

NOTE: We asked respondents to read each question aloud and talk through how they would respond. Each interview was different, depending on the response and comments of the respondent. The script below (in blue) is a guide. Interviews were by phone and conducted by at least one staff member from FDA and one from Synovate.



8A83
OMB No. XX
Expiration date: X/X/X

S1. On an average work day, do you provide health care or education to women who are pregnant?

Yes..........No..........**→(THANK YOU, PLEASE RETURN QUESTIONNAIRE IN THE ENCLOSED POSTAGE PAID ENVELOPE)**

Tell us about what you do.

SECTION A

1. Do you ever give your pregnant clients or patients advice about specific foods they should eat or avoid during pregnancy?

Yes..........No.....

What foods do you advise clients/patients to eat? Avoid?

2. Do you ever recommend that your clients or patients eat fish during pregnancy? Choose the response that is closest to the advice that you give.

- Yes, I recommend that they eat fish.....
- Yes, but I recommend that they limit the types and/or quantity of fish they eat.....
- No, I make no recommendations about eating fish **→(GO TO SECTION B)**
- No, I recommend that they avoid eating fish **→(GO TO SECTION B)**

What did you think of when you read "fish"? Probe: seafood in general or just fish? Would your answer be different if we used the word "seafood"?

If yes:
Why do you recommend fish? What are your recommendations?

If no:
Is there a reason you do not?

3. If yes to above, approximately how many servings of fish per week do you recommend to your pregnant clients or patients?

- One.....
- Two.....
- Three.....
- Four.....
- More than four.....
- I don't specify the amount.....

Was this hard or easy to answer? Why? How did you decide how much fish to recommend? Do you recommend this to all of your pregnant clients/patients or just some? Why do recommend this amount?

SECTION B

4. Are you aware of any advice about fish consumption and the risk of methyl mercury during pregnancy?

Yes..........No..... **→(GO TO SECTION C)**

If yes:
Can you tell us about the advice you've heard about fish and methyl mercury during pregnancy? Where have you heard it? Where does this advice come from? Do you give this advice to your patients/clients?

5. Do you advise your clients or patients about methyl mercury and fish?

Yes.....

No..... ➔(Go to SECTION C)

What advice do you give? Why do you give this advice? Do you give this advice to all or just some? How do you decide who gets this advice?

6. How do you give this advice to your clients or patients? (PLEASE "X" ALL THAT APPLY)

- In written materials, such as brochures and books.....
- In face to face discussions with you.....
- In face to face discussions with someone else you work with.....
- In group classes.....
- Other (PLEASE SPECIFY) _____

Do you provide advice the same way to all your patients/clients? If not, what determines how someone gets this advice? If written materials: Do you give them the materials or does someone else in your group/practice/office? If classes: Do you teach the classes or does someone else?

7. How important is it that you give advice about methyl mercury and fish to your clients or patients? Use a scale from 1 to 5, where 1 means "Not Important At All" and 5 means "Very Important."

NOT IMPORTANT
AT ALL (1)

(2)

(3)

(4)

VERY IMPORTANT (5)

Why # ____? What makes it that level of importance?

SECTION C

8. Below is a list of advice for pregnant women. For each, rate how likely it is that you would give the advice to your clients or patients at some point during their pregnancy. Use a scale from 1 to 5, where 1 means "Very Unlikely" and 5 means "Very Likely."

	<u>VERY UNLIKELY (1)</u>	(2)	(3)	(4)	<u>VERY LIKELY (5)</u>
Do not eat Shark, Swordfish, King Mackerel, or Tilefish.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rinse fresh fruits and vegetables thoroughly.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat up to 12 ounces (two average meals) a week of a variety of fish and shellfish that are lower in mercury.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do not eat soft cheeses made with unpasteurized milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do not drink unpasteurized juice.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat up to six ounces (one average meal) of albacore tuna per week.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do not eat raw meats, like Steak tartar.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do not eat raw fish, like sushi or ceviche	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do not eat raw sprouts.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check local advisories about the safety of fish caught by family and friends in local lakes, rivers and coastal areas.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do not eat raw or undercooked eggs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reheat luncheon meats or hot dogs until steaming hot.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do not eat pate or meat spreads.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For each, why did you pick ____? What does "eat up to...." mean to you? Does it mean the same thing as "limit to...."?

9. How do you give any of the advice listed in question 8? (PLEASE "X" ALL THAT APPLY)

- In written materials, such as brochures and books.....
- In face to face discussions with you.....
- In face to face discussions with someone else you work with.....
- In group classes.....
- Other (PLEASE SPECIFY) _____
- I do not give any of the advice listed in question 8.....

Do you provide advice the same way to all your patients/clients? If not, what determines how someone gets this advice? If written materials: Do you give them the materials or does someone else in your office/group/practice? If classes: who teaches the classes?

SECTION D

10. Where do you get your information about what advice to give to your pregnant clients or patients on the following topics? (PLEASE "X" ALL THAT APPLY)

	<u>FOOD RELATED ILLNESS</u>	<u>NUTRITION</u>	<u>DIETARY SUPPLEMENTS</u>
Professional organization websites, newsletters, or magazines (e.g., ACOG, AMA, ADA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional journal (e.g., medical nursing, or dietetic journal).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional meeting or training.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mass media (newspaper, magazine, television, or radio).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government source (federal, state, or local)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical experience or residency.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (PLEASE SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What does "food related illness" mean to you? Nutrition? Dietary Supplements? Probe choices – regularly attend meetings? Read journals?

11. How would you like to hear about new Food and Drug Administration (FDA) advisories and information for clients or patients about food related illness? Rate each format below. Use a scale from 1 to 5, where 1 means "No At All Preferred Format" and 5 means "Highly Preferred Format."

	<u>NOT AT ALL PREFERRED FORMAT (1)</u>	(2)	(3)	(4)	<u>HIGHLY PREFERRED FORMAT (5)</u>
Professional organization website, newsletter, or magazine (such as ACOG, AMA, ADA, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional journal (such as medical, nursing, dietetic, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional meeting.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mass media (newspaper, magazine television, or radio)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FDA website.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Email listservs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(PLEASE SPECIFY)					
Brochures and other literature sent by FDA.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FDA Alerts sent by e-mail.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital departmental meetings.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (PLEASE SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Probe preferred, why? What listservs do you participate in? Have you received brochures from FDA in the past?

12. In what format would you like to get information from FDA to share directly with your clients or patients? Rate each format below. Use a scale from 1 to 5, where 1 means "Not At All Preferred Format" and 5 means "Highly Preferred Format."

	NOT AT ALL PREFERRED FORMAT (1)	(2)	(3)	(4)	HIGHLY PREFERRED FORMAT (5)
Patient brochures mailed to your office.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short informational videos that can be played in your office waiting room.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Posters.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FDA website.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (PLEASE SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Probe preferred – do you have brochures in your office, room for posters, a TV with dvd/vrc, etc.?

SECTION E

13. How strongly do you agree with each of the statements? Use a scale of 1 to 5, where 1 means "Strongly Disagree" and 5 means "Strongly Agree."

	STRONG DISAGREE (1)	(2)	(3)	(4)	STRONGLY AGREE (5)
It is my role to give nutrition advice to my clients or patients.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is my role to give food safety advice to my clients or patients.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My clients or patients need nutrition information.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My clients or patients need information about food related illnesses.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have enough time and other resources to provide information about nutrition and food related illnesses to my clients or patients.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been provided enough information about nutrition and food related illnesses to give adequate advice to my clients or patients.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I only discuss nutrition and food safety with clients or patients that have certain health problems.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I only discuss food safety with clients or patients that eat risky foods.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Was this hard or easy to answer? Why?

SECTION F

14. How would you describe your job providing health care or education to women about pregnancy? **(PLEASE "X" ALL THAT APPLY)**

- OB/GYN.....
- Physician Assistant.....
- Nurse Practitioner.....
- WIC Educator.....
- Other **(PLEASE SPECIFY)** _____

15. How would you describe the environment in which you meet with your clients or patients? **(PLEASE "X" ALL THAT APPLY)**

- Office, clinic, or hospital.....
- Clients or patients' homes.....
- Other **(PLEASE SPECIFY)** _____

16. In an average week, approximately how many clients or patients do you see? Please include pregnant and non-pregnant client or patients in your estimate.

Fewer than 10.....	<input type="checkbox"/>	50 – 70.....	<input type="checkbox"/>
10 – 30.....	<input type="checkbox"/>	70 – 100.....	<input type="checkbox"/>
30 – 50.....	<input type="checkbox"/>	More than 100.....	<input type="checkbox"/>

How did you come up with your answer?

17. Which of the following would you say is the closest description of the number of your clients or patients that are pregnant?

- Only a small portion of my clients or patients are pregnant.....
- About one quarter (25%) of my clients or patients are pregnant.....
- About half (50%) of my clients or patients are pregnant.....
- About three quarters (75%) of my clients or patients are pregnant.....
- Nearly all of my clients or patients are pregnant.....

Was this hard or easy to answer?

18. What is your gender?

- Female.....
- Male.....

THANK YOU.
PLEASE RETURN THIS QUESTIONNAIRE AS SOON AS POSSIBLE IN THE POSTAGE PAID ENVELOPE PROVIDED