# *Eunice Kennedy Shriver* National Institute of Child Health and Human Development

# *Safe to Sleep* Telephone Focus Groups

# Participant Recruitment Screener

# --Focus Group with Breastfeeding Women--

We are conducting a telephone focus group with breastfeeding women to talk about infant health issues. We are not selling or promoting any product or service. Everyone who participates in the focus group will receive an incentive of $20. The focus group will last 60 minutes. The discussion will be audio-recorded and confidential to the extent allowed by law. First names only will be used during the discussion. In the final summary report, your individual name will never be connected to a comment you make during the discussion. To see if you qualify to participate in the focus group discussion, we need to ask you a few questions. These questions will take less than five minutes.

*RECRUIT 11 TOTAL PARTICIPANTS FOR 1 FOCUS GROUP (7-9 PARTICIPANTS WILL BE VIRTUALLY SEATED; ALL PARTICIPANTS WHO SHOW, EVEN THOSE WHO ARE EXCUSED, WILL RECEIVE THE INCENTIVE).*

**Confirm that the individual speaks English clearly.** \_\_\_\_\_

**1. Are you currently breastfeeding?**

( ) Yes

( ) No *THANK AND TERMINATE*

**2. Do you have any other children?**

( ) Yes *PROCEED TO QUESTION 2a*

( ) No *PROCEED TO QUESTION 3*

**2a. Did you breastfeed your last child?**

( ) Yes

* If yes, did you exclusively breastfeed or did you combine formula with breastfeeding for your last child? \_\_\_\_[*ENTER RESPONSE*]\_\_\_\_\_\_\_\_\_\_\_\_
* For how long did you breastfeed your last child? \_\_\_\_\_ months or \_\_\_\_\_ weeks

( ) No

**3. For how long do you plan on breastfeeding this baby?** \_\_\_\_\_ months or \_\_\_\_\_ weeks

*RECRUIT A MIX OF FIRST-TIME MOTHERS WHO ARE BREASTFEEDING AND MOTHERS WHO HAVE BREASTFED BEFORE.*

**4. What is your age?** \_\_\_\_\_ years

**5. What is your city and state? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*RECRUIT A MIX OF GEOGRAPHIC LOCATIONS.*

**6**. Which of the following categories best describes your ethnic background?

(     ) Not Hispanic or Latino

(     ) Hispanic or Latino

(     ) Intentionally withheld

1. Which of the following categories best describes your racial background?

(     ) White............................................................................................................ Continue

(     ) Black or African American.......................................................................... Continue

(    ) American Indian or Alaskan Native............................................................. Continue

(     ) Asian……………………………................................................................. Continue

(     ) Native Hawaiian or Other Pacific Islander …………………………………Continue

(    ) Intentionally withheld                                                                                    Continue

*INCLUDE ABOUT 2-3 WHITE/CAUCASIAN, 2 AFRICAN AMERICAN/BLACK, 1-2 AMERICAN INDIAN/ALASKA NATIVE PARTICIPANTS IN THE FOCUS GROUP.*

**8. What is the highest level of education that you have completed?**

\_\_\_\_\_ Less than high school

\_\_\_\_\_ Completed high school

\_\_\_\_\_ Some college/university

\_\_\_\_\_ Some technical school

\_\_\_\_\_ Completed college/university/technical school

\_\_\_\_\_ Any degree after college

*INCLUDE A MIX OF EDUCATION LEVELS.*

**[Use the following language when terminating a call:**“Thank you very much for your time today. We are looking to recruit a wide variety of breastfeeding women from across the United States to help with this study. Unfortunately, we have filled participant slots with your specific characteristics. Again, thank you for your interest.”]

**INVITATION**

Thank you for answering our questions. We would like to invite you to participate in a 1-hour telephone focus group discussion with other breastfeeding women to hear your thoughts on breastfeeding and safe infant sleep. If you agree to participate you will receive an incentive of $20 as a token of appreciation for your time.

1. Are you willing to participate?

( ) Yes *SCHEDULE*

( ) No *THANK AND TERMINATE*

**FOR SCHEDULED PARTICIPANTS:**

We will send you a confirmation letter, consent form, and information about the telephone focus group discussion. What is your contact information so we can send you the materials?

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Night Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the best telephone number to reach you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We will contact you again, the day before the telephone focus group discussion, as a reminder.