

## Screening Telephone Call to Identify the Appropriate Survey Contact Person at Eligible Facilities

Public reporting burden of this collection of information is estimated to vary between 1 and 5 minutes with an average of 5 minutes per response, 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 CDC Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0743). Do not send the completed form to this address.

*A screening call will be made to all maternity facilities in the United States reporting in the most recent American Hospital Association Annual Survey, that they had at least one registered maternity bed or appearing in the most recent listing of free-standing birth centers from the American Association of Birth Centers. Calls will (1) confirm that the hospital/birth center is eligible for inclusion in the study, (2) determine whether or not the hospital/birth center has satellite locations that had registered maternity beds, and (3) obtain the name and address of the individual who is most knowledgeable about infant feeding practices at the hospital/birth center and/or satellite clinic. The call will be administered as computer-assisted telephone interview. As a result, data entry will be performed as part of the interview process and the skip-logic will be electronic.*

### Part A (1 minute):

1. Can you please connect me to the mother/baby manager?
2. Hello. My name is (INTERVIEWER NAME). I am calling on behalf of the Centers for Disease Control and Prevention. CDC is conducting the national survey of Maternity Practices in Infant Nutrition and Care, known as the mPINC Survey. The survey is being sent to all hospitals and freestanding birth centers in the U.S. and Territories that routinely provide maternity care.
3. Did your hospital have any registered maternity (Ob/Gyn) beds as of (December 31, 2012/December 31, 2014)?
  - Yes *If YES, continue with part B*
  - No *If NO, "I'm sorry, but our study is focusing on maternity care." and go to part B question 1 to collect satellite locations that provide maternity care, if applicable. Then conclude the interview by saying: "Thank you very much for your time."*

Part B (4 minutes):

1. Does the facility have {ifQ2=No: other/if Q2=yes:multiple} locations that provide maternity care?
  - Yes *If YES, continue with question 2*
  - No *If NO, continue with question 4*
  
2. How many locations provide maternity care?
  - one
  - two
  - three
  - four
  
3. Could you please provide a contact and telephone number for each of the locations?
  - Location 1: Telephone number                      Contact
  - Location 2: Telephone number                      Contact
  - Location 3: Telephone number                      Contact
  - Location 4: Telephone number                      Contact
  
4. We will be mailing a survey to your facility [IF THE FACILITY HAS MULTIPLE LOCATIONS, SPECIFY THIS LOCATION] and I am hoping you can help me identify the best person to complete the survey. It includes questions about infant nutrition, such as breastfeeding, use of formula by healthy newborns, and feeding routines, and is best completed by the person most knowledgeable about these types of activities at your hospital. This may be yourself, or another person at the hospital. Could you please tell me the name and title of the best person to complete the mPINC survey for your facility?  
*Please record the name and title of that person identified.*
  
5. To make completing the survey as easy as possible, we will be sending an email directly to [PERSON IDENTIFIED IN QUESTION 4] with a link to the survey, which can then be completed securely online. Could you please provide the best email address for [PERSON IDENTIFIED IN QUESTION 4]  
*If the person says they don't know or don't have the email address for the survey point person ask:*
  
6. Do you have access to a directory of email addresses for the staff at your facility?
  - Yes *If YES, Could you please look up the email address for [PERSON IDENTIFIED IN QUESTION 4] in this directory for me now? Please record the email address of that person identified.*
  - No *If NO, leave blank and go to the next question*
  
7. In case we are unable to reach [PERSON IDENTIFIED IN QUESTION 4] by email, could you please also provide the Federal Express address and telephone number for [PERSON IDENTIFIED IN QUESTION 4] as a backup? *Be sure that the address includes the name of the facility. Please record the FedEx address and phone provided.*

8. I have just one more question about mailing addresses. Is the regular mailing address for Dr./Mr./Ms. [PERSON IDENTIFIED IN QUESTION 4] the same as his/her Federal Express address? If not, what is his/her mailing address? *Please record the address provided.*  
*Conclude the interview by saying: "That is all the information I need at the moment. Thank you very much for your time and assistance. You have been very helpful. Good-bye."*

*Repeat screener with all satellite locations identified in question 3.*