

Attachment 4 -- Focus Group Participant Questionnaire

Thank you for agreeing to complete this questionnaire. The questions you answer will only be used to describe the focus group participants, so we know which types of women participated in the discussions with us. Your answers are confidential and anonymous. Please do not put your name anywhere on the questionnaire.

Completing this questionnaire is completely voluntary. Please skip any question that you do not want to answer.

1. What is your age? ____ years

2. Are you Hispanic or Latina? Yes No

3. Which of the following categories describe your race? Please circle "Yes" for all that apply to you.

| | | |
|---|-----|----|
| American Indian or Alaskan Native | Yes | No |
| Asian/Asian American | Yes | No |
| Black or African American | Yes | No |
| Native Hawaiian or Other Pacific Islander | Yes | No |
| White | Yes | No |

4. What is the highest grade or year of school you completed? _____

Public reporting burden of this collection of information is estimated to average 10 minutes, 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 CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0798)

5. What was your total combined **family** income over the past 12 months? Please check one of the following and include money from jobs, social security, retirement income, unemployment payments, public assistance, and so forth. Also include income from interest, dividends, net income from business, farm, or rent, and any other money income received.

- Less than \$20,000
- \$20,000 to \$40,000
- \$40,001 to \$60,000
- \$60,001 to \$80,000
- \$80,001 to \$100,000
- More than \$100,000

6. Are you currently: (Please circle "Yes" for all that apply)

| | | |
|------------------------------------|-----|----|
| Employed for wages | Yes | No |
| Self-employed | Yes | No |
| Out of work for more than one year | Yes | No |
| Out of work for less than one year | Yes | No |
| A homemaker | Yes | No |
| A student | Yes | No |
| Retired | Yes | No |
| Unable to work | Yes | No |

7. Are you currently: (Please check which status best fits you)

- Married
- Widowed
- Divorced
- Separated
- Never married

8. Are you currently covered by health insurance? Yes No

9. Are you currently covered by Medicaid? Yes No

10. Have you ever been pregnant? Yes No

If YES – how many times have you been pregnant? _____ Times

11. Have you given birth to any children? Yes No

If YES – how many children have you given birth to? _____ Children

12. Are you currently in a sexual relationship? Yes No

13. Of the following, which is the main method of birth control you used during the last 6 months? Please check ONE of the following:

- I didn't use any birth control regularly.
- Surgical (partner's vasectomy, tubal ligation, hysterectomy, etc.)
- Hormone (birth control pill, Norplant, Dep-Provera)
- Barrier (condoms, diaphragm, sponge, cervical cap)
- Abstinence (not currently sexually active)
- Rhythm method (periodic abstinence) OR Withdrawal
- Other – SPECIFY: _____

14. Which of the following best describes your pregnancy plans? Please check one of the following:

- I am currently pregnant
- I am currently trying to get pregnant
- I am not currently trying to get pregnant, but I am planning to get pregnant in the next year or so
- I am not planning pregnancy in the next year or so, but I plan to at some time in the future.
- I do not plan to get pregnant at any time in the future.
- I cannot get pregnant (post-menopausal, tubal ligation, hysterectomy)

For the following questions, one drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

15. During the **past 30 days**, have you had at least one drink of any alcohol beverage such as beer, wine, a malt beverage, or liquor?

Yes No (SKIP TO END OF QUESTIONNAIRE)

16. During the **past 30 days**, how many of those days did you have at least one drink of any alcohol beverage?

_____ Days

17. During the **past 30 days**, on the days that you drank, about how many drinks did you drink on the average?

_____ Drinks

18. Considering all types of alcohol beverages, how many times during the **past 30 days** did you have 4 or more drinks on an occasion?

_____ Times

Thank you for participating in the focus group discussion and answering the questions on this questionnaire. Please return your questionnaire to the envelope provided.