Attachment S: The Child Assessment and The Obesity and Type II Diabetes Risk Assessment: Tracking Calls

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 10 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: This information is being collected to evaluate changes in the housing quality and health and well-being of families who enrolled in the Community Choice Demonstration (CCD). Data collection will occur between January 2024 and June 2027.
Routine Use: Please refer to System of Record Notice.
Disclosure: Your participation in this information collection is voluntary and you can choose not to answer any question that is asked. Your responses will not affect your current or future receipt of housing assistance or other benefits. Some study activities are being funded by the National Institute of Diabetes and Digestive and Kidney Diseases.
SORN ID: Housing Choice Voucher (HCV) Mobility Demonstration Evaluation Data Files, PD&R/RRE 09

Introduction

SC1. Hi, my name is [INTERVIEWER NAME] and I am calling from Johns Hopkins about the MOVED research study. May I please speak with [FIRST NAME] [LAST NAME]?

[IF NECESSARY: We are calling about 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.

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 now driving or doing any activity requiring your full attention, I need to call you back later. 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 because [FIRST NAME] [LAST NAME] agreed to be a part of 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 Johns Hopkins University about the Mobility Opportunity Vouchers to Eliminate Diabetes and Obesity or "MOVED" research study. I am calling to confirm and update your contact information. You may contact us, at XXX-XXX-XXXX. It will take only a few minutes. Thank you and we look forward to hearing from you.

SC5: WHEN TALKING TO RESPONDENT:

I am calling you about a research study called Mobility Opportunity Vouchers to Eliminate Diabetes and Obesity or "MOVED". In [date of baseline assessment] you agreed to participate in the MOVED study. Thank you for taking a 5 minutes to confirm your contact information.

We are working to understand how housing and neighborhood environments affect health, such as obesity and type II diabetes, for adults and children. We will study whether helping families move to different neighborhoods affects their risk of obesity and type II diabetes and their overall well-being.

This call is part of a routine process to keep in touch with you because we value your participation in the study. I would also like to confirm that I have your correct phone number, email, and street address in our secure database. If it isn't correct, then I can update it in my system right now. This will help make sure we can reach you for the follow-up survey, starting about [MONTHS OR YEARS UNTIL FOLLOW-UP] from now. We do this because your experiences are unique.

Your participation in this study is completely voluntary. You can choose whether or not to respond. However, the team of researchers at Abt Global and Johns Hopkins University greatly appreciate your continued participation. Know that any information you provide will be kept private. I appreciate your time today.

Screener
First, I just need to verify that I am speaking with the correct person.
CAPI: DISPLAY DOB FROM SAMPLE

What is your date of birth? _____ (MM/DD/YYYY)

INTERVIEWER: ENTER DATE USING FORMAT BELOW. ENTER DATE OF BIRTH (REPEAT BACK TO RESPONDENT)
_____ / _____ / _____
MM DD YYYY

- o DON'T KNOW
- o REFUSED

Contact Verification
Let's start by verifying your name. We 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.: _____

We have your **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: _____

We have your **mailing address** as: (MAILING ADDRESS). Is this correct?

- o THIS IS CORRECT **(GO TO PRIMARY PHONE NUMBER VERIFICATION QUESTION)**
- o THIS IS **NOT** CORRECT (**Ask:** Can you please provide your mailing address?)

INTERVIEWER: CHECK BOX OR ENTER UPDATED ADDRESS

- o MAILING ADDRESS IS THE SAME AS THE PRIMARY ADDRESS

IN CARE OF: _____
LAST: _____
FIRST: _____
M.I.: _____
STREET: _____
APARTMENT/UNIT #: _____
CITY: _____
STATE: _____
ZIP: _____

We have 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

We 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

ASK IF PRIMARY OR SECONDARY PHONE IS CELL. OTHERWISE, SKIP TO EMAIL QUESTION.

Do we have your permission to contact you **via text message** to your cell phone?

- o YES, YOU MAY CONTACT ME VIA TEXT MESSAGE TO MY CELL PHONE **(ASK NEXT QUESTION)**
- o NO, YOU MAY **NOT** CONTACT ME VIA TEXT MESSAGE TO MY CELL PHONE **(SELECT "NO" RESPONSE TO NEXT QUESTION; THEN SKIP TO EMAIL QUESTION)**

Do we have your permission to contact you via an automated text to your cell phone? (**READ IF NEEDED:** An automated text message is a prewritten message that is sent at a later date such as a text that reminds you to complete a form or call to set up an appointment.)

- o YES, YOU MAY CONTACT ME VIA AUTOMATED TEXT MESSAGE TO MY CELL PHONE
- o NO, YOU MAY **NOT** CONTACT ME VIA AUTOMATED TEXT MESSAGE TO MY CELL PHONE

We have the **best email address to reach you** as: (PRIMARY EMAIL ADDRESS). Is this the best email to reach you?

- o THIS IS THE BEST EMAIL TO REACH ME **(GO TO PREFERRED METHOD OF CONTACT QUESTION)**
- o THIS IS **NOT** THE BEST EMAIL TO REACH ME (**Ask:** What is the best email to reach you?)

INTERVIEWER: ENTER BEST EMAIL ADDRESS

EMAIL ADDRESS: _____

INTERVIEWER: CHECK THE FOLLOWING IF RESPONDENT HAS NO EMAIL OR INTERNET ACCESS

- o I DO NOT HAVE AN EMAIL OR INTERNET ACCESS

What is your preferred method of contact? Should we (READ LIST OF ANSWER CHOICES)?

- o Call primary number
- o Call secondary number
- o Email
- o Text message
- o Other _____

Next I will confirm the names, addresses and telephone numbers of one person who is living outside your household and usually knows where to reach you.

The contact information for the **best person** to know how and where to reach you is:

NAME: (NAME)

RELATIONSHIP: (RELATIONSHIP)

ADDRESS: (ADDRESS)

PRIMARY PHONE NUMBER: (PRIMARY PHONE NUMBER)

SECONDARY PHONE NUMBER: (SECONDARY PHONE NUMBER)
EMAIL: (EMAIL ADDRESS)
Is this correct?

- o THIS IS CORRECT **(GO TO SECOND BEST PERSON CONTACT INFORMATION VERIFICATION QUESTION)**
- o THIS IS **NOT** CORRECT (**Ask:** Can you please provide the correct contact information?)

INTERVIEWER: CHECK BOX OR ENTER UPDATED ADDRESS

- o RESPONDENT WISHES TO REMOVE THIS CONTACT FROM CONTACT FILE

FIRST NAME: _____
LAST NAME: _____
RELATIONSHIP: _____
STREET: _____
APARTMENT/UNIT #: _____
CITY: _____
STATE: _____
ZIP: _____
PRIMARY PHONE: _____

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

SECONDARY PHONE: _____

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

EMAIL: _____

Thank you for updating your information. Please let me review and verify that the information we have on file for you is accurate. If anything is incorrect, please let me know.

INTERVIEWER: IF ANYTHING IS INCORRECT, USE THE BACK BUTTON TO GO BACK AND CORRECT THE INFORMATION ACCORDINGLY.

We have your NAME as: (NAME)

We have your ADDRESS as: (ADDRESS)

We have your MAILING ADDRESS as: (MAILING ADDRESS)

We have your primary PHONE NUMBER as: (PRIMARY PHONE NUMBER)

We have your primary EMAIL Address as: (PRIMARY EMAIL ADDRESS)

Thank you for your time today. We will be in touch again about [X] months from now, to [UPDATE CONTACT INFORMATION or CONDUCT THE FOLLOW_UP SURVEY].