ATTACHMENT 12_R: FIELD INTERVIEWER VERIFICATION

Form Approved OMB No. 0910-0753 Exp. Date 10/31/2016

ID:		
1.	Hello, my name is _ [ADULT RESPOND	, with RTI International. May I speak with DENT]?
	IF UNAVAILABLE	-When would be a better time to speak with [RESPONDENT] or can (he/she) be reached at another number? (RECORD INFORMATION IN SPREADSHEET.)
	IF AVAILABLE -	(IF SPEAKING TO THE SAME PERSON CONTINUE IF NOT REINTRODUCE YOURSELF) I am calling to verify the work of one of our field representatives, [REPRESENTATIVE NAME], who reported conducting an interview with a you on [DATE OF INTERVIEW] for the FDA Health and Media Study. Do you remember completing the interview?
		YES → GO TO QUESTION 2 NO → IF RESPONDENT DOES NOT REMEMBER THE INTERVIEW, REMIND HIM/HER THAT THE FI ASKED QUESTIONS ABOUT HOUSEHOLD CHARACTERISTICS, MEDIA USE, ATTITUDES TOWARDS TOBACCO. IF RESPONDENT STILL DOES NOT REMEMBER CONFIRM THAT YOU HAVE THE CORRECT ADDRESS AND DIALED THE CORRECT PHONE NUMBER. IF ADDRESS AND PHONE NUMBER ARE CORRECT, SKIP TO CONCLUSION.
2.	Did an interviewer can 1 = YES 2 = NO → PROBE _	all your household to set up an appointment for an interview?
3.	1 = IN RESPONDE	erview conducted in your home or somewhere else? NT'S HOME ELSE (SPECIFY)
4.	About how long was the interviewer present in your home? 1 = <30 MINUTES 2 = 30-44 MINUTES 3 = 45-59 MINUTES 4 = 60-90 MINUTES 5 = OVER 90 MINUTES	

5.	Was your child, [FILL CHILD], interviewed? 1 = YES
	2 = NO → PROBE FOR SPECIFIC INFORMATION
	E: YOU CAN PICK ONE CHILD. USUALLY THE PARENT WILL TELL YOU IF MORE N ONE WAS INTERVIEWED.
6.	Were you given a printed copy of the consent form to follow as the interviewer read it to you? $1 = YES$ $2 = NO$
7.	Was this your child's first interview for the FDA Health and Media Study? $1 = YES \rightarrow PROBE$. THIS SHOULD BE THEIR 2^{ND} INTERVIEW $2 = NO$
8.	Did an interviewer come to your home last winter to interview your child about tobacco? 1 = YES 2 = NO → PROBE
9.	Did your child enter answers into the laptop himself? 1 = YES 2 = NO → PROBE
10.	About how long did it take your child to complete the interview? 1 = <30 MINUTES 2 = 30-44 MINUTES 3 = 45-59 MINUTES 4 = 60-90 MINUTES 5 = OVER 90 MINUTES
11.	We also conducted the survey online. Were you aware of this option? 1 = YES 2 = NO
12.	Was your child given money as a thank you for completing the survey? 1 = YES 2 = NO → PROBE IF NO SKIP TO Q15
13.	How much did he receive? \$ IF RESPONDENT STATES DOESN'T REMEMBER OR A DIFFERENT AMOUNT OTHER THAN \$20 PROBE: Did you receive one bill or two bills?
14.	In what form were you paid? (For example: cash, check, money order.)

15.	Did the interviewer behave in a professional manner? 1 = YES 2 = NO (EXPLAIN)	
16.	Those are all the questions I have. Do you have any additional comments you'd like to make about the interview(s)?	
	1 = YES (SPECIFY) 2 = NO	

CONCLUSION: Thank you very much for your time. Have a nice day/evening.

OMB No: 0910-0753 Expiration Date: 10/31/2016 Paperwork Reduction Act Statement: The public reporting burden for this collection of information has been estimated to average 2 minutes per response. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing burden to PRAStaff@fda.hhs.gov.