

mPINC 2018 and 2020 Survey 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). All hospitals in the U.S. and Territories that routinely provide maternity care are eligible to participate in the survey.

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 hospitals in all States and Territories, it is important that every hospital 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 hospitals in all States and Territories, it is important that every hospital 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 because we have not received your completed CDC National Survey of Maternity Practices in Infant Nutrition and Care (mPINC). All hospitals in the U.S. and Territories that routinely provide maternity care are eligible to participate in the survey.

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. Our records do not show a completed survey for your facility. If you can please log back in to the survey and ensure that you've clicked "complete

- survey”, that would be very helpful. If you believe you may have completed the survey with the wrong username/password, please let us know. → go to 7
- NO, HAS NOT YET COMPLETED THE SURVEY → In order to have an accurate understanding of infant feeding practices at maternity care hospitals in all States and Territories, it is important that every hospital that provides maternity care completes and returns the survey. Please fill out your survey and return it to us as soon as possible.

The web survey will close at 11:59 PM on [insert date DD/MM/YYYY]. Please note, if you do not submit your survey responses by the deadline, your hospital’s information will not be included in the mPINC analysis and your hospital will not receive a benchmark report. → go to 7

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

4. We’d be happy to send a reminder e-mail or letter with instructions for how {CONTACT PERSON NAME}/{you} can complete the web survey. 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 _____

Hospital 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 UNSUCCESSFUL 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 because we have not received your completed CDC National Survey of Maternity Practices in Infant Nutrition and Care (mPINC). All hospitals in the U.S. and Territories that routinely provide maternity care are eligible to participate in the survey. Please complete and return the survey if you have not done so already. **The web survey will close at 11:59 PM on [insert date DD/MM/YYYY].** Please note, if you do not submit your survey responses by the deadline, your

hospital's information will not be included in the mPINC analysis and your hospital will not receive a benchmark report.

If you need another copy of the survey invitation e-mail 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