

Neighbor Information (Eligibility) Form

INTRODUCTION: Hello, I'm (NAME) and am working with (LOCAL STUDY CENTER) on a large study of children's health for the National Institutes of Health (SHOW ID BADGE). The study is called the National Children's Study. I have been trying to contact the people who live at (TARGET DU ADDRESS).

	Neighbor
1. Is there anyone living at (TARGET DU ADDRESS)?	YES..... 1 NO 2 (END) DK 7 (END) RF 8 (END)
2. Are there any women ages 18 to 49 living there?	YES..... 1 NO 2 DK 7 (END) RF 8 (END)
3. When is a good time to find someone at home? ENTER ALL THAT APPLY	Time: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> a.m. p.m. Days: _____ Before noon: 12 noon -4 pm: 4 pm- 8pm:
4. In case my supervisor wants to check my work, I would like to have your name, address, and phone number.	Name: _____ Address: _____ _____ Phone: _____

END: Thank you for your time.

Comments: _____

Public reporting burden for this collection of information is estimated to average 3 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.