Attachment K (NEW). Adopted Adult Respondent Outreach Pre-Interview and Post-Interview Scripts

ADOPTED ADULT PRE-INTERVIEW OUTREACH SCRIPTS

For adopted adults who call-in to study 1-800 number:

Thank you for calling the Survey of Family Well-Being sponsored by the Administration for Children and Families. My name is <INTERVIEWER NAME> from RTI International. How may I assist you?

Answering Machine message to be left by telephone interviewers:

I am calling today on behalf of the Administration for Children and Families. We are trying to reach [INSERT R NAME] because they participated in an opportunity sponsored by this agency several years ago. We are calling today because we are continuing this opportunity and have some follow-up questions. We recently sent some information by mail that further describes this effort. Please call 1-800-XXX-XXXX and refer to case id [FILL CASE ID]. Thanks so much!

Adopted Adult Outreach Script

LEAD_IN1:

Hello, my name is _____ and I am trying to reach [INSERT R NAME]. May I speak with [INSERT R NAME]?

1   R IS AVAILABLE, CONTINUE WITH CASE (GOTO R_CONFRM)

2   DOES NOT KNOW SAMPLE MEMBER (GOTO INTRO2)

3   DOES NOT LIVE HERE ANYMORE (GOTO INTRO3)

4   WILL NOT ALLOW US TO SPEAK WITH SAMPLE MEMBER (GOTO INTRO4)

5   DECEASED (GOTO INTRO5)

6   INCAPABLE (INTRO6)

7   INCARCERATED/INSTITUTIONALIZED (GOTO INTRO6)

8   OUT OF COUNTRY (GOTO INTRO6)

9   OTHER CODES

R_CONFRM. (Hello, my name is _____.)

I am calling today about a research study, called the Survey of Family Well-Being sponsored by the Administration for Children and Families (ACF). We are contacting youth, young adults, and adults, like

yourself, who participated in another study sponsored by ACF called the National Survey of Child and Adolescent Well-Being (NSCAW) approximately 7 to 14 years ago.

We are following up with over 500 adults, young adults, and or youth for this new effort to understand the experiences of families who participated in the National Survey of Child and Adolescent Well-being.

People with many different backgrounds and types of families will be asked to participate in this new study. For this reason, we try to ask about lots of different possible family members, including birth or biological parents, adoptive parents, grandparents, other relatives, and siblings. If you were adopted, we would like to know more about that experience. This information will help develop services that may support children and families.

TI: IF RESPONDENT DOES NOT REMEMBER NSCAW PARTICIPATION, PLEASE SAY: *The last survey we conducted with your family was conducted in <INSERT YEAR OF LAST NSCAW INTERVIEW>. An interviewer visited your home and interviewed your family using a laptop computer.*

Before we begin, I would like to confirm that I have the correct person. Can you please tell me your date of birth?

INTERVIEWER: **DO NOT READ THE DOB TO THE RESPONDENT**. ALLOW THE RESPONDENT TO CONFIRM WHAT IS SHOW ON THE SCREEN.

RESPONDENT DOB: <FILL DOB>

1 = DOB MATCHES (CONFIRMED GO TO BEGIN)

2 = DOB DOES NOT MATCH (GOTO R_NODOB)

3 = DOB IS BLANK (GOTO R_NODOB)

4 = R REFUSES TO PROVIDE DOB (GO TO R_NODOB)

R_NODOB.

IF R_CONFIRM = 2, 3, or 4

Did you ever or do you currently live at:

<INSERT STREET ADDRESS 1 FROM NSCAW INTERVIEW>
<INSERT STREET ADDRESS 2 FROM NSCAW INTERVIEW>
<INSERT CITY, STATE, ZIP FROM NSCAW INTERVIEW>

1 = YES (GO TO BEGIN)

2 = NO (GO TO R_NOADD)

R_NOADD.

Do you remember participating in the National Survey of Child Adolescent Well-Being study in <INSERT YEAR OF NSCAW COMPLETE> where an interviewer visited your home and asked you questions using a laptop computer?

TI IF NEEDED: The interviewer would have asked questions about your behavior at home or school and relationships with friends. The interviewer may have provided headphones to you so that you could listen and answer questions privately. Your language skills may have been assessed using an easel with pictures. You should have received a gift card at the time of participation.

1 = YES (GO TO BEGIN)

2 = NO (GO TO THANKS)

LAND_CELL.

Is this a landline or cell phone?

(INTERVIEWER NOTE: IF R SAYS "cable, VOIP (voice over), or satellite phone" CODE AS LANDLINE PHONE.

IF NECESSARY: "By landine we mean any phone in your house that is not a cell phone.")

LANDLINE PHONE.……………….…………………………………………….1

CELL PHONE.……………….………………………………………………..3

SCHEDULE A CALLBACK (CATI GOES TO CALLBACK SCREEN)………..8

OTHER CODES (CATI GOES TO OTHER CODES SCREEN)……………….9

[IF LAND_CELL = 1 then go to LOCTYPE,

Else if LAND_CELL = 2 then go to CELLSAFE,

Else if LAND_CELL = 3 then go to INT06,

Else go to ALTB]

LOCTYPE.

First, have I reached you at a residential household, such as an apartment, a house, or a mobile home?

YES.……………….………………….01

NO, NON-RESIDENCE.…………..02

DK.……………….………………………98

REFUSED.……………….……………….99

[IF LOCTYPE = 01 then go to START,

else go to /INT05.]

CELLSAFE.

Before we continue, are you driving or doing anything that requires your full attention right now?

YES (R IS DRIVING/DOING SOMETHING)..1

NO..2

NOT A CELL PHONE...3

[If CELLSAFE = 1 then go to /INT06,

Else if CELLSAFE = 2 then go to /START,

Else go to LAND_CELL]

INTRO1A [for respondents identified as the NSCAW adopted adult respondent]

Great, thank you for confirming this information. As I mentioned earlier, RTI talked to you or your parent as a part of a previous study many years ago (the National Survey of Child and Adolescent Well-Being). Now, in this new Survey of Family Well-Being, we are following up with those same participants approximately 7 to 14 years after the last time you or your family were interviewed.

We want to make participation as easy as possible for you. We offer two ways for you to participate based on your schedule and preference. You can participate by telephone or complete the survey online. Choosing the online version of the survey allows you to work at your own pace. I can provide the web survey link over the phone along with your PIN for accessing the survey. If you choose the telephone version, we can get started now or we can schedule an appointment for a later date. You will receive $30 for taking part in this study.

Which option would you prefer?

1 = BY WEB (GOTO Mode_ByWeb)

2 = BY PHONE (GOTO Mode_ByPhone)

3 = SCHEDULE AN APPOINTMENT (GOTO CB)

4 = NEEDS MORE INFORMATION (GOTO Remail)

Mode_ByWeb

Great, let me take a moment to collect your e-mail address. What is your e-mail address? I am collecting your e-mail address so that I can send you the survey link along with your PIN for accessing the survey for future reference.

TI: EMAIL SHOULD BE FORMATTED AS NAME@HOST.DOMAIN (E.G., YOURNAME@GMAIL.COM)

 PLEASE ENTER E-MAIL ADDRESS AND CONFIRM WITH RESPONDENT BY READING IT BACK TO THEM.

EMAIL: _____ [open fill, constraint: 80 letters, Mask: $@) (GO TO WEBEMAIL_LINK)

WEBEMAIL_LINK

Message to the interviewer: Web Survey Login Instructions

Question long label:

Hi <FIRST NAME> <LAST NAME>,

Thank you for your interest in the Survey of Family Well-Being. Here is your requested login information. We recommend completing your web survey where a private setting can be established.

To access your web survey, please click on the survey link below. You will be asked to enter a PIN to access your survey.

{a href="VOXCO_ONLINE_SURVEY_NAME_WITH_EMBEDDED PIN"}Click here{/a} to begin or go to [INSERT VOXCO ONLINE PARENT SURVEY LINK] and log in:

{b}Survey Access Code{/b}: <INSERT PIN>

If you need further assistance or have any questions, simply reply to this message or call the SFWB Help Desk toll-free at 1-800-XXX-XXXX.

Thank you for your participation in this important study!
Stephanie Parker
RTI International

PROV_WEBCRED

To access the survey by web, you will need to visit XXX.RTI.ORG. Your PIN for accessing the survey is:
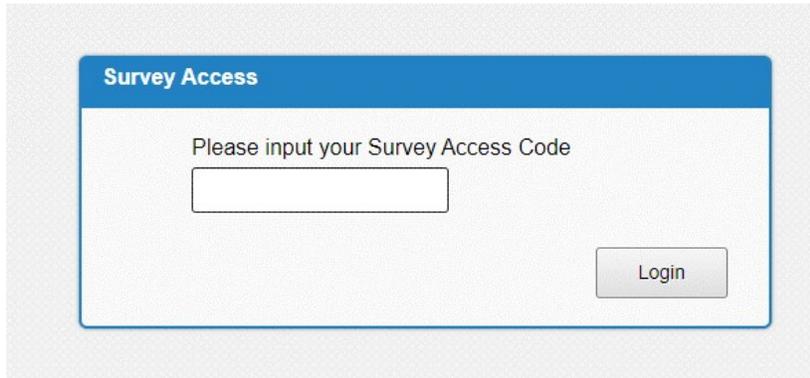**PIN:** <INSERT PIN>

Your PIN needs to be typed exactly as provided to access the survey. If you experience any issues with the web survey or your login credentials, you can reach us at (800) XXX-XXXX or e-mail us at SFWB@rti.org.

Please try to complete your survey within the next three days.

FOR WEB RESPONDERS ONLY

WEB_LANDINGPAGE

Welcome to the **Survey of Family Well-Being** sponsored by the Administration for Children and Families. To complete your survey online, please enter your Survey Access Code.

[IF RESPONDENT AGREES, INSERT WEB ADULT CONSENT, SEE OMB ATTACHMENT G]

[IF NO CONSENT] Thank you for your time today and considering this research.

SCRIPTS FOR TELEPHONE RESPONDERS

Mode_ByPhone

Before we begin, did you receive and review the information we sent by mail describing this effort in more detail?

1 = YES (GOTO ByPhone_MatRec)

2 = YES, RECEIVED MATERIALS BUT DID NOT REVIEW (FULL_CONSENT)

3 = NO, DID NOT RECEIVE MATERIALS (GOTO RESEND MATERIALS

ByPhone_MatRec

Great, the interview by telephone will take approximately 30 minutes to complete. Your participation is voluntary, and all information will be kept strictly private, as federal law requires. You may choose to skip any question in the interview for any reason. The questions will ask about things that may have happened in your life before you were 18 years old.

Some questions may make you feel uneasy or feel various emotions, such as sadness. If so, we will give you a list of resources that you can contact where there are people who may be able to help to talk with you about your feelings.

There are no costs associated with taking part in this study. You will receive $30 for taking part in this study.

We keep your interview answers on a secure computer, your responses have an ID number instead of your name. We do not identify you by your name. Your information will be combined with information from other people taking part in the study.

There are two important exceptions to the privacy information:

1) If during the interview we think your life or health is in serious danger, we will contact someone qualified to assist you.

2) At some point in the future, a different research company may take over this study. If that happens, with your consent, we would give your information to the other company.

If we haven't contacted your parent yet, we ask for your help locating your mother or father for an interview. At that point, your parent may choose whether to participate in the study. To protect your privacy and that of your parent, neither of you will know the other's answers to the interview questions.

If you decide to participate, we ask you also for your permission to link the responses you give now with the responses that we collected when you participated years ago in the National Survey of Child and Adolescent Well-Being study. Prior to using or releasing this data for future research, we will de-identify it. "De-identify" means that we will remove or code any personal information that could identify you before files are shared with other researchers to ensure that no one should be able to identify you from the information we share.

Do you have any questions, or can we go ahead and get started?

1 = AGREES TO STUDY PARTICIPATION (GOTO Section A)

2 = DOES NOT AGREE TO STUDY PARTICIPATION (GOTO NO_TConsent)

Remail
We want to make sure you have a copy of these materials for your records. We can send a copy of the fact sheet and consent form to you either by email or through the mail. Which would you prefer?

1 = SEND VIA E-MAIL (GOTO EMAIL_REQ)

2 = SEND BY MAIL (GOTO MAIL_REQ)

Email_Req
What is the best e-mail address for you?

TI: EMAIL SHOULD BE FORMATTED AS NAME@HOST.DOMAIN (E.G., YOURNAME@GMAIL.COM)

 PLEASE ENTER E-MAIL ADDRESS AND CONFIRM WITH RESPONDENT BY READING IT BACK TO THEM.

EMAIL: _____ [open fill, constraint: 80 letters, Mask: $@) (GO TO WEBEMAIL_CON)

WEBEMAIL_CON

Message to the interviewer: Information about the SFWB

Question long label:

Hi <FIRST NAME> <LAST NAME>,

Thank you for your interest in the Survey of Family Well-Being. We have included a fact sheet that describes this study in more detail. We have also included the informed consent statement describing your rights as a research participant as well as resource guide. If you would like to complete the survey online, please use the web link and credentials below.

{a href="VOXCO_ONLINE_SURVEY_NAME_WITH_EMBEDDED PIN"}Click here{/a} to begin or go to [INSERT VOXCO ONLINE PARENT SURVEY LINK] and log in:

{b}Survey Access Code{/b}: <INSERT PIN>

If you would like to schedule an appointment to conduct the interview by phone, please call the SFWB Help Desk toll-free at 1-800-XXX-XXXX.

Thank you for participation in this important study.
Stephanie Parker
SFWB Data Collection Task Leader

Mail_Req

What is the best mailing address to use for sending these materials by mail?

MAILING ADDRESS: _____ [open fill, 80 letters]

INTRO2 [for respondents who say we have reached an incorrect number or that they do not know the identified NSCAW adopted adult]

Let me verify that I have dialed the correct number, that is [INSERT PHONE NUMBER]?

0   YES CORRECT NUMBER DIALED (GO TO THANKS)

4   NUMBER NOT DIALED CORRECTLY, NOT VERIFIED (GOTO SUPERVISOR REVIEW)

INTRO3 [for respondents who say the NSCAW adopted adult respondent does not live at the address anymore]

Could you tell me how to reach him/her or do you know of anyone else who might know how to reach him/her?

TI: IF CONTACT ANSWERS YES, THEN ASK: Are you able to provide contact information for <RESPONDENT NAME> or someone else who might know how to reach them?

1 = YES, CONTACT WILL GIVE <RESPONDENT NAME>'S NUMBER (GO TO ADD_PhoNo)

2 = YES, CONTACT WILL GIVE OTHER CONTACT INFO (GO TO ADD_ROSTERFN)

3 = NO (GOTO THANKS)

ADD_ROSTERFN
May I please have this person's first name?/ELSE: NO FILL]

FIRST NAME:

[IF INTRO3 = 1: TI: TYPE CONTACT'S FIRST NAME FROM CATI HEADER INTO TEXTBOXES/ELSE: NO FILL]

_____ [open fill, 50 letters]

(GO TO ADD_ROSTERLN)

ADD_ROSTERLN
May I please have this person's last name?

LAST NAME:

[IF INTRO3 = 1: TI: TYPE CONTACT'S LAST NAME FROM CATI HEADER INTO TEXTBOXES/ELSE: NO FILL]

_____ [open fill, 50 letters]

(GO TO ADD_PHONO)

ADD_ROSTERREL

What is this person's relationship to <INSERT ADULT CHILD NAME>?

ADD_PhoNo.

What is the best telephone number?

1 = ADD NEW ROSTERLINE

INTRO4 [for respondents who say the NSCAW adopted adult respondent is not home]

Would you be willing to take a message for <INSERT R NAME>?

1   YES (GOTO LEFT_MESSAGE)

2   NO (GOTO THANKS)

LEFT_MESSAGE

I am calling today on behalf of the Administration for Children and Families. We are trying to reach [INSERT R NAME] because [he/she] participated in an opportunity sponsored by this agency several years ago. We are calling today because we are continuing this opportunity and have some follow-up questions. We recently sent some information by mail to [him/her] that further describes this effort. Please ask [INSERT R NAME] to call 1-800-XXX-XXXX and refer to case id [FILL CASE ID] Thanks so much for sharing this information with [him/her].

(GO TO THANKS)

INTRO5 [for a deceased NSCAW adopted adult]

My condolences. I am sorry to hear this. Thank you for your time today.

INTRO 6 (for an NSCAW adoptive parent who is now incarcerated/out of country)

Will <INSERT ADULT CHILD NAME> be available for contact by September 15, 2021?

1 = YES (GOTO CB)

2 = NO (GOTO THANKS)

CB

When would be the best time to call back?

(FOR MANUAL ENTRY OF CALLBACK TIME THE FORMAT IS YYYYMMDDTTTT, WITH THE T'S BEING MILITARY TIME)

_____ [open fill, constraint: 12 letters (GO TO THANKS)]

THANKS

Thank you very much for your time.

ADOPTED ADULT POST-INTERVIEW SCRIPT

Contact Information for Parent-Child Script

As a part of this study, we are also interested in speaking with your parent about their experiences. Would you be willing to provide your parent's address, telephone number, or e-mail address so that we can send your parent some information about this opportunity? Your parent will also receive $30 for taking part.

TI ONLY IF ASKED: We are interested in speaking with your adoptive parent.

What is the best address for your parent?

What is the best telephone number for parent?

What is the best e-mail address for your parent?

> [Programmer: constraint: 30 letters, put an email validation mask on this question]

Incentive Script

This is the end of the survey. Thank you so much for your time. We really appreciate your input.

To show our appreciation for completing the survey, we would like to send you a $30 gift card. Would you like to receive this gift card for your time?

1   YES (GO TO INCENT_SEND)
0   NO (GO TO THANKS)

INCENT_SEND

[BY PHONE] We can either email you a link for the gift card or mail it to an address./[BY WEB] Please let us know if you would prefer to receive an email with a link for the gift card or mail it to an address.]

How would you like to receive the gift card?

1   EMAIL (GO TO INCENT_ELEC)
2   MAIL TO ADDRESS (GO TO INCENT_NAM)
3   I do not wish to receive the incentive.

INCENT_ELEC

What email address would you like your $30 gift card link sent to?
TI: EMAIL SHOULD BE FORMATTED AS NAME@HOST.DOMAIN (E.G., YOURNAME@GMAIL.COM)

PLEASE ENTER E-MAIL ADDRESS AND CONFIRM WITH RESPONDENT BY READING IT BACK TO THEM.

EMAIL: _____ [(open fill, constraint: 80 letters, Mask: $@) (GO TO WEBEMAIL_INC)]

Thank you again. Please allow about a week for the gift card to be processed and sent.

WEBEMAIL_INC

Message to the interviewer: Thank you!

Question long label:

Dear <INSERT R NAME>,

Thank you for participating in the Survey of Family Well-Being. Your time and effort are greatly appreciated.

It is our pleasure to send you this Amazon.com Gift Card* that can be redeemed towards millions of items at www.amazon.com. Do not delete this message – you will need the gift card claim code below. You may want to print a copy of this message for easy reference later.

Gift Card Amount: **[$30]**

Claim Code: **[ENTER CODE]**

| [Apply To Account](#) | [How to Use](#) |

To redeem your gift card, follow these steps:

1. Visit www.amazon.com/redeem
2. Enter the Claim Code when prompted.
3. Gift card funds will be applied automatically to eligible orders during the checkout process.
4. You must pay for any remaining balance on your order with another payment method.

Your gift card claim code may also be entered when prompted during checkout. To redeem your gift card using the Amazon.com 1-Click® service, first add the gift card funds to Your Account.

If you have questions about redeeming your gift card, please visit www.amazon.com/gc-redeem.

*Amazon.com is not a sponsor of this promotion. Except as required by law, Amazon.com Gift Cards ('GCs') cannot be transferred for value or redeemed for cash. GCs may be used only for purchases of eligible goods at Amazon.com or certain of its affiliated websites. For complete terms and conditions, see www.amazon.com/gc-legal. GCs are issued by ACI Gift Cards LLC, a Washington limited liability company. All Amazon ® ,™ & © are IP of Amazon.com, Inc. or its affiliates. No expiration date or service fees.

Sincerely,
Stephanie Parker

SFWB Data Collection Task Leader

INCENT_NAM

Please give us the best address to mail this gift card. Please allow up to XX weeks for delivery.

First, please confirm your name:

_____ [open fill, 80 letters]

INCENT_ADD

(Please give us the best address to mail this gift card.) Please provide your street address:

_____ [open fill, 80 letters]

INCENT_APT

(Please give us the best address to mail this gift card.) Please provide your apartment number:

TI: IF RESPONDENT DOES NOT HAVE AN APARTMENT NUMBER, PLEASE LEAVE TEXTBOX BLANK AND CLICK "NEXT"

_____ [open fill, 10 letters]

INCENT_CITY

(Please give us the best address to mail this gift card.) Please provide your city:

_____ [open fill, 50 letters]

INCENT_ST

(Please give us the best address to mail this gift card.) Please provide your state:

[DROPDOWN WITH STATE NAMES]

INCENT_ZIP

(Please give us the best address to mail this gift card.) Please provide your Zip code:

TI: PLEASE ENTER ZIP CODE USING THE FOLLOWING FORMAT:#####

_____ [open fill, 5 letters, Mask: 99999]

INCENT_EMAIL

In case we have a question about sending the gift card, could you please confirm your other contact information?

Please confirm your email address:

TI: EMAIL SHOULD BE FORMATTED AS NAME@HOST.DOMAIN (E.G., YOURNAME@GMAIL.COM)

_____ [(open fill, constraint: 80 letters, Mask: $@) (GO TO WEBEMAIL_INC)]

SCRIPTS FOR TELEPHONE ADOPTED ADULT NON-RESPONDERS

Refusal Conversion Script

Hello, my name is _____ calling on behalf of the Administration for Children and Families. My supervisor asked me to follow up with you concerning a call you received from one of our interviewers several days ago. This is about a research study you participated in several years back. We are continuing this research because we are interested in learning about changes over time. I understand you may have some concerns so I wanted to provide a link to our survey where you can find more information about this effort. Please know that you can refuse to answer any questions that you do not want to answer, and as a thank you for your time, we will send you a $30 gift card.

The survey website: <INSERT WEB LINK>

PIN: <INSERT PIN>

For your convenience, I can also send this link and your unique PIN to you via e-mail. Some participants like that option because they can access the survey by simply clicking the link within the body of the e-mail.

What is your e-mail address?

EMAIL: _____ [open fill, constraint: 30 letters]

Telephone Prompting Script for Web Breakoff: Need Assistance?

Hello, my name is _____. I am trying to reach <INSERT R NAME>. May I speak with <R NAME>?

I am contacting you today to follow up on a web survey you started for the Administration for Children and Families. Thank you for taking the time to answer some of our questions. We wanted to follow up to see if you needed any assistance with the survey or if you had any questions about participation. We can see that you started the survey but that you have not fully completed the survey. Do you have any questions that I can answer today about participation?

As a reminder, you can refuse to answer any question that you do not want to answer. When you finish, we will send you a $30 gift card as a thank you.