OMB Number.: XXXX-XXXX

Expire Date: XX/XX/20XX

**APPENDIX F.1: TELEPHONE SURVEY INTRODUCTION AND CONSENT – ENGLISH**

1 Hello, may I speak to [PARTICIPANT NAME]?

[IF ASKED, “WHO’S CALLING?”: This is [INTERVIEWER NAME] and I’m calling on behalf of the U.S. Department of Agriculture, Food and Nutrition Services (FNS) about a food shopping survey.]

YES ………… 1

NOT AVAILABLE ………….. 2 (SCHEDULE CALLBACK)

OTHER 3 (RECORD RESULT)

**2** Hello, my name is [INTERVIEWER NAME] and I’m calling from Westat, a survey research firm, on behalf of the U.S. Department of Agriculture who administers the SNAP or Food Stamp program. We recently mailed you a survey about food shopping and preparation.

[IF CELL PHONE: Please tell me if you are currently driving a car or doing any activity that requires your full attention so I can call you back at a later time.]

We have not received your completed survey and would like to complete the survey now over the phone. Participation in the survey is voluntary and will take about 25 minutes. When we are done, we will send you $20 to thank you for completing the survey.

Just to make sure I’m speaking with the correct person, your name is {PARTICIPANT NAME}. Is that correct?

YES 1

NO 2 (ATTEMPT TO GET CORRECT PERSON TO PHONE)

3. Your decision to participate or not participate in this study will have no impact on your benefits in any way, either now or in the future. You may skip any question that you do not want to answer or stop the interview at any time, but we would really appreciate your answering all the questions you can. Your answers will be kept private and the results of the survey will be reported as totals so that no one person can be identified. Do you agree to participate?

YES ………… 1 GO TO START

NO ………….. 2 GO TO 3/4

3 IF NO - NOT A GOOD TIME, When would be a good time for me to call you back?

1. IF NO – REFUSAL, COMPLETE NON-INTERVIEW REPORT FORM TO DOCUMENT STRENGTH OF REFUSAL (MILD/FIRM/HOSTILE) AND REASONS FOR REFUSAL.

**START**: OK, let’s get started.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is XXXX-XXXX. The time required to complete this information collection is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data resources, gathering and maintaining the data needed, and completing and reviewing the collection of information.