**ATTACHMENT B2**

**LABEL COMPREHENSION STUDY**

**TASK 3: GROUP 4 (ADULT ALL-COMERS) – TELEPHONE SCREENER FOR RECRUITMENT FIRM**

**TELEPHONE RECRUITMENT SCRIPT**

Hello, my name is \_\_\_\_\_\_\_\_\_ and I’m from [NAME OF RECRUITMENT FIRM]. I’m calling on behalf of RTI International and Concentrics Research about a research study that is being sponsored by the U.S. Food and Drug Administration (FDA). FDA is the government agency that protects the public health by reviewing new medicines. In these reviews, the FDA helps to make sure the medicines work and are safe before they are approved to be prescribed by health care providers and used by patients.  We are looking for people to take part in a research study to review a label for a medicine that may be available over-the-counter soon, meaning without a prescription. What we learn from this study will help to make sure that people understand from the label how to use the medicine so it is safe and effective. We are not selling or promoting any medicine.

The study involves being in a one-time individual, in-person interview lasting no more than 30 minutes. During the first part of the interview, we will ask you to read aloud some medical terms to get an idea of what medical words you are familiar with. Then we will ask you some questions about instructions for a medicine. The interview will be audio recorded. You will be given $40 at the end of the interview as a token of appreciation for your time and travel expenses.

To see if you qualify for this study, I need to ask you some questions that will take a few minutes of your time. If you qualify for the study and are invited to participate, you can then decide if you want to be a part of the study.

The risk of others knowing your answers to the questions is minimal. To keep your information secure, your contact information will be kept apart from your answers to these questions. Do you have any questions about the process? May I ask you my questions now?

1. How old are you?

|  |  |
| --- | --- |
| \_\_\_\_\_ | **Over Age 18 🡺 CONTINUE** **Between Ages 15-17**🡺 **SWITCH TO ADOLESCENT SCREENER TO PROVIDE PHONE NUMBER FOR SCREENING** **Under Age 15 🡺 TERMINATE (Ineligible for the study)**Don’t know/refused🡺 **TERMINATE**  |
|  |

1. Can you read, speak, and understand English?

|  |  |  |
| --- | --- | --- |
| Yes |  | **🡺 CONTINUE** |
| No |  | **🡺 TERMINATE (Closing Script and Contact Information Sheet)** |
| Refused |  | **🡺 TERMINATE (Closing Script and Contact Information Sheet)** |

1. Are you currently employed by *[INSERT OPTIONS 1-6 BELOW]*? (Check all that apply.)

|  |  |  |
| --- | --- | --- |
| * 1. A marketing or research company
 |  | **🡺 TERMINATE (Closing Script and Contact Information Sheet)** |
| * 1. An advertising agency or public relations firm
 |  | **🡺 TERMINATE (Closing Script and Contact Information Sheet)** |
| * 1. A pharmacy or pharmaceutical company
 |  | **🡺 TERMINATE (Closing Script and Contact Information Sheet)** |
| * 1. A manufacturer of medicines
 |  | **🡺 TERMINATE (Closing Script and Contact Information Sheet)** |
| * 1. A managed care or health insurance company
 |  | **🡺 TERMINATE (Closing Script and Contact Information Sheet)** |
| * 1. A healthcare practice
 |  | **🡺 TERMINATE (Closing Script and Contact Information Sheet)** |
| * 1. A hospital emergency room
 |  | **🡺 TERMINATE (Closing Script and Contact Information Sheet)** |
| * 1. None of the above
 |  | **🡺 CONTINUE** |
| * 1. Refused
 |  | **🡺 TERMINATE (Closing Script and Contact Information Sheet)** |

1. Have you ever worked for *[INSERT OPTIONS 1-4 BELOW]*? (Check all that apply.)

|  |  |  |
| --- | --- | --- |
| 1. Department of Health and Human Services
 |  | **🡺 TERMINATE (Closing Script and Contact Information Sheet)** |
| 1. U.S. Food and Drug Administration
 |  | **🡺 TERMINATE (Closing Script and Contact Information Sheet)** |
| 1. RTI International
 |  | **🡺 TERMINATE (Closing Script and Contact Information Sheet)** |
| 1. Concentrics Research
 |  | **🡺 TERMINATE (Closing Script and Contact Information Sheet)** |
| 1. None of the above
 |  | **🡺 CONTINUE** |
| 1. Refused
 |  | **🡺 TERMINATE (Closing Script and Contact Information Sheet)** |

1. Have you ever been trained or worked as a healthcare professional? [***IF NEEDED:*** ***a health care professional (HCP) is defined as a trained person who deliver medical care to humans. Examples of HCP: nursing assistant, nurse, doctor, dentist, pharmacist, physician assistant. It is NOT a veterinarian, peer counselor, mental health counselor, or someone who is a caregiver for a family member or friend.]***

|  |  |  |
| --- | --- | --- |
| Yes |  | **🡺 TERMINATE (Closing Script and Contact Information Sheet)** |
| No |  | **🡺 CONTINUE** |
| Refused |  | **🡺 TERMINATE (Closing Script and Contact Information Sheet)** |

1. Have you been in any research study in the past 12 months?

|  |  |  |
| --- | --- | --- |
| Yes |  | **🡺 TERMINATE (Closing Script and Contact Information Sheet)** |
| No |  | **🡺 CONTINUE** |
| Don’t Know |  | **🡺 TERMINATE (Closing Script and Contact Information Sheet)** |
| Refused |  | **🡺 TERMINATE (Closing Script and Contact Information Sheet)** |

1. Do you normally wear corrective lenses, contacts, or glasses to read?

|  |  |  |
| --- | --- | --- |
| Yes |  | **🡺 CONTINUE** |
| No |  | **🡺 CONTINUE** |
| Refused |  | **🡺 TERMINATE (Closing Script and Contact Information Sheet)** |

1. Do you have any other problems with your eyes that would prevent you from being able to read?

|  |  |  |
| --- | --- | --- |
| Yes |  | **🡺 TERMINATE (Closing Script and Contact Information Sheet)** |
| No |  | **🡺 CONTINUE** |
| Refused |  | **🡺 TERMINATE (Closing Script and Contact Information Sheet)** |

1. For study purposes, if you participate, the interview will be audio recorded. Are you okay with us audio recording the interview?

|  |  |  |
| --- | --- | --- |
| Yes |  | **🡺 CONTINUE** |
| No |  | **🡺 TERMINATE (Closing Script and Contact Information Sheet)** |

1. How confident are you in filling out medical forms by yourself? Would you say…

|  |  |  |
| --- | --- | --- |
| Extremely |  | **🡺 CONTINUE** |
| Quite a bit |  | **🡺 CONTINUE** |
| Somewhat |  | **🡺 CONTINUE** |
| A little bit |  | **🡺 CONTINUE** |
| Not at all |  | **🡺 CONTINUE** |
| Don’t know |  | **🡺 CONTINUE IF LOW LITERACY REQUIREMENT IS MET** |
| Refused |  | **🡺 CONTINUE IF LOW LITERACY REQUIREMENT IS MET** |

 ***LL Indicator = somewhat, a little bit, or not at all***

1. How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?

|  |  |  |
| --- | --- | --- |
| Never |  | **🡺 CONTINUE** |
| Rarely |  | **🡺 CONTINUE** |
| Sometimes |  | **🡺 CONTINUE** |
| Often |  | **🡺 CONTINUE** |
| Always |  | **🡺 CONTINUE** |
| Don’t know |  | **🡺 CONTINUE** |
| Refused |  | **🡺 CONTINUE** |

 ***LL Indicator = often or always***

1. What is the highest level of education you have completed? **[DO NOT READ LIST – ASSIGN RESPONSE TO EDUCATION LEVEL BELOW]**

|  |  |  |
| --- | --- | --- |
| Less than high school graduate/GED |  | **🡺 CONTINUE** |
| High school graduate or GED |  | **🡺 CONTINUE** |
| Some college (no degree) |  | **🡺 CONTINUE** |
| Postsecondary nondegree award (e.g., trade school diploma or certificate)  |  | **🡺 CONTINUE** |
| College (2 year) degree (Associate’s degree) |  | **🡺 CONTINUE** |
| College (4-year) degree (Bachelor’s degree) |  | **🡺 CONTINUE** |
| Master’s or doctoral/professional degree |  | **🡺 CONTINUE** |
| Refused |  | **🡺 CONTINUE** |

1. Are you Hispanic or Latino?

|  |  |  |
| --- | --- | --- |
| Yes |  | **🡺 CONTINUE**  |
| No |  | **🡺 CONTINUE**  |
| Refused |  | **🡺 CONTINUE** |

1. What is your race? (Check all that apply) **[READ LIST IF NECESSARY]**

|  |  |  |
| --- | --- | --- |
| American Indian or Alaska Native  |  | **🡺 CONTINUE** |
| Asian |  | **🡺 CONTINUE** |
| Black or African American |  | **🡺 CONTINUE** |
| Native Hawaiian or other Pacific Islander |  | **🡺 CONTINUE** |
| White  |  | **🡺 CONTINUE** |
| Refused  |  | **🡺 CONTINUE** |
|  |  |  |
| AIM FOR MIX |

1. Was your total household income in 2017…?

|  |  |  |
| --- | --- | --- |
| Less than $20,000 |  | **🡺 CONTINUE** |
| $20,000 - $34,999 |  | **🡺 CONTINUE** |
| $35,000 - $49,999 |  | **🡺 CONTINUE** |
| $50,000 - $74,999 |  | **🡺 CONTINUE** |
| $75,000 - $99,999 |  | **🡺 CONTINUE** |
| $100,000 - $149,999 |  | **🡺 CONTINUE** |
| $150,000 or more |  | **🡺 CONTINUE** |
| Don’t know |  | **🡺 CONTINUE** |
| Refused  |  | * **CONTINUE**
 |

1. What is your gender? **[Do not read response categories]**

|  |  |  |
| --- | --- | --- |
| Male |  | **🡺 GO TO Closing Script and Contact Information Sheet** |
| Female |  | **🡺 CONTINUE** |
|  |  |  |
|  |  |  |
|  |

***Note: Use the Closing Script and Contact Information sheet to schedule an interview***.