

## Appendix G.6. Script for Telephone Nonresponse Follow-Up for NAP Participant List Sample in English

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Hello. My name is [interviewer name], and I am calling about a study of health and well-being in Puerto Rico. How are you today?

Your household has been chosen to participate in this survey for the U.S. Department of Agriculture and the Administración para el Desarrollo Socioeconómico de la Familia. The results will help improve programs and services offered to Puerto Rican households.

The questions ask about things like household food shopping and expenses. Are these questions you can answer on behalf of your household?

If no: May I speak with the person in the household who can answer these questions?

If yes: Great! Let's get started [request verbal consent and review statements required by IRB/OMB].

### Public Burden Statement

*This information is being collected to assist the Food and Nutrition Service (FNS) in understanding food security status and economic well-being among Puerto Rico residents. This is a voluntary collection. FNS will use the information as a baseline for future assessments of food security and the Nutrition Assistance Program, particularly in the context of natural disasters. This collection does not request personally identifiable information under the Privacy Act of 1974. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-XXXX. The time required to read this information is estimated to average 3 minutes. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, Alexandria, VA 22314. ATTN: PRA (0584-XXXX). Do not return the completed form to this address.*