

2020 NSDUH Clinical Validation Study (CVS)

Attachment CVS-7 – Follow-Up Clinical

Certification Recruitment Scripts

Adult Certification Interview Recruitment Screener Scripts

Adult respondents for the Clinical Interviewer certification interviews will be recruited via telephone and web for interviews conducted over the telephone.

Telephone Screener

Hello, my name is _____. Thank you for calling RTI to learn about our study.

0.1 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 [GO TO 0.3]
NO [CONTINUE]

0.2 Can you move somewhere now where you can safely talk?

YES [CONTINUE]
NO [END CALL AND ENTER NOTES ON CALL FORM]

0.3 How did you hear about this study?

[DO WE ALREADY HAVE [XX] Rs WITH APPOINTMENTS?]

YES [GO TO 1]
NO [GO TO 2]

1. I'm sorry, but we have already recruited enough volunteers for our study, so I can't set up an appointment for you right now. May I have your name, telephone number, and the best time to call so that someone from RTI can contact you in case we have an opening?

[END CALL AND NOTE INFORMATION ON CALL FORM.]

2. How old are you? ____

IF R IS UNDER 18:

IF STAFF PERSON ALSO RECRUITING FOR YOUTH CERTIFICATION INTERVIEWS: Since you are younger than 18, I need to speak with a parent or guardian about your participation.

[SWITCH TO YOUTH CERTIFICATION SCRIPT]

OTHERWISE: I'm sorry but you are not eligible to participate in this study, but you may be eligible for a similar study we are conducting with youth age 12-17. You may call [project staff] at 800-334-8571, ext. XXXX for more information. Please make sure a parent or guardian is available to speak with [project staff] when you call.

[END CALL AND NOTE INFORMATION ON CALL FORM.]

3. Are you currently on active duty in the military?

YES **[GO TO 8]**
NO

3.1 Are you currently an employee of RTI International or are you a family member of a current RTI International employee?

YES **[GO TO 8]**
NO

4. Have you used alcohol, including beer, wine, or hard liquor on 6 or more times in the past 12 months?

YES
NO

5. Have you used marijuana on 6 or more times in the past 12 months?

YES
NO

6. Have you used any other illegal drugs such as cocaine, crack, heroin or ecstasy in the past 12 months?

YES
NO

[IF NO TO PAST YEAR ALCOHOL, MARIJUANA AND ILLICIT DRUG USE, GO TO 8]

7. Have you received services from an alcohol or drug use treatment facility or a substance abuse counselor at any time in the past 12 months?

YES **[GO TO 9]**
NO **[GO TO 8]**

8. I'm sorry, but you are not eligible to participate in this study. Thank you for your interest.

[END CALL AND NOTE INFORMATION ON CALL FORM].

9. The purpose of this study is to help train interviewers to administer an interview that will be used in a study about people's experiences with the use or non-use of alcohol and drugs. This study is being conducted for the U.S. Department of Health and Human Services. We will interview about 70 adults and youth in the United States.

During the interview you will be asked 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.

If you agree to participate in the interview, your name, address, email, and telephone number will be collected but will be used only for re-contact purposes. Your name and contact information will not be included on any interview materials such as any forms on which your answers will be written. 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 exception to this promise of confidentiality is if you tell the interviewer that you intend to seriously harm yourself or someone else; in this situation RTI may need to notify a mental health professional or other authorities.

The interview will be conducted over the phone and takes about an hour. Your participation is voluntary. 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. You can refuse to answer any questions that 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 healthcare provider about how you are feeling, the interviewer can provide you with a toll-free hotline number to call. The information we are collecting is only for training purposes. The interviewer who will call you back for the interview will not be providing any psychological diagnosis or any mental health advice or counseling.

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

If you complete the full interview, we will mail you a check for \$40 in appreciation for your time.

To make sure I know you understand the information I just shared with you, please tell me in your own words what this study is about.

[IF R CANNOT SPEAK ENGLISH PROFICIENTLY, GO TO 8]
[IF R SOUNDS INTOXICATED, GO TO 8]
[IF R SOUNDS INCOHERENT, GO TO 8]

Are you still interested in participating?

YES **[GO TO 10]**
NO

That's fine. Thank you for calling.

[END CALL AND ENTER NOTES ON CALL FORM]

10. It looks as though you may meet the requirements to be included in our study. Before we schedule an appointment, we need to discuss one more thing. Our interviewers are required to audio record all interviews they conduct so their supervisors can make sure they are doing their job correctly. The audio recording will not contain your name or any information that could be used to identify you. All audio files will be destroyed within 24 months after the end of the data collection period. If you think now that you would be willing to be audio recorded, I will schedule you for an interview. Are you willing to have your interview audio recorded?

YES **[GO TO 11]**
NO, UNSURE

That's fine. Thank you for calling.

[END CALL AND ENTER NOTES ON CALL FORM]

11. We are scheduling appointments between MONTH, DATE and MONTH, DATE. Are you available during that time frame for a 1-hour phone interview?

YES **[GO TO 12]**
NO, UNSURE

That's fine. Thank you for calling.

[END CALL AND ENTER NOTES ON CALL FORM]

12. When would be the best time between MONTH, DATE and MONTH, DATE for you to complete the interview?

[RECORD DATE AND TIME ON CALL FORM]

13. The day before your appointment, on [DATE - 1], we'll call to remind you of when the interview will take place. What is the best telephone number where you can be reached, and the best time to call so that we can remind you of your interview appointment?

[RECORD TELEPHONE NUMBER AND BEST TIME ON CALL FORM.]

Is this the same telephone number where the interviewer can reach you to complete the phone interview on [DATE]?

YES **[GO TO 14]**
NO, UNSURE

What is the telephone number the interviewer should use to contact you for the phone interview on [DATE]?

[NOTE TELEPHONE NUMBER ON CALL FORM]

14. Please provide an email address where we can contact you about this study.

[NOTE EMAIL ON CALL FORM]

15. In order for us to mail you the \$40 when the interview is completed, I will need your name and address. Please remember that this information will never be connected to your responses and will only be used to mail your check after the interview is completed.

[NOTE NAME AND ADDRESS ON CALL FORM.]

16. We'll give you a call on [DATE - 1]. If you need to reschedule your appointment or have any questions in the meantime, please give me a call at [TELEPHONE NUMBER]. Thank you and have a nice day.

Web Screener

INTRO1 The purpose of this study is to help train interviewers to administer an interview that will be used in a study about people's experiences with the use or non-use of alcohol and drugs. This study is being conducted for the U.S. Department of Health and Human Services. We will interview about 70 adults and youth in the United States.

During the interview you will be asked 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.

If you agree to participate in the interview, your name, address, email, and telephone number will be collected but will be used only for re-contact purposes. Your name and contact information will not be included on any interview materials such as any forms on which your answers will be written. 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 exception to this promise of confidentiality is if you tell the interviewer that you intend to seriously harm yourself or someone else; in this situation RTI may need to notify a mental health professional or other authorities.

The interview will be conducted over the phone and takes about an hour. Your participation is voluntary. 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. 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 healthcare provider about how you are feeling, the interviewer can provide you with a toll-free hotline number to call. The information we are collecting is only for training purposes. The interviewer who will call you for the interview will not be providing any psychological diagnosis or any mental health advice or counseling.

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

If you complete the full interview, we will mail you a check for \$40 in appreciation for your time.

[CONTINUE]

INTRO2 To determine if you are eligible, we must ask you a few questions about your alcohol and drug use. **All responses to the survey will remain confidential.** We will not share information you give us with anyone other than necessary project staff.

If you are eligible for the study, a staff person will call or email you to schedule a time for the interview.

[CONTINUE]

AGE What is your age?

_____ [RANGE: 0 to 110]

[IF AGE \geq 18, CONTINUE TO MILIT]
[ELSE, GO TO TERM]

MILIT Are you currently on active duty in the military?

- 1 Yes [GO TO TERM]
- 2 No

RTI Are you currently an employee of RTI International or are you a family member of a current RTI International employee?

- 1 Yes [GO TO TERM]
- 2 No

ALCOHOL Have you used alcohol, including beer, wine, or hard liquor on 6 or more times in the past 12 months?

- 1 Yes
- 2 No

MARIJU Have you used marijuana on 6 or more times in the past 12 months?

- 1 Yes
- 2 No

OTHERD Have you used any other illegal drugs such as cocaine, crack, heroin or ecstasy in the past 12 months?

- 1 Yes
- 2 No

NOELIG [IF ALCOHOL+MARIJU+OTHERD = NO, GO TO TERM]

TRTMT Have you received services from an alcohol or drug use treatment facility or a substance abuse counselor at any time in the past 12 months?

- 1 Yes
- 2 No [GO TO TERM]

TERM Thank you, but you are not eligible to participate in this study.

YELIG IF [IF ALCOHOL OR MARIJU OR OTHERD = YES AND TRTMT = YES]

It looks as though you may meet the requirements to be included in our study.

Our interviewers are required to audio record all interviews they conduct so their supervisors can make sure they are doing their job correctly. The audio recording will not contain your name or any information that could be used to identify you. All audio files will be destroyed within 24 months after the end of the data collection period. Are you willing to have your interview audio recorded?

- 1 Yes
- 2 No [GO TO TERM]

AVAB We are scheduling appointments between MONTH, DATE and MONTH, DATE. The interview will last about an hour and you will receive \$40 after completing the interview. Are you available during that time frame for a phone interview?

- 1 Yes
- 2 No [GO TO TERM]

NAME Please provide your first name or a nickname.

NAME: _____

EMAIL Please provide an email address where we can contact you about this study.

PHONE Please provide a phone number where we can contact you about this study.

PHONE 1: ____ - ____ - ____
PHONE 2: ____ - ____ - ____

WHEN When is the best time to contact you?

THANK We will contact you soon to schedule an interview. When we reach out to you, we will only say that we are contacting you about a health study for RTI International.

[WHEN CONTACTING R TO SCHEDULE APPOINTMENT, USE SCRIPT BELOW]

1. Hi, my name is _____ from RTI International. I'm reaching out to you regarding a health study. I understand that you responded to an advertisement we placed for study participants age 18 and over, is that correct?

YES [GO TO 2]
NO [GO TO 3]

2. Our records show you are eligible for the study. Are you still interested in participating in the study?

YES [GO TO 4]
NO [GO TO 3]

3. That is fine, thank you for your time.

[END CALL AND ENTER NOTES ON CALL FORM]

4. We would like to schedule an interview with you. When would be the best time between MONTH, DATE and MONTH, DATE for you to complete the interview?

[RECORD DATE AND TIME ON CALL FORM]

5. The day before your appointment, on [DATE - 1], we'll call to remind you of when the interview will take place. What is the best telephone number where you can be reached, and the best time to call so that we can remind you of your interview appointment?

[RECORD TELEPHONE NUMBER AND BEST TIME ON CALL FORM]

6. Is this the same telephone number where the interviewer can reach you to complete the phone interview on [DATE]?

YES [GO TO 7]
NO [GO TO 6A]

6A. What is the telephone number the interviewer should use to contact you for the phone interview on [DATE]?

[NOTE TELEPHONE NUMBER ON CALL FORM]

7. In order for us to mail you the \$40 when the interview is completed, I will need your name and address. Please remember that this information will never be connected to your responses and will only be used to mail your check after the interview is completed.

[NOTE NAME AND ADDRESS ON CALL FORM]

8. We'll give you a call on [DATE - 1]. If you need to reschedule your appointment or have any questions in the meantime, please give me a call at [TELEPHONE NUMBER]. Thank you and have a nice day.

Adult CS Certification Interview Recruitment Screener Scripts

Adult respondents for the Clinical Supervisor certification interviews will be recruited via telephone and web for interviews conducted over the telephone.

Telephone Screener

Hello, my name is _____. Thank you for calling RTI to learn about our study.

0.1 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 [GO TO 0.3]
NO [CONTINUE]

0.2 Can you move somewhere now where you can safely talk?

YES [CONTINUE]
NO [END CALL AND ENTER NOTES ON CALL FORM]

0.3 How did you hear about this study?

[DO WE ALREADY HAVE [XX] Rs WITH APPOINTMENTS?]

YES [GO TO 1]
NO [GO TO 2]

1. I'm sorry, but we have already recruited enough volunteers for our study, so I can't set up an appointment for you right now. May I have your name, telephone number, and the best time to call so that someone from RTI can contact you in case we have an opening?

[END CALL AND NOTE INFORMATION ON CALL FORM.]

2. How old are you? ____

IF R IS UNDER 18:

IF STAFF PERSON ALSO RECRUITING FOR YOUTH CERTIFICATION INTERVIEWS: Since you are younger than 18, I need to speak with a parent or guardian about your participation.
[SWITCH TO YOUTH CERTIFICATION SCRIPT]

OTHERWISE: I'm sorry but you are not eligible to participate in this study, but you may be eligible for a similar study we are conducting with youth age 12-17. You may call [project staff] at 800-334-8571, ext. XXXX for more information. Please make sure a parent or guardian is available to speak with [project staff] when you call.

[END CALL AND NOTE INFORMATION ON CALL FORM.]

3. Are you currently on active duty in the military?

YES **[GO TO 8]**
NO

3.1 Are you currently an employee of RTI International or are you a family member of a current RTI International employee?

YES **[GO TO 8]**
NO

4. Have you used alcohol, including beer, wine, or hard liquor on 6 or more times in the past 12 months?

YES
NO

5. Have you used marijuana on 6 or more times in the past 12 months?

YES
NO

6. Have you used any other illegal drugs such as cocaine, crack, heroin or ecstasy in the past 12 months?

YES
NO

[IF NO TO PAST YEAR ALCOHOL, MARIJUANA AND ILLICIT DRUG USE, GO TO 8]

7. Have you received services from an alcohol or drug use treatment facility or a substance abuse counselor at any time in the past 12 months?

YES **[GO TO 9]**
NO **[GO TO 8]**

8. I'm sorry, but you are not eligible to participate in this study. Thank you for your interest.

[END CALL AND NOTE INFORMATION ON CALL FORM].

9. The purpose of this study is to help train interviewers to administer an interview that will be used in a study about people's experiences with the use or non-use of alcohol and drugs. This study is being conducted for the U.S. Department of Health and Human Services. We will interview about 70 adults and youth in the United States.

During the interview you will be asked 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.

If you agree to participate in the interview, your name, email, and telephone number will be collected but will be used only for re-contact purposes. Your name and contact information will not be included on any interview materials such as any forms on which your answers will be written. 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 exception to this promise of confidentiality is if you tell the interviewer that you intend to seriously harm yourself or someone else; in this situation RTI may need to notify a mental health professional or other authorities.

The interview will be conducted over the phone and takes about an hour. Your participation is voluntary. 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. 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 healthcare provider about how you are feeling, the interviewer can provide you with a toll-free hotline number to call. The information we are collecting is only for training purposes. The interviewer who will call you back for the interview will not be providing any psychological diagnosis or any mental health advice or counseling.

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

If you complete the full interview, we will mail you a check for \$40 in appreciation for your time.

To make sure I know you understand the information I just shared with you, please tell me in your own words what this study is about.

[IF R CANNOT SPEAK ENGLISH PROFICIENTLY, GO TO 8]

[IF R SOUNDS INTOXICATED, GO TO 8]

[IF R SOUNDS INCOHERENT, GO TO 8]

Are you still interested in participating?

YES **[GO TO 10]**

NO

That's fine. Thank you for calling.

[END CALL AND ENTER NOTES ON CALL FORM]

10. Before we schedule an appointment, we need to discuss one more thing. This interview will be conducted as a part of a training session. Our interviewers are required to audio record all interviews they conduct so their supervisors can make sure they are doing their job correctly. The audio recording will not contain your name or any information that could be used to identify you. All audio files will be destroyed within 24 months after the end of the data collection period. If you think now that you would be willing to be audio recorded, I will schedule you for an interview. Are you willing to have your interview audio recorded?

YES **[GO TO 11]**

NO, UNSURE

That's fine. Thank you for calling.

[END CALL AND ENTER NOTES ON CALL FORM]

11. We are scheduling appointments between MONTH, DATE and MONTH, DATE. Are you available during that time frame for a 1-hour phone interview?

YES **[RECORD APPOINTMENT TIME ON CALL FORM, GO TO 12]**

NO, UNSURE That's fine. Thank you for calling. **[END CALL AND ENTER NOTES ON CALL FORM]**

12. The day before your appointment, on [DATE – 1], we'll call to remind you of when the interview will take place. What is the best telephone number where you can be reached, and the best time to call so we can remind you of your interview appointment?

[RECORD TELEPHONE NUMBER AND BEST TIME ON CALL FORM.]

Is this the same telephone number where the interviewer can reach you to complete the phone interview on [DATE]?

YES [GO TO 14]

NO, UNSURE

What is the telephone number the interviewer should use to contact you for the phone interview on [DATE]?

[NOTE TELEPHONE NUMBER ON CALL FORM]

13. Please provide an email address where we can contact you about this study.

[NOTE EMAIL ON CALL FORM]

14. In order for us to mail you the \$40 when the interview is completed, I will need your name and address. Please remember that this information will never be connected to your responses and will only be used to mail your check after the interview is completed.

[NOTE NAME AND ADDRESS ON CALL FORM.]

15. We'll give you a call on [DATE - 1]. If you need to reschedule your appointment or have any questions in the meantime, please give me a call at [TELEPHONE NUMBER]. Thank you and have a nice day.

Web Screener

INTRO1 The purpose of this study is to help train interviewers to administer an interview that will be used in a study about people's experiences with the use or non-use of alcohol and drugs. This study is being conducted for the U.S. Department of Health and Human Services. We will interview about 70 adults and youth in the United States.

During the interview you will be asked 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.

If you agree to participate in the interview, your name, email, and telephone number will be collected but will be used only for re-contact purposes. Your name and contact information will not be included on any interview materials such as any forms on which your answers will be written. 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 exception to this promise of confidentiality is if you tell the interviewer that you intend to seriously harm yourself or someone else; in this situation RTI may need to notify a mental health professional or other authorities.

The interview will be conducted over the phone and takes about an hour. Your participation is voluntary. 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. 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 healthcare provider about how you are feeling, the interviewer can provide you with a toll-free hotline number to call. The information we are collecting is only for training purposes. The interviewer will not be providing any psychological diagnosis or any mental health advice or counseling.

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If you complete the full interview, we will give you \$40 in appreciation for your time.

[CONTINUE]

INTRO2 To determine if you are eligible, we must ask you a few questions about your alcohol and drug use. **All responses to the survey will remain confidential.** We will not share information you give us with anyone other than necessary project staff.

If you are eligible for the study, a staff person will call or email you to schedule a time for the interview.

[CONTINUE]

AGE What is your age?

_____ [RANGE: 0 to 110]

[IF AGE \geq 18, CONTINUE TO MILIT]
[ELSE, GO TO TERM]

MILIT Are you currently on active duty in the military?

- 1 Yes [GO TO TERM]
- 2 No

RTI Are you currently an employee of RTI International or are you a family member of a current RTI International employee?

- 1 Yes [GO TO TERM]
- 2 No

ALCOHOL Have you used alcohol, including beer, wine, or hard liquor on 6 or more times in the past 12 months?

- 1 Yes
- 2 No

MARIJU Have you used marijuana on 6 or more times in the past 12 months?

- 1 Yes
- 2 No

OTHERD Have you used any other illegal drugs such as cocaine, crack, heroin or ecstasy in the past 12 months?

- 1 Yes
- 2 No

NOELIG [IF ALCOHOL+MARIJU+OTHERD = NO, GO TO TERM]

TRTMT Have you received services from an alcohol or drug use treatment facility or a substance abuse counselor at any time in the past 12 months?

- 1 Yes
- 2 No [GO TO TERM]

TERM Thank you, but you are not eligible to participate in this study.

YELIG IF [IF ALCOHOL OR MARIJU OR OTHERD = YES, AND TRTMT = YES, **AND** OBSRV = YES]

It looks as though you may meet the requirements to be included in our study.

Our interviewers are required to audio record all interviews they conduct so their supervisors can make sure they are doing their job correctly. The audio recording will not contain your name or any information that could be used to identify you. All audio files will be destroyed within 24 months after the end of the data collection period. Are you willing to have your interview audio recorded?

- 1 Yes
- 2 No [GO TO TERM]

AVAB We are scheduling appointments between MONTH, DATE and MONTH, DATE. The interview will last about an hour and you will receive \$40 after the interview is completed. Are you available during that time frame for a phone interview?

- 1 Yes [GO TO NAME]
- 2 No [GO TO LATR]

LATR Since you are not available during the time the interviews will be conducted, you are not eligible to participate in the study at this time. However additional opportunities to participate in a similar study conducted over the phone will be available between MONTH, DATE and MONTH, DATE. We will contact you at that time to determine if you are interested and available.

NAME Please provide your first name or a nickname.

NAME: _____

EMAIL Please provide an email address where we can contact you about this study.

PHONE Please provide a phone number where we can contact you about this study.

PHONE 1: ___ - ___ - _____

PHONE 2: ___ - ___ - _____

WHEN When is the best time to contact you?

THANK We will contact you soon to schedule an interview. When we reach out to you, we will only say that we are contacting you about a health study for RTI International.

[WHEN CONTACTING R TO SCHEDULE APPOINTMENT, USE SCRIPT BELOW]

1. Hi, my name is _____ from RTI International. I'm reaching out to you regarding a health study. I understand that you responded to an advertisement we placed for study participants age 18 and over, is that correct?

YES

NO [GO TO 3]

2. Our records show that you are eligible for the study. Are you still interested in participating in the study?

YES [GO TO 4]

NO [GO TO 3]

3. That is fine, thank you for your time.

[END CALL AND ENTER NOTES ON CALL FORM]

4. We would like to schedule an interview with you. When would be the best time between MONTH, DATE and MONTH, DATE for you to complete the interview?

[RECORD DATE AND TIME ON CALL FORM]

5. The day before your appointment, on [DATE - 1], we'll call to remind you of when the interview will take place. What is the best telephone number where you can be reached, and the best time to call so that we can remind you of your interview appointment?

[RECORD TELEPHONE NUMBER AND BEST TIME ON CALL FORM]

6. Is this the same telephone number where the interviewer can reach you to complete the phone interview on [DATE]?

YES [GO TO 7]
NO [GO TO 6A]

6A. What is the telephone number the interviewer should use to contact you for the phone interview on [DATE]?

7. In order for us to mail you the \$40 when the interview is completed, I will need your name and address. Please remember that this information will never be connected to your responses and will only be used to mail your check after the interview is completed.

[NOTE NAME AND ADDRESS ON CALL FORM]

8. We'll give you a call on [DATE - 1]. If you need to reschedule your appointment or have any questions in the meantime, please give me a call at [TELEPHONE NUMBER]. Thank you and have a nice day.

Youth Certification Interview Recruitment Screener Script

Youth respondents for the Clinical Supervisor and Clinical Interviewer certification interviews will be recruited via telephone for interviews conducted over the telephone.

Telephone Screener

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0.1 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 **[GO TO 0.3]**
NO **[CONTINUE]**

0.2 Can you move somewhere now where you can safely talk?

YES **[CONTINUE]**
NO **[END CALL AND ENTER NOTES ON CALL FORM]**

0.3 How did you hear about this study?

[IF NEEDED] What is your first name? **[RECORD ON FORM]**

1. How old are you? ____ ____

[IF R IS OVER 18]: Are you calling on behalf of yourself or your child?

[IF CALLING FOR SELF: SWITCH TO ADULT CERTIFICATION SCRIPT]

[IF CALLING FOR CHILD: CONTINUE]

2. **[DO WE ALREADY HAVE [XX] Rs WITH APPOINTMENTS?]**

YES I'm sorry, but we have already recruited enough volunteers for our study, so I can't set up an appointment for you right now. May I have your name, telephone number, and the best time to call so that someone from RTI can contact you in case we have an opening?

[END CALL AND NOTE INFORMATION ON CALL FORM.]

NO AND TALKING TO YOUTH **[GO TO 3]**
NO AND TALKING TO PARENT **[GO TO 4]**

3. For youth age 12 – 17 to participate, we first need to speak with a parent or legal guardian to describe what the study is about and get their permission to talk with you. May I speak with one of your parents?

[IF PARENT NOT AVAILABLE] I'm sorry, but I first need to speak with your parent about the study and get permission to talk with you. Please call back at a time when your parent is also available to speak with me. Thank you for your interest.

[END CALL AND NOTE INFORMATION ON CALL FORM]

[IF PARENT AVAILABLE] Your child responded to a recruitment flyer to test a questionnaire for use in a future national study, so I need to first speak to a parent about their participation.

4. **[IF NEEDED]** What is your child's first name? **[RECORD ON FORM]**
Are you the parent who has legal custody of [CHILD'S NAME], or are you this child's legal guardian?

YES **[CONTINUE]**

NO **[ASK FOR PARENT/GUARDIAN, THEN REPEAT TEXT]**

- 4.1 Are you currently an employee of RTI International or are you a family member of a current RTI International employee?

YES Your child is not eligible for this study. Thank you for your time.
[END CALL AND ENTER NOTES ON CALL FORM]

NO **[CONTINUE]**

5. The purpose of this study is to help train interviewers to administer an interview that will be used in a study about people's experiences with the use or non-use of alcohol and drugs. Has your child received services for substance abuse treatment at any time during the past 12 months?

YES **[CONTINUE]**

NO Your child is not eligible for this study. Thank you for your time.
[END CALL AND ENTER NOTES ON CALL FORM]

6. This study is being conducted for the U.S. Department of Health and Human Services. We will interview about 70 adults and youth in the United States. The interview will be conducted over the telephone and will take about an hour.

For this study, we are interested in interviewing a wide variety of individuals to learn more about how different people think and talk about their use or non-use of alcohol and drugs. The interview will include questions about your child's knowledge of and experiences with alcohol and drugs. Participation in this interview is voluntary.

All of your child's answers will be private and confidential and used only for statistical purposes. There are two exceptions to this promise. If your child tells me that they intend to seriously harm themselves or someone else, I may need to notify you or a mental health professional or another authority. If your child tells me that they are at risk of serious harm by someone else, I may also need to notify you or another authority.

Your child may consider some of the questions to be sensitive and some of the questions may also make them feel certain emotions, such as sadness. Your child can refuse to answer any questions that they do not want to answer, and can stop the interview at any time. If your child becomes upset during the interview and wishes to speak to a mental health professional about how they are feeling, I will provide toll-free hotline numbers.

If you agree to allow your child to participate, they will receive a check for \$40 after the interview is completed.

To make sure I know you understand the information I just shared with you, please tell me in your own words what this study is about.

[IF NEEDED REVIEW DETAILS OF STUDY AGAIN]

7. When I talk with your child, I will ask a few questions about your child's use or non-use of alcohol and drugs to determine eligibility for this study. Do I have your permission to talk with your child about the study and ask your child to participate?

YES

[CONTINUE]

NO

Thank you for your time. **[END CALL AND ENTER NOTES ON CALL FORM]**

8. Before I ask your child some questions to determine their eligibility, there is one more thing we need to discuss. Our interviewers are required to audio record all interviews they conduct so their supervisors can make sure they are doing their job correctly. The audio recording will not contain your child's name or any information that could be used to identify them. The audio recording will

be destroyed within 24 months of the end of the project. If you are willing to allow your child to be audio recorded, I will ask your child if they are interested in participating and whether it is okay to audio record the interview.

Are you willing to let us audio record your child's interview?

YES **[CONTINUE]**
NO Thank you for your time. **[END CALL AND ENTER NOTES ON CALL FORM]**

9. Thanks for agreeing to allow me to talk with your child about the study. Should your child decide that they want to participate, I will ask you for contact information and work to set up a convenient time to complete the interview.

[IF NEEDED] And what is your first name? **[RECORD ON FORM]**

May I please speak with **[CHILD'S FIRST NAME]**?

10. **[TO YOUTH]** I have a few questions to determine if you are eligible for the interview. The questions that ask about your use or non-use of alcohol and drugs and your answers will not be shared with your parents. Is that OK with you?

YES **[CONTINUE]**
NO I'm sorry, but you are not eligible to participate in this study.
Thank you for your interest.
[END CALL AND ENTER NOTES ON CALL FORM]

- 10.1 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 **[GO TO 10.2]**
NO **[CONTINUE]**

- 10.1.1 Can you move somewhere now where you can safely talk?

YES **[CONTINUE]**
NO **[END CALL AND ENTER NOTES ON CALL FORM]**

- 10.2 **[TO YOUTH]** Have you used alcohol, including beer, wine, or hard liquor on 6 or more times in the past 12 months?

Have you used marijuana on 6 or more times in the past 12 months?

Have you used any other illegal drugs such as cocaine, crack, heroin or ecstasy in the past 12 months?

YES TO ANY **[CONTINUE]**

NO TO ALL I'm sorry, but you are not eligible to participate in this study.
Thank you for your interest.

[END CALL AND ENTER NOTES ON CALL FORM]

11. Have you received services from an alcohol or drug use treatment facility or a substance abuse counselor at any time during the past 12 months?

YES **[CONTINUE]**

NO I'm sorry, but you are not eligible to participate in this study.
Thank you for your interest.

[END CALL AND ENTER NOTES ON CALL FORM]

12. The purpose of this study is to help train interviewers to administer an interview that will be used in a study about people's experiences with the use or non-use of alcohol and drugs. This study is being conducted for the U.S. Department of Health and Human Services. We will interview about 70 adults and youth in the United States. The interview will be conducted over the telephone and will take about an hour.

This study asks questions about 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. Your parent said you can take part in this interview if you want to. It is your choice whether you take part in this study.

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 if you say someone is harming you. Then I may need to tell your parent, a counselor, or another adult who can help. I would also need to tell an adult if you tell me that someone is harming you. All other information you share is private.

If you agree to participate, you will receive \$40 in the mail after the interview. I will collect some contact information from your parent today, and an interviewer will call you back to explain more about the interview.

To make sure I know you understand the information I just shared with you, please tell me in your own words what this study is about.

[IF NEEDED REVIEW DETAILS OF STUDY AGAIN]

Do you want to participate in this study?

YES **[CONTINUE]**

NO Thank you for your time.

[END CALL AND ENTER NOTES ON CALL FORM]

13. Before we move forward with scheduling a time for the interviewer to call back, we need to discuss one more thing. Our interviewers are required to audio record all interviews they conduct so their supervisors can make sure they are doing their job correctly. The audio recording will not contain your name or any information that could be used to identify you. The recording will be destroyed within 24 months of the end of the project. Are you willing to let us audio record your interview?

YES **[GO TO 15]**

NO That's fine. Thank you for calling.

[END CALL AND ENTER NOTES ON CALL FORM]

14. It appears you are eligible for the study. To accommodate your schedule, an interviewer will be available to call at a time that is convenient for you to conduct the interview.

We are scheduling appointments between MONTH, DATE and MONTH, DATE. Are you available during that time frame for a 1-hour phone interview?

YES **[GO TO 15]**

NO That's fine. Thank you for calling.

[END CALL AND ENTER NOTES ON CALL FORM]

15. Thank you for your interest. At this point I need to ask your parent for some information. May I please speak with them again?

[TO PARENT] Your child has agreed to complete the interview.

Will you want the interview to take place at a time when you are home with the child, or is it OK for the interviewer calling your child to complete this interview when you are not home?

[NOTE RESPONSE ON CALL FORM]

16. When would be the best time between MONTH, DATE and MONTH, DATE for your child to complete the interview?

[RECORD DATE AND TIME ON CALL FORM]

17. The day before the appointment, on [DATE - 1], we'll call to remind you and your child of when the interview will take place. What is the best telephone number where you can be reached, and the best time to call so that we can remind you of the interview appointment?

[RECORD PARENT TELEPHONE NUMBER AND BEST TIME ON CALL FORM. DO NOT COLLECT TELEPHONE NUMBER FOR A YOUTH'S PERSONAL CELL PHONE.]

Is this the same telephone number where the interviewer can reach your child to complete the phone interview on [DATE]?

YES **[GO TO 18]**

NO What is the telephone number the interviewer should use to contact your child for the phone interview on [DATE]?

[NOTE TELEPHONE NUMBER ON CALL FORM. DO NOT COLLECT TELEPHONE NUMBER FOR A YOUTH'S PERSONAL CELL PHONE.]

18. Please provide an email address where we can send you information about this study.

[NOTE PARENT EMAIL ON CALL FORM]

We also need an email address for your child, to share study details with them. We can include you on any emails sent to your child.

[NOTE CHILD EMAIL ON CALL FORM]

19. In order for us to mail the \$40 check to your child when the interview is completed, I will need your child's last name and address. Please remember this information will never be connected to their responses and will only be used to mail the check after the interview is completed.

[NOTE CHILD LAST NAME AND ADDRESS ON CALL FORM.]

20. We'll give you a call on [DATE - 1]. If you need to reschedule the appointment or have any questions in the meantime, please give me a call at [TELEPHONE NUMBER]. Thank you and have a nice day.