



OMB Number: 0584-0616  
Expiration Date: XX/XX/XXXX

**Appendix AM. Telephone Script to Complete Grocery Store Survey**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The time required to complete this information collection is estimated to average 2 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.

Hello, May I speak with < STORE MANAGER>?

**IF AVAILABLE:** Hello. This is <NAME> calling from Westat, with regard to the FINI grocery store survey. Your responses to the survey will help us better understand how grocery stores are implementing <FINI> and the benefits and challenges in implementing it. Our records indicate that you have not completed the survey as of today, and we would like to do that with you now, over the phone. It will take no more than 12 minutes to complete.

Are you able to complete this with me over the phone now?

- Yes (GO TO PHONE COMPLETION SECTION)
- No → We appreciate your time today. Thank you. END [REFUSAL, COMPLETE NON-INTERVIEW REPORT FORM TO DOCUMENT STRENGTH OF REFUSAL (MILD/FIRM/HOSTILE) AND REASONS FOR REFUSAL.]

#### **PHONE COMPLETION:**

Thank you. Before we begin, please know that *your* participation in this survey is completely voluntary. 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.

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 SURVEY** AND RECORD RESPONSES. 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 complete the survey by phone. Your input is important and appreciated. Thank you so much for your time today. END.