Attachment B.2: The Home Assessment Follow-up Phone Call Script

If you require information to be presented in an accessible format or reasonable accommodations to participate in this study, please contact us with any specific requests by calling XXX-XXX-XXXX or emailing XXXX@XXXX.XXX. If you require language assistance to participate in this study, please contact us with any specific language assistance requests or needs.

Paperwork Reduction Act Burden Statement
This collection of information is voluntary and will be used to evaluate the US Department of Housing and Urban Development's Community Choice Demonstration. Public reporting burden for this collection of information is estimated to average 8 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 for this collection is OMB 2528-0337 which expires on 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 NAME at XXXX@XXXXX.XXX or call XXX-XXX-XXXX.

Privacy Act Statement
Authority: Section 502 of the Housing and Urban Development Act of 1970 (Public Law 91-609) (12 U.S.C. §§ 1701z-1; 1701z-2(d) and (g)).
Purpose: Evaluation of the Community Choice Demonstration (CCD).
Routine Use: The information will be used for the purpose set forth above and may be provided to Congress or other Federal, state, and local agencies, when determined necessary.
Disclosure: Records will be used for research and statistical analysis and will not be used to make decisions that affect the rights, benefits, or privileges of specific individuals.
SORN ID: Community Choice Demonstration Evaluation Data Files, HUD/PDR-09

Introduction

SC1. Hi, my name is [INTERVIEWER NAME] and I am calling from Abt Associates about a research study. We recently sent a letter and email to [FIRST NAME] [LAST NAME] about this research study. May I please speak to [FIRST NAME] [LAST NAME]?

[IF NECESSARY: I am calling to invite [FIRST NAME] [LAST NAME] to learn more about a research study we are working on.]

INTERVIEWER: REPEAT IF PHONE IS HANDED TO RESPONDENT AFTER READING IT TO SOMEONE ELSE. PRESS CONTINUE ONCE YOU HAVE SPOKEN WITH RESPONDENT.

Hi, my name is [INTERVIEWER NAME] and I am calling from Abt Associates about a research study. We recently sent a letter and email to [FIRST NAME] [LAST NAME] about this research study. Is this [FIRST NAME] [LAST NAME]?

[IF YES: I am calling you to ask if you have any questions about the letter and flyer or email that we sent to you.]

1	CONTINUE	[GO TO SC2]
2	NOT A GOOD TIME	[SCHEDULE CALLBACK]
3	NO, RESPONDENT NOT AVAILABLE	[GO TO SC3]
4	SENT TO VOICE MAIL	[GO TO SC4]
5	DO NOT KNOW THAT PERSON	[DISPO AS WRONG NUMBER-PERSON]
6	DO NOT WISH TO PARTICIPATE	[THANK AND END. DISPO AS SOFT REFUSAL]
7	REF (VOL)	[THANK AND END. DISPO AS HARD REFUSAL]
8	DK (VOL)	[THANK AND END. DISPO AS SOFT REFUSAL]

SC2. If you are driving or doing any activity requiring your full attention, I need to call you back. Are you able to talk right now without distractions?

1	YES, SAFE PLACE AND ABLE TO TALK	[GO TO SC5]
2	NO, CALL ME LATER	[SCHEDULE CALL BACK]
3	NO, CALL BACK ON ALTERNATE NUMBER	[RECORD NUMBER, SCHEDULE CALLBACK]
7	REF (VOL)	[THANK AND END. DISPO AS HARD REFUSAL]
8	DK (VOL)	[THANK AND END. DISPO AS SOFT REFUSAL]

SC3. It is important that I speak directly to [FIRST NAME] [LAST NAME]. Do you know when [FIRST NAME] [LAST NAME] will be available?

[IF NECESSARY: We are calling to see if [FIRST NAME] [LAST NAME] would like to be in a research study.]

1	YES	[SCHEDULE CALLBACK]

2	NO	[SAY YOU WILL CALL BACK ANOTHER TIME, THANK, AND END. DISPO AS GATEKEEPER]
3	DO NOT KNOW THAT PERSON	[THANK AND END. DISPO AS WRONG NUMBER-PERSON]
7	REFUSED	[THANK AND END. DISPO AS SOFT REFUSAL]
8	DON'T KNOW	[THANK AND END. DISPO AS SOFT REFUSAL]

SC4. WHEN LEAVING A VOICE MAIL:

Hello, my name is [INTERVIEWER NAME] and I am calling from Abt Associates to tell [FIRST NAME] [LAST NAME] about a research study for families. We sent a letter with a flyer and an email recently about it. [FIRST NAME] LAST NAME] may contact us, toll-free at XXX-XXX-XXXX. If we don't hear back we will try calling this number again in a few days. Thank you.

SC5: PRIVACY / CONFIRM DATE OF BIRTH:

All information collected about families in the study will be kept private to the fullest extent allowed by law. The names of family members participating in the study will never appear in any reports or study findings. All members of the study team are trained to keep all data confidential and secure. To protect privacy, we need to verify that I am speaking with the [FIRST NAME] [LAST NAME]. Could you please verify your date of birth before we continue?

RESPONDENTS DATE OF BIRTH: [DISPLAY DOB]

1	DOB MATCHES	[GO TO SC6]
2	DOES NOT MATCH	[GO TO SC5A]
7	REFUSED	[THANK AND END. DISPO AS SOFT REFUSAL]
8	DON'T KNOW	[THANK AND END. DISPO AS SOFT REFUSAL]

SC5A: DOUBLE CHECK RESPONDENT

That doesn't match the date of birth we have on file. It's very important that I speak directly to [FIRST NAME] [LAST NAME]. Am I speaking to [FIRST NAME] [LAST NAME]?

1	YES	[GO TO SC5B]
2	NO	[GO TO SC5C]
7	REFUSED	[THANK AND END. DISPO AS SOFT REFUSAL]
8	DON'T KNOW	[THANK AND END. DISPO AS SOFT REFUSAL]

SC5B: DOUBLE CHECK DATE OF BIRTH

Could you please verify your date of birth again?

RESPONDENTS DATE OF BIRTH: [DISPLAY DOB]

1	DOB MATCHES	[GO TO SC6]
2	DOES NOT MATCH	[READ TERMINATE SCRIPT. DISPO AS SOFT REFUSAL]
7	REFUSED	[THANK AND END. DISPO AS SOFT REFUSAL]
8	DON'T KNOW	[THANK AND END. DISPO AS SOFT REFUSAL]

SC5C: ASK FOR RESPONDENT

May I please speak to [FIRST NAME] [LAST NAME]?

1	YES	[GO TO SC1]
2	NO	[GO TO SC3]
7	REFUSED	[THANK AND END. DISPO AS SOFT REFUSAL]
8	DON'T KNOW	[THANK AND END. DISPO AS SOFT REFUSAL]

TERMINATE SCRIPT: I'm sorry, I seem to be having trouble pulling up your record. I will check with my supervisor and call you back at another time.
INTERVIEWER: PLEASE CALL YOUR FIELD MANAGER AND PROVIDE THEM WITH THE DATE OF BIRTH THAT THE RESPONDENT TOLD YOU.

SC6: TALKING TO RESPONDENT:
I am calling to invite you to participate in a research study that is part of the Community Choice Demonstration called the Home Assessment. You may recall a letter and flyer sent to your home or an email sent to you about it. Abt Associates is working with U.S. Department of Housing and Urban Development (HUD) on the Home Assessment. HUD is funding the Home Assessment to understand if neighborhoods in which families live affect the indoor air quality of their homes and exposure to allergens, and if so, how that impacts the health and well-being of families.

Do you have any questions from reading the flyer, letter, or email?

[INTERVIEWER ANSWERS QUESTIONS]

We can schedule a time for an interviewer to come to your home and tell you more about the Home Assessment. After we explain the study and go through the informed consent process, you can choose to participate or not. If you choose to participate, you will be enrolled in the Home Assessment study. The whole assessment should take about an hour of your time. As a token of appreciation for completing the study, the interviewer will give you a $45 gift card.

The interviewer will measure pest allergens and indoor air quality in the home, that affects conditions such as asthma and other breathing conditions. Then there will be a brief survey.

Your participation in this study is completely voluntary and does not affect your participation in the Community Choice Demonstration.

Would you like to schedule an interviewer to visit your home with me now?

1	YES	[GO TO NEXT QUESTION]
2	NO	[THANK THEM FOR THEIR TIME, THEN END CALL]

Let's start by verifying your name and address so that we can come to you. I have your **name** as: (RESPONDENT). Is this correct?

- o THIS IS CORRECT **(GO TO ADDRESS VERIFICATION QUESTION)**
- o THIS IS **NOT** CORRECT (**Ask:** Can you please provide your name?)

INTERVIEWER: ENTER UPDATED NAME

LAST: _____
FIRST: _____
M.I.: _____

I have your physical **address** as: (ADDRESS). Is this correct?

- o THIS IS CORRECT **(GO TO MAILING ADDRESS VERIFICATION QUESTION)**
- o THIS IS **NOT** CORRECT (**Ask:** Can you please provide your address?)

INTERVIEWER: ENTER UPDATED ADDRESS

STREET: _____
APARTMENT/UNIT #: _____
CITY: _____
STATE: _____
ZIP: _____

[SCHEDULING INFORMATION HERE] An interviewer will be in your area on [DAY OF WEEK, DATE]. Is morning or afternoon better for you? [SCHEDULE TIME]

We will confirm with you the day before the appointment as a reminder. Is the **best phone number to reach you** at: (PRIMARY PHONE NUMBER & PHONE TYPE). Is this correct?

- o THIS IS THE BEST NUMBER TO REACH ME **(GO TO SECONDARY PHONE NUMBER VERIFICATION QUESTION)**
- o THIS IS **NOT** THE BEST NUMBER TO REACH ME (**Ask:** Can you please provide your primary phone number and tell me if it is a cell, home, work, or other type of number?)

INTERVIEWER: ENTER BEST PHONE NUMBER AND CHECK BOX FOR TYPE

PRIMARY PHONE: _____

____ CELL ____ HOME ____ WORK ____ OTHER ____ DON'T KNOW

I have your **secondary phone number** as: (SECONDARY PHONE NUMBER & PHONE TYPE). Is this correct?

- o THIS IS CORRECT **(GO TO INSTRUCTIONS BEFORE FIRST TEXT PERMISSION QUESTION)**
- o THIS IS **NOT** CORRECT (**Ask:** Can you please provide your secondary phone number and tell me if it's a cell, home, work, or other type of number?)

INTERVIEWER: ENTER SECONDARY PHONE NUMBER AND CHECK BOX FOR TYPE

SECONDARY PHONE: _____

____ CELL ____ HOME ____ WORK ____ OTHER ____ DON'T KNOW

TEXT. Do we have your permission to text you at [this/ether of these] phone numbers?
[IF NEEDED: We may text to confirm an upcoming appointment or to follow-up on a missed appointment if we can't reach you by phone.]

1. Yes
2. No

Thank you for your time today. We look forward to seeing you at your home on [CONFIRM APPOINTMENT DAY, DATE AND TIME]!