

**Institutional Review Board
NYU School of Medicine**

Telephone Consent

Hello, my name is _____. I am a surveyor from New York University School of Medicine/Henry Street Settlement. A couple of years ago you took a health survey in your building (-----) for our Health + Housing Project (you might remember getting \$5 for taking it). We were conducting the survey before starting a community health worker program in your building that ended this past June.

We were told that you no longer live in the building at -----, but I am calling to ask if you would like to continue participating in this research study by taking another survey over the phone. Your participation is completely voluntary.

Would you be willing to hear more information about this study?

(If yes, continue with below. If no, thank them for their time and end the call.)

Thank you, I appreciate your time.

After you completed the survey a couple years ago, we had four community health workers meeting with residents in your building for almost a year and a half to see if they could help people set and achieve some goals to improve their lives. Now that the program is over, we're asking residents of both buildings, even if they moved away, to complete a final survey. The purpose of this research study is to see if the community health worker program we ran in your building was helpful to people – even if you did not directly participate in it.

In the survey you will be asked to answer the same questions that we asked on the survey you already took. If you also met with one of our community health workers, we will ask some additional questions about that experience. Your participation will end after you take the survey, which will take approximately 20 to 30 minutes.

You will be compensated \$20 cash for your time, which we can mail to you at your current address. *(Or - If they still live in the NYC area, they can choose to come pick it up at our office).*

All information that I receive from you by phone will be strictly confidential and will be kept protected. By agreeing to participate, you agree to take the survey. If you would like I can mail you a copy of the informed consent form. Would you like me to do that?

If you change your mind later and do not want us to use your information, and responses in this study, please call the Project Director, Dr. Amy Freeman, at 646-501-2571 and she will tell you how to do that. You may also call her with any questions

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about this study. If you have any questions regarding your rights as a research subject, please contact the Institutional Review Board (IRB) at 212-263-4110.

Do you have any questions at this time?

Would you like to participate in this research?

If 'no', thank them for their time and end the call.

If 'yes', begin asking questions/conduct an interview.