



Approved February 10, 2011

Protocol Title: Improving Dietary Assessment in Pregnant Women and Children in the National Children’s Study

Application No.: NA00043877

Principal Investigator: Dr. Frank Witter

Date: February 10, 2011

**Screening Script**

*Improving Dietary Assessment in Pregnant Women and Children in the National Children’s Study*

**Hello, my name is \_\_\_\_\_ from the Dietary Assessment Study. Thank you for calling us to hear more about the study. This research study is being done to determine the best way to collect information about the diets of African American infants and children.**

**May I ask you some questions to see if you qualify for the research study?**

- *If person says “No,” thank the person for his/her time and politely end contact.*
- *If person says “Yes,” inform them about use of their private health information (PHI) that will be collected. Use the following language:*

**We will be collecting information about you. Your taking part in this is completely voluntary.**

**Your information will only be seen by researchers at Johns Hopkins. We try to make sure that the information we collect from you is kept private and used only for the research study we are discussing. If you do not agree to continue talking to me, it will not affect your care at Johns Hopkins.**

**If you choose not to enroll in the study or do not qualify for the study your personal health information will be kept in a recruitment database. Can we keep your information in a recruitment database? Yes  No**

**You can at anytime request that your name and information be removed from the database.**

Infants	Children
<b>Is your infant 11-13 months old?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Is your child 24 months – 4.9 years of age?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Does the infant live with you?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Does your child live with you?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Is your infant free of birth defects and any major chronic health conditions that would interfere with feeding?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Is your infant free of birth defects and any major chronic health conditions that would interfere with feeding?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Is your infant African American?</b> AA <input type="checkbox"/> Other than AA <input type="checkbox"/>	<b>Is your infant African American?</b> AA <input type="checkbox"/> Other than AA <input type="checkbox"/>



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<b>Do You have internet access?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Do you have internet access?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Meets Eligibility Requirements.</b> Yes <input type="checkbox"/> NO <input type="checkbox"/> (if not thank her for her time)	<b>Meets Eligibility Requirements.</b> Yes <input type="checkbox"/> NO <input type="checkbox"/> (if no thank her for her time)

**If Eligible:**

You will be asked to complete 24 hour self administered 24 hour Dietary Recalls (ASA24) on the computer, and food records, three times over a one month period for your child. You will also be asked to complete an Acceptability Questionnaire and an Infant/Child Feeding Questionnaire.

**Risk:**

If you agree to participate in this study there is a risk that confidential information collected from you could be compromised during collection, storage, or transmission of the data. To protect against this, study staff will refer to you by your study i.d. number, store any hard copies of your information in a folder in a locked file cabinet, and use Federal Information Security Management measures for all data stored in electronic form. All laptops or desktops that will be used for the study will also use Federal Information Security Management measures.

**Cost:**

There is no cost to you for participating in this study.

**Benefit:**

You will not receive any direct benefit from participating in this study.

You will receive \$100 incentive for completing this study.

**Do you have any questions? Yes  No**

Question: \_\_\_\_\_

**Do you think you would like to take part in this research? Yes  No**

*Provide the person with a contact name and number for any further questions about the study.*

**Schedule Enrollment Appointment:**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**Address:** \_\_\_\_\_



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**Phone:** \_\_\_\_\_