

Respondent's Name: <<First Name>> <<Last Name>>	Abt ID: <<AbtID>>
Phone 1: <<Primary Phone>>	State: <<State>>
Phone 2: <<Secondary Phone>>	
Language: <<Language>>	
Interview Completion Date: <<Date Completed>>	Interview Location: <<FIM>>
Interviewer's Name: <<FI Name>>	
Validated By: _____	Validation Date: _____
Interview was: ☐ Validated ☐ Not Validated	

[illegible]

Hello, my name is _____. May I speak with <<First Name>> <<Last Name>>?

IF NECESSARY: <<First Name>> <<Last Name>> participated in a survey with my company—Abt Associates—and I am following up as part of a routine check on the quality of the work done by our staff.

IF R IS ON THE PHONE:

I am following up on behalf of Abt Associates and my records show that you were interviewed on <<Date Completed>> as part of a survey regarding the [PUBLIC-FACING STUDY NAME] project. I'm calling to speak with you as part of a routine check on the quality of the work done by our staff and just have a few quick questions.

1. Did the interviewer conduct the survey with you at a time that was convenient for you?

☐ Yes

☐ No (obtain details) _____

2. Was s/he polite and courteous with you?

☐ Yes

☐ No (obtain details) _____

3. What is the highest degree or year of school that you have attained? [select one]

☐ Less than a high school diploma

☐ High school diploma or equivalent

☐ Some college or technical training

☐ Associate degree or other two-year degree

☐ Bachelor degree or higher

FROM CAPI: <<Answer>>

[IF NECESSARY]: Did this change since <<Date Completed>>?

(Obtain Details)

4. What is your current marital status? Are you... [select one]

☐ Married

☐ Divorced

☐ Separated

☐ Widowed

☐ Never Married

☐ PREFER NOT TO ANSWER

FROM CAPI: <<Answer>>

[IF NECESSARY]: Did this change since <<Date Completed>>?

(Obtain Details)

5. Were you offered a token of appreciation, of any form, to thank you for spending the time answering the survey questions?

☐ Yes (...If Yes, what were you given? _____

☐ No (obtain details) _____

Those are all the questions I have. Thank you, again!

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13): This collection of information is voluntary and will be used to understand programs that provide peer mentoring for parents involved in the child welfare system. Public reporting burden of the described voluntary collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, gathering, and maintaining the data needed, 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. The OMB number and expiration date for this collection are OMB #: XXX-XXXX, Exp: XX/XX/XXXX. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Kimberly Francis (Abt Associates) 617-520-2502.