Form Approved

OMB No. 0920-New

Expiration Date: XX/XX/XXXX

Pathways: Qualitative Interviews with Post-Partum Women Associated with Congenital Syphilis Cases (Case Mothers)

Generic Information Collection Request under OMB #0920-0840

Attachment #3b

Recruitment Script

PARTICIPANT RECRUITMENT SCRIPT

Good Morning/Afternoon, may I please speak with [**PARTICIPANT NAME**]?

If NOT participant/participant unavailable:

Okay, thank you, I will try to reach her at another time; is there a better time to call back?

[End call]

If participant speaking:

Hi [**PARTICIPANT NAME**], my name is [**HD STAFF/DIS**] and I am with the [**NAME OF HEALTH DEPARTMENT**].

Just so that I am sure, I am speaking with the correct person. Can you verify your date of birth?

[If DOB is verified and interviewer feels comfortable that they are speaking with the identified woman then:]

[Continue script below]

Script:

The health department is working with the Centers for Disease Control (CDC) to decrease the number of babies born with syphilis in [**CITY/STATE**] and we are interested in your perspective. We are working with an interviewer to talk with women who learned their baby may have been affected by syphilis and I am calling to see if you would be willing to participate in an interview.

The interviews will be scheduled at a time and place suitable for you and will take approximately 90 minutes. No one except the project team will ever hear the interview and we will never use your name. Your information will be kept private.

Your agreement to participate is voluntary and if you decide not to participate, it will not affect any healthcare you may receive now or in the future.

If you choose to participate, you may be able to help us improve education and care for other women at risk for syphilis during pregnancy. You will also be given a $60.00 Visa gift card as a token of appreciation.

Do you have any questions for me? Y or N

HD Staff: Document all questions. Address questions related to interview enrollment process. Address questions related to other issues after the enrollment decision, especially questions related to CS or STDs in general or their CS case specifically.

Would you like to take part in the interview study? Y or N

If No: Thank you for your time. We would still value your perspective; if you decide later that you would like to participate, you can contact [**INTERVIEWER NAME AND NUMBER**].

If Yes: Thank you for being willing to participate. The interviewer will need to contact you to set up an appointment at a time that is most convenient for you to participate in the interview. I will need your permission to give the interviewer your contact information, this includes your name, phone number and email address.

Do I have your permission to provide your contact information to the interviewer? Y or N

If No: Is there certain contact information you do not want me to provide to the interviewer?

Do you no longer wish to participate in the interview study? Y or N

If Yes: Thank you. I will provide your contact information to the interviewer. The interviewer will contact you in the next few days. If you have any questions before then, you can call [**INTERVIEWER NAME AND NUMBER**].