OMB Number: 0925-0643 Expiration Date: 10/31/2014

Back To Sleep Focus Groups: Screener for Caregivers

We are conducting focus groups with parents and caregivers of infants to talk about some health issues. We are not selling or promoting any product or service. For your participation in this study you will receive \$40. The focus groups will last about 2 hours. The discussion will be observed and recorded; however, no one will know your name or contact information.

To see if you qualify to participate in the focus group we need to ask you a few questions. These questions will take less than 15 minutes to answer.

Please use the following language for termination of screening:

"Thank you very much for your time today. We are looking to recruit a wide variety of parents and caregivers from across the country to help with this study, and we have already completed enough surveys from people with similar backgrounds. Again, thank you for your interest. If you have any questions about the research, please contact Elyse Levine at 202-884-8913."

1.	Are you a mother, father, grandparent or main caregiver of an infant who is between birth an year of age? () Mother	inue inue inue nue
R	ecruit 5 mothers, 2 fathers, and 2 grandparents/caregivers of either gender for each grou	
2.	In the past 6 months have you participated in a market research study, focus group or intervinot including online surveys, where you were paid for your time and/or for providing your opinions? () Yes	nate
3.	Have you or anyone in your home studied, worked in or retired from any of the following industries? (Read and record response) () Marketing or public relations	nate nate nate nate

^{*} Public reporting burden for this collection of information is estimated to average 15 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: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0643). Do not return the completed form to this address.

4.	 Which of the following categories best describes your ethnic background? () Hispanic or Latino () Non-Hispanic or Non-Latino () Intentionally withheld 	
5.	Which of the following racial categories best describes your racial background? () African American/Black	Continue Continue Continue
	Refer to the table for recruitment.	
6.	[If Hispanic][Do not read: Were the screener questions conducted in English or Spanish?]	Canno 1
	() English	
7.	Do you speak mostly Spanish or English at home? () Mostly Spanish	Score 0
	() Both about the same	
	() Mostly English	.Score 2
8.	How would you describe your identification as Hispanic/Latino (a)?	
	() Not at all strong	
	() Not very strong	
	() Moderately strong	
	() Strong	
	Please calculate the score from questions 5 through 7, minus 1, and record total	
		•
	Thank and terminate Hispanics with a score over 3.	
9.	Which of the following categories best describes your level of education?	
	() Did not graduate high school	
	() Completed high school	
	() Completed college	
	() Graduate degree (master's or higher)	
	Recruit a mix.	
10.	0 0 1, 3	spanish].
	Are you comfortable doing this activity? () YesContinue to 1	nvitation
	() No/Don't know	

INVITATION

For your participation in this study you will receive \$40.

What is the best number to reach you?

Thank you for answering our questions. We would like to invite you to participate in a group discussion to hear your thoughts on Sudden Infant Death Syndrome (SIDS).

11.	e you willing to participate?) Yes	nterview time and terminate				
FOR SCHEDULED INTERVIEWS						
We will send you a confirmation letter, consent form, and information about the group discussion. What is your mailing address so we can send you the materials?						
Name_						
	Zip					
Day Nu	er Night Number					
Email a	ess					

Thank you for your time. We will contact you again to remind you of your interview date and time.