Attachment F.2: The Child Assessment and The Obesity & Type II Diabetes Risk 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

Note: Some study activities are being funded by the National Institute of Diabetes and Digestive and Kidney Diseases.

Introduction

SC1. Hi, my name is [INTERVIEWER NAME] and I am calling from Johns Hopkins University 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 continue their participation in a research study.]

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 Johns Hopkins University 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 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.]

		[SCHEDULE CALLBACK]
1	YES	
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 Johns Hopkins University to talk with [FIRST NAME] [LAST NAME] about continuing their participation in 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, 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, I need to verify that I am speaking with the [FIRST NAME] [LAST NAME]. Could you please tell me 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 tell me 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 continue your participation in – the Mobility Opportunity Vouchers to Eliminate Diabetes and obesity or MOVED study. You might remember participating in this about two years ago. We asked you some questions about your health and your child's health, and then collected your height, weight, waist circumference, and blood pressure measurements, and did a fingerstick A1C

test. We also collected your child's height, weight and waist circumference measurements. . You may recall a letter and flyer sent to your home or an email sent to you about it.

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

[INTERVIEWER ANSWERS QUESTIONS]

The purpose of the MOVED study is to help researchers better understand the effects of neighborhood conditions on the health and well-being of adults and children. There are two parts of the MOVED Study. One part looks at how housing and neighborhood environments impact your family's health, including conditions like obesity and type II diabetes. This part of the study is being paid for by the National Institutes of Health (NIH). HUD is funding a second part of the study. This part looks at how neighborhoods affect children's well-being. Researchers from Johns Hopkins University and Abt Global are working together on the MOVED study. Johns Hopkins University will be conducting data collection for both parts of the MOVED study together to make it easier for families to be involved. The researchers will collect data from one adult and one child in each family, just like we did last time. For your family, that is you and [CHILD NAME]

If you choose to continue participating, the whole visit will take about 3 hours and you can receive up to $155 in gift cards for you and your child for completing the MOVED study activities during this visit, depending on how many of the activities you and your child agree to participate in.

We can schedule a time for an interviewer to come to your home and explain the MOVED study further.

For participants who signed a consent form under Abt IRB: After we explain the study, we will go through the informed consent process and you can choose to participate or not. Your participation in this study is completely voluntary and does not affect your participation in the Community Choice Demonstration.

For participants who signed a consent form under Hopkins IRB: It is your choice if you'd like to continue participating.

There are several activities we will ask you and your child to complete as part of the MOVED study. The MOVED study includes asking questions about you and one child in your home, measuring you and your child's height, weight and waist circumference, testing your blood to measure your type II diabetes risk, and checking your blood pressure.

[INTERVIEWER PAUSES and/or ANSWERS QUESTIONS]

Would you like to schedule an interviewer to visit your home to explain the study and possibly participate?

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] What day and time works best for you and your child for me to visit your home? Please keep in mind that the visit may take about 2½ to 3 hours.

CAPTURE DATE: MM/DD/YYYY
Time : am/pm

I will confirm with you the day before the appointment as a reminder. What is the **best phone number to reach you** at as: (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/either 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]!