

## Attachment 20-3: BEEA CATI Script for Recently Exposed – Air Monitoring Participants

### Study of Biomarkers of Exposures and Effects in Agriculture Intro/Eligibility Telephone Script (Recent Exposed Group + Air Monitoring Visits)

OMB #: 0925-0406

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Public reporting for this collection of information is estimated to average twenty 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: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0406). Do not return the completed form to this address.

Hello, I am trying to reach (APPLICATOR'S FIRST, MIDDLE INITIAL, LAST, SUFFIX).

**IF THE PESTICIDE APPLICATOR IS NOT AVAILABLE NOW, ASK ABOUT AND RECORD A BETTER TIME TO REACH HIM.**

**IF ASKED “WHO IS CALLING?” BEFORE YOU GET TO THE RESPONDENT:**

This is \_\_\_\_\_. I am calling from a health study. This number is the number Mr. (First/Last Name) gave us to use to contact him. Is he there? Thank you very much.

**TO RESPONDENT:**

Am I speaking to (APPLICATOR'S FIRST, MIDDLE INITIAL, LAST, SUFFIX)?

Hello, my name is \_\_\_\_\_. I am calling from the Agricultural Health Study (at the University of Iowa). You should have received a letter from Dr. Charles Lynch/Marsha Dunn, Study Director in (Iowa/North Carolina) recently, to let you know that I would be calling. Do you recall seeing that in your mail? **(PAUSE FOR RESPONSE)**

Do you have a moment now to talk with me about that project?

**CALL BACK:** Record better day and better time.

**TOO BUSY:** This initial phone call will take only about 10 minutes. We can schedule for a better time (NOTE TIME). Or if you would like, we could get started and see how it goes. You could stop me at any time. Would that be OK?

**REFUSING:** (Try to respond to concerns.)

**NOTE: CATI TO START HERE – INTERVIEWER WILL FIRST INDICATE IN CATI WHETHER RESPONDENT IS STILL REFUSING OR IS ALLOWING THE CONTACT TO CONTINUE.**

**STILL REFUSING:** → **Go to Additional Questions (Direct Refusal).**

**IF CONTINUING CONTACT:**

Thank you. First let me make certain that I have reached the correct individual.

C1. Is your name (First/Last Name) and is your date of birth (Birthdate)?

- a) Yes → **Go to Eligibility Questions**
- b) No



To determine if you are eligible, I need to learn more about you and your plans for farming this year. Again, please know that your answers are confidential, and that you may refuse to answer any particular question.

D1. Before we go any further, are you currently actively farming or participating in any farming activities in the next three months?

- a) Yes
- b) No → **Go to E1 (RANDOM SELECT GROUP)**

D2. Do you have (poultry or livestock) on your farm?

- a) Yes
- b) No → **Go to D5**

D3. What kind of animals do you have?

- a) Hogs
- b) Chickens (including for eggs)
- c) Beef Cattle
- d) Dairy Cattle
- e) Other

D4. If yes, approximately how much time do you spend feeding, caring for or cleaning their enclosures on a daily basis?

- a) None
- b) Less than 30 minutes
- c) 30-60 minutes
- d) 1-3 hours
- e) More than 3 hours

D5. Will you personally harvest any crops, or participate in other harvest-related activities?

- a) Yes
- b) No → **Go to E1**

D6. If yes, then what month do you think that you will begin harvesting crops?  
\_\_\_\_\_

E1. According to your birthdate that we have on record, you should be (see age of AHS private pesticide applicator on front of call sheet) years old. Is this accurate?

- a) Yes → **Go to E3**
- b) No
- c) Dk
- d) Ref

E2. What is your current age? \_\_\_\_\_

**IF less than 50 years old, go to INELIGIBLE 1 statement. IF 50 years old or older, continue:**

E3. Do you have a blood clotting disorder such as hemophilia?

- a) Yes → **Go to Ineligible 2**
- b) No
- c) Dk
- d) Ref

E4. Not including non-melanoma skin cancer, have you ever been diagnosed by a doctor with any type of cancer?

- a) Yes
  - b) No
  - c) Dk
  - d) Ref
- **Proceed to END OF ELIGIBILITY INTERVIEW**

E5. In what organ or part of the body did your cancer start? (If you are not sure of the answer, please give me your best guess.)

\_\_\_\_\_

E6. In what year were you first diagnosed by a doctor with this cancer?

YEAR: |\_\_|\_|\_|\_|\_|\_|

→ **Go to Ineligible 3**

### END OF ELIGIBILITY INTERVIEW

**IF “ELIGIBLE FOR BIOAEROSOL MONITORING GROUP”:** Based on your answers, you are eligible for this part of the Agricultural Health Study. Did you have a chance to read the study fact sheet that was enclosed with the letter you received from [Dr. Lynch/Ms. Dunn]? Do you have any questions about this study? [IF NOT, OR IF SUBJECTS HAS QUESTIONS; READ INFORMATION FROM FACT SHEET]

Would you be willing to participate in this study?

- a) Yes
- b) No

**Refusing:** Do you have any questions or concerns about the study that you would like to speak to one of the researchers about? [TRY TO ALLEVIATE CONCERNS OR SCHEDULE TIME TO TALK TO NCI RESEARCHERS]

**Still Refusing** → **Go to Additional Questions (Participating/Ineligible/Indirect Refusal)**

**IF “YES”:**

A1. Let me verify your street address. Is it (READ ADDRESS, CITY, STATE, AND ZIP CODE)?

- a) Yes → **Go to Additional Questions (Participating/Ineligible/Indirect Refusal)**
- b) No

A2. What is the address of your current residence?

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A3. In what year did you move to this address? \_\_\_\_\_

A4. [INTERVIEWER] ENTER THE CURRENT PHONE NUMBER FROM THE CALL RECORD.

\_\_\_\_-\_\_\_\_-\_\_\_\_

IF PHONE NUMBER CANNOT BE FOUND, GO TO A6.

A5. Is (CURRENT PHONE) the best number to contact you?

- a) Yes → **Go to A7**
- b) No

A6. Can you please give us the best number to contact you about the visit to your home?

\_\_\_\_-\_\_\_\_-\_\_\_\_

A7. Is there another number like a cell phone or second number to contact you about this visit?

\_\_\_\_-\_\_\_\_-\_\_\_\_

Thank you. As previously mentioned this study involves a series of visits to your farm and home: the first set of visits will take place in the fall and will consist of one or two visits by an industrial hygienist who will observe your work activities and collect air monitoring samples on the farm. In addition, there will be one home visit by a phlebotomist in the fall. Can I schedule a time during (MONTH) or (MONTH) for the first farm and home visits?

**Record date and time of air monitoring visit:** Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_ am or pm

**Record date and time of home visit:** Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_ am or pm

**We will contact you again in the winter to schedule the spring visits.**

→ **Proceed to Additional Questions (Participating/Ineligible/Indirect Refusal)**

**IF ELIGIBLE FOR RANDOM SELECT GROUP:** Based on your answers, you are eligible for this part of the Agricultural Health Study. Did you have a chance to read the study fact sheet that was enclosed with the letter you received from [Dr. Lynch/Ms. Dunn]? Do you have any questions about this study? [IF NOT, OR IF SUBJECTS HAS QUESTIONS; READ INFORMATION FROM FACT SHEET] This part of the Agricultural Health Study will consist of one home visit by a person who specializes in collecting specimens. The home visit will consist of an interview using a laptop computer, urine, blood, saliva and vacuum dust sample collection. You will receive \$100.00 for the visit as a thank you for your participation.

Would you be willing to participate in this study?

- a) Yes
- b) No

**Refusing:** Do you have any questions or concerns about the study that you would like to speak to one of the researchers about? **[TRY TO ALLEVIATE CONCERNS OR SCHEDULE TIME TO TALK TO NCI RESEARCHERS]**

**Still Refusing → Go to Additional Questions (Participating/Ineligible/Indirect Refusal)**

**IF "YES":**

B1. Let me verify your street address. Is it (READ ADDRESS, CITY, STATE, AND ZIP CODE)?

- a) Yes → **Go to Additional Questions (Participating/Ineligible/Indirect Refusal)**
- b) No

B2. What is the address of your current residence?

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Thank you. This study would involve a visit to your home on a date that is convenient for you. Can I schedule a time during (MONTH) or (MONTH) for the visit?

**Record date and time of visit:** Date: \_\_\_/\_\_\_/\_\_\_\_\_ Time: \_\_\_\_\_am or pm

**→ Proceed to Additional Questions (Participating/Ineligible/Indirect Refusal)**

**INELIGIBLE 1:** I apologize. Our records indicated that you were within the age range we are including in the study. However, based on this updated information on your age, you are not eligible for this part of the Agricultural Health Study. **Go to Additional Questions (Participating/Ineligible/Indirect Refusal).**

**INELIGIBLE 2:** Unfortunately, you are not eligible for this part of the Agricultural Health Study: we are looking for a group of men who are able to provide blood samples. **Go to Additional Questions (Participating/Ineligible/Indirect Refusal).**

**INELIGIBLE 3:** Unfortunately, you are not eligible for this part of the Agricultural Health Study: we are looking for a group of men who have never been diagnosed with cancer. **Go to Additional Questions (Participating/Ineligible/Indirect Refusal).**

### **ADDITIONAL QUESTIONS**

**DIRECT REFUSAL:**

Thank you, I understand. Would you have time to answer a few quick questions about health screening for us? It will take about two minutes of your time, if that.

**REFUSAL: → Go to Closings**

**IF "YES", continue:**

Thank you. First let me make certain that I have reached the correct individual.

C1. Is your name (Full Name) and is your date of birth (Birthdate)?

- a) Yes → **Go to Additional Questions Intro**
- b) No

C2. What is your correct date of birth?     \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

MM        DD        YYYY

C3. [INTERVIEWER] IS IT POSSIBLE THAT THE NUMBERS IN THE DATE OF BIRTH, HAVE BEEN TRANSPOSED, MISREAD, OR ARE REVERSED?

- a) YES → **Go to Additional Questions Intro**
- b) NO
- c) NOT SURE → **THANK YOU FOR YOUR HELP. I'LL PROVIDE THIS INFORMATION TO MY SUPERVISOR.**

C4. Does another person with a similar name but a different date of birth live here?

- a) Yes
- b) No (QC5a)

C4a. May I please speak to the other (FULL NAME)?

- a) Yes → **THANK INITIAL/INCORRECT RESPONDENT; WAIT TO RECORD "YES" WHEN THE RESPONDENT IS ON THE PHONE.**
- b) No

C4b. Do you know a better time when we can reach the other (FULL NAME)?

\_\_\_\_\_

**Record information on how to reach (collect phone and best time to reach); then go to Closings.**

C5a. Was there a person with a similar name but a different date of birth living there in the past?

- a) Yes
- b) No (Closings)

C5. Do you know how we can reach him? \_\_\_\_\_

**Record information on how to reach (collect phone and best time to reach); then go to Closings.**

**PARTICIPATING OR INELIGIBLE OR INDIRECT REFUSAL:**

Before we finish, would you have time to answer three more quick questions about health screening for us? It will take about two minutes of your time, if that.

**REFUSAL** → **Go to Closings**

**IF "YES", continue:**

**ADDITIONAL QUESTION INTRO:**

These questions are aimed toward improving our understanding of cancer screening practices among participants in the Agricultural Health Study, and they are a separate part of the sub-study. As always, your answers are confidential, and you may refuse to answer any particular question.

S1. Have you ever had a blood test for prostate cancer, for example PSA? Would you say:

- a) Never,
- b) Once, or
- c) More than once?
- d) DK
- e) REF

S2. Have you ever had a digital rectal examination of the prostate? Would you say:

- a) Never,
- b) Once, or
- c) More than once?
- d) DK
- e) REF

S3. Have you ever had a colonoscopy or sigmoidoscopy to examine the colon and rectum?

- a) Never,
- b) Once, or
- c) More than once?
- d) DK
- e) REF

**CLOSINGS**

**AIR MONITORING GROUP ELIGIBLE, WILLING TO PARTICIPATE:**

Thank you. Those are all the questions I have for you today. There will be two sets of visits, one in the spring and one in the fall. Within each set of visits there will be two types. The first type will be the farm visit and will include one to two visits by a study team member to conduct monitoring of the air that you're breathing while going about your day during the workday. Then, on another day, there will be a visit to your home consisting of an interview, urine, blood, saliva, and vacuum dust sample collection. The urine collection materials and a questionnaire about the vacuum dust sample collection will be sent to you about two weeks before your visit with the appointment confirmation letter. You may use your vacuum cleaner as you normally would, but we ask that you not empty it or change bags before the visit. If you do need to change bags or empty the vacuum canister, we ask that you try to use the vacuum at least once with the new bag or empty canister before your visit, so there is dust available in the machine. You can eat and take medications as you normally would. Meanwhile, please contact us at (800-217-



1954/800-424-7883) if you have any questions about this study. We sincerely appreciate all of your help with our research.

**RANDON SELECT ELIGIBLE, WILLING TO PARTICIPATE:**

Thank you. Those are all the questions I have for you today. The home visit will consist of an interview, urine, blood, saliva, and vacuum dust sample collection. The urine collection materials and a questionnaire about the vacuum dust sample collection will be sent to you about two weeks before your visit with the appointment confirmation letter. You may use your vacuum cleaner as you normally would, but we ask that you not empty it or change bags before the visit. If you do need to change bags or empty the vacuum canister, we ask that you try to use the vacuum at least once with the new bag or empty canister before your visit, so there is dust available in the machine. You can eat and take medications as you normally would. Meanwhile, please contact us at (800-217-1954/800-424-7883) if you have any questions about this study. We sincerely appreciate all of your help with our research.

**INELIGIBLE:**

Thank you for your time today and thanks again for taking part in the Agricultural Health Study.

**REFUSAL:**

Thank you for your time today and thanks again for taking part in the Agricultural Health Study.

**RECORD REASON FOR REFUSAL.**

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**NOT CORRECT RESPONDENT:**

I'm sorry for the confusion. That is all the questions I have for you at this time. Thank you for speaking with me today.