OMB No. 0930-0274 Expiration Date: XXXX

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Cohort V Client Initial Request Script Telephone Script for Obtaining Client's Approval for Research Re-contact

"Before we hang up, I'd like to describe a telephone research survey that is being conducted with people who receive follow-up from a crisis line. The reason for doing the interview is to find out how people are doing in the weeks after we talked to them and to see if crisis centers are providing effective services to their clients. Our center is working with researchers at Columbia University to do this telephone assessment. For purposes of consent, the study has to be limited to people who are 18 years of age or older."

1) Are you 18 years of age or older?	Yes (18 years or older)	☐ No (younger than 18 years)
IF CLIENT IS YOUNGER THAN 18 YEARS	OF AGE, PLEASE DO NOT REQU	EST PERMISSION FOR RE-CONTACT

"Right now, we would just like to find out whether it is okay for the research/evaluation team from Columbia University to call you to tell you more about the study. They would be calling you about 6 weeks past the time you were referred to us for follow-up. May someone from Columbia University call you to see if you might be interested in participating in the telephone research survey? *Only some clients will be re-contacted for the survey. The selection of the clients will be random (like flipping a coin) and has nothing to do with you personally.* If they call you they will give you all the details about the research. While they need your name to call you back, your name will not be connected to any of your answers on the survey or any reports that come out of the evaluation project. The survey will take about 30 to 40 minutes and you will be paid \$50 for helping with this evaluation."

PLEASE FILL IN BLANKS AND CHECK APPROPRIATE BOXES:		
2) Client's Gender: Male Female Unknown		
3) Client's Age:		
4) Date of Client's Referral for Follow-up:/(mm/dd/yy)		
5) Client was referred for follow-up subsequent to: (please choose one) □ ED discharge □ Inpatient discharge □ Other:		
6) Date of Follow-up Call during which request was made:/(mm/dd/yy)		
7) □ Client Agreed □ Client Refused		
8)		
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ONLY PROVIDE NAME AND REMAINING INFO	RMATION BELOW IF CLIENT HAS AGE	REED:
9) Client's Name:		
Contact Details for Columbia's Call:		
10) Telephone number for Columbia's call: (☐ Cell phone
11) Best days & times to call:		
12) Alternate number for Columbia's call: (☐ Cell phone
13) Best days & times to call:		
14) "If you have Caller ID, should they block their i	identity when they call you?" 🗖 Yes 🗖	
15) If you don't pick up when Columbia University They could say, "This is Columbia University of telephone survey," or they could leave a difference Do Not Leave Message Leave Columbia Message Leave Different Message: (If you	alling to see if you'd be interested in parti	cipating in a
16) If someone else answers when Columbia University the person who answers the phone? They cours be interested in participating in a telephone sure Do Not Leave Message (If yet Leave Columbia Message Leave Different Message: (If yet Leave Different Message)	old say, "This is Columbia University calling rvey," or they could leave a different mes	g to see if you'd sage.
16a) <i>IF OKAY TO LEAVE A MESSAGE:</i> Is it o new telephone number, if your number ha		erson for your
17) If your phone number changes before Columb they can call to ask for your new telephone number (If "Yes," please provide the names and phone	mber? 🗆 Yes 🕒 No (If "No," form	is complete.)
Name		
Name		
Name	_ Tel. #:(
17a) When Columbia University reaches your University calling to see if he/she would b could say something else. □ Use Columbia Message □ Use Different Message:		e survey," or they
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