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

Eunice Kennedy Shriver National Institute of Child Health and Human Development

Safe to Sleep Telephone Focus Groups Participant Recruitment Screener

-- Focus Group with Pregnant Women--

We are conducting a telephone focus group with pregnant 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 permitted 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 pregnant?
() Yes () No <i>THANK AND TERMINATE</i>
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 THANK AND TERMINATE CALL
3. Are you planning on breastfeeding the baby with whom you are currently pregnant?
() Yes
 If yes, are you planning to exclusively breastfeed or do you plan on combining
formula with breastfeeding with this baby?
 For how long do you plan on breastfeeding this baby? months or weeks

^{*} Public reporting burden for this collection of information is estimated to average 5 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.

	() No THANK AND TERMINATE CALL				
4.	What is your age? years				
5.	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				
7.	7. Which of the following categories best describes your racial background? () White				
	INCLUDE ABOUT 2-3 WHITE, 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 pregnant 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 pregnant 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 parti	cipate?	
	() Yes SCHEDULE	*	
	() No THANK AND		
FOR	R SCHEDULED PARTIC	CIPANTS:	
	-	on letter, consent form, and inform r contact information so we can s	mation about the telephone focus send you the materials?
Name	e		
Addre	ress		
City/S	'State/Zip		
		Night Number	
		uber to reach you?	

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