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| BREAST MILK STUDY INTERVIEW |
| ***Thank you for agreeing to participate in our study. I am going to begin by asking you for information on how to contact you. Your name and address information will not be included on any data files used for analysis and we will not use your name or address when you are publishing the results of the study.*****[IF PARTICIPANT IS ENROLLED IN THE NCS VANGUARD STUDY, SKIP THIS SECTION]****What is your full name?****Participant Name (First, MI, Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **What is your current address and phone number?****Street Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip code:\_\_\_\_\_\_\_\_\_\_** **Do you have an e-mail address?****E-mail #1:** **E-mail #2:** **What is the best way to contact you?**  | **Home Phone Number: [ ] [ ] [ ] -[ ] [ ] [ ] -[ ] [ ] [ ] [ ]** **Cell Phone Number: [ ] [ ] [ ] -[ ] [ ] [ ] -[ ] [ ] [ ] [ ]** **Other Phone Number: [ ] [ ] [ ] -[ ] [ ] [ ] -[ ] [ ] [ ] [ ]**  |
| ***In case we have difficulty reaching you, we are asking you to give us the name of an individual who would be able to help us find you if we are unable to reach you. This person will only be asked if they have current contact information for you or to relay a message to have you call us. It is best if you can tell us a friend or relative who would be likely to know how to reach you if you move.*****[IF PARTICIPANT IS ENROLLED IN THE NCS VANGUARD STUDY, SKIP THIS SECTION]****Name of an individual who will know how to contact you:**  **(First, MI, Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Street Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip code:\_\_\_\_\_\_\_\_\_\_** **E-mail #1:** **E-mail #2:**  | **Home Phone Number: [ ] [ ] [ ] -[ ] [ ] [ ] -[ ] [ ] [ ] [ ]** **Cell Phone Number: [ ] [ ] [ ] -[ ] [ ] [ ] -[ ] [ ] [ ] [ ]** **Other Phone Number: [ ] [ ] [ ] -[ ] [ ] [ ] -[ ] [ ] [ ] [ ]**  |

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| **Infant Name (First, MI, Last):: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Other Infant Names (if multiple birth): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Infant Birth Date: [ ] [ ] -[ ] [ ] -[ ] [ ] [ ] [ ]  Infant Birth Weight: [ ] [ ] lbs [ ] [ ]  oz****Other Infant Birth Weight (if multiple birth): [ ] [ ] lbs [ ] [ ]  oz** |

Comments:

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| ***First I would like to ask you about how the breast milk sample was collected.*****1. SAMPLE COLLECTION:** |
| **a.** | **What was the date of the collection? [ ] [ ] -[ ] [ ] -[ ] [ ] [ ] [ ]**  |
| **b.**  | **What time of day did you collect the sample? [ ] [ ] :[ ] [ ]  AM/PM** |
| **c.**  | **Infant Age: [ ] [ ] [ ] days (Calculate the infant age and fill in)** |
| **d.**  | **How was the sample collected, with hand expression or a breast pump?** |
|  |  **[ ]  Hand Expression** |
|  |  **[ ]  Manual Pump,** *If yes, list brand name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
|  |  **[ ]  Electric Pump,** *If yes, list brand name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| **e.**  | **What time did you last feed your baby before collecting the sample? [ ] [ ] :[ ] [ ]  AM/PM**  |
| **f.**  | **Sample Volume: [ ] [ ] [ ]  cc (Fill in the volume of the sample collected.)** |

**g. How was the sample collected?**

 **1. From both breasts**

 **2. From one breast while nursing with the other breast**

 **3. From one breast not while nursing with the other breast**

**h. How long was the sample kept at room temperature? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**h. How long was the sample refrigerated before pick up? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Comments:**

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| ***We are now going to ask you some questions about your baby’s breast feeding pattern.*** **2. INFANT FEEDING:** |
|  |
| 2-1. Are you still breastfeeding your baby?1. Yes
2. No

2-2. What is the average number of breast feedings per day?   [ ] [ ] feedings per day2-3. On average, how often does your baby nurse? every [ ] [ ]  hours2-4. How long do you plan on breastfeeding your infant? \_\_\_\_\_\_\_\_\_\_\_\_ (months) |
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| ***We are now going to ask you about the foods you have eaten in the last 24 hours.*****3. MOTHER DIET:** |
| **Please describe what you have eaten for the following meals and snacks over the last 24 hours:** |
| **3-1.** | **Breakfast: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **3-2.**  | **Lunch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **3-3.**  | **Dinner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **3-4.**  | **Snacks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **3-5.**  | **Tap Water: Amount** \_\_\_\_\_\_\_\_ glasses |
|  **3-6.** | **Bottled Water:**  **Amount** [ ] [ ] **oz**  **Brand Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| ***The next set of questions ask about the use of different chemicals that may have been used in your home.*** **4. HOUSEHOLD USE OF PESTICIDES:** |
| **Does your household use the following?**  |
| **4-1.** |  **Herbicides such as weed killers**  | **[ ] YES [ ] NO** (If no, go to 5-1) |
|  | **4-2. What was the name of the weed killer used? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **4-3. Who was it done/used by?** |
|  |  **[ ]  Commercial Contractor** *If so, list name/company:* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **[ ]  Household Member**  |
|  | **4-4. Where was the weed killer used? (i.e. inside/outside home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **4-5. How often was it used? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **4-6. When was the last time the weed killer was used?**  **Date: [ ] [ ] -[ ] [ ] -[ ] [ ] [ ] [ ]**  **Where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **4-8. For the most recent application, how was the weed killer used? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **4-9. For the most recent use, did you stay in the place it was applied? [ ] YES [ ] NO**  |
|  |  ***If yes, check all that apply and indicate time period:***  |
|  |  **[ ] During the application**  | **[ ] [ ] Hours [ ] [ ] Minutes** |
|  |  **[ ] Immediately after the application** | **[ ] [ ] Hours [ ] [ ] Minutes** |
|  |  **[ ] A day after the application**  | **[ ] [ ] Hours [ ] [ ] Minutes** |
|  |  **[ ] Two days after the application**  | **[ ] [ ] Hours [ ] [ ] Minutes** |
|  |  **[ ] More than two days after the application** | **[ ] [ ] Hours [ ] [ ] Minutes** |
|  | **4-10. For the most recent application, how**  **much time did you stay/play in the**  **place/room the weed killer was applied?**  | **[ ] [ ] Hours [ ] [ ] Minutes** |
| **5-1.** | **Insecticides or pesticides used to kill insects and rodents, including chemicals used to control fleas and ticks on household pets** | **[ ] YES [ ] NO** (If no, go to 6-1) |
|  | **5-2. What was the name of the chemical used? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **5-3. Who was it done/used by?** |
|  |  **[ ] Commercial Contractor** *If so, list name/company:* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **[ ]  Household Member**  |
|  | **5-4. Where was the chemical used? (i.e. inside/outside home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **5-5. How often was it used? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **5-6. When was the last time the chemical was used?**  **Date: [ ] [ ] -[ ] [ ] -[ ] [ ] [ ] [ ]**  **Where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **5-7. For the most recent application, how was the chemical used? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **5-8. For the most recent application, did you stay in the place it was applied? [ ] YES [ ] NO**  |
|  |  ***If yes, check all that apply and indicate time period:***  |
|  |  **[ ] During the application**  | **[ ] [ ] Hours [ ] [ ] Minutes** |
|  |  **[ ] Immediately after the application** | **[ ] [ ] Hours [ ] [ ] Minutes** |
|  |  **[ ] A day after the application**  | **[ ] [ ] Hours [ ] [ ] Minutes** |
|  |  **[ ] Two days after the application**  | **[ ] [ ] Hours [ ] [ ] Minutes** |
|  |  **[ ] More than two days after the application** | **[ ] [ ] Hours [ ] [ ] Minutes** |
|  **5-9. For the most recent application, how much**  **time did you stay/play in the**  **place/room the chemical was applied?**  |  **[ ] [ ] Hours [ ] [ ] Minutes** |
| **6-1.** | **Fungicides (to kill fungal growth and mold)** | **[ ] YES [ ] NO** (If no, go to 7-1) |
|  | **6-2. What was the name of the fungicide used? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **6-3. Who was it done/used by?** |
|  |  **[ ] Commercial Contractor** *If so, list name/company:* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **[ ]  Household Member**  |
|  | **6-4. Where was the fungicide used? (i.e. inside/outside home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **6-5. How often was it used? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **6-6. When was the last time the fungicide was used?**  **Date: [ ] [ ] -[ ] [ ] -[ ] [ ] [ ] [ ]**  **Where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **6-7. For the most recent application, how was the fungicide used? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **6-8. For the most recent application, did you stay in the place it was applied? [ ] YES [ ] NO**  |
|  |  **[ ] During the application**  | **[ ] [ ] Hours [ ] [ ] Minutes** |
|  |  **[ ] Immediately after the application** | **[ ] [ ] Hours [ ] [ ] Minutes** |
|  |  **[ ] A day after the application**  | **[ ] [ ] Hours [ ] [ ] Minutes** |
|  |  **[ ] Two days after the application**  | **[ ] [ ] Hours [ ] [ ] Minutes** |
|  |  **[ ] More than two days after the application** | **[ ] [ ] Hours [ ] [ ] Minutes** |
|  | **6-9. For the most recent application, how much time**  **did you stay/play in the place/room the**  **fungicide was applied?**  | **[ ] [ ] Hours [ ] [ ] Minutes** |
|  **6-10** **6-11**  | **Did anyone use any pesticides, herbicides, or fungicides inside or around the household in the past 7 days? (including use of medicated lotions or shampoos to control head lice or body lice?****Have you used insect repellent in the past 7 days?** | **[ ]  YES [ ]  NO [ ]  DON’T KNOW***If yes, specify:***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[ ]  YES [ ]  NO [ ]  DON’T KNOW*If yes, specify brand and type (spray, lotion): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| **7. HOUSEHOLD LOCATION:** |
| **7-1.** | **Is your house located within a quarter mile of any major freeway, streets with heavy traffic, or industrial or incineration plants that produce lots of smoke or a strange smell?** | **[ ]  YES [ ]  NO***If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| **7-2.**  | **Do you live on a farm?** | **[ ]  YES [ ]  NO***If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| **7-3.** | **Do you have contact with livestock, such as farm animals?** | **[ ]  YES [ ]  NO***If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| **7-4. Do you have contact with plants? [ ]  YES [ ]  NO** **If yes, please specify:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****8. MOTHER EMPLOYMENT INFORMATION:** |
| **8-1.** | **Are you currently employed?** | **[ ]  YES [ ]  NO***If no, go to Question 9* |
| **8-2.**  | **Who do you work for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **8-3.**  | **What does the person/company do? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **8-4.**  | **What kind of work do you do? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **8-5.**  | **What does the person/company do? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **9. FATHER EMPLOYMENT INFORMATION:** |
| **9-1.** | **Is the father of the baby employed?** | **[ ]  YES [ ]  NO***If no, go to Question 10* |
| **9-2.**  | **Who does he work for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **9-3.**  | **What does the person/company do? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **9-4.**  | **What kind of work does he (the father) do? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  **9-5. How often does the baby’s father see the baby?**1. **Every day, he lives in the household**
2. **At least once a week**
3. **More than once a week**
4. **Never**

**10. OTHER HOUSEHOLD MEMBER EMPLOYMENT INFORMATION:** |
| **10-1.** | **Is anyone else living in the household currently employed?** | **[ ]  YES [ ]  NO***If no, go to Question 11* |
| **10-2.**  | **If yes, who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **10-3.**  | **Who does he/she work for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **10-4.**  | **What does the person/company do? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **10-5.**  | **What kind of work does he/she do? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **11. WATER INFORMATION:** |
| **11-1.** | **What are the sources of drinking water for your home? (check all that apply)** |
|  | **[ ]  City/County** |
|  | **[ ]  Well** |
|  | **[ ]  Bottled** |
|  | **[ ]  Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **11-2.**  | **Do you filter your drinking water?** |
|  | **[ ]  YES** |
|  | **[ ]  NO** *(go to 10e)* |
|  | **[ ]  DON’T KNOW** *(go to 10e)* |
| **11-3.**  | **Do you filter just the drinking water or the entire water supply (that is, for the entire house)** |
|  | **[ ]  Just Drinking Water** |
|  | **[ ]  Entire Water Supply** |
| **11-4.**  | **What kind of filter do you use?** |
|  | **[ ]  Particle Filter Only** |
|  | **[ ]  Particle Filter Plus Activated Charcoal** |
|  | **[ ]  Don’t Know**  |
| **11-5.**  | **What are the sources of cooking water for your home? (check all that apply)** |
|  | **[ ]  City/County** |
|  | **[ ]  Well** |
|  | **[ ]  Bottled** |
|  | **[ ]  Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **CONCLUDING STATEMENT:** |
| ***Thank you very much for your time. That ends our interview for today. We really appreciate your willingness to answer our questions and to participate in the important study. You’ve been very helpful. (We will be in touch with you to set up an additional interview in one month.*** |
| **GENERAL COMMENTS:****Overall assessment of the quality of the interview**1. **Excellent, mother seemed knowledgeable and engaged in the interview**
2. **Good, mother seemed to understand most questions and was engaged in the interview**
3. **Fair, mother seemed to lack knowledge but was engaged in the interview**
4. **Fair, mother had knowledge but was not engaged in the interview**
5. **Poor, mother did not know responses and was not engaged in the interview**

**Please comment on any parts the mother had difficulty answering.** |
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