Appendix K

Script to Schedule Client Process Evaluation Interview

Older Adults Home Modification Program
Script to Schedule Client Process Evaluation Interview[1]

Study ID:			Form Completed By:	
Site ID	Client ID		Name	Job Title

OMB Control No. 2528-XXXX, expiration date XX/XX/2024. This form is designed to provide HUD with information about how effective its Older Adults Home Modification Grant Program is. The information you provide is voluntary. Your home can be enrolled in the program whether you decide to participate or not. The public reporting burden for collection of this information is estimated to be 5 minutes per response. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

*Instructions for Site Coordinators: Please administer this script when scheduling the interview. Before making the call, reference the **Documentation of Client Eligibility** form for the client's name and contact information to have on hand during the call. Use the preferred method identified in Question 9.c. on the Client Eligibility form to contact the client. Make five attempts to contact the client before moving to the next client on the list. Record your attempts in the table below.*

Contact Attempt Number	Contact Attempt Date (mm/dd/yyyy)	Client Contacted?
☐ 1		☐ Yes *(Go to A.1)* ☐ No *(Try alternate method or another day)*
☐ 2		☐ Yes *(Go to A.1)* ☐ No *(Try alternate method or another day)*
☐ 3		☐ Yes *(Go to A.1)* ☐ No *(Try alternate method or another day)*
☐ 4		☐ Yes *(Go to A.1)* ☐ No *(Try alternate method or another day)*
☐ 5		☐ Yes *(Go to A.1)* ☐ No *(Try alternate method or another day)*

Hello, my name is *[insert your name]*. **I work for Healthy Housing Solutions. My organization is evaluating** *[insert Name of Grantee Organization's]* **home modification program for the U.S. Department of Housing and Urban Development, also known as HUD.** *If contact is via phone, go to A.1; if contact is by another method, go to B.1.*

A.1. **May I speak to** *[insert name of client listed on the informed consent.]*

☐ Yes *When you reach the client, Go to A.1.a*

A.1.a **Is now a good time to talk to you or can you tell me a more convenient time to talk?**

☐ Now *Go to B.1*

☐ Later at a more convenient time *Go to A.1.b*

---

[1] Code for this document: **Bold Font**= Interviewer script; Black font=Question for client to answer; *Blue italics* = Instruction for the grantee; *yellow highlighted italics*: Instruction for REDCap programmer.

☐ Neither now nor later. *[Prior to ending the conversation and depending on the tone of the conversation, please consider using some of the refusal conversion strategies discussed during your training to encourage the client to schedule an interview. If unsuccessful, end the call and contact the next person on the randomization list]* **Thank you for your time.**

     A.1.b. Day of week _____ Date _____ Time_____ (AM/PM) *End call*

☐ No *If you reached someone other than the client, Go to A.1.c*

     A.1.c **Can you please tell me a day and time to call back to speak to them?**

       ☐ Yes Date: _____ Time: _____ **Thank you. I'll call back then.** *End call*

       ☐ No **Thank you.** *End call. Use alternative contact information, e.g., text or email, from the Documentation of Client Eligibility form to reach the client. If you do not reach the client after five attempts, stop trying to contact this client and move to the next client on the randomization list.*

B.1. When you consented to participate in this Evaluation, you agreed to tell us about your experiences with *[Insert Name of Grantee Organization's]* program. I'd like to schedule an appointment to interview, or talk to, you about your experiences. This interview may take up to 30 minutes. Can you please tell me a good day and time to schedule an interview in the next two weeks?

     ☐ Yes Day of week _____ Date _____ Time_____ (AM/PM) *Go to C.1*

     ☐ No *[Prior to ending the conversation, please use some of the refusal conversion strategies discussed during your training to encourage the client to schedule an interview. If unsuccessful, end the call and contact the next person on the randomization list].* **Thank you for your time.**

C.1 Would you prefer this interview to be done by phone or video meeting (e.g., FaceTime, Zoom, Microsoft Teams, or other virtual meeting)?

     Phone

     Video Meeting **Do you have a preferred video meeting method?** *Read options*

       Face Time

       Zoom - **I will text/email the meeting ID and passcode to you.**

       Teams - **I will text/email the meeting ID and passcode to you.**

       Other. Specify:_____

     No preference **OK, I will call you on the day of our scheduled interview.**

D.1 To confirm: I will contact you on *[Insert scheduled date and time].* If you have any questions or need to reschedule our interview, please contact me at *[Insert SC work cell phone number].* Thank you.