



**Supporting
Statement for OMB
Clearance Request**

**Attachment W:
Phone-based Skills
Assessment Pilot
Recruitment Script**

**National and Tribal
Evaluation of the 2nd
Generation of the Health
Profession Opportunity
Grants (HPOG)**

0970-0462

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Submitted by:
Office of Planning,
Research & Evaluation
Administration for Children & Families
U.S. Department of Health
and Human Services

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Hello, my name is [] and I work for Abt Associates, Inc., or Abt, an independent research company. May I please speak with _____?

The Administration for Children and Families (ACF) in the U.S. Department of Health and Human Services (HHS) is conducting an evaluation of the Health Profession Opportunity Grants (HPOG) Program. Abt is conducting the study for ACF. Right now, researchers at Abt are developing a survey questionnaire for this study. They want to make sure the questions are clear and easy to answer. One of the ways to check this is to try out the questions on a few people who are in the HPOG study—like you. You joined the study in [MONTH AND YEAR OF RAD], when you applied to receive HPOG services.

Our contacts at [PROGRAM NAME] gave us your name as someone who expressed interest in helping us with this task. To help us get in touch with you, our contacts provided us with your name, address and phone number. The survey will include questions on your education activities, some basic questions about your use of computers, and some multiple choice questions on various topics. It will take about 45 minutes to complete. You are not required to participate in this survey. If you do want to help us, please know that you can choose not to answer any question in the interview. **[IF RESPONDENT HAS A VALID EMAIL ADDRESS:** After you complete the survey, you will receive an email with a unique link within the next four weeks. This email link will allow you to choose a \$25 gift card to one of the selected vendors. **IF RESPONDENT DOES NOT HAVE A VALID EMAIL ADDRESS:** You should receive a \$25 gift card in the mail within the next four weeks.]

If you choose to participate, any information you provide to us will be kept private. Your name will not be associated with your answers or used in any reports we produce. Once we are done designing our survey and publishing our results your responses will no longer be needed and we will destroy them at that time.

R1. Would you like to do the interview now?

- YES
 - o Great, let's begin. [OPEN CAPI TO COMPLETE SURVEY].
- NO
- REFUSED
- DON'T KNOW

R2. Would you like to schedule a time to complete this interview?

- YES
 - o What day would you like to do the interview?

MM/ DD/ YYYY

IF THE RESPONDENT IS NOT AVAILABLE DURING THE STUDY PERIOD
READ:

Thank you for your time today. Unfortunately, it seems like you do not have any time available during the time we need to complete this task.

IF THE RESPONDENT IS AVAILABLE DURING THE STUDY PERIOD ASK:

- o What time would you like to do the interview? (SKIP TO Thank You Script)
_____:_____ AM PM

SKIP TO THANK YOU SCRIPT

- NO
- REFUSED
- DON'T KNOW

- R3. Do you have any questions or concerns about participating in this interview?
- YES

(NOTE TO INTERVIEWER: RESPOND TO QUESTIONS/CONCERNS AS NEEDED)

- NO
SKIP TO THANK YOU SCRIPT
- REFUSED
- DON'T KNOW

- R4. Can you tell me why you do not want to participate in this interview?

- NOT ENOUGH TIME
- DON'T WANT TO USE UP CELL MINUTES
- NOT INTERESTED
- NOT HAPPY WITH [PROGRAM NAME]
- OTHER

- REFUSED
- DON'T KNOW

THANK YOU SCRIPT. *Thank you for your time today.*