**Attachment N**

**Telephone Prompt Script**

Hello, this is **[NAME]** calling from Westat on behalf of the Centers for Disease Control and Prevention. May I please speak to **[PRINCIPAL/TEACHER’S NAME]**?

IF THE RESPONDENT IS NOT AVAILABLE, ASK FOR BEST TIME TO CALL BACK, AND MAKE A NOTE OF IT.

Thank you. I will try again at that time. Please leave a message that I called about the Centers for Disease Control and Prevention’s School Health Profiles reliability study. If **[RESPONDENT’S NAME]** would prefer to call me, the number is **[TELEPHONE NUMBER]**.

IF THE PRINCIPAL/TEACHER IS AVAILABLE:

My name is **[NAME]**. I am calling from Westat on behalf of the Centers for Disease Control and Prevention about the School Health Profiles questionnaire booklets sent to you several weeks ago for a reliability study. A second mailing was sent **[NUMBER]** weeks ago. Have you received a copy of the questionnaire booklets?

IF NO, OFFER TO SEND. BE SURE TO VERIFY THE NAME AND ADDRESS.

OK, I’d be happy to send you a booklet. This study of the School Health Profiles School Principal Questionnaire/Lead Health Education Teacher Questionnaire is important because it tests whether the questionnaire developed by the Centers for Disease Control and Prevention and used by more than 71 state and large urban school districts every two years is reliable in its ability to tell us about school health-related policies and practices happening at schools like yours across the country.

As a token of appreciation for contributing your time and support, you will receive a $5 check upon completing the first questionnaire, and a $20 check upon completing the second questionnaire.

I’d like to verify I have the correct name and address for the mailing.

IF YES:

We know there are many demands placed on your time. This study is important because it tests whether a questionnaire developed by the Centers for Disease Control and Prevention and used by more than 71 state and large urban school districts every two years is reliable in its ability to tell us about school health-related policies and practices happening at schools like yours across the country.

As a token of appreciation for contributing your time and support, you will receive a $5 check upon completing the first questionnaire, and a $20 check upon completing the second questionnaire.

Can we count on your participation?

IF SOON:

Thank you very much. We look forward to receiving it. Do you have any questions about the reliability study?

FOR PRINCIPAL PHONE CALLS, IF LEAD HEALTH EDUCATION TEACHER HAS NOT RETURNED QUESTIONNAIRE:

You should have received two booklets: one for you to complete as the principal and another questionnaire booklet for your school’s lead heath education teacher. The lead health education teacher might be your only health education teacher, the department chair, the most senior health education teacher, or the teacher who is most knowledgeable about instruction on health topics. Do you know if your lead health education teacher received the Lead Health Education Teacher Questionnaire?

Because we have not received that person’s completed questionnaire, may I contact the teacher directly?

VERIFY NAME AND CONTACT INFORMATION.

AT THE END OF ALL CALLS:

Thank you for your support.