Form Approved OMB Number: 0920-0729

Expiration Date: 09/30/2020

Assurance of Confidentiality – We take your privacy very seriously. All information that relates to or describes identifiable characteristics of individuals or an establishment will be used only for statistical purposes. NCHS staff, contractors, and agents will not disclose or release responses in identifiable form without the consent of the individual or establishment in accordance with Section 308(d) of the Public Health Service Act (42 U.S.C. 242m(d)), and the Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA; Title 5 of Public-Law 107-347). In accordance with CIPSEA, every NCHS employee, contractor, and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to \$250,000, or both if he or she willfully discloses ANY identifiable information about you.

CDC estimates the average public reporting burden for this collection of information as 30 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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/ATSDR Reports Clearance Officer; 1600 Clifton Road, MS D-74, Atlanta, GA 30333. ATTN: PRA (0920-0729).

Online Follow-Up Survey

This is a web survey that you will complete online. As you answer the survey, please note the following:

- **Do not use your browser's "back" button** during the survey. Instead, use the "Back" button at the bottom of each screen.
- Please answer all questions to the best of your ability.
- Unless you see the words "select all that apply" after a question, please select only one answer for each question.
- You may complete parts of the survey and save it by clicking "Save & Continue" at the end of each page.
- After saving, you can exit by closing the browser.
- You can also log in again using the same link and password to continue the survey at a later time.

Thank you for your continued contributions to the study "Assessing the Effectiveness of an eLearning Course to Improve Birth Data Quality."

Now that you have completed the online eLearning course, "Applying Best Practices for Reporting Medical and Health Information on Birth Certificates," we invite you to take the Online Follow-Up Survey. Your feedback on the Online Follow-Up Survey will help improve the eLearning course you recently completed, which will help improve the quality of medical and health data collected on birth certificates. Please answer as openly and honestly as possible, your feedback will only be used to improve the eLearning course.

Your continued contribution is helpful to the success of the study. Cooperation in this final survey is greatly appreciated; however, your participation is voluntary. You may choose not to answer any question for any reason, and you may stop the survey at any time. Choosing not to participate will not affect any benefits you may receive.

By Federal law, the answers you give are confidential and we will take all possible steps to protect your privacy (details provided above). Only summarized results from the surveys will be provided to Massachusetts DPH/VR. That is, results from the nine participating hospitals will be combined so that individual respondents and hospitals cannot be identified and no record-level data will be shared. Individual hospitals will not be identified in any published reports on the study findings and information on your hospital will not be provided to you.

You may have questions about your rights as a participant in this research study. If so, please call the office of the Research Ethics Review Board at NCHS, toll-free, at 1-800-223-8118. Please leave a brief message with your name and phone number. Say that you are calling about Study Number XXX. Your call will be returned as soon as possible.

If you have any questions about the study, please contact NCHS by emailing <u>births@cdc.gov</u>. For issues with your login or with the functionality of the survey, please contact the 2M research team by calling the toll-free survey helpline at 1-844-250-1911, or by emailing, <u>elearning@2mresearch.com</u>.

We encourage you to complete the survey as soon as possible. The survey is designed to be completed within 30 minutes. Remember you may save at any point and return at a later time on any computer.

1.	and Health	ompleted the eLea Information on Bir S [CONTINUE TO Q	rth Certificates?	led "Applying Best I "	Practices for Rep	orting Medical	
	☐ No	•	-	E THE COURSE BEFO	ORE COMPLETIN	G THE FOLLOW-	
		sure [RECEIVE MES LLOW-UP SURVEY]		PLETE THE COURSE	BEFORE COMPLI	ETING THE	
2.	2. Please describe at least one thing you did not previously know that you learned from the eLearning course:						
3.		from 1 to 6, please data are important		you agree with the	following staten	nent: Birth	
	ompletely disagree	Somewhat disagree	Slightly disagree	Slightly agree	Somewhat agree	Completely agree	

4. Please think about the people at your hospital <u>with your specific job (for example, if you are a Birth Registrar, answer this question thinking about the other Birth Registrars at your hospital)</u>: In your opinion, how important is the accurate reporting of birth data to most people at your hospital who have your job? Please choose "0" if this is not applicable to you.

4

5

6

3

2

1

Not Not Slightly Somewhat Moderately Very	ry Extremely
---	--------------

applicable	important at all	important	important	importan	t important	important	
0	1	2	3	4	5	6	
For questions statements:	s 5 through 8 bo	elow, please ra	te the degree t	o which you	agree with the fo	llowing	
5. Improving the accuracy of birth certificate data reporting is, at least in part, my responsibility.							
Completely disagree	Somewh disagre	•		tly agree	Somewhat agree	Completely agree	
1	2	3		4	5	6	
6. I am conf	ident that I car	help improve	the accuracy o	f birth certific	cate data reportin	ıg.	
Completely disagree	Somewh disagre	•		tly agree	Somewhat agree	Completely agree	
1	2	3		4	5	6	
•	•				it least in part, my		
Completely disagree	Somewh disagre	•	,	tly agree	Somewhat agree	Completely agree	
1	2	3		4	5	6	
8. I am conf	ident that I car	help improve	the completen	ess of birth c	ertificate data rep	oorting.	
Completely disagree	Somewh disagre	•		tly agree	Somewhat agree	Completely agree	
1	2	3		4	5	6	
10. How effe	Tracking key r Tracking key r Improving ou Improving ou Other: Please	neasures of he neasures of inf runderstandin understandin describe	alth care such ant health suc g of the risk of g of the causes ng course was	as prenatal can as preterm rare outcome of poor preg	y? (select all that a are and cesarean birth and low birt es such as rupture mancy outcomes your knowledge a	delivery :hweight ed uterus	
_	g and/or report	ing birth certifi	cate data?				
Not effective at all	effective	e effec		fective	Very effective	Extremely effective	
1	2	3		4	5	6	
11. Please br	iefly describe v	hy you chose t	his number:				
	you think abou Too long	t the amount c	of time it took t	o complete t	he course?		

Attachment D2. Online Follow-up Survey

	Too short The right amount o Other:				
_ _ _	you think about the I liked the online fo I would have prefe I would have prefe Other:	ormat of the cour cred in-person tra cred a manual/bo	se. aining. ook or hard copy r	naterials.	
14. Now thin training?	k about the navigation	on: How easy wa	s it for you to pro	gress through the e	eLearning course
Extremely difficult	Somewhat difficult	Slightly difficult	Slightly easy	easy	Extremely easy
1	2	3	4	5	6
15. On a scal	e from 1 to 6, how a	esthetically pleas	sing did you find th	ne eLearning cours	e to be?
Not pleasing at all		Somewhat pleasing	Moderately pleasing	Very pleasing	Extremely pleasing
1	2	3	4	5	6
apply)	□ Prepregnancy a □ Whether force □ Syphilis, Chlam □ Whether the m □ Cleft Lip with o	and Gestational E ps or vacuum we ydia, and Gonorr nom exercised re	Diabetes re used to assist v hea (present and, gularly during pre	raginal delivery /or treated during	
has an en	has labor induced we hergency cesarean de items should NOT laborated Induction of Laction Cesarean delived In cesarean, was Augmentation	elivery after 24 h be checked? (seld bor ery as a trial of labor	nours of labor. Wh ect all that apply)		
18. What are apply)	e potential uses of th	e medical and he	ealth portion of th	e birth certificate?	(select all that
	☐ To monitor tred delivery rates	nds in key mater	nal and infant hea	lth indicators, such	n as cesarean
	•	-	cal recommendation	ons and healthcare	e services for
		oof of the child's	relationship to th	e parents for bene	fits, such as
	☐ To better unde	rstand health car	e access and preg	nancy outcomes fo	or different

19.	health inform	nation collected or The information All information e Federal and State maintained, and	n the birth certifice reported is used except for names to laws govern the with whom it is s	onfidentiality and pate? (select all that for public health pare releasable for a second this inform shared. The HIPAA and kept in the control of the contr	nt apply) urposes only. almost all purpose ation, how it is se	es. ecurely		
20.	cardiac contra as breathing, should be con	actions, but no co	nsistent heartbea pulse, or volunta II that apply) e Birth eath	21 weeks' gestation at, and does not sh ry muscle moveme	ow any other sign	s of life such		
21.	(select all tha	t apply) Check with the b	irth attendant or ds to determine	itocin was used to labor and delivery when labor began	nurse present at	delivery.		
22.	physician did should be rec	not see her, and a	attended a childb	physician 11 times, irth class on 6 occa				
23.	23. The obstetric estimate (OE) of gestational age recorded in the labor and delivery records is 37 weeks and 5 days. The OE that should be recorded for the birth certificate is: 38 weeks 37 weeks and 5 days 37 weeks None of the above							
24.	How interested used?	ed would you be i	n receiving regul	ar examples of hov	v the birth certific	ate data are		
Not	interested at all 1	Slightly interested 2	Somewhat interested	Moderately interested 4	Very interested 5	Extremely interested 6		

Attachment D2. Online Follow-up Survey

If on question 1, participant indicates "no" or "unsure" whether they have completed the eLearning course, participant will be rerouted to the following message:

Please complete the eLearning course before completing this survey. You should have received an email with a link to the course. If you have any questions, please email elearning@2mresearch.com or call 1-844-250-1911 (toll-free).