

## Attachment 10.2 BEEA IA Contact Script for Scheduling First Post-Application Visit (Recent Exposure Group)

OMB NO.: 0925-0406  
EXPIRATION DATE: 09/30/2016

Collection of this information is authorized by The Public Health Service Act (42 USC 285I). Rights of study participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. Refusal to participate will not affect your benefits in any way. The information collected in this study will be kept private to the extent provided by law. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all study participants and reported as summaries. You are being contacted to complete this health follow-up survey because, as a member of the Agricultural Health Study, your continued involvement can help us learn more about how agricultural and environmental factors may affect the health of farmers and their families.

Public reporting burden for this telephone contact is estimated to average **two** minutes per response, including the time for reviewing instructions, and answering questions. **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 (Mr. Name of AHS private pesticide applicator).

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

Thank you very much.

**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:**

My name is \_\_\_\_\_. I am calling from the **Study of** Biomarkers of Exposures and Effects in Agriculture. I'm calling to find out about your farming activities and when we can schedule your next home visit. I just have a couple of questions.

When we last spoke, you said you would be (making a decision about when to apply **permethrin**/applying **permethrin**) in (MONTH).

Q1. Do you plan to apply **permethrin** during the next four weeks?

- a) Yes → Advance to SCHEDULING.
- b) No

Q2. Approximately when do think you may (make a decision about when to apply **permethrin**/ apply **permethrin**)?

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Advance to CLOSING STATEMENT.

SCHEDULING: Based on your farming activities, we are ready to **tentatively** schedule the next visit to your farm. During this visit, we will administer a questionnaire, and will once again collect blood, **saliva**, urine, **and dust** samples. Do you have any questions at this time?

We would like to schedule the visit for the morning of [within 24 hours after last **permethrin** application]. Would this morning work for you? **[Schedule visit- if suggested morning is not convenient, try for that afternoon, or the following morning]**.

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You will be receiving materials in the mail from us in preparation for your visit. Please contact us if you have any questions prior to our visit, or if your schedule changes. Our telephone number is 800-217-1954. We appreciate your help with our research.

CLOSING STATEMENT: Thank you for your time today. Based on your schedule, we will plan to call you again in a (week/month/couple of weeks/couple of months). If your schedule changes, please contact us at 800-217-1954. We appreciate your help with our research.

**Attachment 10.3 BEEA North Carolina Contact Script for Scheduling First Post-Application Visit  
(Recent Exposure Group)**

OMB NO.: 0925-0406  
EXPIRATION DATE: 09/30/2016

Collection of this information is authorized by The Public Health Service Act (42 USC 2851). Rights of study participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. Refusal to participate will not affect your benefits in any way. The information collected in this study will be kept private to the extent provided by law. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all study participants and reported as summaries. You are being contacted to complete this health follow-up survey because, as a member of the Agricultural Health Study, your continued involvement can help us learn more about how agricultural and environmental factors may affect the health of farmers and their families.

Public reporting burden for this telephone contact is estimated to average **two** minutes per response, including the time for reviewing instructions, and answering questions. **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 (Mr. Name of AHS private pesticide applicator).

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

Thank you very much.

**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:**

My name is \_\_\_\_\_. I am calling from the **Study of** Biomarkers of Exposures and Effects in Agriculture. I'm calling to find out about your farming activities and when we can schedule your next home visit. I just have a couple of questions.

When we last spoke, you said you would be (making a decision about when to apply **permethrin**/ applying **permethrin**) in (MONTH).

Q1. Do you plan to apply **permethrin** during the next four weeks?

- a) Yes → Advance to SCHEDULING.
- b) No

Q2. Approximately when do think you may (make a decision about when to apply **permethrin**/ apply **permethrin**)?

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Advance to CLOSING STATEMENT.

SCHEDULING: Based on your farming activities, we are ready to tentatively schedule the next visit to your farm. During this visit, we will administer a brief questionnaire, and will once again collect blood, saliva, urine, and dust samples. Do you have any questions at this time?

We would like to schedule the visit for the morning of [within 24 hours after last permethrin application]. Would this morning work for you? **[Schedule visit- if suggested morning is not convenient, try for that afternoon, or the following morning]**.

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You will be receiving materials in the mail from us in preparation for your visit. Please contact us if you have any questions prior to our visit, or if your schedule changes. Our telephone number is 800-424-7883. We appreciate your help with our research.

CLOSING STATEMENT: Thank you for your time today. Based on your schedule, we will plan to call you again in a (week/month/couple of weeks/couple of months). If your schedule changes, please contact us at 800-424-7883. We appreciate your help with our research.