

Appendix I.2. Script for Answered Call in English

Hi, my name is [INTERVIEWER'S NAME] from Estudios Técnicos, and I'm trying to reach [RESPONDENT'S NAME]. They indicated they were interested in participating in a follow-up interview for the Puerto Rico health and well-being study. Am I speaking to [RESPONDENT'S NAME]?

Yes	No	
Great. We are very glad that you are interested in participating in a follow-up interview. The interview asks about the experience of coping with natural disasters in Puerto Rico, such as hurricanes, and how existing programs can help. If you are eligible, we will ask you to participate in a 60-minute in-person interview. Right after the interview, we will give you \$50 through a cash app or prepaid gift card for your time. <i>[Interviewer—proceed to next question]</i>	Is [RESPONDENT'S NAME] available, please?	
	Yes	No
	Great. May I please speak with [RESPONDENT'S NAME]? <i>[Interviewer—proceed to next question]</i>	Ok, I will try to reach [RESPONDENT'S NAME] at another time. Thank you. <i>[Interviewer—end call]</i>

I just have a few questions to make sure that you are eligible to participate. Do you have a few minutes right now to answer my questions?

Yes	No	
Great. Before I begin, I want to let you know that we will not share any of the information you give us—either today or during the interview—with anyone outside of the research team. <i>[Interviewer—proceed to eligibility screener]</i>	I understand. What would be a good time for me to call you back? [CONFIRM DATE AND TIME] And is this the best number to call when I call you back on [REPEAT BACK DATE AND TIME]?	
	Yes	No
	Great. I look forward to speaking with you on [REPEAT BACK DATE AND TIME]. <i>[Interviewer—end call]</i>	OK, what would be a better number to reach you? [REPEAT BACK NUMBER] <i>[Interviewer—end call]</i>

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.

Privacy Act Statement

Authority: Section 105 of the Additional Supplemental Appropriations for Disaster Relief Act, 2019, P.L. 116-20, authorizes collection of the information on this application.

Purpose: Information is collected primarily for use by the Food and Nutrition Service in the administration of the Nutrition Assistance Program.

Routine Use: Information may be disclosed for any of the routine uses listed in the published System of Record notice titled FNS-8 USDA/FNS Studies and Reports published in the *Federal Register* April 25, 1991, Volume 56, Number 80 (pages 19078-19080).

Disclosure: Furnishing the information on this form is voluntary. There are no penalties for nonresponse.

1. Eligibility Screener

Interviewer—If respondent does not meet eligibility criteria, end interview immediately; skip to end of call.

Q1. What is your age?

AGE: _____

0-18

NOT ELIGIBLE (0) go to end of call

19-64

ELIGIBLE (1)

65 and older

NOT ELIGIBLE (0) go to end of call

Q2. Including yourself, how many people currently live in your household?

NUMBER: _____

Q3. How many of the family members in your household are children below the age of 18?

NUMBER OF CHILDREN \geq 1

ELIGIBLE (1)

NUMBER OF CHILDREN = 0

ELIGIBLE (0)

Q4. What was your total household income last year before taxes or other deductions?

INCOME: _____

Household size (Q2)	Income threshold
1	\$17,388
2	\$23,517
3	\$29,646
4	\$35,775
5	\$41,904
6	\$48,033
7	\$54,162
8	\$60,291

Income @ household size (Q2) =< income threshold ELIGIBLE (1)

Income @ household size (Q2) > income threshold **NOT ELIGIBLE (0) go to end of call**

Q5. Are you, or is anyone in your household, currently participating in NAP, the food assistance program?

_____ YES (1)

_____ NO (0)

Q6. Are you able to participate in a 60-minute in-person interview?

_____ YES (1)

_____ NO (0)

NOT ELIGIBLE (0) go to end of call

Q7. Would you be able to complete the interview in Spanish, in English, or in either language?

_____ SPANISH ONLY (0)

_____ ENGLISH ONLY (1)

_____ SPANISH OR ENGLISH (2)

2. End of Call

Eligible	Not Eligible
<p>Thank you for answering my questions. Based on your answers, you are eligible to participate in the follow-up interview.</p> <p>As a reminder, the interview asks about the experience of coping with natural disasters in Puerto Rico, such as hurricanes, and how existing programs can help.</p> <p>The interview will take about 60 minutes, and you will receive \$50 as a token of appreciation for helping us.</p> <p>[CHECK SCHEDULING CALENDAR] I have the following days and times available. Please tell me which one works best for you.</p>	<p>Thank you for answering my questions. Based on your answers, you do not meet our eligibility criteria for the current project.</p> <p>Thank you for your interest in our study and for your time today.</p> <p>[Interviewer—end call]</p>

[REPEAT BACK DATE AND TIME] <i>[Interviewer—end call]</i>	
--	--

Interviewer—Examine recruitment grid to determine which criteria respondent satisfies. If participants with respondent’s characteristics are needed, schedule appointment. If participants with respondent’s characteristics are not needed, dismiss participant as not eligible.