



OMB Control No: 0584-XXXX
Expiration Date: XX/XX/20XX

Appendix G6. Telephone Follow-Up Script for Caregivers

Hello, may I speak with <NAME OF CAREGIVER>?

IF AVAILABLE:

Hello. This is <NAME> calling from Westat, with regard to the U.S. Department of Agriculture's *Summer Meals Study*. A few weeks ago, you received a survey for the Summer Meals Study for you and your child. Our records show that you have not filled out the survey as of today, and we would like to do the survey with you now, over the phone.

The survey will take about 20 minutes to do and includes questions about where your child spends their summer months and your child's participation in summer meal programs. We are asking that both you and your child fill out the survey. Your responses will provide important information about how summer meal programs can best serve the needs of families and their children. As a reminder, you will get \$10 in cash to thank you for your time and input after you and your child do the survey. If you prefer to fill out the survey online, you can do so by logging into the secure study website and using the PIN provided to you to access the survey.

Are you able to complete the survey over the phone now?

- Yes (GO TO PHONE COMPLETION SECTION)
- No → Would you prefer to fill out the survey online? (IF YES, GO TO ONLINE SURVEY COMPLETION SECTION.) (IF NO – REFUSAL, COMPLETE NON-INTERVIEW REPORT FORM TO DOCUMENT STRENGTH OF REFUSAL (MILD/FIRM/HOSTILE) AND REASONS FOR REFUSAL.) We appreciate your time today. Thank you. END

PHONE COMPLETION:

Thank you. We can start with the survey for caregivers and then move on to the child or teen survey, if your child is available to respond.

Your participation in this survey is completely voluntary. Please know that your responses will be kept private as required by law, and will not be shared with anyone not involved with conducting the study. Neither your name nor any other information about your identity will be used in any reports. The information you provide will be combined with information from everyone who participates in the study. You may skip any question that you prefer not to answer. If you decide not to participate, there will be no loss of benefits. As described in the system of record notice (SORN) titled FNS-8 USDA/FNS Studies and Reports (published in the Federal Register on April 25, 1991, volume 56, pages 19078-

Public reporting burden for this collection of information is estimated to average 5 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. 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: 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-xxxx*). Do not return the completed form to this address.

19080), FNS and contractors working on their behalf may collect and analyze this information for research purposes and are required to have safeguards in place to keep data private.

Do you have any questions?

- YES 1 → ANSWER QUESTIONS.
- NO 2 → IF NO, GO TO NEXT QUESTION.

Do you agree to participate in this survey?

- YES 1 → BEGIN PARTICIPANT CAREGIVER/NONPARTICIPANT CAREGIVER SURVEY AS APPLICABLE, THEN ADMINISTER CHILD/TEEN SURVEY IF POSSIBLE

(INTERVIEWER READ SURVEY AND RECORD RESPONSES. AT CONCLUSION OF CAREGIVER SURVEY QUESTIONS, ASK:) Is the child or teen who <went to the program at SITE NAME/does not go to a free meals program this summer> available to answer the child/teen survey questions?

If YES, ADMINISTER CHILD/TEEN SURVEY THEN RECORD CAREGIVER INFORMATION FOR INTEREST IN QUALITATIVE INTERVIEW, INCENTIVE PAYMENT, AND THANK RESPONDENTS FOR THEIR INPUT. END.

If NO, ASK: Is there a good time I can call back to have your child/teen do the survey? It will take about 20 minutes and then I will be able to send you \$10 in cash for your time and input. RECORD TIME, THANK CAREGIVER. END.

- NO 2 → (IF NO – REFUSAL, COMPLETE NON-INTERVIEW REPORT FORM TO DOCUMENT STRENGTH OF REFUSAL (MILD/FIRM/HOSTILE) AND REASONS FOR REFUSAL.) We appreciate your time today. Thank you. END.
- NOT A GOOD TIME..... 3 → (IF NOT A GOOD TIME): When would be a good time for me to call you back? (RECORD TIME) Thank you. We will call you back then to do the survey by phone. We would appreciate it if your child/teen is also available at that time to do the survey. Your input is important and appreciated. Thank you so much for your time today. END.

ONLINE COMPLETION:

- Online → Do you need the link to the study website and your PIN?
 - Yes → The survey may be accessed at www.SUMS.org and your PIN is #####
 - No → Ok.

Please fill out the survey online at your earliest possible convenience. Your input is important and appreciated. Thank you so much for your time today. END