Appendix C3: Decline Form

Abt Associates Inc. Decline Form

OMB Control#: 0584-0548 Expiration Date: xx/xx/20xx

Decline Form

OMB Clearance Number: 0584-0548

Expiration Date: xx/xx/20xx According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0548. The time required to complete this information collection is estimated to average 3 minutes per response. If you have any comments concerning the accuracy of time estimates or suggestions for improving this form, please contact: U. S. Department of Agriculture, Food and Nutrition Service, Office of Research & Analysis, Room 1014, Alexandria, VA 22302.

We respect your decision not to participate in the study. At the same time, we are interested in seeing if there are any differences between women who choose not to participate in the study and those who participate in the study. We would like you to complete this short questionnaire. You do not have to complete this questionnaire, and you may skip any questions that you prefer not to answer. Please do not put your name on this questionnaire.

1.	What	are the main reasons you chose not to participate? Check all that apply.
		I don't think the study will benefit me or my baby
		I am too busy
	\square_3	I get asked to do surveys too often
	\square_4	I'm concerned about my privacy
	□ 9	Other - Specify
	_	
	-	
2.	Do yo	u speak any languages <u>other than</u> English? Mark one answer.
_		YES Go to QUESTION 3.
		NO SKIP to QUESTION 4 on Page 2.
	2001	11 1 12 14 1752 176
		other language(s) do you speak? Mark YES or NO for each.
`	YE S N	Ю
ſ		ooo oo
	=	
	=	Chinese (Mandarin, Cantonese, or other Chinese dialect)
		1 Tagalog
		1 ₂ French
		1 ₂ Vietnamese
[Other - Specify

Decline Form

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4.	4. What is the highest grade or level of school you completed? Mark one answer.				
		Some high school			
	\square_2	High school diploma or GED			
	\square_3	Some college			
	\square_4	2-year college degree (e.g., Associate's degree)			
	\square_5	4-year college degree (e.g., Bachelor's degree)			
	\square_6	More than 4-year college degree (e.g., some graduate school, Master's degree)			
5.	5. What is your ethnicity? Mark one answer.				
		Hispanic or Latino			
		Not Hispanic or Latino			
6.	Wh	at is your race? Check one or more.			
	\square_1	American Indian or Alaska native			
		Asian			
		Black or African American			
		Native Hawaiian or other Pacific Islander			
		White			
7.	Wh	ere were you born? Mark one answer.			
		In the United States (one of the 50 states or the District of Columbia)			
	\square_2	In one of the the U.S. Territories (Puerto Rico, Guam, American Samoa, US Virgin			
	П	Islands, Mariana Islands or Solomon Islands) In another country			
	3	in another country			
0	Цох	w old are you? Mark one answer.			
0.		·			
		18 to 25 years			
		26 to 30 years			
		31 to 35 years			
		36 to 40 years			
	 5	41 years or older			

Decline Form 2

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9. What is your total household income? Mark one answer.				
		Less than \$10,000		
	\square_2	Between \$10,001 - \$15,000		
	\square_3	Between \$15,001 - \$20,000		
	\square_4	Between \$20,001 - \$25,000		
	\square_5	Between \$25,001 - \$30,000		
	\square_6	Between \$30,001 - \$35,000		
	\square_7	Between \$35,001 - \$40,000		
	□8	More than \$40,000		
10. Have you ever received any of the following? Check all that apply.				
		SNAP Benefits (formerly Food Stamps)		
		TANF or cash assistance		
	\square_1	Medicaid		
	\square_1	Welfare		
		Not sure/don't know		

THANK YOU.

Decline Form 3