

mPINC 2013 and 2015 Survey DRAFT Reminder Telephone Call Script

1. Hello may I please speak with {CONTACT PERSON NAME}?

- YES → go to 3 if you get the R live – if not, go to voice mail script
- NO/NOT AVAILABLE → continue with 2

[IF YOU SPEAK TO A RECEPTIONIST]

2. Hello. My name is {INTERVIEWER NAME}. I am calling on behalf of the Centers for Disease Control and Prevention. We sent {CONTACT PERSON NAME} a survey two weeks ago and are following up because we have not received {CONTACT PERSON NAME}'s completed CDC National Survey of Maternity Practices in Infant Nutrition and Care (mPINC). The survey was sent to all hospitals and freestanding birth centers in the U.S. and Territories that routinely provide maternity care.

Do you know whether {RESPONDENT NAME} received our survey?

- YES, RECEIVED SURVEY → Do you know if {CONTACT PERSON NAME} has had a chance to fill out the survey?
 - YES or NO → Could you please remind {CONTACT PERSON NAME} about the survey and ask him/her to send it back to us? In order to have an accurate understanding of infant feeding practices at maternity care facilities in all States and Territories, it is important that every facility that provides maternity care completes and returns the survey → go to 7
- NO, DIDN'T RECEIVE SURVEY → go to 4
- DON'T KNOW → Could you please remind {CONTACT PERSON NAME} about the survey and ask {CONTACT PERSON NAME} to send it back to us? In order to have an accurate understanding of infant feeding practices at maternity care facilities in all States and Territories, it is important that every facility that provides maternity care completes and returns the survey. → go to 7

[IF YOU SPEAK TO A CONTACT PERSON]

3. Hello. My name is {INTERVIEWER NAME}. I am calling on behalf of the Centers for Disease Control and Prevention. We sent you a survey two weeks ago and are following up with you because we have not received your completed CDC National Survey of Maternity Practices in Infant Nutrition and Care (mPINC). The survey was sent to all hospitals and freestanding birth centers in the U.S. and Territories that routinely provide maternity care.

Public reporting burden of this collection of information is estimated to average 1 to 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.

Did you receive our survey?

- YES, RECEIVED SURVEY → go to 3a
- NO, DIDN'T RECEIVE SURVEY → go to 4
- LOST THE SURVEY → go to 4

3a. Have you had a chance to fill out the survey?

- YES, FILLED OUT SURVEY → Thank you very much for taking the time to complete the survey. In order to have an accurate understanding of infant feeding practices at maternity care facilities in all States and Territories, it is important that every facility that provides maternity care completes and returns the survey. Please return your completed survey to us soon. → go to 7
- NO, HAS NOT YET COMPLETED THE SURVEY → In order to have an accurate understanding of infant feeding practices at maternity care facilities in all States and Territories, it is important that every facility that provides maternity care completes and returns the survey. Please fill out your survey and return it to us as soon as possible. → go to 7

[IF CONTACT PERSON DID NOT RECEIVE THE SURVEY OR LOST THE SURVEY]

4. We'd be happy to send out another survey for {CONTACT PERSON NAME}/{you} to complete. Let me make sure that I have your FedEx address recorded correctly. CONFIRM FED EX ADDRESS AND CONTACT PERSON NAME AND UPDATE ACCORDINGLY MAKE SURE THIS IS NOT A PO BOX

CONTACT person First Name _____

CONTACT person Last Name _____

Facility Name _____

Department (IF APPLICABLE) _____

Address _____

City _____

State _____

Zip _____

Telephone Number _____

4a. 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 CONTACT person ask: Do you have access to a directory of email addresses for the staff at your hospital? [IF YES] Could you please look up the email address for [PERSON IDENTIFIED IN QUESTION 4] in this directory for me now? If they say no, then leave the email address blank and go to the next question.

Email address: _____

5. 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?

- YES → go to 7
 NO → go to 6

6. What is the **mailing** address?

Facility Name _____

Department (IF APPLICABLE) _____

Mailing/Street Address _____

City, State, Zip _____

Telephone Number _____

[FOR ALL]

7. Thank you {for your assistance}. Good bye → CODE REMINDER COMPLETE

PROGRAMMERS NOTE: "for your assistance" should be read only if speaking to a receptionist

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ONLY AFTER 3 UNSUCCESSFULL ATTEMPTS TO REACH A LIVE PERSON (PREFERABLY THE CONTACT PERSON) MAY YOU LEAVE A VOICE MAIL MESSAGE ON THE CONTACT PERSONS VOICE MAIL AND CODE THE REMINDER CALL COMPLETE

[IF YOU REACH THE VOICE MAIL OF THE CONTACT PERSON]

Hello. My name is {INTERVIEWER NAME}. I am calling on behalf of the Centers for Disease Control and Prevention. We sent you a survey two weeks ago and are following up with you because we have not received your completed CDC National Survey of Maternity Practices in Infant Nutrition and Care (mPINC). The survey was sent to all hospitals and freestanding birth centers in the U.S. and Territories that routinely provide maternity care. Please complete and

return the survey if you have not done so already. If you need another copy of the survey or have any questions, please call Battelle Survey Operations toll free at 1-866-826-4176 and refer to CaseID [XXXXXX] . Thank You.

➔ CODE REMINDER CALL COMPLETE