of HIV/AIDS Prevention at the Centers for Disease Control and Prevention. We would like to get your feedback on the CDC-funded Technical Assistance you received, titled {*event name*}. This should take about 15 minutes.I will send you a follow-up e-mail shortly and will call to follow-up with you again next week. We look forward to receiving your feedback soon. Goodbye.” **[If this is the 2nd or 3rd call attempt, send appropriate follow-up e-mail and schedule callback 1 week later. If this is the 4th call attempt, send immediate follow-up e-mail and schedule final e-mail to be sent 1 week later]**

**A2a)** “Hello, I’m (GIVE AT LEAST FIRST NAME) calling behalf of the Division of HIV/AIDS Prevention at the Centers for Disease Control and Prevention. We would like to get your feedback on the CDC-funded Technical Assistance you received, titled {*event name*}. This should take about 15 minutes.I will follow-up with you again next week. We look forward to receiving your feedback soon. Goodbye.”

**B1)** “Hello, I’m (GIVE AT LEAST FIRST NAME) calling on behalf of the Division of HIV/AIDS Prevention at the Centers for Disease Control and Prevention. We would like to get your feedback on the CDC-funded Technical Assistance you received, titled {*event name*}. Your individual responses will be kept confidential and secure. Results from all of the data we collect will be summarized in a report with no information that would reveal the individuals who participated. That means technical service providers will not know how you, personally, rated their services. Your participation in the assessment is completely voluntary, and failure to participate will not jeopardize your employment or CDC funding of your organization. You should have received an email invitation to complete the survey online. Have you already completed the satisfaction survey via the link you were emailed?

**{Yes} [Go to B5]** 1

**{No} [Go to B1a]** 2

**B1a)** This call should take about 15 minutes to complete. Would you be willing to answer our questions now over the phone?”

**{Yes - Agrees to continue} [Continue interview below]** 1

**{No - Requests to schedule a callback} [Schedule a callback as requested]** 2

**{No - Refuses phone completion} [Notify respondent of option to complete via the web using the automated e-mail invitation received from CRIS, then terminate interview] “If it is more convenient, you can also provide feedback online. You can either locate the invitation e-mail from CDCCRIS@cdc.gov sent on {*date of last notification*}, or I can provide you with the link via e-mail. Would you like me to email you the link? [If Yes, confirm {*email address*}.] Thanks for your time. Goodbye.”** 3

**{No - Outright refusal} [Terminate interview] “Thanks for your time. Goodbye.”** 4

Did you receive Technical Assistance titled {*event name*}?

**{Yes} [Go to Interview Introduction]** 1

**{No} [Go to B2]** 2

**B2)** I apologize. Our records listed you as having received this Technical Assistance. Do you know if another individual at your organization received this Technical Assistance, or did you receive Technical Assistance of a different title?

**{Yes} [Record any correction to name / event name then Go to B3]** 1

**{No - they don’t have any information} [Record error and skip to B4]** 2

**B3)** I apologize again for the error and I will make note of this correction. Thank you for your time. Goodbye. **[Terminate interview]**

**B4)** I apologize again for the error and I will make note of this. Thank you for your time. Goodbye. **[Terminate interview]**

**B5)** Great! Thank you for taking time to complete the survey online. Your feedback will be valuable to future improvements to the CBA program. Thanks for your time. Goodbye. **[Terminate interview]**

**Interview Introduction)** I would first like to confirm information about the Technical Assistance you received. As I read through this information, please let me know if anything is incorrect.

[Read the pre-populated information and then go to question 1]

**Title of Event: {*From data file*}**

**Start Date of Technical Assistance Delivery: *{From data file}***

**End Date of Technical Assistance Delivery: {*From data file*}**

**Delivery Mechanism/Venue: {*From data file*}**

**CBA Provider: {*From data file*}**

1. **Is this information accurate?**

* Yes (1) [SKIP to Q3]
* No (0) [CONTINUE to Q2]
* Don’t Know (88) [SKIP to Q3]
* No Answer / Refused (99) [SKIP to Q3]

1. **Please tell me what information is incorrect:**

[Only ask this question if respondent hasn’t already voluntarily stated which items are incorrect. If necessary, re-read each item and ask the respondent “Is this correct?” If “Yes” then don’t change, if “No” then correct in this separate “CORRECTION” record. If refused to answer, record “99”]

**Title of Event:** [TEXT BOX]

**Start Date of Technical Assistance Delivery:** [TEXT BOX]

**End Date of Technical Assistance Delivery:** [TEXT BOX]

**Delivery Mechanism:** [TEXT BOX]

**CBA Provider:** [TEXT BOX]

1. ***OK, great. Next, I need to confirm the Confidential Identifier we use to link the feedback you will provide today to feedback you provided after the training.***
2. **What are the first two initials of your first name?**

\_\_\_\_\_\_ years [TEXT BOX; 2 digits]

[No Answer/Refused (99)]

1. **What are the first two initials of your last name?**

\_\_\_\_\_\_ years [TEXT BOX; 2 digits]

[No Answer/Refused (99)]

1. **What is your birth month?**

\_\_\_\_\_\_ years [TEXT BOX; 2 digits]

[No Answer/Refused (99)]

1. **On what day of the month were you born?**

\_\_\_\_\_\_ years [TEXT BOX; 2 digits]

[No Answer/Refused (99)]

1. **You indicated that you received technical assistance from {CBA provider} via {delivery mechanism, e.g., phone, e-mail, online, in-person meeting etc.}. I will be asking you to rank your top three preferred method(s) of receiving this type of technical assistance from six choices. I will read these six choices to you first, and then I will ask you to select one as your First Choice, one as your Second choice and finally which you prefer as your Third choice**.

**Here are the six choices.** [Read these in order shown, then say:] **Which of these would you prefer as your first choice?** [Read again if requested by respondent.] **Which would be your second choice?** [Read again if requested by respondent.] **Which would be your third choice?** [Read again if requested by respondent.]

[MULTI-RESPONSE QUESTION]

[No Answer/Refused (99)]

\_\_\_Phone

\_\_\_E-mail

\_\_\_Online/Web

\_\_\_In-person/at your agency

\_\_\_In-person/at a location other than your agency

\_\_\_Mailing

1. **For the next question, I am going to ask you about what you expected to gain from technical assistance. I will read several options, and you may indicate “yes” or “no” that you expected to gain them from technical assistance.**

[MULTI-RESPONSE QUESTION]

[Yes (1); No (2); No Answer/Refused (99)]

[If at any time during completion of this question they indicate they had no expectations, record the response and skip to Q7]

* New knowledge and skills
* Opportunities to apply new knowledge and skills
* Basic training
* Advanced training
* Technical assistance tailored to my specific needs
* Guidance about which evidence-based intervention would be best for my organization
* Other (please specify) [TEXT BOX]
* [If they indicate “No” for all previous response options, ask:] Would you say you had no expectations?

1. **To what extent did the technical assistance meet your expectations?**

* Exceeded my expectations (6) [SKIP to Q8]
* Met my expectations (5) [SKIP to Q8]
* Somewhat met my expectations (4) [GO to Q7]
* Met few of my expectations (3) [GO to Q7]
* Did not meet my expectations at all (2) [GO to Q7]
* No Answer / Refused (99)

1. **In what ways were your expectations NOT met?**

[TEXT BOX]

[No Answer/Refused (99)]

1. **Have you used any of the information you gained from the technical assistance?**

* Yes (1) [GO to Q9]
* No (0) [SKIP to Q10]
* No Answer / Refused (99) [SKIP to Q10]

1. **Next I am going to ask how you have used the information gained from technical assistance. I will read several options, and you may indicate “yes” or “no” that you have used the technical assistance information in this way.**

[MULTI-RESPONSE QUESTION]

[Yes (1); No (2); No Answer/Refused (99)]

* In day-to-day work with clients
* In outreach, recruitment, or retention efforts
* To refine my organization’s goals and objectives
* To modify my organization’s protocols
* Shared information with coworkers or partner organizations
* Other (please specify) [TEXT BOX]

1. **Next I am going to ask what barriers are preventing you from applying information gained from technical assistance. I will read several options, and you may indicate “yes” or “no” that it has been a barrier for you.**

[MULTI-RESPONSE QUESTION]

[Yes (1); No (2); No Answer/Refused (99)]

* The information from the technical assistance was not useful
* I am not in a position to use this information as part of my job
* Lack of funding or resources
* Lack of support from managers
* Have not had time to apply
* Have not yet had a need to apply
* Forgot about the TA information received
* Other (please specify) [TEXT BOX]

1. **What components of this technical assistance event did you find most helpful?**

[TEXT BOX]

[No Answer/Refused (99)]

1. **Next, I will ask what would have made the technical assistance you received more useful. I will read several options, and you may indicate “yes” or “no” that it would have made the technical assistance more useful.**

[MULTI-RESPONSE QUESTION]

[Yes (1); No (2); No Answer/Refused (99)]

[If at any time during completion of this question they indicate they are not sure or that there is no need for improvement, record the response and go to Q13]

* More time spent with the technical assistance provider
* Technical assistance that was better tailored to my needs
* More materials and resources provided during technical assistance
* Technical assistance provided through another method, such as email or in-person
* Other (please specify) [TEXT BOX]
* [If they responded “No” to all of the options above, ask:] Would you say you saw no need for improvement?
* Not sure

1. **What additional training needs do you have related to this topic?**

[TEXT BOX]

[No Answer/Refused (99)]

***In the next series of questions, I will ask you to rate the technical assistance provider, {CBA provider}, on a scale of 1 to 5, with 3 meaning “neutral.”***

1. **How knowledgeable about the subject matter was the provider, on a scale of 1, not knowledgeable, to 5, very knowledgeable?**

* 1 (“Not knowledgeable”) (1)
* 2 (2)
* 3 (“Neutral”) (3)
* 4 (4)
* 5 (“Very knowledgeable”) (5)
* No Answer / Refused (99)

1. **How clearly did the provider communicate information, on a scale 1, not clear, to 5, very clear?**

* 1 (“Not clear”) (1)
* 2 (2)
* 3 (“Neutral”) (3)
* 4 (4)
* 5 (“Very clear”) (5)
* No Answer / Refused (99)

1. **How appropriate were the guidance and suggestions given by the provider, on a scale of 1, not at all appropriate, to 5, very appropriate?**

* 1 (“Not at all appropriate”) (1)
* 2 (2)
* 3 (“Neutral”) (3)
* 4 (4)
* 5 (“Very appropriate”) (5)
* No Answer / Refused (99)

1. **How accessible was the provider, on a scale of 1, not at all accessible, to 5, very accessible?**

* 1 (“Not at all accessible”) (1)
* 2 (2)
* 3 (“Neutral”) (3)
* 4 (4)
* 5 (“Very accessible”) (5)
* No Answer / Refused (99)

1. **How responsive to questions was the provider, on a scale of 1, not responsive, to 5, very responsive?**

* 1 (“Not responsive”) (1)
* 2 (2)
* 3 (“Neutral”) (3)
* 4 (4)
* 5 (“Very responsive”) (5)
* No Answer / Refused (99)

1. **How well did the provider take into consideration the cultural background of the people served by your organization, on a scale of 1, did not take into account at all, to 5, very much took into account?**

* 1 (“Did not take into account at all”) (1)
* 2 (2)
* 3 (“Neutral”) (3)
* 4 (4)
* 5 (“Very much took into account”) (5)
* No Answer / Refused (99)

1. **How effective was the provider overall, on a scale of 1, not effective, to 5, very effective?**

* 1 (“Not effective”) (1)
* 2 (2)
* 3 (“Neutral”) (3)
* 4 (4)
* 5 (“Very effective”) (5)
* No Answer / Refused (99)

***Now think of the technical assistance content and materials.***

1. **How well was the content tailored to you, on a scale of 1, not tailored at all, to 5, very tailored?**

* 1 (“Not tailored at all”) (1)
* 2 (2)
* 3 (“Neutral”) (3)
* 4 (4)
* 5 (“Very tailored”) (5)
* No Answer / Refused (99)

1. **How useful were the materials, on a scale of 1, not at all useful, to 5, very useful?**

* 1 (“Not at all useful”) (1)
* 2 (2)
* 3 (“Neutral”) (3)
* 4 (4)
* 5 (“Very useful”) (5)
* No Answer / Refused (99)

1. **How relevant were the materials to you, on a scale of 1, not at all relevant, to 5, very relevant?**

* 1 (“Not at all relevant”) (1)
* 2 (2)
* 3 (“Neutral”) (3)
* 4 (4)
* 5 (“Very relevant”) (5)
* No Answer / Refused (99)

1. **How useful was the technical assistance overall, on a scale of 1, not at all useful, to 5, very useful?**

* 1 (“Not at all useful”) (1)
* 2 (2)
* 3 (“Neutral”) (3)
* 4 (4)
* 5 (“Very useful”) (5)
* No Answer / Refused (99)

1. **How relevant was the technical assistance to you overall, on a scale of 1, not relevant, to 5, very relevant?**

* 1 (“Not relevant”) (1)
* 2 (2)
* 3 (“Neutral”) (3)
* 4 (4)
* 5 (“Very relevant”) (5)
* No Answer / Refused (99)

1. **How effective was the technical assistance overall, on a scale of 1, not effective, to 5, very effective?**

* 1 (“Not effective”) (1)
* 2 (2)
* 3 (“Neutral”) (3)
* 4 (4)
* 5 (“Very effective”) (5)
* No Answer / Refused (99)

1. **How would you rate the length of the technical assistance, on a scale of 1, much too long; 3, just right; and 5, much too short?**

* 1 (“Much too long”) (1)
* 2 (2)
* 3 (“Just right”) (3)
* 4 (4)
* 5 (“Much too short”) (5)
* No Answer / Refused (99)

1. **How would you rate the complexity of the technical assistance, on a scale of 1, much too basic; 3, just right; and 5, much too complex?**

* 1 (“Much too basic”) (1)
* 2 (2)
* 3 (“Just right”) (3)
* 4 (4)
* 5 (“Much too complex”) (5)
* No Answer / Refused (99)

1. **To what extent did the technical assistance meet your needs?**

* More than met my needs (5) [SKIP to Q31]
* Met my needs (4) [SKIP to Q31]
* Somewhat met my needs (3) [GO to Q30]
* Met few of my needs (2) [GO to Q30]
* Did not meet my needs at all (1) [GO to Q30]
* No Answer / Refused (99)

1. **In what way(s) were your needs NOT met?**

[TEXT BOX]

[No Answer/Refused (99)]

1. **If the need arises, how likely is it that you will be interested in working with this provider again?**

* Very likely (5)
* Likely (4)
* Somewhat likely (3)
* Not likely (2)
* Not at all likely (1)
* Not sure (88)
* No Answer / Refused (99)

1. **Overall, how satisfied are you with the technical assistance you received?**

* Very satisfied (5)
* Satisfied (4)
* Somewhat satisfied (3)
* Not very satisfied (2)
* Not at all satisfied (1)
* No Answer / Refused (99)

***Please rate the level of importance of the following aspects of technical assistance in determining your overall level of satisfaction with the technical assistance, on a scale of 1, not at all important; 3, neutral, ; and 5, very important.***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Not at all important**  (1) | (2) | **Neutral**  (3) | (4) | **Very important**  (5) | **No answer/**  **Refused**  (99) |
| 1. **Quality of content/materials** | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. **Quality of technical assistance provider** | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. **Technical assistance delivery method** | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. **Match of technical assistance with your needs** | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. **The relevance of the technical assistance content to your/your organization’s needs** | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. **The technical assistance’s emphasis on the most important information** | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. **The extent to which the technical assistance prepared you to perform newly learned skills?** | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. **Other**   **(please specify): [TEXT BOX]** | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |

1. **How many years of professional experience do you have in the field of HIV prevention?**

\_\_\_\_\_\_ years [TEXT BOX; 2 digits]

[No Answer/Refused (99)]

**[Thank Participant for Time]**

Thank you for taking the time to give us feedback on the training today. Your feedback will be valuable to future improvements to the CDC technical assistance and training program. Thanks for your time. Goodbye.

**[Terminate Interview]**