Appendix A A.2.1.g-

OMB #: 0925-xxxx Expiration Date: xx/xxxx

National Children's Study Consent Questionnaire

Ins	tructions
	Please use a black or blue pen to complete this form. Mark [X] to indicate your answer. If you want to change your answer, mark [X] on the wrong answer. Put your completed questionnaire in the envelope and return it to the interviewer.
\rightarrow	The following questions ask for your opinion on the video you viewed earlier in this visit.
1.	In your opinion, how much of the information in the video did you need to know to decide whether to participate in the study? None of it Some of it All of it
2.	In your opinion, how much of the information in the video was easy to understand? None of it Some of it All of it
3.	Overall, do you think the video provided Too much detail, About the right amount of detail, or Not enough detail?

4. In general, how interesting did you find the video to watch?

☐ Not at all interesting

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Appendix A	A.2.1.g-2
•	Video Enrolled (6/30/2008)
☐ A little interesting	
☐ Somewhat interesting	
☐ Very interesting	

8. Do you have to participate in the National Children's Study?

☐ Yes, I must participate since my community is part of the study.

☐ No, it is my choice whether I participate or not.

□ Not sure

9.	If you become pregnant and have a baby, how long would the National Children's Study like you and your child to participate in the study?
	Mark [x] one box.
	☐ Just while I am pregnant
	☐ Until my child's first birthday
	☐ Until my child starts school
	☐ Until my child reaches age 18 or finishes high school
	☐ Until my child reaches age 21
	□ Not sure

	rue or false: In order to participate in the National Children's Study, bu <u>must</u> sign a consent form indicating that you agree to participate.
	True
	False
11. Aı	re you of Hispanic or Latino origin?
	Yes
	No
12.W	hat is your race?
Se	elect one or more.
	White
	Black or African American
	American Indian or Alaska Native
	Asian
	Native Hawaiian or Other Pacific Islander
13. W	hat is the highest grade or level of school that you have <u>completed</u> ?
Má	ark [x] one box.
	8 th grade or less
	Some high school, but did not graduate
	High school graduate or GED
	Some college or associate's degree
	Bachelor's degree
	Graduate or professional degree beyond a bachelor's degree.
14. Ar	re you
	Less than 25 years of age,
	25 to 29,
	30 to 34,
	35 to 39, or
	40 or older?

15. Please share any other comments you have about the video the study representative showed you today:	
	_
PLEASE COMPLETE THE LAST FEW QUESTIONS ON THE NEXT PAGE -	

Thank you for sharing your opinion with us. Your responses will help us improve the video and other related materials as the study continues.

Video Enrolled (6/30/2008)

Appendix A

Appendix A A.2.1.g-7

OMB #: 0925-xxxx Expiration Date: xx/xxxx

National Children's Study Consent Questionnaire

Inc	structions
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	Please use a black or blue pen to complete this form.
	Mark [X] to indicate your answer.
	If you want to change your answer, mark [X] on the wrong answer.
	Put your completed questionnaire in the envelope and return it to the interviewer.
\rightarrow	The following questions ask for your opinion on the booklet you reviewed earlier with the Study interviewer titled "Making an Informed Choice about being in the National Children's Study".
1.	In your opinion, how much of the information in the booklet did you need to know to decide whether to participate in the study?
	☐ None of it
	☐ Some of it
	☐ Most of it
	☐ All of it
2.	In your opinion, how much of the information in the booklet was <u>easy to understand</u> ?
	☐ None of it
	☐ Some of it
	☐ Most of it
	☐ All of it
3.	Overall, do you think the booklet provided

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☐ Too much detail,

☐ Not enough detail?

☐ About the right amount of detail, or

4.	In general, how interesting did you find the booklet when reading it and discussing it with the study representative?
	\square Not at all interesting
	☐ A little interesting
	☐ Somewhat interesting
	☐ Very interesting
5.	Do you think the amount of time it took to review the booklet was
	☐ Far too long,
	☐ A little too long,
	\square About the right amount of time,
	☐ A little too short, or
	☐ Far too short?
6.	In general, how difficult or easy was it to ask questions or get more information about something reviewed in the booklet?
	☐ Very difficult
	☐ Somewhat difficult
	☐ Somewhat easy
	☐ Very easy
	☐ Didn't have any questions
7.	What is the main purpose of the National Children's Study?
	Mark [x] one box.
	$\ \square$ To assess the costs of medical care for children and pregnant women
	☐ To help develop better medical schools and training programs for doctors
	To learn what things affect children's health, growth and development
	☐ To determine how many healthy babies are born each year
8.	Do you have to participate in the National Children's Study?
	\square No, it is my choice whether I participate or not.
	\square Yes, I must participate since my community is part of the study.
	□ Not sure

If you become pregnant and have a baby, how long would the Nati Children's Study like you and your child to participate in the study	
	Mark [x] one box.
	☐ Just while I am pregnant
	☐ Until my child's first birthday
	☐ Until my child starts school
	\square Until my child reaches 18 or finishes high school
	☐ Until my child reaches 21
	□ Not sure
10	True or false: In order to participate in the National Children's Study, you <u>must</u> sign a consent form indicating that you agree to participate.
	☐ True
	☐ False
11	. Are you of Hispanic or Latino origin?
	□ Yes
	□ No
12	.What is your race?
	Select one or more.
	□ White
	□ Black or African American
	☐ American Indian or Alaska Native
	☐ Asian
	☐ Native Hawaiian or Other Pacific Islander
	Induve Hawanan of Other Pacific Islander
13	.What is the highest grade or level of school that you have <u>completed</u> ?
	Mark [x] one box.
	☐ 8 th grade or less
	☐ Some high school, but did not graduate
	☐ High school graduate or GED
	☐ Some college or associate's degree

Appendix A	A.2.1.g-10
••	Booklet Enrolled (6/30/2008
☐ Bachelor's degree	
\Box Graduate or professional degree be	yond a bachelor's degree

L4. Are you		
\square Less than 25 years of age,		
☐ 25 to 29,		
□ 30 to 34,		
☐ 35 to 39, or		
☐ 40 or older?		
15. Please share any other comments you have about the booklet you reviewed with the study representative today:		

A.2.1.g-11

Booklet Enrolled (6/30/2008)

Appendix A

Thank you for sharing your opinion with us. Your responses will help us improve the booklet and other related materials as the study continues.

Appendix A A.2.1.g–12

OMB #: 0925-xxxx Expiration Date: xx/xxxx

National Children's Study Consent Questionnaire

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	Please use a black or blue pen to complete this form.
	Mark [X] to indicate your answer.
	If you want to change your answer, mark [X] on the wrong answer.
	Put your completed questionnaire in the envelope and return it to the interviewer.
1.	About how much of the video called "Making an Informed Choice about being in the National Children's Study" did you watch today?
	☐ None of it Skip to question 5.
	☐ 10 minutes or less
	☐ 11 to 20 minutes
	□ 21 to 30 minutes
	☐ All of it
2.	In your opinion, how much of the information in the video was easy to understand?
	☐ None of it
	☐ Some of it
	☐ Most of it
	☐ All of it
3.	Do you think the amount of time it took to watch the video was
	☐ Far too long,
	☐ A little too long,
	\square About the right amount of time,
	☐ A little too short, or
	☐ Far too short?

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4.	Did you think about any of the information explained in the video when deciding whether you wanted to take part in the National Children's Study?	
	☐ Yes	
	□ No	

5. In your opinion, how valuable do you think the National Children's Study will be to the health and well-being of children?		
	☐ Not at all valuable	
	☐ A little valuable	
	☐ Valuable	
	☐ Very valuable	
6. In your opinion, what is the main purpose of the National Children's Study?		
	Mark [x] one box.	
	☐ To assess the costs of medical care for children and pregnant women	
	$\hfill\Box$ To help develop better medical schools and training programs for doctors	
	$\ \square$ To learn what things affect children's health, growth and development	
	☐ To determine how many healthy babies are born each year	
7.	Why did you decide not to take part in the National Children's Study?	
	Mark [X] all that apply.	
	$\ \square$ I think the information collected in this study is too personal.	
	☐ Taking part would require too much of my time.	
	$\ \square$ I don't believe that the information collected in this study can actually help children.	
	$\hfill \square$ I don't believe the study staff can really keep my information confidential.	
	\square I don't want to commit to something for 21 years.	
	$\ \square$ I don't think my husband, partner or family will want me to do this.	
	☐ I did not feel comfortable with the interviewer.	
	I don't want anyone from the study staff visiting my home or calling me.	
	I don't want the study staff to have access to my personal health	
	information or my child's. I don't want the study staff to examine me or my child.	
	☐ I don't want the study staff to take any air, water, soil or dust samples from	
	my yard or home.	
	☐ Please list any other reasons: →	

11. Are you...

Less than 25 years of age,
25 to 29,

□ 30 to 34,

☐ 35 to 39, or

☐ 40 or older?

Thank you for taking the time to answer these questions about your experience today.

Appendix A A.2.1,g–10

OMB #: 0925-xxxx Expiration Date: xx/xxxx

National Children's Study Consent Questionnaire

Ins	structions
	Please use a black or blue pen to complete this form.
	Mark [X] to indicate your answer.
	If you want to change your answer, mark [X] on the wrong answer.
	Put your completed questionnaire in the envelope and return it to the interviewer.
1.	About how much of the booklet called "Making an Informed Choice about being in the National Children's Study" did you and the study interviewer read through today?
	☐ None of it Skip to question 5.
	☐ Some of it
	☐ Most of it
	☐ All of it
2.	In your opinion, how much of the information in the booklet was easy to understand?
	□ None of it
	☐ Some of it
	☐ Most of it
	☐ All of it
3.	Do you think the amount of time it took to review the booklet was
	☐ Far too long,

4. Did you think about any of the information explained in the booklet when deciding whether you wanted to take part in the National Children's Study?

☐ A little too long,

☐ Far too short?

☐ A little too short, or

 \square About the right amount of time,

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-xxxx*). Do not return the completed form to this address.

Appendix A	A.2.1.g-17	
•	Booklet Non-enrolled (Draft 06/30/2008)	
☐ Yes		
□ No		

5. In your opinion, how valuable do you think the National Children's Study will be to the health and well-being of children?			
	☐ Not at all valuable		
	☐ A little valuable		
	☐ Valuable		
	☐ Very valuable		
6. In your opinion, what is the main purpose of the National Children's Study?			
	Mark [x] one box.		
	☐ To assess the costs of medical care for children and pregnant women		
	$\hfill\Box$ To help develop better medical schools and training programs for doctors		
	$\ \square$ To learn what things affect children's health, growth and development		
	\square To determine how many healthy babies are born each year		
7.	Why did you decide not to take part in the National Children's Study?		
	Mark [X] all that apply.		
	\square I think the information collected in this study is too personal.		
	☐ Taking part would require too much of my time.		
	☐ I don't believe that the information collected in this study can actually help		
	children.		
	☐ I don't believe the study staff can really keep my information confidential		
	☐ I don't want to commit to something for 21 years.		
	 □ I don't think my husband, partner or family will want me to do this. □ I did not feel comfortable with the interviewer. 		
	☐ I don't want anyone from the study staff visiting my home or calling me.		
	☐ I don't want the study staff to have access to my personal health		
	information or my child's.		
	☐ I don't want the study staff to examine me or my child.		
	☐ I don't want the study staff to take any air, water, soil or dust samples from		
	my yard or home.		
	☐ Please list any other reasons: →		

A.2.1.g-19
Booklet Non-enrolled (Draft 06/30/2008) Appendix A

Thank you for taking the time to answer these questions about your experience today.

 \square Less than 25 years of age,

□ 25 to 29,□ 30 to 34,□ 35 to 39, or□ 40 or older?