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.

	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
		Other - Specify
	_	
2.	Do yo	ou speak any languages other than English? Mark one answer.
		YES Go to QUESTION 3.
		NO SKIP to QUESTION 4 on Page 2.
•	VA/I 4	Maril 1997 1997 1997 1997 1997 1997 1997 199
		other language(s) do you speak? Mark YES or NO for each.
		10
		☐ ₂ Spanish
		☐ Chinese (Mandarin, Cantonese, or other Chinese dialect)
		☐ ₂ Tagalog
		☐ ₂ French
	— 1 ,	
		☐ ₂ Vietnamese
		☐ ₂ Vietnamese ☐ ₂ Other - Specify

Decline Form 1

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4. What is the highest grade or level of school you completed? Mark one answer.				
	Some high school			
	High school diploma or GED			
	Some college			
	2-year college degree (e.g., Associate's degree)			
	4-year college degree (e.g., Bachelor's degree)			
	More than 4-year college degree (e.g., some graduate school, Master's degree)			
5. What is your ethnicity? Mark one answer.				
	Hispanic or Latino			
	Not Hispanic or Latino			
6. What is your race? Check one or more.				
	American Indian or Alaska native			
	Asian			
	Black or African American			
	Native Hawaiian or other Pacific Islander			
	White			
7. W	/here were you born? Mark one answer.			
	In the United States (one of the 50 states or the District of Columbia)			
	Islands, Mariana Islands or Solomon Islands)			
U	In another country			
8. H	ow old are you? Mark one answer.			
	18 to 25 years			
	26 to 30 years			
	31 to 35 years			
	36 to 40 years			
	41 years or older			

Decline Form 2

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

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		
		Medicaid		
	\square_1	Welfare		
		Not sure/don't know		

THANK YOU.

Decline Form 3