**Script from SFHP about the intervention and evaluation**

**Note: This is the script for the UCSF Research Associate for participation in the evaluation.**

Improving Diabetes Success for Patients in the SFHP

Telephone Patient Survey

Phone Number Called: _____

Language: _____

Subject's Birth Year: _____

Subject's Sex: _____

Subject's ID: _____

Interviewer Name: _____

Date and Time: _____

INTRODUCTION

HELLO

May I speak with <<INSERT PATIENT NAME>>?
    1. [YES]                                    (CONTINUE TO INTRO1)

    2. [CALLBACK AT ANOTHER TIME]              (SKIP TO VERIFY2)
    3. [OFFERS OTHER NUMBER TO CALL]           (SKIP TO VERIFY3)
    4. [NO/REFUSAL]                            (SKIP TO CLOSE1)

Good morning/afternoon/evening, my name is <<INSERT INTERVIEWER NAME>>. I am calling from <<UC San Francisco>> about the new San Francisco Health Plan's Telephone Diabetes Project you are starting. We are conducting a survey of patients before they join the program so that we can look at what can help make it work better. We are collaborating with the San Francisco Health Plan by conducting independent interviews with hundreds of patients like you to understand more about how your diabetes affects you and your health care.

INTRO1

We are doing this survey to find out how patients feel about their diabetes and about the care they are getting for their diabetes at <<SAN FRANCISCO HEALTH PLAN >>.   If you agree to participate in this survey, we will ask you questions about your health care and your diabetes.  I will read the questions to you.  It will take about 20 minutes to answer all the questions.  This survey will be conducted now and again in 9 months and possibly again in 18 months. You will receive a $50 gift card from Walgreens each time that you participate in the survey.

  The answers to your questions are confidential and will not be given to the health plan or to your doctor. We will summarize them along with many other peoples' answers.  We will not ask you for any information that could be used to figure out who you are.. You can stop answering questions at any time while I am talking with you or skip a question that you don't feel comfortable answering. You also have the option of not participating in the survey by saying that you do not want to answer any questions at all.  Your doctors, nurse practitioner, or other health providers will not be able to link you with your answers. You can be assured that taking part in this survey will not affect your legal rights or your healthcare at << SAN FRANCISCO HEALTH PLAN >>.

Your name and phone number will not show up anywhere with your answers which will be identified only by a study number. Researchers may link your answers to other information that the San Francisco Health Plan may have for patients, such as age and lab test results, like blood sugar values, but no names are included with this information. Information from this study could be published in medical journals or other health care publications; however, any information gained will be published as a summary of all the answers collected from all the patients who participate in this survey.

This survey will not be difficult for you. A few questions may make you feel uncomfortable. You may skip any questions that you do not want to answer.  However, your answers are very important, and may help improve the care that you and other people with diabetes in your community receive.

CONSENT 1

Do you understand all of the information I've read to you so far?
Do you agree to take part in this survey?

READ TO ALL:  If you have any questions about the study, you can call Drs. Dean Schillinger or Margaret Handley at 415-206-3696 to talk about the study.


PROCEED ONLY IF SUBJECT ANSWERS "YES" TO BOTH QUESTIONS – Document Date and Phone number called

DO NOT READ, FOR INTERVIEWERS ONLY:

VERBAL CONSENT GIVEN:
   1. Yes—record date and phone number below
   2. No      (IF NO, STOP SURVEY and PROCEED TO CLOSE1)

If Yes: _____

Date

_____
Phone Number Dialed

VERIFY1
I'm sorry; I must have dialed or been given the wrong number.  Is this <<INSERT PHONE NUMBER DIALED>>?

    1.  If Yes: I'm sorry, I was given a wrong number.  Thank you for your time.  Goodbye. (END)
    2.  If No:  Thank you.      (DIAL CORRECT NUMBER AND BEGIN AGAIN)

VERIFY2
We'll call back at another time.  Can you tell me when might be a better time for us to call back? (RECORD PREFERRED TIME TO CALL BACK).

Thank you.  We'll call back at <<INSERT TIME AND DATE OF PREFERRED TIME>>. Goodbye.  (END)

VERIFY3
Thank you.  We'll try to reach him/her at <<INSERT OTHER PHONE NUMBER PROVIDED>>.  Goodbye.  (END)

CLOSE1
Thank you very much for your time.  Goodbye.  (DESCRIBE NATURE OF REFUSAL OR TERMINATION BELOW AND END)

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