

**ATTACHMENT 13: EXPECTT 3 COMPUTER ASSISTED TELEPHONE INTERVIEWING (CATI)
SCRIPT FOR ELIGIBLE HOUSEHOLDS THAT RETURN Pen and Paper Personal
Interview (PAPI) SCREENER – OUTBOUND CALLS**

DIAL NUMBER

IF NO ANSWER, LEAVE MESSAGE ON 1st ATTEMPT

MESSAGE: Hello, my name is _____ with RTI International. I am calling about an important research study sponsored by the U.S. Food and Drug Administration.

I will try to call again. You can also call us back at your convenience at _____.

We look forward to speaking with you soon. Thank you.

IF SOMEONE ANSWERS:

INTRODUCTION:

Hello, my name is _____. I'm calling from RTI International on behalf of the U.S. Food and Drug Administration about a research study. May I speak with [SCREENING RESPONDENT FIRST AND LAST NAME]?

ONCE THE SCREENING RESPONDENT IS ON THE PHONE:

Hello, my name is _____. I'm calling about the Health and Media Study sponsored by the U.S. Food and Drug Administration. Recently you completed and returned a brief questionnaire to determine if anyone in your household is selected for the study. If anyone is selected, they will be sent a unique link to begin an online survey. If they complete the survey before [END DATE] they will receive \$25. First, I need to confirm some information you provided.

VERIFY CASE

Are you 18 years of age or older?

YES: PROCEED

NO: Is there an adult member of your household that I may speak with?

- YES: INTRODUCE YOURSELF AND CONFIRM YOU ARE SPEAKING TO AN ADULT HOUSEHOLD MEMBER. IF CONFIRMED, CLICK YES TO PROCEED
- NO: Thank you. I will try to call again. Or an adult resident of this household can call us back at XXX-XXX-XXXX. END CALL. ENTER NOTES AND CLICK SAVE.

Do you live at [ADDRESS]?

YES: PROCEED

NO: Is there an adult resident available now that I may speak with?

- YES: INTRODUCE YOURSELF AND CONFIRM YOU ARE SPEAKING TO AN ADULT HOUSEHOLD MEMBER. IF CONFIRMED, CLICK YES TO PROCEED
- NO: Thank you. I will try to call again. Or an adult resident of this household may call us back at XXX-XXX-XXXX. END CALL. ENTER NOTES AND CLICK SAVE.

Before I continue, your safety is important to us. I want to be sure you are at home, not walking or in an area where you might be distracted. Are you at home in a place where you can safely talk on the phone and answer my questions?

YES: PROCEED

NO: Thank you. I will try to call again. Or you may call us back at XXX-XXX-XXXX. END CALL. ENTER NOTES AND CLICK SAVE.

Are the following people currently living in this household?

1 adult / X adults 18-24 years old

1 adult / X adults 25-34 years old

1 adult / X adults 35-54 years old

1 adult / X adults 55-64 years old

1 adult / X adults 65 or older

1 child / X children 0-5 years old

1 child / X children 6-10 years old

1 child / X children 11-17 years old

YES: PROCEED

NO: ASK RESPONDENT WHAT CORRECTIONS NEED TO BE MADE.

- IF THERE IS AT LEAST ONE CHILD 11-17 YEAR OF AGE, CONTINUE.
- IF THERE ARE NO CHILDREN 11-17 IN THE HOUSEHOLD: Thank you for your answers. No one in your household was selected for the study. Have a great day. END CALL. ENTER NOTES.

ROSTER & SELECT YOUTH

Please tell me the name or nickname and current age of the [NUMBER] child(ren) who is/are 11-17 years old? PROGRAMMER: LIST RESPONSE OPTIONS THAT MATCH THE NUMBER OF CHILDREN REPORTED.

NAME1: AGE1:

NAME2: AGE2:

NAME3: AGE3:

NAME4: AGE4:

NAME5: AGE5:

PROGRAM LOGIC TO SELECT ONE OR TWO ELIGIBLE YOUTH IN THE HOUSEHOLD

Congratulations! The following person/people from this household has/have been selected to participate in the study.

NAME1

NAME2

IDENTIFICATION OF PARENT OR GUARDIAN

Because the person/people selected to participate in the Health and Media Study is/are younger than 18 years old, a parent or guardian must first provide permission.

ONE YOUTH SELECTED

Are you [NAME1]'s parent or guardian?

YES: PROCEED

NO: Is [NAME1]'s parent or guardian available right now to provide permission in this survey?

- YES: ASK TO SPEAK TO THE PARENT OR GUARDIAN. WHEN PERSON JOINS, INTRODUCE YOURSELF, EXPLAIN THE SITUATION, AND CONFIRM THEY ARE THE CHILD'S PARENT/GUARDIAN. IF THEY CONFIRM, PROCEED TO THE "PARENT/GUARDIAN IS NOT Pen and Paper Personal Interview (PAPI) RESPONDENT" SECTION.
- NO: We would like to contact the parent or guardian of [NAME1] to get permission for the study. Can you please provide their name, phone number, and email address? As a reminder, we will provide everyone who participates by [DATE] with a \$25 gift card or cash.
 - o IF SCREENING RESPONDENT DOES NOT WANT TO PROVIDE CONTACT INFORMATION: Participation in this study is important and we would like to invite [NAME1] to take part. We will send a letter to your house with more details. Can you also please invite the parent or guardian of [NAME1] to call us at XXX-XXX-XXXX? Thank you. END CALL. ENTER NOTES AND CLICK SAVE.

TWO YOUTHS SELECTED

Are you the parent or guardian for at least one of the selected children?

YES: PROCEED

NO: Is there a parent or guardian available for the selected children for me to talk to and may I speak to that person?

- YES: ASK TO SPEAK TO THE PARENT/GUARDIAN. WHEN PERSON JOINS, INTRODUCE YOURSELF, EXPLAIN THE SITUATION, AND CONFIRM THEY ARE THE CHILD'S PARENT/GUARDIAN. IF THEY CONFIRM PROCEED TO "PARENT/GUARDIAN IS NOT Pen and Paper Personal Interview (PAPI) RESPONDENT" SECTION BY CLICKING SAVE.
- NO: We would like to contact the parent or guardian for the selected children to get permission for the survey. Can you please provide their name, phone number, and email address? As a reminder, we will provide everyone who participates by [DATE] with a \$25 gift card or cash.
 - o IF SCREENING RESPONDENT DOES NOT WANT TO PROVIDE CONTACT INFORMATION: Participation in this study is important and we would like to invite [NAME1] and [NAME2] to take part. We will send a letter to your house with more details. Can you also please invite the parent or guardian of [NAME1] and [NAME2] to call us at XXX-XXX-XXXX? Thank you. END CALL. ENTER NOTES AND CLICK SAVE.

Are you the parent or guardian for both [NAME1] and [NAME2]?

YES: PROCEED TO "PARENTAL PERMISSION" SECTION

NO: PROCEED BELOW

- Are you the parent or guardian for [NAME1]?
 - o YES: PROCEED
 - o NO: PROCEED
- Are you the parent or guardian for [NAME2]?
 - o YES: PROCEED
 - o NO: PROCEED

Is [NAME OF YOUTH WHOSE PARENT YOU ARE NOT TALKING TO]'s parent or guardian available for me to talk to after I speak to you about your child?

YES: Ok. I will ask to speak to them after I talk to you about your child.

NO: We would like to contact [NAME OF YOUTH WHOSE PARENT YOU ARE NOT TALKING TO]'s parent or guardian to get permission for the survey. Can you please provide their name, phone number, and email address? As a reminder, we will provide everyone who participates by [DATE] with a \$25 gift card or cash.

- IF SCREENING RESPONDENT DOES NOT WANT TO PROVIDE CONTACT INFORMATION: Participation in this study is important and we would like to invite [NAME OF YOUTH WHOSE PARENT YOU ARE NOT TALKING TO] to take part. We will send a letter to your house with more details. Can you also please invite [NAME OF YOUTH WHOSE PARENT YOU ARE NOT TALKING TO]'s parent or guardian to call us at XXX-XXX-XXXX? Thank you. END CALL. ENTER NOTES AND CLICK SAVE.

PARENT/GUARDIAN IS NOT THE PAPI RESPONDENT

I'm calling from RTI International, a non-profit research organization, regarding the Health and Media Study being conducted by the U.S. Food and Drug Administration (FDA). The study is being conducted across the United States and your address was randomly chosen along with approximately 300,000 other addresses nationwide.

Your child[ren], [NAME1] and [NAME2] have been selected to complete an online survey and will receive \$25 if they complete it before [END DATE].

PARENTAL PERMISSION

Before your child[ren] can participate in this study, which asks about tobacco, alcohol, and drug use or non-use and other health related issues, we need to get your permission. If you agree to let them participate, we will email you and your child a unique link for them to begin the survey online.

[INSERT PARENTAL PERMISSION TEXT]

Do you agree to let [NAME1] participate in the Health and Media Study?

YES: PROCEED

NO: Thank you for your time. END CALL. PARENT REFUSAL HAS BEEN MARKED, ENTER NOTES AND CLICK SAVE.

Do you agree to let [NAME2] participate in the Health and Media Study?

YES: PROCEED

NO: Thank you for your time. END CALL. PARENT REFUSAL HAS BEEN MARKED, ENTER NOTES AND CLICK SAVE.

CONTACT INFORMATION

Thank you for allowing your child, [FILL: child's first name], to take part in this important study.

Please provide the full first and last name for [CHILDNAME].

First name: YFNAME

Last name: YLNAME

To ensure we are able to contact you about your child's participation in the study, I need to collect your contact information.

FIRST NAME: _____

LAST NAME: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

Do we have your permission to send you text messages about the study? We will not share your telephone number with anyone else and will only use it to communicate with you about the study.

YES

NO

Your child[ren] will be offered a \$25 Visa gift card or \$25 cash if they complete the survey before [END DATE]. The gift card or cash will be mailed to you within 2 weeks of your child completing the survey but first we need to collect your mailing address.

ADDRESS:

CITY:

STATE:

ZIP:

Finally, we will email you and your child[ren] the link and unique password to access the online survey. Your child can use the link to begin the survey or to re-enter the survey if they need to stop before reaching the end. We will only contact your child about the survey and not for any other reason.

What is [NAME1]'s email address?

NAME1 EMAIL ADDRESS: _____

What is [NAME2]'s email address?

NAME2 EMAIL ADDRESS: _____

IF PARENT REFUSES TO PROVIDE THE CHILD'S EMAIL ADDRESS, EXPLAIN THE SURVEY LINK WILL BE SENT TO THE PARENT EMAIL ADDRESS AND ASK THAT THEY FORWARD IT TO THEIR CHILD.

Thank you. The survey link will be sent to you within the next 2 business days.

IF TWO YOUTHS ARE SELECTED WITH DIFFERENT PARENT/GUARDIANS

Now, I'd like to speak to [NAME OF YOUTH WHOSE PARENT YOU ARE NOT TALKING TO]'s parent or guardian. WHEN PERSON JOINS, INTRODUCE YOURSELF, EXPLAIN THE SITUATION, AND CONFIRM THEY ARE THE CHILD'S PARENT/GUARDIAN. IF THEY CONFIRM PROCEED TO "PARENT/GUARDIAN IS NOT PAPI RESPONDENT" SECTION.

OMB No: [FILL NUMBER]

Expiration Date: [FILL DATE]

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