

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)**

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.....

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)**

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.....

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)**

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

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

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

- In written materials, such as brochures or 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) _____

7. [Relative to other food-related risks](#), 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."

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|---------------------------|
| <u>NOT IMPORTANT</u>
<u>AT ALL (1)</u> | <u>(2)</u> | <u>(3)</u> | <u>(4)</u> | <u>VERY IMPORTANT (5)</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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>	<u>(2)</u>	<u>(3)</u>	<u>(4)</u>	<u>VERY LIKELY (5)</u>
Do not eat shark, swordfish, king mackerel, or tilefish.....	<input type="checkbox"/>				
Rinse fresh fruits and vegetables thoroughly.....	<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"/>				
Do not eat soft cheeses made with unpasteurized milk.....	<input type="checkbox"/>				
Do not drink unpasteurized juice.....	<input type="checkbox"/>				
Eat up to six ounces (one average meal) of albacore tuna per week.....	<input type="checkbox"/>				
Do not eat raw meats, like steak tartar.....	<input type="checkbox"/>				
Do not eat raw fish, like sushi or ceviche.....	<input type="checkbox"/>				
Do not eat raw sprouts.....	<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"/>				
Do not eat raw or undercooked eggs.....	<input type="checkbox"/>				
Reheat luncheon meats or hot dogs until steaming hot.....	<input type="checkbox"/>				
Do not eat refrigerated pate or meat spreads.....	<input type="checkbox"/>				
Do not eat refrigerated smoked seafood	<input type="checkbox"/>				

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

- In written materials, such as brochures or 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.....

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 website, newsletter, or magazine (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"/>

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>	<u>(2)</u>	<u>(3)</u>	<u>(4)</u>	<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) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

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"/>

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"/>

SECTION F

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

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

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 clients or patients in your estimate.

- Fewer than 10..... 50 – 70.....
- 10 – 30..... 70 – 100.....
- 30 – 50..... More than 100.....

17. Which of the following is the closest description of the number of your clients or patients who are pregnant?

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

18. What is your gender?

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

19. What is your age? _____ YEARS

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