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

Participant Evaluation Questionnaire

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.

NATIONAL CHILDREN'S STUDY Participant Evaluation Questionnaire (08/21/2008)

Thank you for participating in the National Children's Study. We would appreciate you taking a few minutes to answer questions about your experience in the study.

1. Before starting the interview part of the explained all the different things include explanation help prepare you for what a	led in the vi	sit. How m	uch did t	
\square Not at all				
☐ A little				
☐ Some				
☐ A lot				
2. In your opinion, how well did the study representative or the materials we provided explain each of the activities listed below?				
	Not at all well	Somewhat well	Very well	Did not complete
a. Measuring your weight				
b. Measuring your arm, head and the skin or the back of your arm and upper back				
c. Giving a blood sample.				
d. Taking the urine sample that you did on your own.				
e. Taking the vaginal swabs that you did on your own				
f. Allowing the study representative to walk around the inside and outside of your home and fill out an observation form.				
g. Vacuuming small areas of your home.				

In general, would you say the amou you took part in was	unt of time	you spent o	n all the ac	tivities
☐ Far too long				
☐ A little too long				
☐ About the right length				
3. How important was each of the follo National Children's Study?	owing in yo	ur decision	to take par	t in the
	Not at all Important	Somewhat Important	Very Important	
a. Receiving money or gifts for taking part in the study?				
b. Learning more about my health or the health of my child?				
c. Helping my child as he or she grows?				
d. Getting health information about myself or my child, including referrals to other doctors or specialists?				
e. Feeling as if I can help children now and in the future?				
f. Helping doctors and researchers learn more about children and their health?				
g. Helping the environment?				
h. Feeling part of my community?				
i. Knowing other women in the study?				
j. Having family members or friends support my choice to take part in the study?				
k. Having my doctor or health care provider support my choice to take part in the study?				
I. Feeling comfortable with the study staff who come to my home?				

4. How negative or positive do each of the following people feel about you taking part in the National Children's Study?

			Neither		
	Very Negative	Somewhat Negative	Positive or Negative	Somewhat Positive	Very Positive
a. Your family members					
b. Your friends			<u></u>	<u></u>	
c. Your doctor or health care provider					
5. In general, has yo	ur experier	nce with the I	National Chi	ldren's Study	been
 ☐ Mostly negative ☐ Somewhat negative ☐ Neither negative of Somewhat positive ☐ Mostly positive 6. Of all the study account and why? 	or positive e	ı took part in	so far, whic	h one did yo	u like the
7. Is there anything on ther people who	we can do i join?	to make the s	study more 6	enjoyable for	you and

-	your opinion, how much do you think the National Children's Study will help nprove the health of children now and in the future?
	Not at all
	A little
	Some
	A lot

Thank you for taking the time to complete this questionnaire. Please put your completed questionnaire in the envelope provided and return the questionnaire to the study representative before he or she leaves today. If the study representative leaves before you finish or if you prefer, you also can return your completed questionnaire by mail using the postage-paid envelope.

Completion of this form is voluntary. If you do not complete it, your participation in the National Children's Study will not be affected. As with all other study activities, the information you provide will be kept confidential and used only for study purposes.