Appendix K

Script to Schedule Client Process Evaluation Interview

Older Adults Home Modification Program Script to Schedule Client Process Evaluation Interview¹

Study ID:			Form Completed By:				
Site ID	Client ID		Name	Job Title			

OMB Control No. 2528-XXXX, expiration date XX/XX/2024. This form is designed to provide HUD with information about how effective its Older Adults Home Modification Grant Program is. The information you provide is voluntary. Your home can be enrolled in the program whether you decide to participate or not. The public reporting burden for collection of this information is estimated to be 5 minutes per response. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Instructions for Site Coordinators: Please administer this script when scheduling the interview. Before making the call, reference the **Documentation of Client Eligibility** form for the client's name and contact information to have on hand during the call. Use the preferred method identified in Question 9.c. on the Client Eligibility form to contact the client. Make five attempts to contact the client before moving to the next client on the list. Record your attempts in the table below.

Contact Attempt	Contact Attempt Date	
Number	(mm/dd/yyyy)	Client Contacted?
□ 1		\square Yes $(Go \ to \ A.1)$ \square No (Try alternate method or another day)
□ 2		\square Yes $(Go \ to \ A.1)$ \square No (Try alternate method or another day)
□ 3		\square Yes $(Go \ to \ A.1)$ \square No (Try alternate method or another day)
□ 4		\square Yes $(Go \ to \ A.1)$ \square No (Try alternate method or another day)
□ 5		\square Yes $(Go \ to \ A.1)$ \square No (Try alternate method or another day)

Hello, my name is [insert your name]. I work for Healthy Housing Solutions. My organization is evaluating [insert Name of Grantee Organization's] home modification program for the U.S. Department of Housing and Urban Development, also known as HUD. If contact is via phone, go to A.1; if contact is by another method, go to B.1.

A. :	L. N	Iay I	I spea	k to	insert	name of	cl	ient	lis	tec	on	th	e in	formed	l consent.
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$\sqcap \mathbf{Y}$	es M	/hen	VOII	reacl	h the cl	ient (Got	oA	10

A.1.a Is now a good time to talk to you or can you tell me a more convenient time to talk?

		ωw	Go 1	to .	R	1
_	т,	10 11	00		υ.	_

☐ Later at a more convenient time Go to A.1.b

¹ Code for this document: **Bold Font**= Interviewer script; Black font=Question for client to answer; *Blue italics* = Instruction for the grantee; *yellow highlighted italics*: Instruction for REDCap programmer.

			the tone of the conversion st to schedule a	ne conversatio rategies discu	n, please ssed durii unsucces	consider us ng your tra ssful, end th	sing some ining to ei ne call and	and depending on of the refusal ncourage the client d contact the next
			Day of week _.	D	ate	T:	ime	(AM/PM) End
	□ N	o If you r	eached some	one other thai	n the clien	t, Go to A.:	1.c	
	-	A.1.c C a	an you please	tell me a day	and tim	e to call ba	ck to spe	ak to them?
		□ Yes	Date:	Time: _	Th	ank you. I	'll call ba	ck then. End call
		from reac	n the Docume th the client at	ntation of Clie	nt Eligibil pts, stop	ity form to	reach the	n, e.g., text or email, client. If you do not client and move to
B.1.	exper an ap may t interv	iences w pointme ake up t view in tl	ith [Insert Na nt to intervie o 30 minutes he next two w	me of Grante w, or talk to, . Can you ple veeks?	e Organiz you abou ase tell m	zation's] pr it your exp ie a good d	rogram. I periences. lay and ti	o tell us about your c'd like to schedule . This interview me to schedule an
	□ Yes	Day of	week	Date		Time	(AM/PM) Go to C.1
	□ No	strategi interviev	es discussed a w. If unsucces	onversation, p luring your tro sful, end the o 'hank you for	nining to e call and co	encourage to entact the r	he client	to schedule an
C.1		-		rview to be d r other virtua			leo meeti	ng (e.g., FaceTime,
	Pho	one						
	Vic	leo Meet	ing Do you h a	ave a preferr	ed video ı	meeting m	ethod? Re	ead options
		Face Tir	ne					
		Zoom - 1	I will text/em	ail the meeti	ng ID and	l passcode	to you.	
		Teams -	I will text/en	nail the meeti	ng ID an	d passcode	to you.	
		Other. S	pecify:					
	No	preferen	ce OK, I will	call you on t	he day of	our sched	uled inter	rview.

D.1 To confirm: I will contact you on [Insert scheduled date and time]. If you have any questions or need to reschedule our interview, please contact me at [Insert SC work cell phone number]. Thank you.

Approved OMB Control No: [to be inserted] Expiration Date [to be inserted]

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