

**Attachment 5
Consumer Demographic Questionnaire**

Focus Group Reference # _____

Thank you for taking the time to complete this short questionnaire. Your participation is very important.

1. Which of the following categories best describes your age?
 18-24
 25-34
 35-44
 45 or older

2. Have you given birth to a baby within the past 12 months?
 Yes
 No

3. How many children do you have? _____
What is/are the ages of the child/children?
Child 1 _____ Child 4 _____
Child 2 _____ Child 5 _____
Child 3 _____

4. [For certain groups] During your most recent pregnancy, did you get routine prenatal checkups?
 Yes
 No
Reason(s) you did not get prenatal checkups (Check all that apply)
 Unable to pay the bill or copayments (i.e., not enough money)
 No insurance
 Problems with access (i.e., no transportation to get to a health care facility)
 Did not know a doctor
 Lack of support from your significant other
 Opinions of your friends or family
 Other (Please explain) _____

5. What type of medical insurance coverage best describes what you currently have?
 Private Insurance Plan through employer or self pay

Public reporting burden of this collection of information is estimated to average 5 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)

- Medicaid
- Peachcare (SCHIP)
- Other Public Program
- Military/TRICARE
- Not Applicable (Uninsured)

6. [For certain groups] Did you see a provider (e.g. doctor, midwife) for a preconception appointment prior to becoming pregnant? If so, how long before you became pregnant did you see a provider: _____

OR

Do you intend to see a provider (e.g. doctor, midwife) for a preconception appointment before you become pregnant? If so, how long before you become pregnant would you see a provider: _____

7. In your opinion, what was the most important piece of information discussed today?

8. Are you Hispanic or Latino?

- Yes
- No

9. Which of the following categories best describes your race? (check all that apply)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

10. What is your current occupational job status?

- Full-time employed
- Part-time employed
- Not-working/Unemployed
- Housewife/Homemaker/Stay at home mom
- Full-time student
- Other (Please Describe) _____

11. What is your highest level of education?

- Some School
- High School Graduate
- Some College
- 2 Year College
- 4Year College
- Postgraduate
- Other_____

Thank you for completing the questionnaire.