

Attachment 3a – Amendment to Telephone Screening Script – Respondent recruited from newspaper advertisement/flyer.

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Notice - CDC estimates the average public reporting burden for this collection of information as 5 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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 CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0222).

Assurance of confidentiality - We take your privacy very seriously. All information that relates to or describes identifiable characteristics of individuals, a practice, or an establishment will be used only for statistical purposes. NCHS staff, contractors, and agents will not disclose or release responses in identifiable form without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 U.S.C. 242m(d)) and the Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA, Title 5 of Public Law 107-347).

Amendment to sample screening script for respondent contact by Collaborating Center for Questionnaire Design and Evaluation Research (CCQDER) Recruiter/CCQDER Staff for Cognitive Testing of ACS Questions on Disabilities and NHIS questions on Child Behaviors recruited through newspaper advertisement/flyer

Dial respondent’s telephone number [hereafter referred to as R] as indicated on CCQDER voice mail system.

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

CCQDER Recruiter/CCQDER Staff: Good morning/afternoon, may I speak to (name)?

If R is not available or not at home, 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 [CCQDER Recruiter/CCQDER Staff’s name. I am calling from the National Center for Health Statistics. You may remember that you responded to the advertisement we placed in the [name of newspaper] on [date] or flyer looking for [parents/guardians of children aged 2-17, parents/guardians of children aged 2-17 who have had injuries during the past three months, or parents/guardians of children aged 2-17/adults aged 18 and over/adults aged 18 and over who lived with another adult who has/have difficulties seeing, hearing, walking, remembering or concentrating, giving self-care, and/or communicating]. 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.

Wait for acknowledgment, such as, “This is a safe time to talk.”

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

If good time to talk, continue...

1. Where did you see our advertisement/flyer?

2. How old are you? **[If under age 18, go to exit script 1]**

3. Do you have a child aged 2-17 who lives with you in your household? **[If Yes, go to question 3a, if No, skip to question 4]**

Yes
No

3a. How old is the child/are your children? _____

3b. Are you the parent or guardian who is most knowledgeable about the physical health, and well-being of your [fill] year old?

Yes
No

3c. Has your child had an injury in the last 3 months?

Yes
No

3d. Does your child have difficulty seeing, even when wearing glasses?

Yes
No

3e. Does your child have difficulty hearing, even if using a hearing aid?

Yes
No

Skip Instructions: If Child is 4 years or younger: go to Question 4
 If Child is 5 years or older: go to Question 3f

3f. Does your child have difficulty walking or climbing steps?

Yes
No

3g. Does your child have difficulty remembering or concentrating?

Yes
No

3h. Does your child have difficulty with self-care, such as washing all over or dressing?

Yes
No

3i. Using your usual language, does your child have difficulty communicating, for example understanding or being understood?

Yes
No

3j. Does this child have difficulty doing errands alone such as visiting ad doctor’s office or shopping?
Yes
No

4. Do you have difficulty seeing, even when wearing glasses?
Yes
No

4a. Do you have difficulty hearing, even if using a hearing aid?
Yes
No

4b. Do you have difficulty walking or climbing steps?
Yes
No

4c. Do you have difficulty remembering or concentrating?
Yes
No

4d. Do you have difficulty with self-care, such as washing all over or dressing?
Yes
No

4e. Using your usual language, do you have difficulty communicating, for example understanding or being understood?
Yes
No

4f. Do you have difficulty doing errands alone such as visiting ad doctor’s office or shopping?
Yes
No

5. Do you have one or more adults aged 18 years and older who live with you in your household? **[If Yes, go to question 5a, if No, skip to question 6]**
Yes
No

5a. Does at least one of these adults have difficulty seeing, even when wearing glasses?
Yes
No

5b. Does at least one of these adults have difficulty hearing, even if using a hearing aid?
Yes
No

5c. Does at least one of these adults have difficulty walking or climbing steps?
Yes
No

5d. Does at least one of these adults have difficulty remembering or concentrating?
Yes

No

5e. Does at least one of these adults have difficulty with self-care, such as washing all over or dressing?

Yes

No

5f. Using your usual language, Does at least one of these adults have difficulty communicating, for example understanding or being understood?

Yes

No

5g. Does at least one of these adults have difficulty doing errands alone such as visiting ad doctor’s office or shopping?

Yes

No

6. FOR INTERVIEWS CONDUCTED ONSITE AT NCHS-- Are you a U.S. citizen? **[If No, go to exit script 2]**

• Yes

• No

7. What is the highest level of school you have completed?

Less than High School (No Diploma or GED)

High School Diploma or GED

Associate Degree

Some College

Bachelor’s Degree

Graduate Degree

8. Are you Spanish, Hispanic or Latino?

Yes

No

9. What race or races do you consider yourself to be? You may indicate more than one race.

White

Black or African American

Asian

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

**[If the recruitment needs for certain demographic groups have been achieved, go to exit script 3].
Otherwise continue.**

Entry Script:

...Based on your answers to the questions so far, we would like you to take part in our study. For this study we’d like you to come here to the National Center for Health Statistics in Hyattsville, Maryland/agreed mutual location. An interviewer will ask you a variety of questions about child function, child injury, child sleep, child screen time, and child physical education. The interviewer will also ask questions about you and other household members’ citizenship, education, language spoken at home, household residency status, and health insurance, and function. Then the interviewer will ask you to explain what you were thinking as you answered the questions on child and adult function. The interviewer will also ask you about your opinions of the questions. Your answers will help us find out if the survey questions will be easy for other people to answer. Everything you say will be

kept private. With your permission, we would like to record your interview. The recording is a record of what we asked and what you said about the questions. Do you give permission to have your interview video recorded? *Yes/No.* **[If no, ask if for permission to audio record].** Do you give permission to have your interview audio recorded? *Yes/No.* **[If no, go to exit script 4. At a minimum audio recording is 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? We will be interviewing (Day, Month/Date) through (Day, Month/Date) from 8 a.m. to 6 p.m. Looking at your schedule, when would you be available to participate? *Schedule.* **[If date/times not available go to exit script 5.]**

A reminder call will 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 responding to our ad, and I look forward to seeing you here at (DATE/TIME) *Get respondent to cite date & time if possible.*

Exit script 1: I'm sorry, you have to be 18 years of age or older take part in this study and therefore we won't be able to use you at this time. We appreciate your call and thank you for your interest in our study.

Exit Script 2: I'm sorry, all Federal Government facilities require screening procedures for non U.S. citizens. This process can take more than 30 days. Unfortunately, our study has to be completed before your screening process would be complete. Would you be agreeable to having your interview conducted at an offsite location? *If yes,* discuss off-site interviewing locations. *If no,* Would it be okay if I added your name, telephone number, age, educational level, and race to our database so that I can contact you about other studies coming up in the future? *If yes,* add to database. *If no:* OK, thank you for your time. Your name and any information you gave me will not be added to our database.

Exit script 3: Based upon your answers, it seems that we may already have a number of volunteers with very similar answers to yours. At this point we need to talk with people with some different characteristics. However, if we have cancellations or other slots open up, I may wish to call you back. Would it be okay if I kept your name, telephone number, and the information you provided in response to the eligibility questions until the end of this study? *If yes,* make notation. *If no,* Would it be okay if I added your name, telephone number, age, educational level, and race to our database so that I can contact you about other studies coming up in the future? *If yes,* add to database. *If no:* OK, thank you for your time. Your name and any information you gave me will not be added to our database.

Exit script 4: I'm sorry, willingness to be audio recorded is required in order to take part in this study and therefore we won't be able to use you at this time. Would it be okay if I added your name, telephone number, age, educational level, and race to our database so that I can contact you about other studies coming up in the future? *If yes,* add to database. *If no:* OK, thank you for your time. Your name and any information you gave me will not be added to our database.

Exit script 5: 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. Would it be okay if I added your name, telephone number, age, educational level, and race to our database so that I can contact you about other studies coming up in the future? *If yes,* add to database. *If no:* OK, thank you for your time. Your name and any information you gave me will not be added to our database.

Attachment 3b – Amendment to Telephone Screening Script – Respondent recruited from CCQDER Respondent Database.

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**Amendment to sample screening script for respondent contact by CCQDER Recruiter/CCQDER Staff
Person for cognitive testing and evaluation of testing ACS Questions on Disabilities and NHIS
Questions on Child Behaviors recruited through CCQDER Respondent Database**

Dial respondent’s telephone number [hereafter referred to as R] as indicated in the CCQDER Respondent Database.

- **Note: Speak only to R. If the number is answered by voice mail, call back at another time.**
- **CCQDER Recruiter/CCQDER Staff:** Good morning/afternoon, may I speak to (name)?
- **If R is not available or not at home, 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 [CCQDER Recruiter/CCQDER Staff name]. I am calling from the National Center for Health Statistics. You may remember that you participated in a research study back in [date] testing questions on [topic]. 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.

- **Wait for acknowledgment, such as, “This is a safe time to talk.”**

...We are in the process of testing a variety of questions about child and adult function, child injury, child sleep, child screen time, and child physical education and wondered if you might be interested in participating.

- **If R indicates they are interested in participating continue...**
- **If R indicates they are NOT interested in participating, go to exit script 1.**
- ...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 not a good time to talk, schedule a time to call back.**
- **If good time to talk, continue...**

1. Where did you see our advertisement/flyer?

2. How old are you? **[If under age 18, go to exit script 1]**

3. Do you have a child aged 2-17 who lives with you in your household? **[If Yes, go to question 3a, if No, skip to question 4]**

- Yes
- No

3a. How old is the child/are your children? _____

3b. Are you the parent or guardian who is most knowledgeable about the physical health, and well-being of your [fill] year old?

- Yes
- No

3c. Has your child had an injury in the last 3 months?

- Yes
- No

3d. Does your child have difficulty seeing, even when wearing glasses?

- Yes
- No

3e. Does your child have difficulty hearing, even if using a hearing aid?

- Yes
- No

Skip Instructions: If Child is 4 years or younger: go to Question 4
 If Child is 5 years or older: go to Question 3f

3f. Does your child have difficulty walking or climbing steps?

- Yes
- No

3g. Does your child have difficulty remembering or concentrating?

- Yes
- No

3h. Does your child have difficulty with self-care, such as washing all over or dressing?

- Yes
- No

3i. Using your usual language, does your child have difficulty communicating, for example understanding or being understood?

- Yes
- No

3j. Does this child have difficulty doing errands alone such as visiting ad doctor’s office or shopping?

- Yes
- No

4. Do you have difficulty seeing, even when wearing glasses?

- Yes
- No

4a. Do you have difficulty hearing, even if using a hearing aid?

- Yes
- No

4b. Do you have difficulty walking or climbing steps?

- Yes
- No

4c. Do you have difficulty remembering or concentrating?

- Yes
- No

4d. Do you have difficulty with self-care, such as washing all over or dressing?

- Yes
- No

4e. Using your usual language, do you have difficulty communicating, for example understanding or being understood?

- Yes
- No

4f. Do you have difficulty doing errands alone such as visiting ad doctor’s office or shopping?

- Yes
- No

5. Do you have one or more adults aged 18 years and older who live with you in your household? **[If Yes, go to question 5a, if No, skip to question 6]**

- Yes
- No

5a. Does at least one of these adults have difficulty seeing, even when wearing glasses?

- Yes
- No

5b. Does at least one of these adults have difficulty hearing, even if using a hearing aid?

- Yes
- No

5c. Does at least one of these adults have difficulty walking or climbing steps?

- Yes
- No

5d. Does at least one of these adults have difficulty remembering or concentrating?

- Yes
- No

5e. Does at least one of these adults have difficulty with self-care, such as washing all over or dressing?

- Yes
- No

5f. Using your usual language, Does at least one of these adults have difficulty communicating, for example understanding or being understood?

- Yes
- No

5g. Does at least one of these adults have difficulty doing errands alone such as visiting ad doctor’s office or shopping?

- Yes
- No

6. FOR INTERVIEWS CONDUCTED ONSITE AT NCHS-- Are you a U.S. citizen? **[If No, go to exit script 2]**

- Yes
- No

7. What is the highest level of school you have completed?

- Less than High School (No Diploma or GED)
- High School Diploma or GED
- Associate Degree
- Some College
- Bachelor’s Degree
- Graduate Degree

8. Are you Spanish, Hispanic or Latino?

- Yes
- No

9. What race or races do you consider yourself to be? You may indicate more than one race.

- White
- Black or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander

**[If the recruitment needs for certain demographic groups have been achieved, go to exit script 4.]
Otherwise continue.**

Entry Script:

...Based on your answers to the questions so far, we would like you to take part in our study. For this study we’d like you to come here to the National Center for Health Statistics in Hyattsville, Maryland/agreed mutual location. An interviewer will ask you a variety of questions about child function, child injury, child sleep, child screen time, and child physical education. The interviewer will also ask questions about you and

other household members' citizenship, education, language spoken at home, household residency status, and health insurance, and function. Then the interviewer will ask you to explain what you were thinking as you answered the questions on child and adult function. Then the interviewer will ask you to explain what you were thinking as you answered the questions. The interviewer will also ask you about your opinions of the questions. Your answers will help us find out if the survey questions will be easy for other people to answer. Everything you say will be kept private. With your permission, we would like to record your interview. The recording is a record of what we asked and what you said about the questions. Do you give permission to have your interview video recorded? *Yes/No*. **[If no, ask if for permission to audio record]**. Do you give permission to have your interview audio recorded? *Yes/No*. **[If no, go to exit script 5. At a minimum audio recording is 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? We will be interviewing (Day, Month/Date) through (Day, Month/Date) from 8 a.m. to 6 p.m. Looking at your schedule, when would you be available to participate? *Schedule*. **[If date/times not available go to exit script 6.]**

A reminder call will 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 responding to our ad, and I look forward to seeing you here at (DATE/TIME) *Get respondent to cite date & time if possible*.

Exit script 1: I see...ok. Would it be okay if I kept your name, telephone number, age, educational level, and race to our database so that I can contact you about other studies coming up in the future? If yes, keep in database. If no: OK, thank you for your time. Your name and any information you gave me will be deleted from our database.

Exit script 2: I'm sorry, you have to be 18 years of age or older to take part in this study and therefore we won't be able to use you at this time. We appreciate your call and thank you for your interest in our study.

Exit Script 3: I'm sorry, all Federal Government facilities require screening procedures for non U.S. citizens. This process can take more than 30 days. Unfortunately, our study has to be completed before your screening process would be complete. Would you be agreeable to having your interview conducted at an offsite location? *If yes*, discuss off-site interviewing locations. *If no*, would it be okay if I kept your name, telephone number, age, educational level, and race in our database so that I can contact you about other studies coming up in the future? If yes, keep in database. If no: OK, thank you for your time. Your name and any information you gave me will be deleted from our database.

Exit script 4: Based upon your answers, it seems that we may already have a number of volunteers with very similar answers to yours. At this point we need to talk with people with some different characteristics. However, if we have cancellations or other slots open up, I may wish to call you back. Would it be okay if I kept your name, telephone number, and the information you provided in response to the eligibility questions until the end of this study? *If yes*, make notation. *If no*, would it be okay if I kept your name, telephone number, age, educational level, and race in our database so that I can contact you about other studies coming up in the future? If yes, keep in database. If no: OK, thank you for your time. Your name and any information you gave me will be deleted from our database.

Exit script 5: I'm sorry, willingness to be audio recorded is required in order to take part in this study and therefore we won't be able to use you at this time. Would it be okay if I kept your name, telephone number, age, educational level, and race in our database so that I can contact you about other studies coming up in the future? If yes, keep in database. If no: OK, thank you for your time. Your name and any information you gave me will be deleted from our database.

Exit script 6: 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. Would it be okay if I kept your

name, telephone number, age, educational level, and race in our database so that I can contact you about other studies coming up in the future? If yes, keep in database. If no: OK, thank you for your time. Your name and any information you gave me will be deleted from our database.