

2020 NSDUH Clinical Validation Study (CVS)

Attachment CVS-6 – Follow-Up Clinical

Interview Recruitment Flyers

Volunteers Needed to Test a Questionnaire

RTI International, a research company based in Research Triangle Park, North Carolina, is looking for adult volunteers (age 18 or older) to test a questionnaire for interviewer training purposes.

Volunteers must have received services from a drug or alcohol use treatment facility or substance abuse counselor at least once during the past 12 months.

Volunteers may not be RTI employees or family of RTI employees. Friends of RTI employees are eligible.

Interviews will take about one hour and will be completed over the phone. Study participants will receive \$40 upon completion of the full interview.

Interviews will take place through MONTH, DATE, YEAR.

FOR MORE INFORMATION, PLEASE CALL [PROJECT STAFF] AT 800-334-8571, ext. XXXX.

[Alternate Text for Web Flyer]

**To see if you are eligible for the study, please complete a short
questionnaire at www.XXXXX**

Volunteers Needed to Test a Questionnaire

RTI International, a research company based in Research Triangle Park, North Carolina, is looking for adult volunteers (age 18 or older) to test a questionnaire for training purposes.

Volunteers must have received services from a drug or alcohol use treatment facility or substance abuse counselor at least once during the past 12 months.

Volunteers may not be RTI employees or family of RTI employees. Friends of RTI employees are eligible.

Interviews will take about one hour and will be completed over the phone. Study participants will receive \$40 upon completion of the full interview.

Interviews will take place through MONTH, DATE, YEAR.

**FOR MORE INFORMATION, PLEASE CALL
[PROJECT STAFF] AT 800-334-8571, ext. XXXX.**

[Alternate Text for Web Flyer]

**To see if you are eligible for the study, please complete a short
questionnaire at www.XXXXX**

Volunteers Needed to Test a Questionnaire

RTI International, a research company based in Research Triangle Park, North Carolina, is looking for youth volunteers (age 12-17) to test a questionnaire for interviewer training purposes.

Volunteers must have received services from a drug or alcohol use treatment facility or substance abuse counselor at least once during the past 12 months.

Volunteers may not be RTI employees or family of RTI employees. Friends of RTI employees are eligible.

Interviews will take about one hour and will be completed over the phone. Study participants will receive \$40 upon completion of the full interview. Parental consent required.

Interviews will take place through MONTH, DATE, YEAR.

FOR MORE INFORMATION, PLEASE CALL [PROJECT STAFF] AT 800-334-8571, ext. XXXX.

2020 NSDUH Clinical Validation Study (CVS)

Attachment CVS-8 – Follow-Up Clinical

Certification Study Descriptions



Adult Certification Study Description

You have been chosen for a special telephone study for the National Survey on Drug Use and Health. This study is sponsored by the U.S. Department of Health and Human Services. The study will involve your participation in an interview that includes questions about your experiences with the use or non-use of alcohol and drugs. The interview will be conducted over the phone and takes about an hour.

When you agreed to participate, we asked for your name and telephone number. This information will be used only to contact you for the telephone interview. Federal law requires us to keep all of your answers private and confidential. Any data you provide will only be used by authorized personnel for statistical purposes according to the Confidential Information Protection and Statistical Efficiency Act of 2002. The only exceptions to this promise of confidentiality are if you tell the interviewer you intend to seriously harm yourself or someone else, or if a child has been or will be seriously harmed. In this situation RTI may need to notify a mental health professional or other authorities.

Your participation is voluntary. **Each person who completes the interview will receive \$40 by mail.**

You may consider some of the questions to be sensitive and some of the questions also may make you feel certain emotions, such as sadness. Remember you can refuse to answer any questions you do not want to answer, and you can stop the interview at any time. If you become upset at any time during the interview and wish to speak to a mental health professional about how you are feeling, the interviewer can provide you with toll-free hotline numbers.

If you have questions about the study, call [PROJECT CONTACT] at [CONTACT's NUMBER]. If you have questions about your rights as a study participant, call RTI's Office of Research Protection at 1-866-214-2043 (a toll-free number). You can also visit our project Website: <http://nsduhweb.rti.org/> for more information.

Thank you for your cooperation and time.

Peter Tice, Ph.D.

Project Officer

Center for Behavioral Health Statistics and Quality

Substance Abuse and Mental Health Services Administration (SAMHSA)

U.S. Department of Health and Human Services

Your confidentiality is protected by the Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA, PL 107-347). Any project staff or authorized data user who violates CIPSEA may be subject to a jail term of up to 5 years, a fine of up to \$250,000, or both.



Adult CS Certification Study Description

You have been chosen for a special telephone study for the National Survey on Drug Use and Health. This study is sponsored by the U.S. Department of Health and Human Services. The study will involve your participation in an interview that includes questions about your experiences with the use or non-use of alcohol and drugs. The interview will be conducted over the phone and takes about an hour.

When you agreed to participate, we asked for your name and telephone number. This information will be used only to contact you for the interview. Federal law requires us to keep all of your answers private and confidential. Any data you provide will only be used by authorized personnel for statistical purposes according to the Confidential Information Protection and Statistical Efficiency Act of 2002. The only exceptions to this promise of confidentiality are if you tell the interviewer you intend to seriously harm yourself or someone else, or if a child has been or will be seriously harmed. In this situation RTI may need to notify a mental health professional or other authorities.

Your participation is voluntary. **Each person who completes the interview will receive \$40 by mail.**

You may consider some of the questions to be sensitive and some of the questions also may make you feel certain emotions, such as sadness. Remember you can refuse to answer any questions you do not want to answer, and you can stop the interview at any time. If you become upset at any time during the interview and wish to speak to a mental health professional about how you are feeling, the interviewer can provide you with toll-free hotline numbers.

If you have questions about the study, call [PROJECT CONTACT] at [CONTACT's NUMBER]. If you have questions about your rights as a study participant, call RTI's Office of Research Protection at 1-866-214-2043 (a toll-free number). You can also visit our project Website: <http://nsduhweb.rti.org/> for more information.

Thank you for your cooperation and time.

Peter Tice, Ph.D.

Project Officer

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U.S. Department of Health and Human Services

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Youth Certification Study Description

You have been chosen to take part in a special study for the National Survey on Drug Use and Health. This study is sponsored by the U.S. Department of Health and Human Services. The interview will ask questions about your experiences with the use or non-use of alcohol and drugs. The interview will take place over the phone and takes about an hour. Your parent said you can do this interview if you want.

When you agreed to participate, we asked for your name, your parent's name, and a telephone number. This information will only be used to contact you for the telephone interview.

Federal law requires us to keep all of your answers private and confidential. Any data you provide will only be used by authorized personnel for statistical purposes. The law protecting your information is the Confidential Information Protection and Statistical Efficiency Act of 2002. This promise is true unless you tell the interviewer you plan to harm yourself or someone else, or if you say someone is harming you. Then the interviewer would need to tell your parent, a counselor, or another adult who can help. All other information you share is private.

It is up to you whether you do the interview. **Each person who completes the interview will receive \$40 by mail.**

You may think some of the questions are sensitive and some of the questions also may make you feel certain emotions, such as sadness. Remember you do not have to answer any questions you do not want to answer, and you can stop the interview at any time. If you become upset at any time during the interview and want to talk to a counselor about how you are feeling, the interviewer will give you toll-free hotline numbers.

If you have questions about the study, call [PROJECT CONTACT] at [CONTACT's NUMBER]. If you have questions about your rights as a study participant, call RTI's Office of Research Protection at 1-866-214-2043 (a toll-free number). You can also go to our project Website: <http://nsduhweb.rti.org/> for more information. Thank you for your help.

Peter Tice, Ph.D.
Project Officer
Center for Behavioral Health Statistics and Quality
Substance Abuse and Mental Health Services Administration (SAMHSA)
U.S. Department of Health and Human Services

Your confidentiality is protected by the Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA, PL 107-347). Any project staff or authorized data user who violates CIPSEA may be subject to a jail term of up to 5 years, a fine of up to \$250,000, or both.

2020 NSDUH Clinical Validation Study (CVS)
Attachment CVS-9 – Follow-Up Clinical
Certification Introduction and Informed Consent

Adult Introduction to Certification Clinical Interview

Before you call, be prepared:

- Review the assignment information provided including the respondent name, telephone number, as well as the date of the recruiter/web screening.
- Have your schedule available (in case you need to schedule an appointment).
- Have all interviewing materials available.

VERIFY NUMBER AND LOCATE RESPONDENT

Hi, my name is _____ and I'm calling on behalf of the U.S. Department of Health and Human Services. Is this [PHONE NUMBER]?

YES: PROCEED BELOW

NO: I apologize. I need to double check my records. Thank you for your time. END CALL.

I'm trying to reach [FIRST NAME] who agreed to take part in a telephone interview we're conducting. May I speak to [FIRST NAME]?

IF R NOT HOME OR UNAVAILABLE

When would be a good time to call again? ENTER CODE XX AND DETAILS IN CMS. Thank you for your time. END CALL.

IF R AVAILABLE

(Hi, my name is _____.)

You recently (spoke with a recruiter/completed a web screening) about participating in an interview regarding your experiences with the use or non-use of alcohol and drugs. I am the interviewer you were told would contact you for a telephone interview. Do you recall (speaking with the recruiter/completing the web screener)?

YES: PROCEED BELOW.

NO: VERIFY FIRST NAME OF PERSON YOU ARE SPEAKING TO.

IF NOT SPEAKING TO CORRECT PERSON, ASK TO SPEAK TO RESPONDENT.

IF NAME IS CORRECT AND RESPONDENT DOESN'T RECALL, REMIND OF DATE OF CONTACT WITH RECRUITER/WEB SCREENING.

IF CORRECT RESPONDENT STILL NOT FOUND: I apologize. I need to double check my records. Thank you for your time. END CALL. ENTER CODE XX AND INVESTIGATE.

AVAILABLE CERT R

Your safety is important, so I want to be sure you are not driving or in an area where you might be distracted. Are you in a place where you can safely talk on the phone and answer my questions?

YES: PROCEED

NO: Are you able to move to a place where you can safely talk?

YES: PAUSE, THEN CONTINUE

NO: When would be a good time to call again? ENTER CODE XX AND DETAILS IN CMS. Thank you for your time. END CALL.

Is now a good time to complete this interview?

YES: PROCEED. BE SURE TO READ VERBATIM.

NO: When would be a good time to call again? ENTER CODE XX AND DETAILS IN CMS. Thank you for your time. END CALL.

INFORMED CONSENT

Before we begin, I would like to remind you of the study details. This study, sponsored by the U.S. Department of Health and Human Services, asks questions about your experiences with the use or non-use of alcohol and drugs. Although there is no benefit to you personally, knowledge gained from this study will improve our ability to describe and understand alcohol and drug use in the United States. Federal law requires us to keep all of your answers private and confidential. Any data you provide will only be used by authorized personnel for statistical purposes. The only exceptions to this promise of confidentiality are if you tell me you intend to seriously harm yourself or someone else, or if a child has been or will be seriously harmed. In this situation I may need to notify a mental health professional or other authorities.

Your participation is voluntary. The interview will take about an hour. You may consider some of the questions to be sensitive and some of the questions may also make you feel certain emotions, such as sadness. Remember you can refuse to answer any questions you do not want to answer, and you can stop the interview at any time. If you become upset at any time during the interview and wish to speak to a mental health professional about how you are feeling, I will provide you with the toll-free hotline numbers to call. The information we are collecting today is only for training purposes. A check for \$40 will be sent to you after you complete the interview.

These study details are also included on the Adult Certification Study Description that was provided to you by email. Do you have any questions before we begin? ANSWER RESPONDENT QUESTIONS.

IF R DOESN'T REMEMBER STUDY DESCRIPTION: The Study Description covers the same information I just reviewed with you about the study. Do you have any (other) questions?

Is it OK to continue with the interview?

YES: PROCEED TO NEXT PAGE

NO: BASED ON CONVERSATION:

What sort of concerns do you have about participating?

OR

Are there other questions that I could answer for you?

IF R STILL UNWILLING TO PARTICIPATE: **Thank you for your time.** END CALL.
DOCUMENT THE SITUATION IN THE CMS

PRIVACY

Because you may not want others to hear the responses to some of our questions, I'd like to be sure you're in a private area. Where are you right now? Are you at home, at work, or somewhere else? Are you in an area where you can answer these questions privately?

YES: PROCEED

NO: **Please move to a more private area. Do you need more time?**

YES: PAUSE, THEN CONTINUE

NO: CONTINUE

RECORDING PERMISSION

To ensure that I am conducting this interview accurately and properly, I would like to make an audio recording of this interview. This is done strictly for quality control purposes. The recording will only be listened to by staff members on the project who have signed confidentiality pledges. The recording will be stored in a secure manner and will not contain your name—only a random number we can use to match the recording to the interview. To help maintain confidentiality, we ask that you not give your name or any other identifying information, such as an address or place of business, during the interview. All recordings will be permanently destroyed within 24 months after the end of the data collection period.

Do you agree to allow me to record the interview?

YES: **I will now begin recording. START RECORDING AND SAY: "This is [YOUR FIRST AND LAST NAME] conducting telephone interview [QUEST ID] on [DATE]." Ok, let's get started.**

NO: **DON'T RECORD. ATTEMPT TO ADDRESS CONCERNS. Because this is a certification interview to determine if I am following all procedures correctly we will not be able to continue with the interview. Thank you for your time.**

CI NOTES:

IF ASKED AT ANY TIME BY A RESPONDENT WHETHER THE INTERVIEWER IS A DOCTOR, PSYCHIATRIST, PSYCHOLOGIST, SOCIAL WORKER, OR OTHER MENTAL HEALTH PROFESSIONAL, YOU MAY DISCLOSE THAT YOU HAVE MEDICAL OR PSYCHOLOGICAL TRAINING THAT ALLOWS YOU TO FULLY UNDERSTAND THE SURVEY.

HOWEVER, YOU SHOULD EXPLAIN THAT YOUR INVOLVEMENT IN THIS STUDY IS FOR TRAINING PURPOSES ONLY AND IN NO WAY CONSTITUTES MEDICAL OR PSYCHOLOGICAL ADVICE, TREATMENT, OR DIAGNOSIS. EXPLAIN THAT THIS IS NOT THE NATURE OF THIS EFFORT.

IF RESPONDENT REQUESTS PSYCHOLOGICAL COUNSELING OR ADVICE OF ANY KIND, REFER HIM/HER TO THE NATIONAL LIFELINE. IF RESPONDENT IS INTERESTED IN CONTACTING THE LIFELINE, OFFER TO STAY ON THE PHONE AND CONNECT THEM VIA A THREE-WAY CALL.

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Adult Introduction to CS Certification Clinical Interview

Before you call, be prepared:

- Review the assignment information provided including the respondent name, telephone number, as well as the date of the recruiter/web screening.
- Have your schedule available (in case you need to schedule an appointment).
- Have all interviewing materials available.

VERIFY NUMBER AND LOCATE RESPONDENT

Hi, my name is _____ and I'm calling on behalf of the U.S. Department of Health and Human Services. Is this [PHONE NUMBER]?

YES: PROCEED BELOW

NO: I apologize. I need to double check my records. Thank you for your time. END CALL.

I'm trying to reach [FIRST NAME] who agreed to take part in a telephone interview we're conducting. May I speak to [FIRST NAME]?

IF R NOT HOME OR UNAVAILABLE

When would be a good time to call again? ENTER CODE XX AND DETAILS IN CMS. Thank you for your time. END CALL.

IF R AVAILABLE

(Hi, my name is _____.)

You recently (spoke with a recruiter/completed a web screening) about participating in an interview regarding your experiences with the use or non-use of alcohol and drugs. I am the interviewer you were told would contact you for a telephone interview. Do you recall (speaking with the recruiter/completing the web screener)?

YES: PROCEED BELOW.

NO: VERIFY FIRST NAME OF PERSON YOU ARE SPEAKING TO.

IF NOT SPEAKING TO CORRECT PERSON, ASK TO SPEAK TO RESPONDENT.

IF NAME IS CORRECT AND RESPONDENT DOESN'T RECALL, REMIND OF DATE OF CONTACT WITH RECRUITER/WEB SCREENING.

IF CORRECT RESPONDENT STILL NOT FOUND: **I apologize. I need to double check my records. Thank you for your time.** END CALL. ENTER CODE XX AND INVESTIGATE.

AVAILABLE CERT R

Your safety is important, so I want to be sure you are not driving or in an area where you might be distracted. Are you in a place where you can safely talk on the phone and answer my questions?

YES: PROCEED

NO: Are you able to move to a place where you can safely talk?

YES: PAUSE, THEN CONTINUE

NO: When would be a good time to call again? ENTER CODE XX AND DETAILS IN CMS. Thank you for your time. END CALL.

Is now a good time to complete this interview?

YES: PROCEED. BE SURE TO READ VERBATIM.

NO: When would be a good time to call again? ENTER CODE XX AND DETAILS IN CMS. Thank you for your time. END CALL.

INFORMED CONSENT

Before we begin, I would like to remind you of the study details. This study, sponsored by the U.S. Department of Health and Human Services, asks questions about your experiences with the use or non-use of alcohol and drugs. Although there is no benefit to you personally, knowledge gained from this study will improve our ability to describe and understand alcohol and drug use in the United States. Federal law requires us to keep all of your answers private and confidential. Any data you provide will only be used by authorized personnel for statistical purposes. The only exceptions to this promise of confidentiality are if you tell me you intend to seriously harm yourself or someone else, or if a child has been or will be seriously harmed. In this situation I may need to notify a mental health professional or other authorities.

Your participation is voluntary. The interview will take about an hour. You may consider some of the questions to be sensitive and some of the questions may also make you feel certain emotions, such as sadness. Remember you can refuse to answer any questions you do not want to answer, and you can stop the interview at any time. If you become upset at any time during the interview and wish to speak to a mental health professional about how you are feeling, I will provide you with the toll-free hotline numbers to call. The information we are collecting today is only for training purposes. A check for \$40 will be sent to you after you complete the interview.

These study details are also included on the Adult Certification Study Description that was provided to you by email. Do you have any questions before we begin? ANSWER RESPONDENT QUESTIONS.

IF R DOESN'T REMEMBER STUDY DESCRIPTION: The Study Description covers the same information I just reviewed with you about the study. Do you have any (other) questions?

Is it OK to continue with the interview?

YES: PROCEED TO NEXT PAGE

NO: BASED ON CONVERSATION:

What sort of concerns do you have about participating?

OR

Are there other questions that I could answer for you?

IF R STILL UNWILLING TO PARTICIPATE: **Thank you for your time.** END CALL.
DOCUMENT THE SITUATION IN THE CMS

PRIVACY

Because you may not want others to hear the responses to some of our questions, I'd like to be sure you're in a private area. Where are you right now? Are you at home, at work, or somewhere else? Are you in an area where you can answer these questions privately?

YES: PROCEED

NO: **Please move to a more private area. Do you need more time?**

YES: PAUSE, THEN CONTINUE

NO: CONTINUE

RECORDING PERMISSION

To ensure that I am conducting this interview accurately and properly, I would like to make an audio recording of this interview. This is done strictly for quality control purposes. The recording will only be listened to by staff members on the project who have signed confidentiality pledges. The recording will be stored in a secure manner and will not contain your name—only a random number we can use to match the recording to the interview. To help maintain confidentiality, we ask that you not give your name or any other identifying information, such as an address or place of business, during the interview. All recordings will be permanently destroyed within 24 months after the end of the data collection period.

Do you agree to allow me to record the interview?

YES: **I will now begin recording. START RECORDING AND SAY: "This is [YOUR FIRST AND LAST NAME] conducting telephone interview [QUEST ID] on [DATE]." Ok, let's get started.**

NO: **DON'T RECORD. ATTEMPT TO ADDRESS CONCERNS. Because this is a certification interview to determine if I am following all procedures correctly we will not be able to continue with the interview. Thank you for your time.**

CI NOTES:

IF ASKED AT ANY TIME BY A RESPONDENT WHETHER THE INTERVIEWER IS A DOCTOR, PSYCHIATRIST, PSYCHOLOGIST, SOCIAL WORKER, OR OTHER MENTAL HEALTH PROFESSIONAL, YOU MAY DISCLOSE THAT YOU HAVE MEDICAL OR PSYCHOLOGICAL TRAINING THAT ALLOWS YOU TO FULLY UNDERSTAND THE SURVEY.

HOWEVER, YOU SHOULD EXPLAIN THAT YOUR INVOLVEMENT IN THIS STUDY IS FOR TRAINING PURPOSES ONLY AND IN NO WAY CONSTITUTES MEDICAL OR PSYCHOLOGICAL ADVICE, TREATMENT, OR DIAGNOSIS. EXPLAIN THAT THIS IS NOT THE NATURE OF THIS EFFORT.

IF RESPONDENT REQUESTS PSYCHOLOGICAL COUNSELING OR ADVICE OF ANY KIND, REFER HIM/HER TO THE NATIONAL LIFELINE. IF RESPONDENT IS INTERESTED IN CONTACTING THE LIFELINE, OFFER TO STAY ON THE PHONE AND CONNECT THEM VIA A THREE-WAY CALL.

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Youth Introduction to Certification Clinical Interview

Before you call, be prepared:

- Review the assignment information provided including the respondent name, parent name, telephone number(s), as well as the date of the screening.
- Note whether the parent requested to be at home during the interview.
- Have your schedule available (in case you need to schedule an appointment).
- Have all interviewing materials available.

VERIFY NUMBER AND LOCATE RESPONDENT

Hi, my name is _____ and I'm calling on behalf of the U.S. Department of Health and Human Services. Is this [PHONE NUMBER]?

YES: PROCEED BELOW

NO: I apologize. I need to double check my records. Thank you for your time. END CALL.

[IF PARENT REQUESTED TO BE HOME DURING INTERVIEW, CONTINUE BELOW]

[IF PARENT DID NOT REQUEST TO BE HOME DURING INTERVIEW, GO TO "IF PARENT AVAILABLE"]

I'm trying to reach [PARENT NAME] who agreed to allow [YOUTH FIRST NAME] to take part in a telephone interview we're conducting. May I speak to [PARENT NAME]?

YES: PROCEED BELOW

NO: **When would be a good time to call again?** ENTER CODE XX AND DETAILS IN CMS. Thank you for your time. END CALL.

IF PARENT AVAILABLE

As you may recall, you and your child [FILL NAME] previously spoke with us about your child participating in an interview on their experiences with the use or non-use of alcohol and drugs. I am the interviewer you were told would contact you for a telephone interview. Do you recall speaking with us?

YES: PROCEED BELOW.

NO: VERIFY FIRST NAME OF PERSON YOU ARE SPEAKING TO.

IF NOT SPEAKING TO CORRECT PERSON, ASK TO SPEAK TO PARENT.

IF NAME IS CORRECT AND PARENT DOESN'T RECALL, REMIND OF DATE OF CONTACT WITH RECRUITER.

IF CORRECT PERSON STILL NOT FOUND OR PARENT DOESN'T REMEMBER: **I apologize. I need to double check my records. Thank you for your time.** END CALL. ENTER CODE XX AND INVESTIGATE.

IF PARENT REQUESTED BEING HOME DURING INTERVIEW:

During the screening, you said you would like to be at home with your child when they complete the interview. If your child is available to complete the interview now, will you be at home for the next hour or so while we complete the interview?

YES: PROCEED BELOW

NO: **When would be a good time to call again when you will both be available?**
ENTER CODE XX AND DETAILS IN CMS.
Thank you for your time. END CALL.

PARENTAL RECORDING PERMISSION

To make sure I am doing my job correctly, I am required to make an audio recording of your child's interview. This is done strictly for quality control purposes. During the screening, you said you were willing to have the interview audio recorded.

To confirm, may I audio record your child's interview?

YES: CONTINUE.

PARENT REQUESTS ADDITIONAL INFORMATION: The recording will only be listened to by project staff who have signed confidentiality pledges. The recording will not include your child's name—only a random number we can use to match the recording to the interview. The recording will be stored securely and permanently destroyed within 24 months after the end of the project. Do you agree to allow me to record the interview? IF YES, PROCEED (ASK TO SPEAK WITH YOUTH)

NO: **Because this is a certification interview, an audio recording is required to be sure I am conducting the interview correctly. Thank you for your time. END CALL AND ENTER NOTES IN CMS.**

May I speak to [YOUTH FIRST NAME]?

YES: PROCEED WITH YOUTH

NO: **When would be a good time to call again? RECORD DETAILS IN CMS**

Thank you for your time. END CALL

IF R AVAILABLE

(Hi, my name is _____.)

You recently spoke with us about participating in an interview on your experiences with the use or non-use of alcohol and drugs. I am the interviewer you were told would contact you for a telephone interview. Do you recall speaking with us?

YES: PROCEED BELOW.

NO: VERIFY FIRST NAME OF PERSON YOU ARE SPEAKING TO.

IF NOT SPEAKING TO CORRECT PERSON, ASK TO SPEAK TO RESPONDENT.

IF NAME IS CORRECT AND RESPONDENT DOESN'T RECALL INITIAL INTERVIEW, REMIND OF DATE OF CONTACT WITH RECRUITER.

IF CORRECT RESPONDENT STILL NOT FOUND OR PERSON DOESN'T REMEMBER: **I apologize. I need to double check my records. Thank you for your time.** END CALL. ENTER CODE XX AND INVESTIGATE.

AVAILABLE CVS R

Your safety is important, so I want to be sure you are at home, not walking or in an area where you might be distracted. Are you at home in a place where you can safely talk on the phone and answer my questions?

YES: PROCEED

NO: **Are you able to move to a place within your home where you can safely talk?**

YES: PAUSE, THEN CONTINUE

NO: **When would be a good time to call again?** ENTER CODE XX AND DETAILS IN CMS. **Thank you for your time.** END CALL.

Is now a good time to complete this interview?

YES: GO TO INFORMED ASSENT. BE SURE TO READ VERBATIM.

NO: **When would be a good time to call again?** ENTER CODE XX AND DETAILS IN CMS. **Thank you for your time.** END CALL.

INFORMED ASSENT

I would like to remind you of the study details. This study, sponsored by the U.S. Department of Health and Human Services, asks questions to help us understand how different people think and talk about their use or non-use of alcohol and drugs. The interview will include questions about your knowledge of and experiences with alcohol and drugs.

The study will not directly benefit you, but information from you and others your age will help us understand alcohol and drug use issues for youth across the country.

Federal law requires us to keep all of your answers private and confidential. This is true except if you tell me you plan to seriously harm yourself or someone else, or that someone is harming you. Then I may need to tell your parent, a counselor, or another adult who can help. All other information you share is private. We hope that protecting your privacy will help you to give truthful answers. You can quit the interview at any time. You can also refuse to answer any questions. The interview will take about an hour. A check for \$40 will be sent to you after you complete the interview.

It is your choice whether or not you do the interview. You may think some of the questions are sensitive, and some of the questions may make you feel certain ways, such as sad. Remember you do not have to answer any questions you do not want to answer, and you can stop the interview at any time. If you become upset at any time during the interview and want to speak to a counselor about how you are feeling, I will give you toll-free hotline numbers to call. The information we are collecting today is only for training purposes.

This information about the study is also included on the Youth Certification Study Description that was sent to you via email. Do you have any questions before we begin?
ANSWER ANY RESPONDENT QUESTIONS.

IF R DOESN'T REMEMBER STUDY DESCRIPTION: The Study Description covers the same information I just reviewed with you about the study. Do you have any (other) questions?

Is it OK to continue with the interview?

YES: PROCEED TO NEXT PAGE

NO: BASED ON CONVERSATION:

What sort of concerns do you have about participating?

OR

Are there other questions that I could answer for you?

IF R STILL UNWILLING TO PARTICIPATE: Thank you for your time. END CALL.
DOCUMENT THE SITUATION IN THE CMS.

PRIVACY

Because you may not want others to hear the responses to some of our questions, I'd like to be sure you're at home in a private area. Where are you right now? Are you at home? Are you in an area where you can answer these questions privately?

YES: PROCEED

NO: **Please move to a more private area. Do you need more time?**

YES: PAUSE, THEN CONTINUE

NO: CONTINUE

YOUTH RECORDING PERMISSION

In order to make sure that I am doing my job correctly, I would like to make an audio recording of this interview. This is done only to make sure I am doing my job correctly. The recording will only be listened to by people who work on the project who have signed confidentiality pledges. A confidentiality pledge is a written promise that information will not be shared with anyone. The recording will not include your name—only a random number we can use to match the recording to the interview. To help provide confidentiality, we ask that you not give your name or any other identifying information, such as your address during the interview. The recording will be destroyed within 24 months after the end of the project. Do you agree to allow me to record the interview?

YES: **I will now begin recording.**

START RECORDING AND SAY: **"This is [YOUR FIRST AND LAST NAME] conducting telephone interview [QUEST ID] on [DATE]."**

NO: **DON'T RECORD. ATTEMPT TO ADDRESS CONCERNS. Because this is a certification interview to determine if I am following all procedures correctly we will not be able to continue with the interview. Thank you for your time.**

Ok, let's get started.

CI NOTES:

IF ASKED AT ANY TIME BY A RESPONDENT WHETHER THE INTERVIEWER IS A DOCTOR, PSYCHIATRIST, PSYCHOLOGIST, SOCIAL WORKER, OR OTHER MENTAL HEALTH PROFESSIONAL, YOU MAY DISCLOSE THAT YOU HAVE MEDICAL OR PSYCHOLOGICAL TRAINING THAT ALLOWS YOU TO FULLY UNDERSTAND THE SURVEY.

HOWEVER, YOU SHOULD EXPLAIN THAT YOUR INVOLVEMENT IN THIS STUDY IS FOR TRAINING PURPOSES ONLY AND IN NO WAY CONSTITUTES MEDICAL OR PSYCHOLOGICAL ADVICE, TREATMENT, OR DIAGNOSIS. EXPLAIN THAT THIS IS NOT THE NATURE OF THIS EFFORT.

IF RESPONDENT REQUESTS PSYCHOLOGICAL COUNSELING OR ADVICE OF ANY KIND, REFER HIM/HER TO THE NATIONAL HELPLINE. IF RESPONDENT IS INTERESTED IN CONTACTING THE HELPLINE, OFFER TO STAY ON THE PHONE AND CONNECT THEM VIA A THREE-WAY CALL.

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2020 NSDUH Clinical Validation Study (CVS)

Attachment CVS-10 – Follow-Up Clinical

Certification Thank You Letter

DATE

Dear Study Participant:

Thank you for your recent participation in our special study sponsored by the U.S. Department of Health and Human Services. As a token of our appreciation, we've enclosed \$40 for your completion of the full interview.

Thank you again for your assistance!

Sincerely,

Kathy Batts
Study Director
RTI International