

Attachment L (NEW). Adopted Child Respondent Outreach Pre-Interview and Post- Interview Scripts

ADOPTED CHILD PRE-INTERVIEW OUTREACH SCRIPTS

For adopted children 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 PARENT 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 we would like to speak with your child <INSERT CHILD FIRST NAME> for a new study, the Survey of Family Well-Being. 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 Child Outreach Script

INTRO_PAR.

Hello, my name is _____. May I speak with <INSERT PARENT FULL NAME>?

- 1 YES, PARENT AVAILABLE, CONTINUE WITH CASE (GOTO INTRO_PAR1)
- 2 NO, PARENT UNAVAILABLE
- 2 OTHER CODES

INTRO_PAR1.

We recently spoke about your family's participation in a research study sponsored by the Administration for Children and Families. We are contacting you because you or your child participated in the National Survey of Child and Adolescent Well-Being several years ago. We would like to speak with your child <INSERT CHILD FIRST NAME> for a new study, the Survey of Family Well-Being.

I would like your permission to ask your child to participate in this new study. Once I have your permission, I would go over the study details with your child and offer your child an opportunity to ask questions.

- 1 = OK TO CONTINUE
- 2 = CHILD NOT AVAILABLE (GOTO CB)
- 3 = REFUSED
- 9 = OTHER CODES

PAR_PERM. (Hello, my name is _____.)

[IF NEEDED] Thanks for patience as I pull up your <INSERT CHILD FIRST NAME>'s case in our system. As I mentioned earlier, I would like your permission to ask <INSERT CHILD NAME> to participate in a research study.

The interview with <INSERT CHILD NAME> lasts around 30 minutes. We will ask questions about places <INSERT CHILD FIRST NAME> has lived, how <CHILD FIRST NAME> feels about your family, and about people who may help <INSERT CHILD FIRST NAME>. We also ask questions about things that may have happened in <CHILD FIRST NAME>'s life like living in foster care, being homeless, or running away. If <CHILD FIRST NAME> knows that he/she is adopted, we would like to know more about his/her feelings and thoughts about adoption.

The voluntary participation, risks, benefits, and privacy of this survey are the same as those described to you on the consent form we reviewed before your interview.

I will ask for your help to talk with <CHILD FIRST NAME>. At that point, <INSERT CHILD FIRST NAME> may choose whether to participate in the study. To protect your privacy and that of your child, neither of you will know the other's answers to the interview questions. One exception to note: We will not tell anyone your child's answers unless we are worried about your child's safety. If your child tells us they might hurt themselves or someone else, we may tell someone. If they tell us someone hurts them, we will inform the appropriate authorities to keep people safe.

We will give your child a \$30 gift card for participating.

Do you have any questions?

[IF PARENT HAS QUESTIONS AND REQUESTS TALKING WITH THE PROJECT DIRECTOR OR ETHICAL COMMITTEE REPRESENTATIVE, SAY]

For study related questions, please call Heather Ringeisen, toll-free at 800-334-8571 extension 26931. For questions about your rights as a research participant, please contact the RTI Office of Research Protection at 1-866-214-2043.

ENTER 1 TO CONTINUE

PAR_PERM1

Do I have your permission to speak to your child?

1= PARENT OF YOUTH AGREES

2 = PARENT OF YOUTH DOES NOT AGREE (GOTO THANKS)

PAR_INCEN

If your child chooses to take part, they will receive a \$30 gift card. How would you like this delivered to your child?

1 = BY PARENT E-MAIL (GOTO PAR_EMAIL)

2 = BY CHILD E-MAIL (GOTO PAR_EMAIL)

3 = BY MAIL (GOTO INCENT_ADD)

4 = PARENT DECLINES INCENTIVE (GOTO MR_AVAIL)

PAR_EMAIL

Please tell me the email address you would like us to use to deliver the gift card.

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: \$@]

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

Survey of NSCAW Adopted Youth, Young Adults, and Adoptive Parents

OMB #: 0970-0555
Expiration Date: 09/30/2021

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_ADD

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

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)]

MR_AVAIL

Thank you. Is <CHILD FIRST NAME> currently available to join us on the phone now?

1 = YES (GOTO MR_ASSENT)

2 = NO, CHILD NOT AVAILABLE (GOTO CB)

3 = OTHER CODES

MR_ASSENT

[INSERT YOUTH ASSENT, SEE ATTACHMENT H]

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OMB #: 0970-0555
Expiration Date: 09/30/2021