OMB Number: 0584-0613

Expiration Date: 09/30/2019

**I. INITIAL CONTACT**

Hello, my name is [YOUR NAME]. I'm calling from 2M Research on behalf of the U.S. Department of Agriculture/Food and Nutrition Service to follow up on an email that we recently sent to [RESPONDENT’S NAME]. Would that be you?

**(IF SPEAKING TO THE RESPONDENT GO TO B ON PAGE 2**)

**(IF SPEAKING TO A RECEPTIONIST, SAY:**) Is there a direct line to reach him/her?

**(IF YES, RECORD NUMBER IN SPACE BELOW. ENTER THIS NUMBER IN THE MESSAGE FIELD AT THE END OF THE CALL.)**

RESPONDENT’S DIRECT PHONE NUMBER:

Is he/she available?

YES (**GO TO B ON PAGE 2**)

NO (**GO TO A BELOW**)

**A. RESPONDENT NOT AVAILABLE**

The email we sent to [RESPONDENT] linked to a questionnaire from the U.S. Department of Agriculture/Food and Nutrition Service. The survey was designed to be completed by the person or persons in your district most knowledgeable about your school meals programs.

Do you know whether [RESPONDENT] might have given it to someone else to complete?

Yes, knows name of new person

May I have the name, title, and contact information for that person? (**ENTER THE CONTACT INFORMATION IN THE MESSAGE FIELD.)**

CONTACT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No, does not know name or whether given to someone else **(CONTINUE BELOW**)

Would you please leave a message for (RESPONDENT) mentioning that I called about the survey? When is a good time to call back?

Callback Date/Time:

**B. SCRIPT FOR WHEN RESPONDENT IS ON THE PHONE:**

*Introduction 1-IF SPEAKING TO RESPONDENT ON INITIAL CONTACT*

The letter was an invitation to complete a survey for the Child Nutrition Reducing Burden Study. **(GO TO INTRODUCTION 3)**

*Introduction 2-IF TRANSFERRED*

Hello, my name is [NAME] and I’m calling from 2M Research. We recently sent you a letter invitation to complete a survey for the Child Nutrition Reducing Burden Study. **(GO TO INTRODUCTION 3)**

*Introduction 3*

2M Research is conducting this survey on behalf of the U.S. Department of Agriculture Food and Nutrition Service. We noticed that you haven’t completed this survey yet, so we just wanted to be sure that you received the invitation for the survey.

*Verify Contact Information*

The email address we have for you is [email]. Is that correct? *(Update if necessary and confirm the survey link will be sent right away.)*

*Respond to Questions or Concerns*

Do you have any questions about the study? Did you have the opportunity to review the survey in the link that was sent?

[IF NO:] Did you have trouble with the link to the survey?

[IF YES:] Have you been able to log in and start the survey?

*Resend Link*

If you don’t have any other questions, would you like me to send you another link to the survey? [IF YES:] I’ll get that email to you shortly.

[IF NO:] Can we make an appointment for a better time? Day: \_\_\_\_\_ Time: \_\_\_\_

II. **TELEPHONE ANSWERING DEVICE SCRIPT**

Hello, I’m [NAME]. I’m calling from 2M Research about a survey called the Child Nutrition Reducing Burden Study, which we are conducting on behalf of the U.S. Department of Agriculture Food and Nutrition Service. We have not yet received your response to this survey and we hope you will finish it soon. Please access the survey using the login information that was emailed to you. If you have not received the email with your survey link, or have any questions or concerns about the survey, please contact the survey helpline is **[PHONE NUMBER]** (toll-free) or send us an email at **[EMAIL].**

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 0584-0613. The time required to complete this information collection is estimated to average 6 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Policy Support, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584-0613). Do not return the completed form to this address.