Form Approved

 OMB No. 0920-XXXX

 Exp. Date: XX-XX-XXXX

**Workplace Health in America**

**Screening and Recruiting Call**

Public reporting 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: PRA (0920-XXXX).

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| --- | --- | --- | --- | --- | --- |
| **Respondents/Sources** | **Method** | **Content** | **Timing/Freq** | **Respondents** | **Time** |
| Employer Representatives (Wellness committee member, HR manager) from all worksites. | Telephone call | Employer size, industry and eligibility; identification of appropriate survey respondent  | One time/on a rolling basis with first set starting in the first 3 months of data collection period | 23,368 | @ 0.25 hrs |

*Implementation: These are the questions we will ask when we call each sampled worksite to first identify an individual who is knowledgeable about health and wellness programs at the worksite, verify the worksite’s eligibility to participate, and obtain cooperation to complete the survey.*

1. Hello, my name is \_\_\_\_\_\_\_\_\_\_\_calling from RTI International in North Carolina. We are assisting the Centers for Disease Control and Prevention on a project called Workplace Health in America. I am calling to simply verify your business address and identify the most appropriate person for me to speak with at your worksite. This will just take a few moments. Is this something you can help me with?

1 = YES GO TO Q2

2 = NO CODE AS REFUSAL AND SET CALL BACK

1. May I please have your name?

1 = YES RECORD GATEKEEPER’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 GO TO Q3

2 = NO GO TO Q3

1. Is this [Employer Name] located at [Street Address, City, State, Zip]?

1 = YES GO TO Q4

2 = NO COLLECT CORRECT ORGANIZATION NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS LINE 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS LINE 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY\_\_\_\_\_\_\_\_\_\_\_\_\_STATE\_\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_

1. Can you please tell me the name of the person who is most knowledgeable or responsible for employee wellness, or employee health and safety, at this worksite?

IF THE WORKSITE DOES NOT HAVE A HEALTH/WELLNESS PROGRAM, DEFAULT TO HR DEPARTMENT; IF NO HR- ASK FOR THE PERSON IN CHARGE OF EMPLOYEE/PERSONNEL ISSUES.

1 = YES RECORD POC’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 PHONE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GO TO Q5

2 = NO CODE AS REFUSAL AND SET CALL BACK

3 = GATEKEEPER IS POC. PROCEED TO SCREENING CALL

1. Can you please transfer me to [POC Name]?

1 = YES PROCEED TO SCREENING CALL WITH POC
2 = NO SET CALL BACK

IF POC IS SOMEONE OTHER THAN GATEKEEPER, GO TO Q1

IF POC AND GATEKEEPER ARE SAME, GO TO Q3

1. Hello, my name is\_\_\_\_\_\_\_\_ calling from RTI International in North Carolina. We are assisting the Centers for Disease Control and Prevention on a project called Workplace Health in America. We are contacting a nationally representative sample of worksites and randomly selected this location. [Gatekeeper’s name] referred me to you. [He/she] suggested that you were the most knowledgeable person about employee health promotion and wellness at this worksite. If you have just a few minutes, I’d like to determine if your organization is eligible to participate in this important program. Let me assure you that any information provided will be kept private. Would you agree that you are knowledgeable about employee health promotion/wellness or employee benefits at this worksite?

1 = YES SKIP TO Q3

2 = NO GO TO Q2

1. Can you please tell me the name of the person who is most knowledgeable or responsible for employee wellness, or employee health and safety, at this worksite?

1 = YES RECORD NEW POC’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 PHONE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GO TO Q3

2 = NO CODE AS REFUSAL AND SET CALL BACK

1. Our records indicate that this worksite has [frame preloaded size] total employees, is that about right? By “worksite” we mean the building, unique location, or business unit within the organization where work occurs, or that serves as the primary work address for field-based or telecommuting employees. A worksite can include a group of buildings as long as all the buildings are in close proximity (walking distance) and defined as part of the organization.

1 = YES GO TO Q4

2 = NO RECORD CORRECT NUMBER OF EMPLOYEES \_\_\_\_\_\_\_\_\_\_\_

IF LESS THAN 10, CODE INELIGIBLE AND CONCLUDE CALL:

Thank you for your time and this information. Unfortunately, your worksite does not meet the minimum size criteria for participating in our survey. If you would like to assess your worksite’s health promotion efforts, I can refer you to the CDC’s Worksite Health ScoreCard at [www.cdc.gov/healthscorecard](http://www.cdc.gov/healthscorecard)

1. Has [Organization Name] been operating for at least 12 months?

THEY DO NOT NEED TO HAVE BEEN LOCATED AT THAT SITE FOR 12 MONTHS.

1=YES GO TO Q5

2=NO CODE INELIGIBLE AND CONCLUDE CALL

Thank you for your time and this information. Your worksite has not been operational long enough to participate in our survey. If you would like to assess your worksite’s health promotion efforts, I can refer you to the CDC’s Worksite Health ScoreCard at [www.cdc.gov/healthscorecard](http://www.cdc.gov/healthscorecard).

1. Our records indicate that your organization is best categorized in the [frame preloaded industry] industry, is that correct?

1=YES GO TO Q6

2=NO Can you please tell me which industry group best describes your worksite?

CHOOSE FROM DROPDOWN:

* Agriculture, Forestry, Fishing and Hunting
* Mining, Quarrying, and Oil and Gas Extraction
* Utilities
* Construction
* Manufacturing
* Wholesale Trade
* Retail Trade
* Transportation and Warehousing
* Arts, Entertainment, and Recreation
* Accommodation and Food Services
* Other Services (except Public Administration)
* Information
* Finance and Insurance
* Real Estate/Rental/Leasing
* Professional, Scientific and Technical Services
* Management of Companies and Enterprises
* Administrative and Support and Waste Management and Remediation Services
* Educational Services
* Health Care and Social Assistance
* Public Administration (includes local, state, and federal government)
1. The CDC is conducting a survey about employers’ health programs and practices, called *Workplace Health in America*. The objectives of the survey are to:
* describe the current state of U.S. workplace health promotion and protection programs and practices across all types of employers;
* provide free and accessible benchmarking data for employers; and
* assess national workplace health priorities, trends, and emerging issues.

They need input from worksites like yours. Are you willing to assist us in this important data collection effort?

1 = YES GO TO Q2

2 = NO CODE AS REFUSAL, SET CALL BACK

1. May I please have your email address (IF NOT ALREADY RECORDED), so that I can send you a link to complete the survey online?

1=YES RECORD POC EMAIL ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_

 SEND LINK TO SURVEY
 CONCLUDE CALL AND SET FOLLOWUP:

Thank you very much for your time. I’ll be in touch with you in the next week or so in case you need any further assistance.

2=NO GO TO Q3

1. Would you rather complete the survey with me over the phone?

1= YES GO TO Q4

2= NOT AT THIS TIME SET CALL BACK TIME

1. Before we get started, I’d like to give you some information about participating:

READ VERBATIM

* This project is funded by the CDC. RTI International is the data collection contractor conducting the survey for CDC. RTI is an independent, nonprofit research institute headquartered in Research Triangle Park, NC.
* We are surveying a nationally representative sample of worksites representing all sizes, industries, and regions. Your worksite was randomly selected as a representative of your size, industry and region.
* Your participation in this survey is voluntary.
* The survey is designed to take about 40 minutes for most worksites.
* All of the answers you provide will be maintained in a secure manner. We will not disclose your responses unless we are compelled by law. Your responses will be combined with responses from other worksites and reported in the aggregate.
* CDC is authorized to collect information for this project under the Public Health Services Act.
* There are no personal risks or personal benefits to you for participating in this survey.
* If you have any questions, you can contact Laurie Cluff at RTI International. Her phone number is 919-541-6514 and her email is lcluff@rti.org.

BEGIN Computer Assisted Telephone Interview