Quality of Life of Overweight Youth

Parent/Youth Interview Telephone Recruitment Script

[**Recruiter Speaking to Parent**]

**Recruiter**: "Hello. May I please speak with Mr./Ms. \_\_\_\_\_\_\_? My name is \_\_\_\_\_\_\_\_\_\_ and I’m calling from the University \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ about our research study on the quality of life of young people with weight conditions. [CLINICIAN NAME] at [CLINIC] spoke to you about our study, and I am calling to see if [TEEN NAME] and you might be interested in hearing more about this research study."

**[If no] Thank them and record.**

"We are looking for youth ages 11-18 to help us develop some questions that ask about the quality of life for young people who are at-risk for being overweight or are overweight. This research study will help us learn if these new questions are a good way to determine how weight conditions affect a youth’s quality of life. This research may help us learn what treatments are most effective for youth.

The purpose of the research is to find out how having a weight condition affects teens’ lives and the lives of their families. People who volunteer to be in this research study will be asked to participate in an interview. In the interview, the youth will talk about how their life is affected by having a weight condition. The interview will last about 45 minutes.

There is also a possibility that your son/daughter may be asked to give us feedback on new questions we developed later.

The interview will be audio taped so we will have a record to help us remember what people said. The recording will not be heard by parents, guardians, or anyone outside of the research study team.

If your son/daughter is interested and decides to be in this interview, we will arrange them to meet with a researcher from the study.

Your son/daughter’s participation in this study is completely voluntary. All the information you give will be kept confidential.

Do you have any questions about the research study?

Do you think your son/daughter would be interested in participating in the study?

**[If no] thank them and record information.**

**[If yes] is that okay with you? Proceed with the information for the adolescent.**

[If wants to think it over] Give parent your name again and study line (800-291-2193), thank them for their time, and record.

May I speak to your son/daughter and tell them about the study?

[**Recruiter Speaking to Youth**]

**Recruiter:** Hello. Is this [YOUTH NAME] \_\_\_\_\_\_\_? My name is \_\_\_\_\_\_\_\_\_\_ and I’m calling about a research study about youth with who are overweight. The study is called the Quality of Life of Teens Study. The research study is being done at the University\_\_\_\_\_\_\_\_\_\_\_\_. May I tell you about the research study? Is now a good time to talk [or is there a better time I could call back?]?

**[If no] thank them and record information.**

**[If yes] Proceed.**

We are doing a research study with youth ages 11-18 that are at-risk for being overweight or are overweight to find out about their lives and what it is like to have a weight condition. In this study, researchers are asking youth to be interviewed. In the interview you will talk about your life and how it is affected by having a weight condition. The interview will last about 45 minutes. People who complete an interview will be paid $20 as a thank you.

There is also a possibility that your son/daughter may be asked to give us feedback on new questions we developed later.

The interview will be audio taped so we will have a record to help us remember what people said. The recording will not be heard by parents, guardians, or anyone outside of the research study team.

The interview will be at the University research office or another location that is more convenient.

Do you have any questions about the study?

Would you like to be in the research study?

**[If no] Thank them and record information.**

**[If yes] Ask to speak to their parent/guardian.**

[**Recruiter Speaking to Parent**]

I spoke to [YOUTH NAME]. They are interested/not interested in the study. I am now going to ask you some questions about your son/daughter’s health. There are some requirements for youth who can be in the study. After you answer the questions, I will tell you if your son/daughter is eligible to be in the research study. If your son/daughter is not eligible to be in the study, the information you give me about your son/daughter will be destroyed and will not be used for this research project.

May I ask you these questions?

**[If no] Thank them and record information.**

**[If yes] Proceed with screening questions.**

**Telephone Screening Questions**

ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. How old is [Youth’s Name]?**

(Ineligible if under 11 or over 18)

**years old**

**2. Is [Youth’s Name] male or female?**

(Ask only if not apparent from name or clinic list)

**3. How tall is [Youth’s Name’]?**

feet inches

**4. What is the weight of [Youth’s Name]?**

pounds

**5. BMI calculation .**

(use online calculators for age and sex)

BMI

**6. BMI percentile calculation for age and sex.**

(Overweight: ≥ 95th BMI percentile; at-risk for overweight: 85th-94th BMI percentile)

BMI percentile

□ Overweight

□ At-risk for overweight

**9. [If child is female] Is [youth’s name] pregnant or nursing?**

□ Yes [***INELIGIBLE, skip to end***]

□ No

**10. Has your son/daughter taken any weight loss strategies within the last month?**

□ Yes

□ No

**11. Does your son/daughter have a history of any of the following?**

□ Anorexia nervosa [***INELIGIBLE, skip to end***]

□ Bulemia [***INELIGIBLE, skip to end***]

□ Major depression [***INELIGIBLE, skip to end***]

□ Panic disorders [***INELIGIBLE, skip to end***]

□ Psychosis [***INELIGIBLE, skip to end***]

□ Bi-polar [***INELIGIBLE, skip to end***]

**12. Is your son/daughter currently receiving any psychotropic medication?**

□ Yes [***INELIGIBLE, skip to end***]

□ No

**13. Does your son/daughter have a life-threatening illness?**

□ Yes [***INELIGIBLE, skip to end***]

□ No

**16. Does [YOUTH NAME] have any physical disabilities or long-term health problems?**

□Yes

□No

□Don’t know

**17. Please describe the physical disability or long-term health problem.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**28. Overall, which of the aforementioned disabilities, long-term health problems or mental health disorders, including obesity, which has the greatest impact on [YOUTH’S NAME]’s life at the present time? If you had to pick one, what would it be?**

(Screener: check one of the boxes below.)

□Weight condition.

□Physical health condition/disability related to weight condition. [***INELIGIBLE, skip to end***]

□Physical health condition/disability unrelated to weight condition. [***INELIGIBLE, skip to end***]

(If the second or third boxes above are marked, tell the parent that their family is not eligible to participate in the study. We are looking for adolescents whose primary problem is their weight condition. Then go to the end of the form.)

▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬

***Screener***: Fill in the questions below from the preceding information.

Is the youth eligible?

□ Yes

Gender : **□** Male  **□** Female

Ethnicity: **□** African-American **□** Caucasian **□** Mexican-American

Weight status: **□** Overweight **□** At-risk

□ No

Why is the youth ineligible?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬

***IF INELIGIBLE*: Sorry, but based on this information your son/daughter is not eligible to be in the study (explain the reasons).**

***IF ELIGIBLE***: If your son/daughter would like to be in the study, I can set up an appointment so you both can meet with a researcher to talk about and enroll in the study. This meeting will take place at the University research office or another location that is more convenient. If you would like more time to think about it, you can call me back on our toll-free study line. We will not contact you again unless you call back to tell us you are interested in being in the study.

**[If not interested] Thank them and record information. Let them know they are welcome to call the study at the toll-free number below if they change their minds.**

[If wants to think it over] Give parent your name again and study line (XXX-XXXX), thank them for their time, and record.

**[If yes] Proceed (discuss dates and times).**

Thank you for your time. Feel free to call the study line XXX-XXXX if you have any questions.