

**Pease Study  
Appointment Reminder Telephone Script**

Form Approved  
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ATSDR estimates the average public reporting burden for this collection of information as 5 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0923-0061).

**[SHADED TEXT DENOTES INFORMATION COLLECTION]**

HELLO, my name is \_\_\_\_\_. I am calling on behalf of the Agency for Toxic Substances and Disease Registry. ATSDR is the federal public health agency that is conducting the “Pease Study.”

May I speak to [SELECT NAME FROM CORRECT SCENARIO BELOW]?

- ADULT PARTICIPANT
- PARENT/GUARDIAN OF CHILD PARTICIPANT
- ADULT WHO IS BOTH PARTICIPANT AND PARENT/GUARDIAN OF CHILD PARTICIPANT

[IF NOT CORRECT PERSON]

- Please let me know the best time we can reach [NAME].
- **RECORD** \_\_\_\_\_ (day)  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (date)  
 \_\_\_\_\_ : \_\_\_\_\_ AM PM (time)
- Thank you so much. I will call back then to speak to [NAME].

[IF CORRECT PERSON] Hello. I am calling to remind you that [YOU have/ YOUR CHILD has/YOU and YOUR CHILD have] an appointment scheduled on \_\_\_\_\_ (date) at \_\_\_\_ (time) to participate in the Pease Study.

- Our records show that [your appointment is/your child’s appointment is/both your appointments are] scheduled to take place at [our clinic office/your home at (verbally repeat address on file)/your child’s home at (verbally repeat address on file)]. Is that correct?
  - o **YES**
  - o **NO** > OK, let me record the correct information for your appointment(s).
    - **CORRECTED APPOINTMENT LOCATION -**
      - **OFFICE**
      - **HOME > Verify address > If incorrect, go to Attachments 8 and 12 to update.**
    - **CORRECTED DATE AND TIME**
      - RECORD** \_\_\_\_\_ (day)  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (date)

\_\_ : \_\_ AM PM (time)

Thank you so much. To get you prepared for the appointment, I have just one more question about some medicines [you/your child/both you and your child] might be taking now.

- Are [you/your child/either you or your child] taking any medication for diabetes?
  - o **YES** > Because [you/your child/both you and your child] take diabetes medication, we want to give special instructions about your appointment(s). We will be mailing out a reminder card. If [you/your child/both you and your child] can fast and take your medication without eating, please do. If [you/your child/both you and your child] cannot fast, please eat, and take your medications as usual. Please eat only fat-free or low-fat food, if possible. Please write down the time and the foods you eat. You may drink water during this time. [GO TO CLOSING REMARKS]
  - o **NO** > Please remember not to eat for at least 8 hours before your appointment. You may drink water during this time. We also want to remind you to collect your urine sample(s) that morning and bring it. We will be mailing out a reminder card. [GO TO CLOSING REMARKS]

[CLOSING REMARKS FOR OFFICE VISIT] Don't forget to bring all your medications with you to your appointment. [For children – Don't forget to note the dates of (his/her) vaccinations. We will ask you about your residential, occupational, and medical history, so it is good to write it down.

We will be asking about that.] Please let us know as soon as possible if you have to cancel your appointment. You can call at [STUDY TELEPHONE NUMBER] if you have to cancel your appointment.

Reminder, ATSDR will take COVID-19 prevention measures at every step of our work in your community. The Pease Study will be conducted following all state, local, and CDC guidelines in place at the time the data collection. Pease Study team members will be monitored twice daily for fever and any COVID-19-related symptoms and will wear masks and gloves to ensure the protection of participants.

Each participant will have their temperature taken and asked about COVID-19-related symptoms before their entry into the study and will be asked to wear a face covering or mask. If you do not have a mask, one will be provided to you.

Thank you for being part of our study.

[CLOSING REMARKS FOR HOME VISIT] Don't forget to gather all your medications for your appointment. [For children – Don't forget to note the dates of (his/her) vaccinations. We will be asking about that.] We will ask you about your residential, occupational, and medical history, so it is good to

Attachment 10.

write it down. Please let us know as soon as possible if you have to cancel your appointment. You can call at [STUDY TELEPHONE NUMBER] if you have to cancel your appointment.

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Each participant will have their temperature taken and asked about COVID-19-related symptoms before their entry into the study and will be asked to wear a face covering or mask. If you do not have a mask, one will be provided to you.

Thank you for being part of our study.

**Note: This script cannot be used as a voicemail message.**

**A short text message can be sent to the cell phone number on record. See the script below.**

Hello. This is to remind you that [YOU have/ YOUR CHILD has/YOU and YOUR CHILD have] an appointment scheduled on \_\_\_\_\_ (date) at \_\_\_\_\_ (time) to participate in the Pease Study.

You can call at [STUDY TELEPHONE NUMBER] if you have to reschedule or cancel. Thank you for being part of this study. Pease Study Team.

[315 characters with spaces]