

# Appendix I: SNM Interview Phone Scripts

## Contents

- 1. School Nutrition Manager Interviews Year 1: Phone Script #1 for School Nutrition Managers.....2
- 2. School Nutrition Manager Interviews Year 2: Phone Script #2 for School Nutrition Managers.....4

## 1. School Nutrition Manager Interviews Year 1: Phone Script for School Nutrition Managers

---

### A. [IF NO ANSWER, CONFIRM THE VOICE MAIL MESSAGE MATCHES THE SAMPLE NAME, LEAVE THE FOLLOWING VOICEMAIL]

Hello! My name is [ABT STAFF NAME]. I'm calling from Abt Associates, an independent research firm that is evaluating the E-STAR Training Program for USDA. I am calling today to reach [SNM participant name] to remind them about the opportunity to participate in our study.

Please call us at [STUDY PHONE#] to schedule the interview. Thank you!

### B. [SOMEONE ANSWERS]

Hello! My name is [ABT STAFF NAME]. May I please speak with [SNM participant name]?

#### B1. [IF SOMEONE WHO IS NOT THE RESPONDENT ANSWERS OR RESPONDENT IS NOT AVAILABLE]

I'm calling from Abt Associates, an independent research firm that is evaluating the E-STAR Training Program for USDA.

Please ask [SNM participant name] to call us toll-free at [STUDY PHONE #]. Thank you!

#### B2. [IF PARTICIPANT]

I'm calling from Abt Associates, an independent research firm that is conducting a study for the USDA on the E-STAR Training Program. I am calling to remind you about the opportunity to participate in our study. If you complete the interview, you will receive a \$20 electronic gift card. Before we begin, could you please confirm your name and phone number?

**IF RESPONDENT DOES NOT CONFIRM NAME AND PHONE NUMBER:** Go back to (B) and ask to speak to [SNM participant name].

**IF RESPONDENT CONFIRMS NAME AND PHONE NUMBER:** Great, thank you for confirming! My name is [ABT STAFF NAME]. I'm calling from Abt Associates. We are conducting a study for USDA to learn about the E-STAR Training Program. Are you available for a 45 minute phone interview with me today? To thank you for your participation, you will receive a \$20 gift card.

**IF YES:** GO TO INTERVIEW PROTOCOL

**IF NO:** Can we schedule the interview for another date and time that works for you?

*If yes, schedule interview and thank them for their time.*

GO TO CLOSING

**CLOSING** Would you share with me your email address and phone number so we can reach you to remind you of the interview?

**If YES,** write it down:

**Email:**

**Cell phone:**

**Send reminder day before and 2 hours earlier same day.**

If you have any questions, you can call us toll-free at [STUDY PHONE #] or email us at [email].  
Thank you for talking with me today. Have a good one!

## 2. School Nutrition Manager Interviews Year 2: Phone Script #2 for School Nutrition Managers

---

### A. [IF NO ANSWER, CONFIRM THE VOICE MAIL MESSAGE MATCHES THE SAMPLE NAME, LEAVE THE FOLLOWING VOICEMAIL]

Hello! My name is [ABT STAFF NAME]. I'm calling from Abt Associates, an independent research firm that is evaluating the E-STAR Training Program for USDA. I am calling today to reach [SNM participant name] to remind them about the opportunity to participate in our study.

Please call us at [STUDY PHONE#] to schedule the interview. Thank you!

### B. [SOMEONE ANSWERS]

Hello! My name is [ABT STAFF NAME]. May I please speak with [SNM participant name]?

### B1. [IF SOMEONE WHO IS NOT THE RESPONDENT ANSWERS OR RESPONDENT IS NOT AVAILABLE]

I'm calling from Abt Associates, an independent research firm that is evaluating the E-STAR Training Program for USDA.

Please ask [SNM participant name] to call us toll-free at [STUDY PHONE #]. Thank you!

### B2. [IF PARTICIPANT]

I'm calling from Abt Associates, an independent research firm that is conducting a study for the USDA on the E-STAR Training Program. I am calling to remind you about the opportunity to participate in our year 2 follow up interviews about the E-STAR Training Program. If you complete the interview, you will receive a \$20 electronic gift card. Before we begin, could you please confirm your name and phone number?

IF RESPONDENT DOES NOT CONFIRM NAME AND PHONE NUMBER: Go back to (B) and ask to speak to [SNM participant name].

IF RESPONDENT CONFIRMS NAME AND PHONE NUMBER: Great, thank you for confirming! My name is [ABT STAFF NAME]. I'm calling from Abt Associates. We are conducting a study for USDA to learn about the E-STAR Training Program. Are you available for a 45 minute phone interview with me today? To thank you for your participation, you will receive a \$20 gift card.

IF YES: GO TO INTERVIEW PROTOCOL

IF NO: Can we schedule the interview for another date and time that works for you?

If yes, schedule interview and thank them for their time.

GO TO CLOSING

CLOSING Would you share with me your email address and phone number so we can reach you to remind you of the interview?

If YES, write it down:

Email:

Cell phone:

Send reminder day before and 2 hours earlier same day.

If you have any questions, you can call us toll-free at [STUDY PHONE #] or email us at [email]. Thank you for talking with me today. Have a good one!

This information is being collected to assist the Food and Nutrition Service in understanding the E-STAR training program as implemented. This is a voluntary collection and FNS will use the information to inform future iterations of E-STAR. This collection does not request any 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 0584-0524. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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, 5th Floor, Alexandria, VA 22306 ATTN: PRA (0584-0524). Do not return the completed form to this address.