

Attachment 4– Telephone Screening Script

Form Approved
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Sample screening script for respondent contact by Collaborating Center for Questionnaire Design and Evaluation Research (CCQDER) Recruiter/CCQDER Staff for the Cognitive Testing of Physician Opioid Questions after advance letter sent.

Dial respondent’s telephone number [hereafter referred to as R] as indicated on the list.

Note: Speak only to R. If the number is answered by an answering machine/voice mail, call back at another time.

CCQDER Laboratory Manager/ CCQDER Staff: Good morning/afternoon, may I speak to [fill name]?

If R is not available say, “Thank you” and try again at another time.

If the person who answered the phone (NOT R) asks, “Who is calling?” or “What’s this about?” say, “I am returning their call to me. I’ll try to reach them at another time.

If R has been successfully contacted, continue...

...Hello, my name is [Laboratory Manager’s/QDRL Staff name]. I am calling from the National Center for Health Statistics. You might remember receiving a letter from the Centers for Disease Control and Prevention’s National Center for Health Statistics. In it we asked for paid volunteers to help us evaluate questions on physician knowledge and awareness of opioid guidelines and their use of opioid prescription for pain management.

If correct person has been contacted. Continue...

...In order to determine if you are eligible for our study, I’ll need a few minutes of your time to ask some background questions. Answering these questions is completely voluntary. We are required by law to use your information for statistical research only and to keep it confidential. The law prohibits us from giving anyone any information that may identify you without your consent. Is this a good time to ask the questions or should I call back later?

If the potential respondent doesn't remember receiving the letter from the Centers for Disease Control and Prevention's National Center for Health Statistics...

The Questionnaire Design Research Laboratory within the National Center for Health Statistics will be conducting a study to evaluate questions on physician knowledge and awareness of opioid guidelines and their use of opioid prescription for pain management. In order to determine if you are eligible for our study, I'll need a few minutes of your time to ask some background questions. Answering these questions is completely voluntary. We are required by law to use your information for statistical research only and to keep it confidential. The law prohibits us from giving anyone any information that may identify you without your consent. Is this a safe time to talk? If you are driving, I will call you back. I can also call you back if you are too busy.

If not a good time to talk, schedule a time to call back.

If good time to talk, continue...

1. Are you a physician in one of the following specialties: general practice, internal medicine, neurology, anesthesiology, internal medicine, rheumatology, orthopedic surgery, pediatrics and geriatric medicine?
If no, go to exit script 1.
2. If yes, which one? _____
3. Do you have experience helping patients manage chronic pain? **If no, go to exit script 1.**
4. Have you ever prescribed an opioid pain reliever? **If no, go to exit script 1.**

Entry Script:

Thank you very much for answering these questions. Based on your responses, you are eligible to participate in our study. The in-person interview will take about an hour and will be conducted during [fill month/week]. During the interview, an interviewer will ask you about your experiences with use of prescription opioids in chronic pain management. An interviewer will also ask you about your opinions of the survey questions. Everything you say will be kept private. Your individual responses will not be shared with anyone. Only summary reports will be available to those interested in the results of this study. With your permission, we would like to audio record your interview. The recording is a record of what we asked and what you said and will aid us in our analysis. Do you give permission to have your interview audio recorded? *Yes/No.* **[Record response. Audiotaping is preferable, but not essential for this project.**

Do you have any questions at this point? *Pause to answer questions.* If (not/you have no other questions), then let's get you on the schedule, ok? What days /times in the next month would you be available to participate? *Schedule.* **[If date/times not available go to exit script SCHED.]**

[After the appointment date/time is set] We will send you an email confirmation. A reminder call will also be made to you a few days in advance. Should you have any questions or need to change your appointment, please feel free to contact me [name] at [phone number]. Thank you for being willing to participate and we look forward to seeing you at (LOCATION) at (DATE/TIME) *Get respondent to cite date & time if possible.*

Exit script One:

Thank you very much for answering these questions. Unfortunately, you do not qualify for our study. I appreciate your time today.

Exit script SCHED:

I see...ok, we were hoping to complete this particular study between (Month/Date) and (Month/Date), so it looks like we won't be able to schedule you at this time. I appreciate your time today.