



Health Communication Evaluation Services

Task 927650
Formative Research for
Folic Acid and Birth Defects Prevention

The National Folic Acid Campaign Evaluation Plan

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1.0 Background and Context of the Evaluation

The purpose of this evaluation plan is to describe the specific methodologies that will be used to evaluate the National Folic Acid Campaign sponsored by the Centers for Disease Control and Prevention (CDC) and implemented by its partners, the members of the National Council on Folic Acid (NCFA). This evaluation plan will describe multiple steps in the evaluation process. At the time this plan was updated (January 31, 2000), many of the early steps of the evaluation process had been completed; thus, this document will describe how these steps were actually implemented. Subsequent steps in the evaluation will be described as activities that are planned in the future.

This plan will first briefly address the importance of folic acid consumption as a means of preventing birth defects and give an overview of the National Folic Acid Campaign. Next, the purpose and scope of the evaluation will be discussed, followed by a detailed description of the process evaluation methods that were planned and implemented during the first monitoring period. We will explain how data from the process evaluation were used to create the Combined Communication Exposure Index and how this index was used to sample markets for the outcome evaluation. Finally, the methods we will employ to measure campaign outcomes will be explained, and a timeline for completing evaluation activities will be detailed.

1.1 Birth Defects and Folic Acid Consumption

Each year in the United States about 4,000 pregnancies are affected by neural tube defects (NTDs); 50-70 percent of these defects could be prevented with adequate consumption of the B vitamin folic acid prior to and during early pregnancy. In 1992, the Public Health Service recommended that all women capable of becoming pregnant consume 0.4 mg of folic acid daily throughout their reproductive years to reduce the risk of having a pregnancy affected by neural tube defects (CDC, 1992). In 1998, the Institute of Medicine further recommended that women capable of becoming pregnant consume 0.4 mg of *synthetic* folic acid daily from fortified foods and/or a supplement, in addition to food folate (Institute of Medicine, 1998).

While both women's knowledge about and consumption of folic acid have increased since the Public Health Service first issued its folic acid recommendation in 1992, most women of childbearing age still do not consume the recommended amount of folic acid. A 1998 survey conducted by the March of Dimes (MOD) Birth Defects Foundation found that just 13 percent of

women ages 18-45 years knew that folic acid helps prevent birth defects, and 7 percent knew that folic acid should be taken *before* pregnancy (CDC, 1999). Just 32 percent of women reported taking a vitamin supplement containing folic acid daily; among women who were not pregnant at the time of the survey, even fewer (29 percent) took a vitamin supplement containing folic acid.

Recent exploratory focus groups with women of reproductive age revealed a variety of barriers to consuming the recommended amount of folic acid daily (Hammond et al., 1998a). Reasons women mentioned for not taking a multivitamin daily included that it was not a habit, they forgot, they did not feel they needed it, it caused stomach problems, and vitamins may cause weight gain. Many women said that they would take a multivitamin if their health care provider recommended it, but few said their providers had talked to them about folic acid.

Recent research suggests that health care providers are not consistently and correctly counseling their female patients about folic acid. According to the 1998 MOD survey, just 19 percent of women had heard about folic acid from their health care provider (CDC, 1999). Focus groups conducted with health providers in 1998 demonstrated gaps in the providers' knowledge about folic acid (Hammond et al., 1998b). In addition, providers identified many barriers to counseling women about folic acid (e.g., time constraints, lack of educational materials, seeing women only after they are already pregnant).

1.2 National Folic Acid Campaign

CDC has set a goal of increasing the percentage of women consuming 0.4 mg of folic acid daily by 12% between 1998 and 2002. To attain this goal, CDC is carrying out the National Folic Acid Campaign. The campaign is being conducted in partnership with the National Council on Folic Acid (NCFA), comprising government agencies, nonprofit organizations, health professional associations, community health coalitions, and other groups.

The preparation for the National Folic Acid Campaign began in January 1999 with a national conference and partner training. The campaign was launched in May 1999 with many MOD chapters focusing campaign launch activities around Mother's Day. The National Folic Acid Campaign includes radio, television, and print public service announcements (PSAs), news coverage, and a range of mass media and support materials in both English and Spanish, which are being disseminated by NCFA partners. The MOD chapters and other partners are also carrying out a variety of community-level outreach and education activities with their members

and constituents. Campaign posters, brochures, and other materials are available for use in such events. To date, there have been two campaign themes: 1) "Before You Know It," launched in May 1999, conveys the message to take folic acid now, *before* you become pregnant, and is targeted to pregnancy contemplators; 2) "Ready/Not," launched in November 1999, is aimed at precontemplators and conveys the message to take folic acid now, so your body is ready for pregnancy when you are. Consumer research proved both of these themes to be clear, highly motivating, and strategically on target. Both campaign themes are ongoing.

Westat was awarded a contract to evaluate the National Folic Acid Campaign on July 7, 1999; thus, the campaign was already underway when the evaluation activities began.

1.2.1 Target Audiences

The campaign targets two broad groups: (1) women of reproductive age to educate them about the benefits of folic acid and encourage them to consume the recommended amounts; and (2) health care providers to encourage them to counsel their female patients about folic acid. The target audience of women is further segmented according to women's pregnancy intentions. Pregnancy contemplators are women who think it is likely that they will become pregnant in the near future (i.e., the next year or so); pregnancy precontemplators are women who do not expect to become pregnant in the near future or ever. Hispanic women are another distinct and important audience segment. Hispanics are at higher risk for having pregnancies affected by NTDs, so it is especially important that the campaign reach these women. CDC and its partners have developed materials for each of these audience segments, including Spanish-language and culturally appropriate materials for Hispanic women.

The first phase of the campaign targets pregnancy contemplators. While this group is ready to change and receptive to the folic acid message, many lack knowledge about folic acid. While some have heard about the benefits of folic acid, few know that folic acid must be taken *before* pregnancy to be effective. Thus, the campaign stresses the importance of taking folic acid throughout the reproductive years (hence, the campaign theme "Before You Know It.") The second phase of the campaign targets pregnancy precontemplators, a challenging group because they are generally resistant to pregnancy-related messages. However, because nearly half of all pregnancies in the United States are unplanned, it is essential to reach these precontemplators. The campaign theme for this group is "Ready/Not."

1.2.2 Communication Objectives

CDC has established four communication objectives for the campaign. The purpose of these objectives is to establish a series of clearly measurable and obtainable goals for the campaign. Each of the objectives has been selected to target a specific knowledge, attitude, or behavior of women of reproductive age relative to folic acid. A baseline value has been established for each of the objectives based on existing data sources. The campaign's communication objectives are:

- By December 2002, increase by 20% the number of women aged 18-35 who are aware of folic acid. (MOD-Gallup 1998 survey: 63% of women aged 18-34 had heard, read or seen something about folic acid.) **2002 Goal: 75.6%**

- By December 2002, increase by 50% the proportion of women aged 18-35 who know that taking a multi-vitamin containing folic acid (or folic acid alone) can reduce a woman's chances of having a baby with certain birth defects. (MOD-Gallup 1998 survey: 14% of women aged 18-34 stated that folic acid "can help prevent birth defects.") **2002 Goal: 21.0%**

- By December 2002, increase by 50% the number of women aged 18-35 who know that a multi-vitamin containing folic acid (or folic acid alone) needs to be taken BEFORE pregnancy to prevent certain birth defects. (MOD-Gallup 1998 survey: 7% of women aged 18-34 stated that "folic acid should be taken before pregnancy.") **2002 Goal: 10.5%**

- By December 2002, increase by 12% the number of women aged 18-35 who report taking a vitamin that contains folic acid daily. (MOD-Gallup 1998 survey: 30% of women aged 18-34 reported taking a vitamin that contains folic acid every day.) **2002 Goal: 33.6%**

1.2.3 Research Questions

Evaluation of the National Folic Acid Campaign is intended to assess the effectiveness of the campaign in terms of (1) increasing awareness about the benefits of folic acid

to prevent birth defects, and (2) increasing the percentage of women of reproductive age who consume 0.4 mg of folic acid daily.

The evaluation will attempt to answer the following research questions:

Process Evaluation Research Questions:

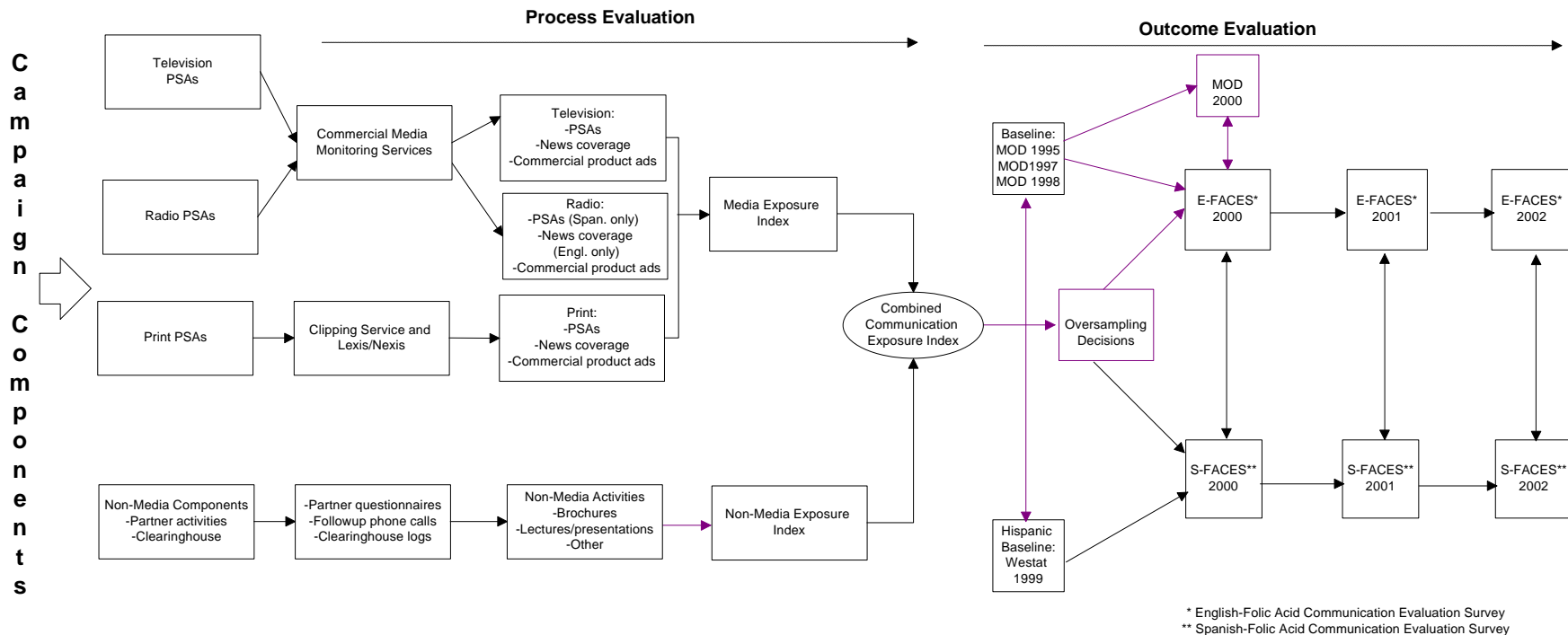
- To what extent were women potentially exposed to the folic acid campaign through media and non-media sources?
- What media channels (e.g., television, radio, or print) and non-media channels (e.g., brochures, posters, transit signs, health fairs, or health care providers) were most commonly used to disseminate campaign messages?
- How did use of these channels vary by market and by target audience (i.e., English- and Spanish-speaking populations)?

Outcome Evaluation Research Questions:

- What are the prevailing knowledge, attitudes, and behaviors about pregnancy, folic acid, and birth defects?
- What do women of reproductive age report as their sources of information about folic acid?
- What, if any, are the effects of the campaign on knowledge and/or reported behavior related to folic acid?
- What, if any, are the differences in reports of knowledge and behaviors between (a) higher and lower campaign exposures, (b) English- and Spanish-speaking populations, and (c) pregnancy contemplators and precontemplators?

The Conceptual Model for the Evaluation of the National Folic Acid Campaign (Figure 1-1) depicts the components and flow of the evaluation. The evaluation involves both process evaluation and outcome evaluation (also referred to as effectiveness evaluation). The process evaluation is designed to answer the first set of research questions while the outcome evaluation is designed to answer the second set. The process and outcome evaluations will be described briefly below and more thoroughly in sections 2 and 3.

Figure 1-1: Conceptual Model for the Evaluation of the National Folic Acid Campaign



1.2.4 Organizations Involved in the Evaluation

Because this evaluation is complex, various organizations have been and will be involved in implementing different components of the evaluation. The roles and responsibilities of each organization are described in Table 1-1. CDC is the agency that oversees and funds the evaluation of the National Folic Acid Campaign and Westat is the organization responsible for designing and conducting the campaign evaluation. The MOD, an agency that has partnered with CDC and other agencies in the National Coalition on Folic Acid, contributes through distribution of campaign PSAs and reporting on chapter activities related to the campaign. The Spina Bifida Association of America (SBAA), a member of the NCFA, produced two PSAs about folic acid consumption and provided tracking data on these PSAs. During the first monitoring period, the following five organizations were involved in monitoring campaign activities: TVaccess, Burrelle's Information Services, Video Monitoring Services (VMS), NewsWorld Television/Potomac Television, and Bienestar LCG Communications (LCG). LCG was also responsible for placing Spanish-language print, TV, and radio campaign PSAs. Finally, Westat worked with MarketFacts to implement both the E-FACES 2000 and the S-FACES 2000.

Table 1-1. Organizations involved in the evaluation

ORGANIZATION	ROLE	RESPONSIBILITY
The Centers for Disease Control and Prevention (CDC)	Funding agency	Develop National Folic Acid Campaign and oversee campaign implementation and evaluation
Westat	Health Communication Evaluation contractor to CDC	Has primary responsibility for conducting campaign evaluation
PARTNER ORGANIZATIONS		
March of Dimes (MOD)	Partner organization	Has primary responsibility for distributing PSAs. Also responsible for reporting on chapters' activities related to the campaign.
Spina Bifida Association of America	Partner organization	Produced PSA featuring Hillary Clinton and "Babies"
MEDIA MONITORING ORGANIZATIONS		
TVaccess	Subcontractor to MOD	Responsible for tracking television PSAs distributed by MOD
Burrelle's Information Services	Subcontractor to Westat	Responsible for tracking English and Spanish print campaign PSAs, print news, and commercial advertising related to folic acid
Video Monitoring Services (VMS)	Subcontractor to Westat	Responsible for monitoring English and Spanish news coverage of folic acid and commercial advertising related to folic acid on radio and television
NewsWorld Television/Potomac Television	Subcontractor to the Spina Bifida Association of America	Responsible for monitoring television PSAs on folic acid produced by the Spina Bifida Association of America
MEDIA MONITORING AND PLACEMENT ORGANIZATIONS		
Bienestar LCG Communications (LCG)	Subcontractor to CDC	Responsible for placement and tracking of Spanish print, TV, and radio campaign PSAs
SURVEY ORGANIZATION		
Market Facts	Subcontractor to Westat	Working with Westat to implement the E-FACES and S-FACES

1.3 Overview of Evaluation Methods

The comprehensive evaluation of the National Folic Acid Campaign has two components: a process evaluation and an outcome evaluation. The purpose of a process evaluation is to assess the effectiveness of a program's implementation and determine whether all activities were conducted as planned (including whether they were on time) and the degree to which the target audience was exposed to the campaign, i.e., campaign "reach." Process evaluation can help to identify problems or flaws regarding materials, implementation strategies, or channel selections before they become major impediments to success and can help to explain results of an outcome evaluation.

A process evaluation will be conducted in the first and second years of the campaign. Data from a variety of sources will be collected and used to track media and non-media message dissemination. To track media activity, the evaluation team contracted with professional media monitoring services to monitor PSAs, news stories related to the campaign, and commercial advertising related to the campaign. To track *non*-media activity, the evaluation team worked with the MOD to implement a brief survey of its chapters about materials distribution and community-level activities such as presentations and health fairs. The evaluation team also contacted individuals and organizations that had requested materials from the CDC National Clearinghouse on Folic Acid to obtain information about how the materials were used.

The media and non-media tracking data will be aggregated to create two summary measures of exposure – the Media Exposure Index (MEI) and the Non-Media Exposure Index (N-MEI). The MEI represents the total number of media "hits," or times the message was disseminated on media channels (e.g., one news story or one PSA airing counted as a hit). A detailed description of the MEI can be found in *The Process Evaluation of the National Folic Acid Campaign: Findings From the First Monitoring Period: August 1, 1999 to October 31, 1999* (hereafter referred to as the Process Evaluation Report). The report is available from the National Center for Environmental Health (NCEH), Birth Defects and Pediatric Genetics Branch (770-488-7160). The completed MEI will enable the evaluation team to easily compare the level of media activity or potential exposure to campaign messages through media channels across markets. The MEI was combined with the N-MEI, which details *non*-media tracking data (e.g., numbers of people potentially exposed to print materials, presentations, and other community-based activities), to create a Combined Communication Exposure Index (CCEI). This index was applied to each market for the first monitoring period and was used to select "higher" and

"lower" campaign exposure markets that were used in the sampling strategy for the outcome evaluation survey.

The purpose of the outcome evaluation is to determine if the campaign affected women's knowledge, attitudes, and behaviors concerning folic acid consumption. To measure these outcomes, two surveys will be conducted: the English-Speaking Folic Acid Campaign Evaluation Survey (E-FACES), and the Spanish-Speaking Folic Acid Campaign Evaluation Survey (S-FACES) (survey instruments are included in Appendices A and B). It is anticipated that each of these surveys will be carried out in January – March 2000, January – March 2001, and January – March 2002. Data from these surveys will be analyzed each year and cumulatively over the 3 years. The analysis will examine changes in knowledge, attitudes, and behavior over time (before the campaign and over the course of the campaign). Differences in knowledge, attitudes, and behaviors between the following groups will be examined:

- Pregnancy contemplators and precontemplators;
- English-speaking and Spanish-speaking women; and
- Women living in geographic areas with higher potential exposure to campaign messages and women living in geographic areas with lower potential exposure to campaign messages.

The methods that will be used to answer the research questions are summarized in Table 1-2 and described more thoroughly in Sections 2 and 3.

Table 1-2. Summary of evaluation methods

Research question	Evaluation methods
<p>PROCESS EVALUATION:</p> <ul style="list-style-type: none"> ▪ To what extent were women potentially exposed to the folic acid campaign through media and non-media sources? ▪ What media channels (e.g., television, radio, or print) and non-media channels (e.g., brochures, posters, transit signs, health fairs, or health care providers) were most commonly used to disseminate campaign messages? ▪ How did use of these channels vary by market and by target audience (i.e., English- and Spanish-speaking populations)? 	<p>To evaluate the media campaign:</p> <ul style="list-style-type: none"> ▪ Tracking of radio, television, and print campaign PSAs using broadcast monitoring and print clipping services. ▪ Tracking of radio, television, and print news relevant to the campaign using broadcast monitoring services and print clipping services. ▪ Tracking of television and print commercial product advertising related to the campaign (e.g., for fortified foods and multivitamins) using broadcast monitoring services and print clipping services. <p>To evaluate non-media components:</p> <ul style="list-style-type: none"> ▪ Questionnaires administered to MOD Directors of Program Services. ▪ Analysis of data from the National Clearinghouse on Folic Acid Activities (e.g., tracking the number and type of contents and the numbers of materials distributed) coupled with followup phone calls to materials recipients and state contacts. ▪ Selected questions from the E-FACES and S-FACES (e.g., questions about where respondents learned about folic acid, whether health care providers talked to them about folic acid).
<p>OUTCOME EVALUATION:</p> <ul style="list-style-type: none"> ▪ What are the prevailing knowledge, attitudes, and behaviors about pregnancy, folic acid, and birth defects? ▪ What do women of reproductive age report as their sources of information about folic acid? ▪ What, if any, are the effects of the campaign on knowledge and/or reported behavior related to folic acid? ▪ What, if any, are the differences in reports of knowledge and behaviors between (a) higher and lower campaign exposures, (b) English- and Spanish-speaking populations, and (c) pregnancy contemplators and precontemplators? 	<p>Data from the following English-speaking surveys:</p> <ul style="list-style-type: none"> ▪ Baseline data available from the 1995, 1997, and 1998 MOD surveys. ▪ Followup comparison data from the E-FACES to be conducted in 2000, 2001, and 2002 and the MOD 2000 survey. <p>Data from the following Spanish-language surveys:</p> <ul style="list-style-type: none"> ▪ Baseline survey being conducted by CDC in the spring of 1999. Baseline data for English-speaking Hispanic women are also available from the 1995, 1997, and 1998 MOD surveys. ▪ Followup comparison S-FACES to be conducted in winter 2000, 2001, and 2002 and the MOD 2000 survey.

2.0 Process Evaluation Methods

The process evaluation component of the campaign evaluation is designed to measure message dissemination, often referred to as “audience reach.” Message dissemination refers to measuring potential exposure to the campaign message. Ideally, we would like to know how many women were potentially exposed to the folic acid message through PSAs, news stories, brochures and other campaign materials, community activities such as health fairs or presentations, and other channels. For some channels, available data were used to estimate the numbers of women potentially exposed (e.g., numbers of participants at presentations and numbers receiving brochures or other campaign materials). For other channels, we measured the frequency of message dissemination (e.g., how many times a PSA was aired).

The process evaluation of the National Folic Acid Campaign answers the following questions about message dissemination:

- How widely was the folic acid message disseminated through different media channels? How frequently were the campaign PSAs aired on television and radio? How frequently did PSAs appear in newspaper and magazines? How many news stories related to folic acid and the campaign messages appeared on television, radio, and in the print media?
- How many people were potentially exposed to the folic acid message through non-media channels? Specifically, how many brochures and other campaign materials were distributed? How many people participated in community-based events such as presentations?
- What was the nature of the news stories related to the campaign? Were the stories accurate or did they carry misinformation? To what extent did the stories include key campaign messages (e.g., folic acid should be taken before pregnancy, multivitamins contain the recommended amount of folic acid)?
- How did the extent of campaign activity and message dissemination vary from media market to media market? In which markets was message dissemination highest and lowest?

The results of the process evaluation will be used to suggest steps CDC and its partners can take to strengthen the campaign. In addition, this information was used to develop other components of the evaluation such as the CCEI (see Section 2.7.) The first step in conducting this evaluation was to select markets in which the evaluation would be conducted.

2.1 Selection of Markets

While the campaign is national in scope, it was not feasible to conduct process evaluation throughout the United States. Instead, process evaluation was conducted in 58 specific media markets. The boundaries for the 58 media markets were defined in terms of the "designated market areas" used by Media Research (Nielsen, 1998a) and were selected soon after Westat was awarded the evaluation contract. When selecting specific media markets, the evaluation team attempted to:

- secure media tracking data for both English-language and Spanish-language media;
- ensure a geographic distribution of markets;
- include markets that are conducting birth defects surveillance and prevention activities which receive funding from CDC;
- include markets where NCFA partners had planned activities around the campaign; and
- include markets that had larger numbers of TV households.

For a detailed explanation of how these factors were used to select markets, please refer to the Process Evaluation Report.

2.2 Selection of Monitoring Periods

While the National Campaign on Folic Acid is being conducted on an ongoing basis, due to budget constraints it is not feasible to collect process evaluation data continuously throughout the 3-year campaign period. Thus, comprehensive process evaluation data have been collected for a 3-month period in 1999 and will be collected at selected points during the next 2 years. Each monitoring period will be 2 to 3 months in length; however, low levels of monitoring for certain media print news will take place throughout the duration of the campaign via online news services. While this approach keeps evaluation costs manageable, we do run the risk of obtaining an incomplete picture of activities for the full year. The selection of monitoring periods for the next 2 years will be tied to the outcome survey field periods to assure that measures of

exposure and reach can be associated with changes in women's knowledge, attitudes, and behavior (KAB).

After the National Folic Acid Campaign was launched in May 1999, monitoring began immediately following the award of the evaluation contract to Westat in July 1999. An initial 3-month monitoring period from August 1 through October 31, 1999, covered early campaign activity. This first monitoring period coincided with distribution and airing of the first TV PSA ("Before You Know It") and is likely to have captured much of the early campaign activity. Limited media tracking data was also available from the months preceding the first monitoring period and provided some initial indication of media markets with higher and lower levels of media activity.

2.3 Media Monitoring Methods

The campaign uses both broadcast and print media to disseminate campaign messages. For this evaluation, it is important to track messages found in the media so that we can determine whether the campaign actually has reached its intended audience and at what intensity. Tracking and analyzing both the amount and the content of the media messages will enable us to identify the types of messages appearing in the media. Media tracking will also allow us to associate media exposure with changes in the knowledge, attitudes, and behavior of the target audiences.

Media tracking will be conducted to measure the reach of the following channels:

- **PSAs.** The National Folic Acid Campaign employs PSAs as a major channel for disseminating the folic acid message. PSAs in television and radio format were sent by CDC partners to station managers and in print format to newspapers and magazines. Actual placement of these PSAs is at the discretion of station managers and editors (a distinct disadvantage of any non-paid media placement).
- **News and other coverage.** The campaign is designed to generate news and other coverage relating to folic acid. CDC encourages partners to secure media coverage through news events, press releases, and other means.

- **Commercial product advertising.** A commonly reported source of information about folic acid has been advertisements for commercial products. For example, advertisements for some brands of orange juice and fortified cereals promote the benefits of folic acid. Our proposed plan includes monitoring of selected product advertising during the selected monitoring periods.

In order to track these messages, Westat has monitored and will continue to monitor all seven of the channels used in the campaign including English- and Spanish-language radio, television, and print PSAs, news coverage, and commercial advertisements. Specific professional monitoring services were chosen by the evaluation team to track media activities because of their extensive media monitoring or their expertise with a specific type of media. To identify media coverage related to the campaign, the CDC/Westat evaluation team gave the following search terms to each monitoring service: *folic acid and birth defects*; *folic acid and pregnancy/pregnant*; *folic acid and babies/baby*; *folic acid and March of Dimes*; *folic acid and CDC*; *folic acid and Down syndrome*; and *folic acid and women of childbearing age*.

2.4 Monitoring Broadcast Media

For broadcast media, news coverage, commercial advertisements, and campaign PSAs will be monitored on selected television stations in selected markets. News coverage and campaign PSAs will be monitored on selected radio stations in selected markets. Table 2-1 describes the type of media and channels that will be monitored, the language of the medium being monitored, the monitoring service, and the number of markets that were monitored during the first monitoring period. Five professional media services were used to track broadcast media.

Table 2-1. Broadcast media used in the evaluation

Type of Media & Channel Monitored	Monitoring Service	Language Monitored	Number of Markets Monitored (N=58)
Television news and radio news	Video Monitoring Services (VMS) of America, L.P., News Services	English	Television 43 Radio 16
		Spanish	Television 8 Radio 0
Television commercial advertisements	Video Monitoring Services (VMS) of America, L.P., Advertising Services	English	National network television stations
Television campaign PSAs ("Before You Know It..." and "Ready...Not")	TVaccess (through MOD)	English and Spanish	Television 58
SBAA television PSAs ("Hilary Clinton" and "Babies")	NewsWorld Television/Potomac Television	English	Television 52
Spanish-language radio and television campaign PSAs	Bienestar LCG Communications	Spanish	Television 1 Radio 18

The next section will describe the monitoring activities that have been conducted during the first monitoring period; the evaluation team anticipates implementing similar monitoring activities in future monitoring periods as well. A detailed discussion of the monitoring activities and findings from the first monitoring period can be found in the Process Evaluation Report.

2.4.1 Television and Radio News

English- and Spanish-language television news was monitored by VMS Monitoring Services (VMS) of America in 43 markets and 16 markets, respectively. VMS also monitored English-language radio news in 16 markets; for Spanish-language radio news, however, monitoring services were not available.

For all television and radio news coverage (English- and Spanish-language) found during the first monitoring period, VMS provided monthly monitoring reports including the following information: the date and airtime of the coverage, the program name, station, station affiliate, media market, and a brief summary of the news report. From these reports, the number of hits in each of the selected markets was calculated in order to determine the MEI for each market (a blank copy of the grid used to record media hits for the MEI is included in Appendix C).

2.4.2 Television Commercial Advertisements

VMS was chosen to monitor campaign-related advertising coverage (e.g., ads for commercial products that mention folic acid) because they routinely monitor television commercial advertising in all 58 of the selected media markets. Because continuous tracking of advertisements on all television stations (e.g., network, cable, local channels) is prohibitively expensive, Westat asked VMS to record and monitor network stations for a 1-week period only, indicating every instance in which spots were aired by five advertisers who had previously run ads in connection with folic acid. If and when commercial ads related to folic acid and the campaign's search terms were found, tracking would be set up to monitor frequency of the aired advertisements. This procedure will continue to be followed during future monitoring periods.

2.4.3 Television and Radio PSAs

During the first monitoring period, the MOD contracted with TVaccess, which monitored the two English-language television campaign PSAs using Nielsen SIGMA™ encoding. The evaluation team also tracked two PSAs produced by SBAA. The first showed First Lady Hillary Clinton discussing how 0.4 mg. of folic acid before pregnancy can “protect your child from a devastating birth defect called spina bifida” (referred to as the “Hillary Clinton” PSA); the other showed various body parts of babies and had a narrator discuss how every new baby can be perfect if the mother takes folic acid before becoming pregnant to reduce her baby's chance of spina bifida (referred to as the “Babies” PSA).

Both the MOD and SBAA provided CDC with broadcast monitoring reports listing the Nielsen-designated market area in which the PSA aired, the station and network, the date, day, and time of day that the PSA aired, the length of the PSA (15, 30, or 60 seconds), and viewership information if available. In addition, reports include the daypart in which the PSA

aired. Broadcast dayparts are designated blocks of time in a 24-hour day in which a spot aired. A daypart analysis of the PSAs was conducted to determine the proportion of television campaign PSAs aired when the target audience (women of childbearing age) would be most likely to be watching. For example, we know that women age 18 years and older are most likely to watch television during primetime and daytime hours, and least likely to watch during late night hours (Nielsen Media Research, 1998b).

The “Before You Know It” PSA was also produced in Spanish and the MOD had TVaccess track Spanish-language television campaign PSAs via Nielsen SIGMA™ encoding in selected markets during the first monitoring period. In addition, Bienestar LCG Communications, a marketing firm focusing on Hispanic populations, distributed and monitored the Spanish-language “Before You Know It” PSA.

All monitoring services provided the evaluation team with monthly monitoring reports. From the reports, Westat determined the number of PSAs that aired in each of the 58 markets in order to calculate the MEI for each market.

2.4.4 Monitoring of Print Media

To determine the coverage of print media concerning folic acid, print news coverage, print campaign PSAs, and print commercial advertisements will be monitored during each of the monitoring periods. Burrelle’s Press Clipping Service was chosen for the first monitoring period to track both English- and Spanish-language coverage of campaign-related print media due to their extensive monitoring of print publications. Burrelle’s scans over 18,000 print publications according to a client’s search terms and monitors both print and World Wide Web editions of publications. Because Burrelle’s charges for each clip, CDC and Westat had Burrelle’s limit their search to newspapers with a circulation rate of 100,000 or more and their domestic consumer magazines; smaller newspapers were monitored in 6 of the 58 markets to ensure monitoring of newspaper coverage in all 58 markets. NCEH’s Office of Communication conducted searches of the Lexis-Nexis database to track coverage of *any* news related to folic acid for several divisions within NCEH. Any print news articles found in Lexis-Nexis but not provided by Burrelle’s were included as media “hits” in the MEI.

2.5 Non-Media Monitoring Activities

The National Folic Acid Campaign has also relied heavily upon non-media activities to disseminate messages about the benefits of folic acid consumption and has considered such activities critical to the success of the campaign. Much of the non-media activities undertaken as a part of the National Folic Acid Campaign have been interpersonal in nature, consisting of the distribution of materials as well as presentations and lectures, and efforts targeted to specific populations, such as Hispanic women. Given the strength of interpersonal structures and interactions as a communication channel, the evaluation of the National Folic Acid Campaign has therefore included the collection of data related to non-media communication activities. These activities have been undertaken by individuals, such as health care providers and educators, as well as organizations actively involved in the campaign such as the MOD, the Spina Bifida Association of America, CDC state partners/contacts, state and local health departments, local WIC clinics, and state and national professional organizations.

To gather data on these non-media activities, questionnaires were distributed to MOD Directors of Program Services in all local and state chapters in which at least one of the 58 selected media markets were located. MOD chapter representatives were under instructions to work with other organizations at the local level (e.g., through local folic acid coalitions) and were required to report on their activities. Respondents reported on MOD chapter activities related to the campaign during the first monitoring period and within the geographic regions that encompassed selected media markets.

Given the range and number of materials disseminated by the National Folic Acid Clearinghouse, the evaluation team felt that this source of information should be included as part of the non-media monitoring activities. Thus, followup phone calls to requestors of materials were made to collect additional information about the subsequent use of materials and the proportion of the materials that were distributed during the monitoring period and within the 58 media markets. A questionnaire, similar to the one developed for the MOD, was used with other state contacts. In addition, calls were made to key NCFAs partners to determine if any non-media activities had occurred in selected markets during the monitoring period.

All of the information collected regarding non-media activities (both English- and Spanish-language) was compiled and recorded in order to calculate the N-MEI (a blank copy of the grid used to record non-media hits for the N-MEI is included in Appendix D). The N-MEI

summarizes information on the number of materials distributed within each of the 58 markets as well as the number of attendees at lectures or presentations held in these markets.

A similar approach is proposed for future monitoring periods. The evaluation team has developed an activity log for use by MOD chapters to facilitate accurate and detailed reporting. This activity log will be distributed well in advance of the next monitoring period and will employ a variety of methods to maximize cooperation from chapters.

2.6 Summary of Process Evaluation Methods

Data from media activities from the first monitoring period were compiled in order to calculate the English-language MEI and the Spanish-language MEI. Data from non-media activities were compiled in order to calculate the English-language N-MEI and the Spanish-language N-MEI. These measures were combined to create a Combined Communication Exposure Index (CCEI) which will be described in Section 2.7. In addition, these process evaluation data are used to inform the evaluation team about the frequency of channels used to disseminate campaign messages in each of the 58 markets. From these data, the evaluation team is able to discern if the campaign is being implemented as planned.

2.7 Measuring Communication Exposure: The Development of the Combined Communication Exposure Index

The MEI and N-MEI served as the basis for the development of the CCEI, which provides an overall view of how audiences were exposed to messages about folic acid and allows for an integrated comparison of these various communication approaches. Data from both the MEI and N-MEI were combined to determine the frequency of potential exposure to messages in each market over the course of the monitoring period. This process was repeated for the Spanish-language MEI and N-MEI. In addition, the following factors were considered for inclusion into the CCEI: reach potential, characteristics of the channel, message, market, use of multiple communication channels, missing data, weighting by channel, accuracy of the message, and message length. Consideration of each of these factors is detailed in the Process Evaluation Report.

In addition to the tallies of total media and non-media exposures for each market, the CCEIs were restricted to the variables that yielded the most valid data for describing message

exposure in our evaluation. Because the majority (75 percent) of media exposures were through TV PSAs during the first monitoring period, information regarding audience exposure was restricted to the collection of data on the airing of TV PSAs along with an analysis of the time of day each PSA aired (i.e., a daypart analysis). The final structure of the CCEI (for both English- and Spanish-language) included all 58 markets, the total number of media and non-media exposures by communication channel and by market, and a TV daypart analysis.

At this time, it is unclear whether the evaluation team will continue to monitor in the markets selected from the first application of the CCEI for the outcome evaluation or develop a new CCEI based on data from future monitoring periods. Each of these options has implications both for the validity and representativeness of results, and for the budget to implement the study.

2.8 Limitations of Monitoring Data

While this process evaluation is comprehensive and unique in that it collects data from both media and non-media channels, it is not without limitations. This process evaluation is limited by four factors. First, process evaluation data are being gathered only in selected media markets. Second, monitoring only covers a portion of the year. Third, it was not possible to gather data from all media channels in all markets and when gathering non-media data, we were unable to systematically talk to all partners about their activities. Finally, when gathering data about non-media activities, it was necessary to use organizations' self-reports of materials distribution and activities related to the campaign. These limitations are expected to remain through future monitoring periods.

3.0 Outcome Evaluation Methods

While the collection of data about the reach of various media and non-media forms of communication can assess campaign implementation, this knowledge does not provide information about whether or not the target populations are being impacted by the health communication campaign. To determine the impact or effectiveness this campaign, it is critical to measure target outcomes for each of the targeted groups of women prior to the launch of the campaign (pre-campaign) and after campaign implementation (post-campaign). This evaluation will utilize previously gathered data as baseline measures of knowledge of folic acid and its role in preventing birth defects, attitudes toward taking folic acid, and self-reported consumption of

folic acid supplements. To assess changes in KAB over the course of the campaign, comparison data will be gathered at time periods subsequent to the campaign's launch. This design will enable evaluators to link process data to outcome data and determine if observed differences are related to exposure to the campaign itself or to factors unrelated to the campaign. To maximize our ability to detect changes resulting from the campaign, the outcome evaluation will focus on comparing levels of KAB between women in higher- and lower-exposure markets, between pregnancy contemplators and precontemplators, and between English- and Spanish-speaking women.

To measure these outcomes, two surveys will be conducted: the E-FACES and the S-FACES. Both will be telephone surveys and will use random-digit-dial (RDD) and computer assisted telephone interview (CATI) methodology. This outcome evaluation will be guided by the following research questions:

- 1) What are the prevailing knowledge, attitudes, and behaviors about pregnancy, folic acid, and birth defects?
- 2) What do women of reproductive age report as their sources of information about folic acid?
- 3) What, if any, are the effects of the campaign on knowledge and/or reported behavior related to folic acid?
- 4) What, if any, are the differences in reports of knowledge and behaviors between a) respondents in higher and lower campaign exposure areas, (b) English and Spanish-speaking populations, and c) pregnancy contemplators and precontemplators?

To address these research questions, three surveys of English-speaking women (E-FACES) and three surveys of Spanish-speaking women (S-FACES) in their prime childbearing years (18 to 35) will be conducted in 2000, 2001, and 2002 to enable the evaluation team to document changes in KAB over time.

Both the E-FACES and the S-FACES will take approximately 10-15 minutes to complete (including the time it takes to screen and recruit an eligible respondent). The English screener will ascertain:

- The number of females aged 18-35 living in the household; and

- The specific ages of each female in the targeted age range.

The Spanish screener will include all of the above screening questions as well as the following:

- Hispanic origin/descent of respondent; and
- Frequency of choosing Spanish-language TV and radio over English stations; and
- Language preference for the interview (i.e., English or Spanish).

Only those respondents who say they are Hispanic and answer “Spanish-language channel” or “an equal amount” to the question, “When you watch TV or listen to the radio, would you say you tune in to Spanish-language channels more often or English-language channels more often?” are eligible to participate in S-FACES. Participants can choose to conduct the survey in English or Spanish, as they prefer.

3.1 Selecting Markets For E-FACES and S-FACES 2000

Because MOD will be conducting a national survey of women 18-45 in the year 2000 and using a similar questionnaire, the evaluation team determined that it was most cost effective to restrict the sampling frame to the 58 markets previously selected during the process evaluation. This strategy will also allow process data to be more readily linked with outcome data. The English and Spanish CCEIs were used to rank markets by level of exposure. In order to maximize our ability to make comparisons and detect differences in women’s KAB as a result of varying levels of campaign exposure, markets with the highest levels of exposure and markets with the lowest levels of exposure were selected. (See the Process Evaluation Report for the determination of higher and lower markets for the first monitoring period.)

From the 58 markets, 16 were selected: 4 higher-exposure markets and 4 lower-exposure markets for the E-FACES and 4 higher-exposure and 4 lower-exposure markets for the S-FACES. These markets were selected based on the amount of either English or Spanish language media and non-media activity in the 58 markets during the limited monitoring period (August-October 1999), which concluded approximately three months prior to survey administration. The markets for each survey are listed in Table 3-1.

Table 3-1. Markets* for E-FACES and S-FACES

Markets for E-FACES	
HIGHER EXPOSURE	LOWER EXPOSURE
Atlanta, GA Boston, MA Los Angeles, CA Phoenix, AZ	Bakersfield, CA Des Moines, IA Hartford, CN Tulsa, OK
Markets for S-FACES	
HIGHER EXPOSURE	LOWER EXPOSURE
Las Vegas, NV Los Angeles, CA New York, NY San Antonio, TX	Bakersfield, CA Denver, CO Miami, FL Sacramento, CA

* The media markets are defined according to the Nielsen Media Research "designated market areas" (Nielsen, 1998a). A list of counties included in each of these media markets is included in Appendix E.

3.2 Sampling Within Markets

The sample for both the E-FACES and the S-FACES will be drawn using list-assisted RDD techniques in the selected markets (see Table 3-1 above). Other RDD methods that can be used to draw this kind of sample include the Mitofsky-Waksberg method described in Waksberg (1978) and the "modified Waksberg procedure" describe by Brick and Waksberg (1991). However, for the scope of these surveys, the list-assisted method is the preferred approach; it is more timely and efficient than the other methods and will not be subject to large coverage bias (Brick et al., 1994).

For the E-FACES, a total of 2,800 completed surveys will be conducted in each year of the 3-year data collection process. The 2,800 interviews will be split equally among the higher- and lower-exposure markets. This sample size will enable evaluators to detect changes in KAB as small as 5 percentage points between contemplators and precontemplators and from the first year of the survey to the second and/or third year of the survey; i.e., if the true change in KAB in one direction (either positive or negative) is 5 percentage points, there will be a 95 percent probability that the sample estimate of change will be in the same direction. That is, a sample estimate of change is likely to be within the interval of 0% to 10% (the 95% confidence

interval will not include 0). For differences of 5 percentage points (either positive or negative) in KAB between women in higher-exposure markets and women in lower-exposure markets, there will be a 90 percent probability that the sample estimate of the difference will be in the same direction. That is, a sample estimate of change is likely to be within the interval of 0% to 10% (the 90% confidence interval will not include 0). The sample design and subsequent achieved response rates will be generalizable to English-speaking, 18- to 35-year-old women who have telephones in the sampled markets.

For the S-FACES, a total of 500 completed surveys will be conducted each year of the data collection process. The 500 interviews will be distributed equally among the higher- and lower-exposure markets. In order to improve the incidence of Hispanic households, the RDD samples will be targeted to a geographic area smaller than the full list of counties composing each media market. For differences of 10 percentage points (either positive or negative) in KAB between women in higher-exposure markets and women in lower-exposure markets and from the first year of the survey to the second and/or third year of the survey, there will be a 95 percent probability that the sample estimate of the difference will be in the same direction. The sample will be generalizable to Spanish-speaking, 18- to 35-year-old women who have telephones and live within the various media markets.

3.3 Development of Survey Instruments

The MOD has been conducting and reporting on a similar survey of KABs since 1995. The evaluation team has been working with the MOD and NCFA members to design valid and reliable survey instruments that encompass new communication questions as well as KAB questions similar to those on previous MOD surveys. During future years of the campaign, specific questions may be revised as needed. Most of the questions will, of course, be the same as those questions on the spring 1999 Spanish baseline survey and the 1998 MOD survey (English). In addition, great efforts have been made to make the FACES questionnaires comparable to the MOD 2000 survey instrument in order to assure valid statistical comparisons across years wherever possible. The FACES instruments will obtain measures in the following domains:

- Screening questions to meet target audience criteria;
- Demographics/background;

- Current vitamin/supplement usage and frequency behavior (BEHAVIOR);
- Recent pregnancy experience, including vitamin/supplement usage during pregnancy (PREGEX);
- Pregnancy intention (PREGINT);
- Information sources for health and pregnancy information, especially previous discussions with health care providers (INFOSOURCE PREG);
- Attitude toward/knowledge of the benefits of vitamins/supplements to women of childbearing age (ATTITUDE/KNOWLEDGE);
- Awareness and knowledge of folic acid (KNOWLEDGE);
- Sources of folic acid information (INFOSOURCE FOLIC); and
- Self-reported exposure to/knowledge of campaign messages and materials (EXPOSURE).

The MOD baseline surveys *did not* include questions relating to pregnancy intention; thus, the evaluation team has suggested that the following question be added to the 2000 follow-up MOD survey (see Questions 7 and 7a in Appendices A and B). This addition will allow for comparisons between these evaluation surveys and the MOD national surveys and will yield the ability to make comparisons between pregnancy contemplators and precontemplators.

Information collected through the 25 focus groups conducted by Westat with CDC's target audience showed that those who are planning a pregnancy in the near future are much more motivated by the folic acid message than are women who are not contemplating a pregnancy (Hammond et al., 1998a). Therefore, it is expected that changes in awareness, knowledge, attitudes, and behavior over the 3 years of the communication campaign will be greater for women who are in the contemplation stage as opposed to women in the precontemplation stage.

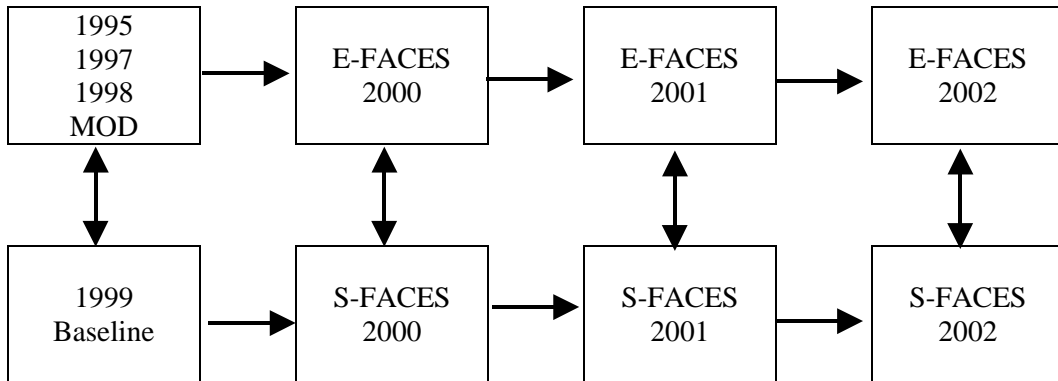
In order to more specifically track effectiveness of the media and non-media campaign components, questions related to identifying women's self-reported sources of information about folic acid have been expanded. Questions will be included to elicit the following information: (a) awareness of folic acid and its role in preventing birth defects; (b) sources for learning about folic acid; and (c) specific recall of campaign PSAs and key campaign messages.

3.4 Data Analysis Plan

Data from the E-FACES and S-FACES will be analyzed and compared across the 3 years. In addition, the evaluation team will use the analyses from the data collected by the MOD in 1995, 1997, 1998, and 2000, and the baseline data from the spring 1999 survey of Spanish-speaking women to compare relevant and comparable data across a 7-year period (1995-2001). The 2000 MOD survey will contain many of the same questions that are on the E-FACES 2000, but will use a national sample of women 18 to 45 years of age. Copies of the MOD surveys can be obtained through the Perinatal Data Center at the National MOD (1-888-MODimes). There have been and continue to be methodological differences between the MOD surveys and E-FACES and S-FACES. These differences will limit the direct comparability of the MOD and FACES surveys.

The overall goal of this analysis will be to measure the effectiveness over time of the National Folic Acid Campaign in influencing knowledge, attitudes, and behaviors of the target audiences and to examine changes in reported sources of information about folic acid, as depicted in Figure 3-1.

Figure 3-1. Comparison of KAB and information sources across data collection points



In addition, Table 3-2 also lists specific analytical comparisons that will be conducted to provide CDC with important information as to the effectiveness of the targeting of the campaign materials to specific audiences and through specific channels.

Table 3-2. Planned data analyses

Comparison	Cross-tabulations	Data sources
Changes in Knowledge, Attitudes, and Behavior (KAB) over time	All KAB questions by YEAR of survey; compared to comparable questions from 1995, 1997, 1998, 2000 MOD data and Spanish baseline	<ul style="list-style-type: none"> ■ 1995, 1997, 1998, and 2000 MOD surveys ■ Spring 1999 Spanish-speaking baseline survey ■ E-FACES and S-FACES 2000, 2001 and 2002 surveys
Changes in KAB over time related to higher- v. lower-exposure markets	All KAB questions and INFO SOURCE questions by derived variable—HIGHER/LOWER EXP by YEAR of survey	<ul style="list-style-type: none"> ■ E-FACES and S-FACES 2000, 2001 and 2002 surveys ■ Derived variable – HIGHER/LOWER EXP – from CCEI analysis
Changes in KAB over time as reported by English-speaking women v. Spanish-speaking women	All comparable KAB questions and INFO SOURCE questions by YEAR of survey by derived variable—ENG/SPAN; compared to comparable questions from 1995, 1997, and 1998 MOD data and Spanish baseline	<ul style="list-style-type: none"> ■ E-FACES and S-FACES 2000, 2001, and 2002 surveys ■ Derived variable – ENG/SPAN – from combining English-speaking and Spanish-speaking data sets for each year into one data set for analysis
Changes in KAB over time as reported by pregnancy contemplators v. precontemplators	All comparable KAB questions and INFO SOURCE questions by YEAR of survey by PREGINT	<ul style="list-style-type: none"> ■ E-FACES and S-FACES 2000, 2001, and 2002 surveys

There are specific GPRA objectives describing increases in folic acid consumption by women of childbearing age. The GRPA goal for FY2000 called for 40% of women of childbearing age to consume the recommended amount of folic acid daily. Because the FY 2000 performance fell short of this goal, the FY2002 goal was revised downward to reflect past rates of progress (about 2% in the previous 2 years). Thus, the modified GRPA goal for FY2002 is that 36% of women will be consuming folic acid daily. The evaluation team will analyze all data collected through these three sets of surveys with a focus on providing CDC with the statistics it needs to report on progress toward these GPRA objectives.

While specific GPRA objectives have not been established for Hispanic women's consumption of folic acid, data comparisons from these surveys will provide important outcome data for subsequent inclusion into the determinations for the overall objectives. Healthy People 2010 objectives call for reducing health disparities, and data from the campaign surveys will assist CDC in updating both program goals and program evaluation efforts.

As can be seen from the Table 3-2, this time-series analysis will also provide CDC with valuable information related to specific components of the campaign to which respondents were exposed (both campaign and non-campaign) and the effects of that exposure on KAB over time. This vital information can be used in the out-years of the campaign to more effectively and efficiently allocate resources for future communication efforts, especially to put more effort into achieving penetration for channels that may have proven to be less effective than expected. These longitudinal data will also be used to link campaign efforts with behavioral science concepts and research used to develop the campaign by focusing on contemplators and precontemplators.

3.5 Summary of Outcome Evaluation Methods

This outcome evaluation will determine if the campaign has affected the knowledge, attitudes, and behaviors of women of childbearing age over the course of the campaign. To measure changes in these target outcomes over time, the evaluation team will conduct three post-intervention RDD telephone surveys of English-speaking and Spanish-speaking women. Data from these surveys will be analyzed and compared within each year and across the 3 years of the campaign's duration. Comparisons will be made between pregnancy contemplators and precontemplators, between English- and Spanish-speaking women, and between women in higher-exposure markets and women in lower-exposure markets. In addition, these data will be compared to national data gathered by the MOD 2000 survey. This comprehensive evaluation will provide a thorough analysis of the implementation and effects of the National Folic Acid Campaign.

3.6 Reports

Six reports will be developed during the course of this evaluation: three process evaluation reports and three outcome evaluation reports from each year of the campaign. A process evaluation report detailing the methods used and results from media and non-media monitoring data collection activities will be written for each of the three monitoring periods. In addition, three outcome evaluation reports will detail the methods used and findings from each of the surveys (E-FACES/S-FACES 2000, E-FACES/S-FACES 2001, and E-FACES/S-FACES 2002.) These reports will include copies of all data collection instruments.

3.7 Timeline

A timeline for the project can be found in Appendix F.

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Appendix A
E-FACES Questionnaire

FOLIC ACID CAMPAIGN EVALUATION SURVEY

Hello, I'm (YOUR NAME). I'm conducting interviews for the Centers for Disease Control and Prevention on women's health. I am not selling anything. To be sure our sample is representative, I need to ask you some background questions. (IF MALE ANSWERS, ASK TO SPEAK WITH THE FEMALE HEAD OF THE HOUSEHOLD. IF NOT A CONVENIENT TIME, ARRANGE CALL BACK.)

S1 Deleted 1/28

S2. How many females, aged 18 to 35, are living in this household? (DO NOT READ LIST) (IF RESPONDENT SAYS "NONE," ASK: Are there no females aged 18 to 35 living in this household, or none home right now?) (ACCEPT ONLY ONE RESPONSE)

- ONE 1
- TWO 2
- THREE..... 3
- FOUR..... 4
- FIVE 5
- SIX 6
- SEVEN..... 7
- EIGHT..... 8
- NINE 9
- TEN OR MORE..... 10
- NO FEMALE 18-35 AT HOME 11 (INTERVIEWER ARRANGE CALL BACK)
- NONE/NO FEMALE LIVING IN HOUSEHOLD 12 (TERMINATE AFTER VERIFYING)
- DON'T KNOW..... 98 } (TERMINATE)
- REFUSED..... 99 }

S3. I need to speak with the female aged 18-35 who had the most recent birthday. (DO NOT READ LIST)

- YES, SPEAKING WITH PERSON WHO HAS MOST RECENT BIRTHDAY..... 1 (SKIP TO QUESTION 1)
- INFORMANT GOES TO GET ELIGIBLE FEMALE 2 (SKIP TO INSTRUCTIONS PRECEDING QUESTION S4)
- PERSON NOT AVAILABLE 3 (INTERVIEWER ARRANGE CALL BACK)
- REFUSED..... 99 (TERMINATE)

IF RESPONDENT IS NOT THE SAME PERSON WHO ANSWERED PHONE INITIALLY, INTERVIEWER READ: Hello, I'm (YOUR NAME). I'm conducting interviews for the Centers for Disease Control and Prevention on women's health. I am not selling anything. To be sure our sample is representative, I need to ask you some background questions. (CONTINUE WITH Q. S4. IF NOT A CONVENIENT TIME, ARRANGE CALL BACK.)

S4. Are you between the ages of 18 and 35? (DO NOT READ) (ACCEPT ONLY ONE RESPONSE)

YES 1
NO 2 } (INTERVIEWER: ASK TO SPEAK TO FEMALE
DON'T KNOW 98 } AGED 18-35 WITH MOST RECENT BIRTHDAY;
REFUSED 99 } REPEAT QUESTION S4)

The focus of today's interview is health-related. The results of this study will be used for health education.

D1. Please tell me your age. (DO NOT READ) (CODE ACTUAL AGE)

_____ Age 1
REFUSED 99

(IF RESPONDENT IS NOT BETWEEN THE AGES OF 18-35 TERMINATE.)

1. Do you currently take any vitamin or mineral supplements on a daily basis? (DO NOT READ) (ACCEPT ONLY ONE RESPONSE)

YES 1 (SKIP TO QUESTION 4)
NO 2
DON'T KNOW 98
REFUSED 99

2. Do you take any vitamin or mineral supplements, even though you may not take them daily? (DO NOT READ) (ACCEPT ONLY ONE RESPONSE)

YES 1
NO 2 } (SKIP TO QUESTION 5)
DON'T KNOW 98 }
REFUSED 99 }

3. How often do you take these vitamin or mineral supplements? Do you take them ... (READ 1-4 BELOW) (ACCEPT ONLY ONE RESPONSE)

Five or six times a week?.....	1
Three or four times a week?.....	2
Once or twice a week?, or.....	3
Less frequently?	4
SEVEN times a week.....	5 (RECODE QUESTION 1 TO YES (1), THEN GO TO Q4)
DON'T KNOW.....	98
REFUSED.....	99

4. What type of vitamin or mineral supplements do you take? (PROBE: Any others?) (DO NOT READ LIST) (ACCEPT MULTIPLE RESPONSES) (INTERVIEWER: IF RESPONDENT ANSWERS VITAMIN B, ASK "Is there a specific type of Vitamin B you are referring to?")

PRENATAL VITAMINS	1
MULTI-VITAMINS	2
FOLIC ACID/FOLATE.....	3
VITAMIN A	4
VITAMIN B6.....	5
VITAMIN B12.....	6
B COMPLEX.....	7
VITAMIN C.....	8
VITAMIN D	9
VITAMIN E.....	10
MULTI-MINERALS	11
CALCIUM	12
IRON	13
MAGNESIUM.....	14
BETA CAROTENE.....	15
ANTIOXIDANTS (NON-SPECIFIC).....	16
BRAND NAME (SPECIFY).....	17-19
OTHER (SPECIFY)	20-22
DON'T KNOW.....	98
REFUSED.....	99

IF RESPONDENT ANSWERS ANY OF PRENATAL (1) THROUGH ANTIOXIDANTS (16), DON'T KNOW (98), OR REFUSED (99), SKIP TO INSTRUCTIONS PRECEDING QUESTION 5. IF RESPONDENT ANSWERS BRAND NAME (17-19) OR OTHER (20-22) AND NOT PRENATAL (1), MULTI-VITAMIN (2), OR FOLIC ACID/FOLATE (3), GO TO QUESTION 4a.

FOR EACH "BRAND NAME" OR "OTHER" RESPONSE IN QUESTION 4 (MAXIMUM = 3), ASK QUESTIONS 4a-c. DO NOT REPEAT SERIES MORE THAN THREE TIMES. IF MORE THAN THREE ANSWERS GIVEN, ASK QUESTIONS 4a-c FOR THE FIRST THREE MENTIONS ONLY.

4a. Is (brand name, other) a multiple vitamin and mineral supplement, or does it just contain one or two specific vitamins or minerals? (DO NOT READ LIST) (ACCEPT ONLY ONE RESPONSE)

- MULTIPLE VITAMIN AND MINERAL SUPPLEMENT 1 (SKIP TO QUESTION 5)
- CONTAINS ONE OR TWO SPECIFIC VITAMINS 2 (GO TO QUESTION 4b)
- DON'T KNOW 98 } (SKIP TO QUESTION 5)
- REFUSED 99 }

4b. Which ones? (PROBE: Which others?)

- (SPECIFY) _____ 1
- DON'T KNOW 98
- REFUSED 99

IF YES (1) ON QUESTION 1, SKIP TO QUESTION 6. ALL OTHERS CONTINUE WITH QUESTION 5.

5. Can you please tell me why do you not take any vitamin or mineral supplements on a **daily** basis? (DO NOT READ LIST) (CAPTURE FIRST MENTION) (PROBE: Why else?) (ACCEPT MULTIPLE RESPONSES.)

- DON'T FEEL I NEED THEM 1
- FORGET TO TAKE THEM 2
- THE COST/COSTS TOO MUCH 3
- GET BALANCED NUTRITION FROM FOODS 4
- TOO MANY CONFLICTING REPORTS 5
- DON'T KNOW ENOUGH ABOUT THEM/LACK OF KNOWLEDGE 6
- DO NOT LIKE/DIFFICULT TO SWALLOW 7
- BAD TASTE 8
- CAUSE DIGESTIVE /STOMACH PROBLEMS/CONSTIPATION 9
- CONCERN ABOUT WEIGHT GAIN 10
- NO PARTICULAR REASON 11
- OTHER (SPECIFY) _____ 15-17
- DON'T KNOW 98
- REFUSED 99

6. Based on what you have heard, read, or seen, please tell me whether you agree or disagree with the following statements. Do you agree or disagree that (READ AND ROTATE A-D) (ACCEPT ONLY ONE RESPONSE):

	Agree	Disagree	DON'T KNOW	REFUSED
a. It is very important for a woman who is pregnant to see her health care provider during her pregnancy	1	2	98	99
b. It is very important for a woman to take multi-vitamins during pregnancy	1	2	98	99
c. It is very important for a woman who is sexually active to take multi-vitamins before she becomes pregnant.....	1	2	98	99
d. It is very important for a woman who is planning to have a child to see her health care provider before she becomes pregnant	1	2	98	99

7. Which of the following statements best describes your pregnancy plans? (READ 1-5 BELOW) (ACCEPT ONLY ONE RESPONSE)

- I am currently pregnant..... 1
 - I am planning to get pregnant in the next year or so..... 2
 - I am not planning a pregnancy in the next year or so, but I plan to at some
time in the future 3
 - I do not plan to get pregnant at any time in the future 4
 - I cannot get pregnant..... 5 (GO TO QUESTION 7a)
 - DON'T KNOW..... 98
 - REFUSED..... 99
- } (SKIP TO QUESTION 8)

7a. You said you **cannot** get pregnant. Can you tell me why not? (DO NOT READ LIST) (ACCEPT MULTIPLE RESPONSES)

- POSTMENOPAUSAL..... 1
- TUBAL LIGATION/TUBES TIED 2
- HYSTERECTOMY 3
- USING CONTRACEPTION (SPECIFY) _____ 4
- NOT CURRENTLY SEXUALLY ACTIVE..... 5
- SEXUAL PARTNER HAS VASECTOMY OR IS INFERTILE..... 6
- OTHER (SPECIFY) _____ 7
- DON'T KNOW..... 98
- REFUSED..... 99

8. Have you ever had any children? (DO NOT READ) (ACCEPT ONLY ONE RESPONSE)

- YES 1
 - NO..... 2
 - REFUSED..... 99
- } (SKIP TO QUESTION 10)

9. When did you have your most recent child? (DO NOT READ LIST) (ACCEPT ONLY ONE RESPONSE)

- LESS THAN SIX MONTHS AGO 1
- SIX MONTHS TO LESS THAN ONE YEAR AGO 2
- ONE YEAR..... 3
- TWO YEARS 4
- THREE YEARS..... 5
- FOUR YEARS 6
- FIVE YEARS AGO OR MORE..... 7
- DON'T KNOW..... 98
- REFUSED..... 99

10. Where do you get your information on health and pregnancy? (DO NOT READ LIST) (CAPTURE FIRST MENTION) (PROBE: Where else? PROBE UNTIL UNPRODUCTIVE) (ACCEPT MULTIPLE RESPONSES) (IF RESPONDENT ANSWERS “READING,” PROBE: What do you usually read to get information on health and pregnancy?)

ELECTRONIC MEDIA

TELEVISION 1
 RADIO 2
 INTERNET 3

HEALTH CARE PROVIDER

PHYSICIAN/OB/GYN/GP/FP 4
 NURSE/NURSE PRACTITIONER..... 5
 NURSE MIDWIFE/MIDWIFE 6

HEALTH CARE SETTINGS

CLINIC/WIC CLINIC 7
 HOSPITAL 8
 HEALTH DEPARTMENT..... 9
 BROCHURES/LITERATURE AT HEALTH CARE PROVIDER’S OFFICE 10

FRIENDS AND RELATIVES

MOTHER OR OTHER FAMILY MEMBER/RELATIVE..... 11
 FRIEND/CO-WORKER..... 12

PRINT MEDIA

MAGAZINE OR NEWSPAPER ARTICLE 15
 BOOKS 16

SCHOOL/COMMUNITY LOCATIONS

SCHOOL/COLLEGE 17
 CHURCH..... 18
 BEAUTY SALON..... 19
 SOCIAL WORKER/WELFARE 20

NOWHERE

NOWHERE..... 25

OTHER (*SPECIFY*) _____ 26-28

DON’T KNOW..... 98

REFUSED..... 99

<p>IF CURRENTLY PREGNANT (1) IN QUESTION 7 OR YES (1) TO QUESTION 8, ASK Q. 11. OTHERWISE, SKIP TO QUESTION 14.</p>
--

11. Thinking of your (last/current) pregnancy, did you see your health care provider to discuss pregnancy **before** you conceived, or did you wait to see your health care provider when you thought you were pregnant? (DO NOT READ LIST) (ACCEPT ONLY ONE RESPONSE)

- BEFORE 1
- WAITED..... 2
- DIDN'T SEE HEALTH CARE PROVIDER DURING PREGNANCY 3 (*SKIP TO QUESTION 14*)
- DON'T KNOW..... 98
- REFUSED..... 99

12. Did you and your health care provider discuss ways in which you might help to have a healthy baby and reduce your child's risk of birth defects? (DO NOT READ) (ACCEPT ONLY ONE RESPONSE)

- YES 1
 - NO..... 2
 - DON'T KNOW..... 98
 - REFUSED..... 99
- } (*SKIP TO QUESTION 14*)

13. What did your health care provider tell you? (DO NOT READ LIST) (CAPTURE FIRST MENTION)
 (PROBE: What else? PROBE UNTIL UNPRODUCTIVE) (ACCEPT MULTIPLE RESPONSES)

TAKE VITAMINS

TAKE VITAMINS (NOT SPECIFIC)..... 1
 TAKE PRENATAL VITAMINS..... 2
 TAKE MULTI-VITAMINS..... 3
 TAKE FOLIC ACID..... 4
 TAKE IRON 5

THINGS TO AVOID

NO SMOKING 6
 NO DRINKING/DRUGS 7
 NO HARD EXERCISE/LIFTING HEAVY OBJECTS/OVEREXERTION 8
 NO STRESS..... 9
 NO MEDICATIONS WITHOUT DOCTOR/HEALTH CARE PROVIDER APPROVAL..... 10
 LIMIT CAFFEINE 11

DIET/EXERCISE/WEIGHT GAIN

WATCH WEIGHT/MODERATE WEIGHT GAIN 12
 PROPER NUTRITION/BALANCED DIET 13
 DRINK LOTS OF WATER/ENOUGH FLUIDS..... 14
 GET EXERCISE/MODERATE EXERCISE 15

GENERAL

TAKE CARE OF YOURSELF (NON-SPECIFIC)..... 16
 GET REST 17
 REGULAR DOCTOR/HEALTH CARE PROVIDER VISITS 18

OTHER (*SPECIFY*) _____ 19-21

DON'T KNOW..... 98
 REFUSED..... 99

14. Which vitamins or mineral supplements do you think are **especially** important for women of childbearing age? (DO NOT READ LIST) (CAPTURE FIRST MENTION) (ACCEPT MULTIPLE RESPONSES) (IF RESPONDENT ANSWERS “MANY VITAMINS,” “DIFFERENT VITAMINS,” OR “ALL VITAMINS,” REPEAT QUESTION STRESSING ESPECIALLY IMPORTANT)

(INTERVIEWER: IF RESPONDENT ANSWERS VITAMIN B, ASK “Is there a specific type of Vitamin

PRENATAL VITAMINS	1
MULTI-VITAMINS	2
FOLIC ACID/FOLATE.....	3
VITAMIN A	4
VITAMIN B6.....	5
VITAMIN B12.....	6
B COMPLEX	7
VITAMIN C.....	8
VITAMIN D	9
VITAMIN E.....	10
MULTI-MINERALS	11
CALCIUM	12
IRON	13
MAGNESIUM.....	14
BETA CAROTENE.....	15
ANTIOXIDANTS (NON-SPECIFIC).....	16
BRAND NAME (<i>SPECIFY</i>).....	17-19
OTHER (<i>SPECIFY</i>)	20-22
NONE	23
DON'T KNOW.....	98
REFUSED.....	99

IF CURRENTLY PREGNANT (1) IN QUESTION 7 OR YES (1) TO QUESTION 8, ASK Q. 15. OTHERWISE, SKIP TO QUESTION 22.

15. During your (last/current) pregnancy (did/do) you take prenatal vitamins or multi-vitamins? (DO NOT READ) (ACCEPT ONLY ONE RESPONSE)

YES	1
NO.....	2
DON'T KNOW.....	98
REFUSED.....	99

} (*SKIP TO QUESTION 18*)

16. Did you start taking the prenatal vitamins or multi-vitamins **before** you knew you were pregnant, or did you start taking them **after** you knew you were pregnant? (DO NOT READ LIST) (ACCEPT ONLY ONE RESPONSE) (IF RESPONDENT SAYS SHE TOOK EITHER PRENATAL OR MULTI-VITAMINS BEFORE PREGNANCY, CODE AS "BEFORE BECAME PREGNANT," 1)

BEFORE BECAME PREGNANT	1	(<i>GO TO QUESTION 17</i>)
AFTER BECAME PREGNANT	2	(<i>SKIP TO QUESTION 22</i>)
DON'T KNOW.....	98	(<i>GO TO QUESTION 17</i>)
REFUSED.....	99	(<i>GO TO QUESTION 17</i>)

17. Before your pregnancy, were you taking prenatal vitamins or multi-vitamins on a daily basis or less frequently? (DO NOT READ) (ACCEPT ONLY ONE RESPONSE) (IF RESPONDENT SAYS SHE STARTED TAKING EITHER PRENATAL OR MULTI-VITAMINS DAILY, CODE AS "DAILY," 1)

- DAILY 1 (SKIP TO QUESTION 20a.)
- LESS FREQUENTLY 2
- DON'T KNOW..... 98
- REFUSED..... 99

18. Did you take any **single** vitamin or mineral supplement (that is, something other than a multi-vitamin or prenatal vitamin) during your (last/current) pregnancy? (DO NOT READ) (ACCEPT ONLY ONE RESPONSE)

- YES 1
 - NO..... 2
 - DON'T KNOW..... 98
 - REFUSED..... 99
- } (SKIP TO QUESTION 21)

18a. PROBE: Which ones? (DO NOT READ LIST) (ACCEPT MULTIPLE RESPONSES)

- PRENATAL VITAMINS 1
 - MULTI-VITAMINS 2
 - FOLIC ACID/FOLATE..... 3
 - VITAMIN A 4
 - VITAMIN B6..... 5
 - VITAMIN B12..... 6
 - B COMPLEX 7
 - VITAMIN C..... 8
 - VITAMIN D 9
 - VITAMIN E..... 10
 - MULTI-MINERALS 11
 - CALCIUM 12
 - IRON 13
 - MAGNESIUM..... 14
 - BETA CAROTENE..... 15
 - ANTIOXIDANTS (NON-SPECIFIC)..... 16
 - BRAND NAME (SPECIFY)..... 17-19
 - NO/NONE..... 23 (SKIP TO QUESTION 21)
-
- OTHER (SPECIFY) 20-22
 - DON'T KNOW..... 98
 - REFUSED..... 99
- } (SKIP TO QUESTION 22)

IF RESPONSE TO QUESTION 18a INCLUDES **ANY ONE** OF PRENATAL VITAMINS (1), MULTI-VITAMINS (2), FOLIC ACID/FOLATE (3), B COMPLEX (7), OR BRAND NAME (17-19), ASK QUESTIONS 19 AND 20:

IF RESPONSE TO QUESTION 18a INCLUDES ANY **TWO OR MORE** OF PRENATAL VITAMINS (1), MULTI-VITAMINS (2), FOLIC ACID/FOLATE (3), B COMPLEX (7), OR BRAND NAME (17-19), ASK QUESTIONS 19 AND 20 **FOR EACH** TYPE OF VITAMIN. CYCLE THROUGH A MAXIMUM OF FIVE TIMES. IF MORE THAN FIVE BRAND NAMES ARE PROVIDED, ASK QUESTIONS 19 AND 20 FOR THE FIRST FIVE MENTIONS ONLY.

IF RESPONSE TO QUESTION 18A DOES NOT INCLUDE ANY OF PRENATAL VITAMINS (1), MULTI-VITAMINS (2), FOLIC ACID/FOLATE (3), B COMPLEX (7), OR BRAND NAME (17-19), SKIP TO QUESTION 22.

19. You said you were taking (prenatal vitamins, multivitamins, folic acid, B complex or brand name). (FILL WITH ONE VITAMIN AT A TIME) Did you start taking this vitamin **before** you knew you were pregnant, or did you start **after** you knew you were pregnant? (DO NOT READ) (ACCEPT ONLY ONE RESPONSE)

- | | | |
|------------------------------|----|-------------------------|
| BEFORE BECAME PREGNANT | 1 | } (SKIP TO QUESTION 22) |
| AFTER BECAME PREGNANT | 2 | |
| OTHER (SPECIFY) _____ | 3 | |
| DON'T KNOW | 98 | |
| REFUSED | 99 | |

20. What were the main reasons you were taking (this/these) vitamin(s) **before** you knew you were pregnant? (DO NOT READ LIST) (CAPTURE FIRST MENTION) (ACCEPT MULTIPLE RESPONSES)

- | | |
|--|------|
| TO PREVENT BIRTH DEFECTS IN GENERAL | 1 |
| TO PREVENT DEFECTS OF SPINE OR BRAIN | 2 |
| TO PREVENT SPINA BIFIDA | 3 |
| TO PREVENT NEURAL TUBE DEFECTS | 4 |
| TO HAVE A HEALTHY BABY | 5 |
| FRIEND/RELATIVE/CO-WORKER TOLD ME TO | 6 |
| HEALTH CARE PROVIDER TOLD ME TO | 7 |
| HEARD/READ/SAW THAT IT IS IMPORTANT | 8 |
| OTHER (SPECIFY) _____ | 9-11 |
| DON'T KNOW | 98 |
| REFUSED | 99 |

ASK QUESTION 20a. IF ANSWERED "DAILY" (1) TO QUESTION 17. ALL OTHERS SKIP TO QUESTION 21.

20a. What were the main reasons you were taking (this/these) vitamin(s) **before** you knew you were pregnant? (DO NOT READ LIST) (CAPTURE FIRST MENTION) (ACCEPT MULTIPLE RESPONSES)

- | | |
|--|------|
| TO PREVENT BIRTH DEFECTS IN GENERAL | 1 |
| TO PREVENT DEFECTS OF SPINE OR BRAIN | 2 |
| TO PREVENT SPINA BIFIDA | 3 |
| TO PREVENT NEURAL TUBE DEFECTS | 4 |
| TO HAVE A HEALTHY BABY | 5 |
| FRIEND/RELATIVE/CO-WORKER TOLD ME TO | 6 |
| HEALTH CARE PROVIDER TOLD ME TO | 7 |
| HEARD/READ/SAW THAT IT IS IMPORTANT | 8 |
| OTHER (SPECIFY) _____ | 9-11 |
| DON'T KNOW | 98 |
| REFUSED | 99 |

ASK QUESTION 21 IF NO (2) TO QUESTION 15 AND NO (2) TO QUESTION 18.

21. Why did you not take a multi-vitamin or any other vitamins during your pregnancy? (DO NOT READ LIST) (CAPTURE FIRST MENTION) (ACCEPT MULTIPLE RESPONSES)

- DON'T FEEL I NEED THEM 1
- GET BALANCED NUTRITION FROM FOODS 4
- DO NOT LIKE/DIFFICULT TO SWALLOW 7
- BAD TASTE..... 8
- CAUSE DIGESTIVE /STOMACH PROBLEMS/CONSTIPATION 9
- HEALTH CARE PROVIDER DIDN'T RECOMMEND THEM 12
- TOO EXPENSIVE/THE COST/COSTS TOO MUCH..... 13
- COULD NOT TOLERATE/MADE ME SICK 14
- OTHER (*SPECIFY*) _____ 15-17
- DON'T KNOW 98
- REFUSED..... 99

22. Do you think that consuming vitamins can reduce the risk of birth defects? (DO NOT READ) (ACCEPT ONLY ONE RESPONSE)

- YES 1 (*GO TO QUESTION 23*)
- NO..... 2 (*SKIP TO QUESTION 26*)
- DON'T KNOW..... 98 (*GO TO QUESTION 23*)
- REFUSED..... 99 (*GO TO QUESTION 23*)

23. Which birth defects do you think might be prevented by consuming vitamins? (DO NOT READ LIST) (CAPTURE FIRST MENTION) (ACCEPT MULTIPLE RESPONSES)

- BIRTH DEFECTS IN GENERAL..... 1
- SPINA BIFIDA..... 2
- DEFECTS OF SPINE OR BRAIN 3
- NEURAL TUBE DEFECTS..... 4
- DOWN SYNDROME..... 5
- BONE DEFECTS 6
- LOW BIRTH WEIGHT..... 7
- GESTATIONAL DIABETES..... 8
- PREMATURE BIRTH 9
- EYESIGHT PROBLEMS 10
- OTHER (*SPECIFY*) _____ 11-13
- NONE 14
- DON'T KNOW..... 98
- REFUSED..... 99

24. What **specific** vitamins do you think can help reduce a woman’s risk of birth defects in her unborn child? (DO NOT READ LIST) (CAPTURE FIRST MENTION) (ACCEPT MULTIPLE RESPONSES) (IF RESPONDENT ANSWERS “MANY VITAMINS,” “DIFFERENT VITAMINS,” OR “ALL VITAMINS,” REPEAT QUESTION STRESSING SPECIFIC VITAMINS)

PRENATAL VITAMINS	1	
MULTI-VITAMINS	2	
FOLIC ACID/FOLATE.....	3	
VITAMIN A	4	
VITAMIN B6.....	5	
VITAMIN B12.....	6	
B COMPLEX	7	
VITAMIN C.....	8	
VITAMIN D	9	
VITAMIN E.....	10	
MULTI-MINERALS	11	
CALCIUM	12	
IRON	13	
MAGNESIUM.....	14	
BETA CAROTENE.....	15	
ANTIOXIDANTS (NON-SPECIFIC).....	16	
BRAND NAME (<i>SPECIFY</i>).....	17-19	
OTHER (<i>SPECIFY</i>)	20-22	} (<i>SKIP TO QUESTION 26</i>)
DON'T KNOW.....	98	
REFUSED.....	99	

IF RESPONSE TO QUESTION 24 INCLUDES **ANY ONE** OF PRENATAL VITAMINS (1), MULTI-VITAMINS (2), FOLIC ACID/FOLATE (3), B COMPLEX (7), OR BRAND NAME (17-19), ASK QUESTION 25.

IF RESPONSE TO QUESTION 24 INCLUDES ANY **TWO OR MORE** OF PRENATAL VITAMINS (1), MULTI-VITAMINS (2), FOLIC ACID/FOLATE (3), B COMPLEX (7), OR BRAND NAME (17-19), ASK QUESTION 25 **FOR EACH** TYPE OF VITAMIN. CYCLE THROUGH A MAXIMUM OF FIVE TIMES. IF MORE THAN FIVE BRAND NAMES ARE PROVIDED, ASK QUESTION 25 FOR THE FIRST FIVE MENTIONS ONLY.

IF RESPONSE TO QUESTION 24 DOES NOT INCLUDE ANY OF PRENATAL (1), MULTI-VITAMINS (2), FOLIC ACID/FOLATE (3), B COMPLEX (7), OR BRAND NAME (17-19), SKIP TO QUESTION 26.

25. You said (prenatal vitamins, multi-vitamins, folic acid, B-complex, or brand name) can help reduce a woman's risk of birth defects in her unborn child. (FILL WITH ONE VITAMIN AT A TIME ONLY) When should a woman **start** taking this vitamin? (DO NOT READ LIST) (CAPTURE FIRST MENTION) (ACCEPT MULTIPLE RESPONSES)

WHEN SHE IS ABLE TO BECOME PREGNANT

WHEN SHE STARTS HER PERIOD/IS ABLE TO BECOME PREGNANT/
REACHES PUBERTY 1
WHEN SHE FIRST BECOMES SEXUALLY ACTIVE/HAS SEXUAL INTERCOURSE..... 2

BEFORE PREGNANCY

WHEN SHE IS THINKING OF/STARTS TRYING TO HAVE A BABY..... 3
BEFORE SHE GETS PREGNANT/CONCEIVES 4

SPECIFIC TIMES DURING PREGNANCY

WHEN SHE FIRST GETS/FINDS OUT SHE IS PREGNANT 5
DURING FIRST FEW WEEKS/FIRST MONTH OF PREGNANCY 6
DURING THE FIRST TRIMESTER OF PREGNANCY 7
DURING THE SECOND OR THIRD TRIMESTER OF PREGNANCY 8

WHEN HEALTH CARE PROVIDER ADVISES

WHEN HEALTH CARE PROVIDER TELLS HER TO..... 9

OTHER (*SPECIFY*) _____ 10-12

DON'T KNOW..... 98

REFUSED..... 99

26. Have you ever heard, read, or seen anything about folic acid? (DO NOT READ) (ACCEPT ONLY ONE RESPONSE)

YES 1
NO..... 2 }
DON'T KNOW..... 98 } (*SKIP TO QUESTION 31*)
REFUSED..... 99 }

27. What have you heard, read, or seen about folic acid? (DO NOT READ LIST) (CAPTURE FIRST MENTION) (PROBE: What else? PROBE UNTIL UNPRODUCTIVE) (ACCEPT MULTIPLE RESPONSES)

WOMEN NEED/NEED FOR PREGNANCY

SHOULD BE TAKEN BEFORE PREGNANCY 1
 NEED IS GREATER DURING PREGNANCY 2
 ALL WOMEN OF CHILDBEARING AGE SHOULD TAKE FOLIC ACID/FOLATE..... 3

PREVENTS BIRTH DEFECTS

HELPS PREVENT BIRTH DEFECTS IN GENERAL 4
 HELPS TO HAVE A HEALTHY BABY 5
 REDUCES RISK OF SPINA BIFIDA 6
 REDUCES RISK OF DEFECTS OF SPINE OR BRAIN..... 7
 REDUCES RISK OF NEURAL TUBE DEFECTS 8
 REDUCES RISK OF TOXEMIA OF PREGNANCY 9
 REDUCES RISK OF PREMATURE BIRTH 10
 REDUCES RISK OF DOWN SYNDROME 11

PREVENTS DISEASES/GOOD FOR HEALTH

REDUCES RISK OF HEART DISEASE..... 12
 REDUCES RISK OF CANCERS..... 13
 REDUCES RISK OF LEUKEMIA 14
 PROTECTS BONES..... 15
 IMPORTANT FOR GOOD HEALTH (NON-SPECIFIC) 16

FOODS/VITAMINS CONTAIN FOLIC ACID

MULTI-VITAMINS CONTAIN FOLIC ACID/FOLATE..... 17
 CAN GET FOLIC ACID/FOLATE IN SOME FOODS 18
 SOME FOODS FORTIFIED WITH FOLIC ACID/FOLATE 19

IS A VITAMIN

IS A VITAMIN..... 20

OTHER (*SPECIFY*) _____ 21-23

DON'T KNOW..... 98

REFUSED..... 99

28. Where did you learn about folic acid? (PROBE: Anywhere else? PROBE UNTIL UNPRODUCTIVE)
 (DO NOT READ LIST) (CAPTURE FIRST MENTION) (ACCEPT MULTIPLE RESPONSES)

ELECTRONIC MEDIA

TELEVISION 1
 RADIO 2
 INTERNET 3

HEALTH CARE PROVIDER

PHYSICIAN/OB/GYN/GP/FP 4
 NURSE/NURSE PRACTITIONER..... 5

HEALTH CARE SETTINGS

CLINIC/WIC CLINIC 7
 HOSPITAL 8
 HEALTH DEPARTMENT..... 9
 BROCHURES/LITERATURE AT HEALTH CARE PROVIDER’S OFFICE..... 10

FRIENDS AND RELATIVES

MOTHER OR OTHER FAMILY MEMBER/RELATIVE..... 11
 FRIEND/CO-WORKER..... 12

PRINT MEDIA

MAGAZINE 13
 NEWSPAPER..... 14
 BOOKS 16

SCHOOL/COMMUNITY LOCATIONS

SCHOOL/COLLEGE 17
 CHURCH..... 18
 BEAUTY SALON..... 19
 SOCIAL WORKER/WELFARE..... 20

POSTERS AND SIGNS

POSTERS 21
 TRANSIT ADS..... 22
 BILLBOARD/OTHER OUTDOOR SIGN..... 23

FOOD PACKAGES

FOOD PRODUCTS/PACKAGING (E.G., CEREAL BOX) 24

OTHER (*SPECIFY*) _____ 26-28

DON’T KNOW..... 98

REFUSED..... 99

IF RESPONDENT ANSWERS TELEVISION (1) TO QUESTION 28, GO TO QUESTION 29. IF RESPONDENT ANSWERS RADIO (2) THROUGH REFUSED (99) AND NOT TELEVISION (1), GO TO QUESTION 30.

29. You said you learned about folic acid on television. Was this an... (READ 1-3 BELOW) (ACCEPT MULTIPLE RESPONSES)

- Advertisement or public service announcement 1
- News program..... 2
- Some other type of program..... 3
- DON'T KNOW..... 98
- REFUSED..... 99

IF RESPONDENT ANSWERS ADVERTISEMENT OR PUBLIC SERVICE ANNOUNCEMENT (1) TO QUESTION 29, SKIP TO QUESTION 30b. IF RESPONDENT ANSWERS NEWS PROGRAM (2) THROUGH REFUSED (99) AND NOT ADVERTISEMENT OR PUBLIC SERVICE ANNOUNCEMENT (1), GO TO QUESTION 30.

30. Have you ever heard, read, or seen any advertisements or public service announcements about folic acid? (DO NOT READ) (ACCEPT ONLY ONE RESPONSE)

- YES 1
 - NO..... 2
 - DON'T KNOW..... 98
 - REFUSED..... 99
- } (SKIP TO QUESTION 31)

30a. Where did you hear, read, or see the advertisement or public service announcement? (PROBE: on television? on the radio? in the newspaper? in a magazine? any place else?) (DO NOT READ LIST) (CAPTURE FIRST MENTION) (ACCEPT MULTIPLE RESPONSES)

- TELEVISION 1
- RADIO 2
- NEWSPAPER..... 3
- MAGAZINE 4
- BILLBOARD OR OTHER OUTDOOR SIGN 5
- TRANSIT AD 6
- MOVIE THEATRE AD..... 7
- OTHER (SPECIFY) _____ 8-10
- DON'T KNOW..... 98
- REFUSED..... 99

IF RESPONDENT ANSWERS TELEVISION (1) ON QUESTION 30a, GO TO QUESTION 30b. IF RESPONDENT SELECTS RADIO (2) THROUGH REFUSED (99), AND NOT TELEVISION (1), SKIP TO QUESTION 31.

30b. You said you have seen an advertisement or public service announcement about folic acid on television. If you have seen more than one, think about the one you remember most clearly. Could you tell me in a few words what you remember about it? (RECORD VERBATIM RESPONSE)

- (SPECIFY) _____
- DON'T KNOW 98
 - REFUSED 99

30c. Who did the television ad say should be taking folic acid? (PROBE: Anyone else?) (DO NOT READ LIST) (CAPTURE FIRST MENTION) (ACCEPT MULTIPLE RESPONSES)

EVERYONE

EVERYONE 1

WOMEN/GIRLS

ALL WOMEN 2

WOMEN OF CHILDBEARING AGE 3

SEXUALLY ACTIVE WOMEN 4

PREGNANT WOMEN 5

WOMEN TRYING TO/THINKING OF GETTING PREGNANT 6

WOMEN WHO MIGHT BECOME PREGNANT 7

GIRLS 8

MEN/BOYS

ALL MEN 9

BOYS 10

NOT SPECIFIED

AD DID NOT SAY 11

OTHER (*SPECIFY*) _____ 12-14

DON'T KNOW 98

REFUSED 99

30d: Did you feel the television ad was addressing someone like you? (DO NOT READ) (ACCEPT ONLY ONE RESPONSE)

YES 1 (*SKIP TO QUESTION 30f*)

NO 2 (*GO TO QUESTION 30e*)

DON'T KNOW 98 (*SKIP TO QUESTION 30f*)

REFUSED 99 (*SKIP TO QUESTION 30f*)

30e. Why did you feel the television ad was **not** addressing someone like you? (DO NOT READ LIST) (ACCEPT MULTIPLE RESPONSES)

AD IS FOR WOMEN TRYING TO/THINKING OF GETTING PREGNANT	1
AD IS FOR PREGNANT WOMEN.....	2
AD IS FOR DIFFERENT AGE GROUP/WOMEN PORTRAYED YOUNGER/OLDER THAN ME.....	3
AD IS FOR DIFFERENT RACE/ETHNICITY WOMEN THAN ME; PORTRAYED DIFFERENT/RACE ETHNICITY THAN ME.....	4
AD IS ABOUT HEART DISEASE/OTHER HEALTH PROBLEMS THAT DO NOT RELATE TO ME	5
AD IS FOR MEN OR BOYS.....	6
OTHER (<i>SPECIFY</i>) _____	7
DON'T KNOW.....	98
REFUSED.....	99

30f. Why did the television ad say it was important to take folic acid? (DO NOT READ LIST) (CAPTURE FIRST MENTION) (ACCEPT MULTIPLE RESPONSES)

DECREASE BIRTH DEFECTS/HEALTHY PREGNANCY	
TO HAVE A HEALTHY BABY	1
FOR A HEALTHY PREGNANCY.....	2
TO DECREASE RISK OF BIRTH DEFECTS IN GENERAL	3
TO DECREASE RISK OF SPINA BIFIDA.....	4
TO DECREASE RISK OF DEFECTS OF SPINE OR BRAIN	5
TO DECREASE RISK OF NEURAL TUBE DEFECTS.....	6
TO DECREASE RISK OF DOWN SYNDROME.....	7
TO PREVENT DISEASES	
TO HELP PREVENT HEART DISEASE.....	8
TO HELP PREVENT CANCERS.....	9
TO HELP PREVENT LEUKEMIA.....	10
NOT SPECIFIED	
AD DID NOT SAY.....	11
OTHER (<i>SPECIFY</i>) _____	12-14
DON'T KNOW.....	98
REFUSED.....	99

30g. When did the television ad say it is important to **start** taking folic acid? (DO NOT READ LIST)
 (CAPTURE FIRST MENTION) (ACCEPT MULTIPLE RESPONSES)

WHEN A WOMAN IS ABLE TO GET PREGNANT

WHEN SHE STARTS HER PERIOD/IS ABLE TO BECOME PREGNANT/
 REACHES PUBERTY 1
 WHEN SHE FIRST BECOMES SEXUALLY ACTIVE/HAS SEXUAL
 INTERCOURSE..... 2
 IN CHILDBEARING YEARS 3

FOR WOMEN BEFORE PREGNANCY

WHEN SHE IS THINKING OF/STARTS TRYING TO HAVE A BABY..... 4
 BEFORE SHE GETS PREGNANT/CONCEIVES 5

SPECIFIC TIMES DURING PREGNANCY

WHEN SHE FIRST GETS/FINDS OUT SHE IS PREGNANT 6
 DURING FIRST FEW WEEKS/FIRST MONTH OF PREGNANCY 7
 DURING THE FIRST TRIMESTER OF PREGNANCY 8
 DURING THE SECOND OR THIRD TRIMESTER OF PREGNANCY 9

AT SPECIFIC AGES/LIFE STAGES

ADOLESCENCE..... 10
 MIDDLE AGE..... 11
 ADULTHOOD..... 12
 THROUGHOUT LIFE 13

NOT SPECIFIED

AD DID NOT SAY..... 14
 OTHER (*SPECIFY*) _____ 15-17
 DON'T KNOW..... 98
 REFUSED..... 99

31. Based on what you have heard, read, or seen should a woman take **multi-vitamins** before her pregnancy, yes or no? (DO NOT READ) (ACCEPT ONLY ONE RESPONSE)

- YES 1
- NO..... 2
- DON'T KNOW..... 98
- REFUSED..... 99

IF RESPONDENT ANSWERED NO (2) TO QUESTION 26, SKIP TO QUESTION 33.

32. From what you have heard, read, or seen, what food items are good sources of **folic acid**? (PROBE: What else?) (RECORD VERBATIM RESPONSES) (ACCEPT MULTIPLE RESPONSES) (IF RESPONDENT ANSWERS "FRUIT," "VEGETABLES," "GREENS," "JUICE," "MEAT," OR "GRAIN PRODUCTS," ASK: What specific kind of (fruit, vegetables, greens, juice, meat, grain products?)

- (SPECIFY) _____
- DON'T KNOW 98
 - REFUSED 99

33. From what you have heard, read, or seen, do most multi-vitamins contain the recommended daily amount of folic acid a woman of child-bearing age needs? (DO NOT READ) (ACCEPT ONLY ONE RESPONSE)

- YES 1
- NO..... 2
- DON'T KNOW..... 98
- REFUSED..... 99

DEMOGRAPHICS

We are almost finished with the survey. I have a few final background questions to ask you so that we can understand more about who we are talking to.

- D2. Are you currently married, widowed, divorced, separated, or have you never been married? (DO NOT READ LIST) (ACCEPT ONLY ONE RESPONSE)

MARRIED	1
WIDOWED.....	2
DIVORCED	3
SEPARATED	4
NEVER MARRIED/SINGLE.....	5
DON'T KNOW.....	98
REFUSED.....	99

- D3. What is the last class level or grade you **completed** in school? (DO NOT READ LIST) (ACCEPT ONLY ONE RESPONSE)

NONE, OR GRADES 1-4.....	1
GRADES 5, 6, 7.....	2
GRADE 8.....	3
HIGH SCHOOL, INCOMPLETE (9-11)	4
HIGH SCHOOL GRADUATE (12)/GED.....	5
TRADE/TECHNICAL/VOCATIONAL TRAINING	6
COLLEGE, UNIVERSITY, INCOMPLETE	7
COLLEGE, UNIVERSITY, GRADUATED.....	8
GRADUATE SCHOOL, INCOMPLETE	9
GRADUATE SCHOOL, COMPLETE.....	10
DON'T KNOW.....	98
REFUSED.....	99

- D4. Are you employed full-time, part-time, temporarily unemployed, retired, disabled, a full-time homemaker, or are you a student? (DO NOT READ LIST) (ACCEPT MULTIPLE RESPONSES)

EMPLOYED FULL-TIME.....	1
EMPLOYED PART-TIME.....	2
TEMPORARILY UNEMPLOYED.....	3
RETIRED.....	4
DISABLED.....	5
FULL-TIME HOMEMAKER	6
STUDENT	7
DON'T KNOW.....	98
REFUSED.....	99

D5. Are you Spanish, Hispanic or Latina? (DO NOT READ) (ACCEPT ONLY ONE RESPONSE)

- | | | |
|-----------------|----|-------------------------|
| YES | 1 | |
| NO..... | 2 | } (SKIP TO QUESTION D6) |
| DON'T KNOW..... | 98 | |
| REFUSED..... | 99 | |

D5a. What country or countries are you or your family members from? (DO NOT READ LIST) (ACCEPT MULTIPLE RESPONSES)

- | | |
|-------------------------|----|
| ARGENTINA | 1 |
| COLUMBIA | 2 |
| COSTA RICA | 3 |
| CUBA | 4 |
| DOMINICAN REPUBLIC..... | 5 |
| ECUADOR | 6 |
| EL SALVADOR | 7 |
| GUATEMALA | 8 |
| HONDURAS | 9 |
| MEXICO | 10 |
| NICARAGUA | 11 |
| PERU | 12 |
| PUERTO RICO..... | 13 |
| SPAIN..... | 14 |
| URUGUAY | 15 |
| VENEZUELA | 16 |
| OTHER | 17 |
| DON'T KNOW..... | 98 |
| REFUSED..... | 99 |

D6. I'm going to read a list of racial categories. Please select one or more to best describe your race. Are you... (READ 1-5) (ACCEPT MULTIPLE RESPONSES)

- | | |
|---|----|
| White | 1 |
| Black or African American..... | 2 |
| American Indian or Alaskan Native..... | 3 |
| Asian, or..... | 4 |
| Native Hawaiian or other Pacific Islander | 5 |
| OTHER (SPECIFY) _____ | 6 |
| DON'T KNOW..... | 98 |
| REFUSED..... | 99 |

D7. Into which of the following categories does your total annual household income fall? Is it over or under \$15,000? (ACCEPT ONLY ONE RESPONSE)

(IF UNDER, ASK:) Is it over or under \$10,000?

(IF OVER, ASK:) Is it over or under \$25,000?

(IF OVER, ASK:) Is it over or under \$30,000?

(IF OVER, ASK:) Is it over or under \$40,000?

(IF OVER, ASK:) Is it over or under \$50,000?

UNDER \$10,000.....	1
\$10,000 TO \$14,999	2
\$15,000 TO \$24,999	3
\$25,000 TO \$29,999	4
\$30,000 TO \$39,999	5
\$40,000 TO \$49,999	6
\$50,000 OR MORE	7
DON'T KNOW.....	98
REFUSED.....	99

D8. How many people are living in your household including yourself? (DO NOT READ LIST) (ACCEPT ONLY ONE RESPONSE)

ONE	1
TWO	2
THREE.....	3
FOUR.....	4
FIVE.....	5
SIX.....	6
SEVEN.....	7
EIGHT.....	8
NINE.....	9
TEN.....	10
MORE THAN TEN	11
DON'T KNOW.....	98
REFUSED.....	99

CLOSING STATEMENT

That is the end of the questions. Thank you very much for completing this survey. The results will be used to develop public health and education programs for women.

As you probably have realized, this survey is about vitamins for women of childbearing age. The U.S. Public Health Service recommends that all women who could possibly get pregnant consume 400 micrograms of folic acid every day. The B vitamin folic acid may reduce the risk of birth defects if consumed before and during the earliest weeks of pregnancy. These birth defects include those of the spine and brain such as Spina Bifida. You can get the recommended amount of folic acid in a multi-vitamin, or in a folic acid pill by itself.

If you would like more information about folic acid and birth defects, you can contact the Centers for Disease Control and Prevention. Would like you like contact information? (IF YES) You may call: 770-488-7190 or go to the following website: Flo at CDC.gov.

Thank you again.

(DO NOT ASK: RECORD WHETHER OR NOT RESPONDENT WANTS CONTACT INFORMATION)

Respondent wants the contact information	1
Respondent didn't want the contact information	2

BACKGROUND STATEMENT

IF AT ANY POINT DURING THE ADMINISTRATION OF THE SURVEY THE RESPONDENT ASKS ABOUT THE ORGANIZATION SPONSORING THE SURVEY, THE PURPOSE OF THE SURVEY, OR HOW RESULTS WILL BE USED, INTERVIEWER READ:

This survey is being conducted by the Centers for Disease Control and Prevention in Atlanta, Georgia to learn about how women take care of their health. The survey results will be used to develop public health education programs for women.

The survey is anonymous. The computer dialed your telephone number randomly. We do not have your name or any other information that can identify you.

If you have any questions about this survey, you can contact Katherine Lyon Daniel at the Centers for Disease Control and Prevention. You may call: 770-488-7182.

Appendix B
S-FACES Questionnaire

FOLIC ACID CAMPAIGN EVALUATION SURVEY

Hola, estoy llevando a cabo un estudio sobre salud femenina para los Centros para el Control y la Prevención de Enfermedades. No intento venderle nada. (SI CONTESTA UN HOMBRE PIDA HABLAR CON LA AMA DE LA CASA. SI RESULTA QUE LLAMO EN UN MOMENTO INAPROPIADO, FIJE UNA HORA A LA CUAL PUEDE VOLVER A LLAMAR.)

Hello, I'm conducting interviews for the Centers for Disease Control and Prevention on women's health. I am not selling anything. (IF MALE ANSWERS, ASK TO SPEAK WITH THE FEMALE HEAD OF THE HOUSEHOLD. IF NOT A CONVENIENT TIME, ARRANGE CALL BACK.)

S1. Deleted 1/28

S2. Cuántas mujeres de 18 a 35 años de edad viven en este hogar? (DO NOT READ LIST) (ACCEPT ONLY ONE RESPONSE)
(IF RESPONDENT SAYS "NONE," ASK: ¿No hay mujeres de 18 a 35 años de edad viviendo en este hogar o ninguna está en la casa ahora?)

How many females, age 18 to 35, are living in this household?

(IF RESPONDENT SAYS NONE," ASK: *Are there no females aged 18 to 35 living in this household, or none home right now?*)

- | | | |
|--------------------------------------|----|--|
| ONE | 1 | |
| TWO | 2 | |
| THREE..... | 3 | |
| FOUR OR MORE..... | 4 | |
| FIVE | 5 | |
| SIX | 6 | |
| SEVEN..... | 7 | |
| EIGHT..... | 8 | |
| NINE | 9 | |
| TEN OR MORE..... | 10 | |
| NO FEMALE 18-35 AT HOME | 11 | (INTERVIEWER ARRANGE CALL BACK) |
| NONE / NO FEMALE LIVING IN HOUSEHOLD | 12 | } (TERMINATE AFTER VERIFYING)
(TERMINATE) |
| DON'T KNOW..... | 98 | |
| REFUSED | 99 | |

S3. Me gustaría hablar con la mujer de 18 a 35 años de edad que tuvo su cumpleaños más recientemente. (DO NOT READ LIST)

I need to speak with the female aged 18-35 who had the most recent birthday.

YES, SPEAKING WITH PERSON WHO HAS
MOST RECENT BIRTHDAY..... 1 (SKIP TO QUESTION D1)
INFORMANT GOES TO GET
ELIGIBLE FEMALE..... 2
PERSON NOT AVAILABLE 3 (INTERVIEWER ARRANGE CALL BACK)
REFUSED..... 99 (TERMINATE)

IF RESPONDENT IS NOT THE SAME PERSON WHO ANSWERED PHONE INITIALLY, INTERVIEWER READ:

Hola, estoy llevando a cabo un estudio sobre salud femenina para los Centros para el Control y la Prevención de Enfermedades. No intento venderle nada. (CONTINUE WITH QS4. IF NOT A CONVENIENT TIME, ARRANGE CALL BACK.)

IF RESPONDENT IS NOT THE SAME PERSON WHO ANSWERED PHONE INITIALLY, INTERVIEWER READ: Hello, I'm (YOUR NAME). I'm conducting interviews for the Centers for Disease Control and Prevention on women's health. I am not selling anything. (CONTINUE WITH Q. S4. IF NOT A CONVENIENT TIME, ARRANGE CALL BACK.)

S4. ¿Tiene entre 18 y 35 años de edad? (DO NOT READ)

Are you between the ages of 18 and 35?

YES 1
NO 2 } (INTERVIEWER ASK TO SPEAK TO FEMALE
DON'T KNOW 98 } AGED 18-35 WITH MOST RECENT BIRTHDAY;
REFUSED 99 } REPEAT QUESTION S4)

S5. ¿Es de origen o descendencia hispana, como mejicana, puertorriqueña, cubana o tiene algunos otros antecedentes hispanos? (DO NOT READ) (ACCEPT ONLY ONE RESPONSE)

Are you, yourself, of Hispanic origin or descent, such as Mexican, Puerto Rican, Cuban, or some other Spanish background?

YES 1
NO 2 } (TERMINATE)
DON'T KNOW 98 }
REFUSED 99 }

S6. ¿Cuando ve la televisión o escucha la radio, diría que sintoniza más frecuentemente en los canales en español o los canales en inglés? (DO NOT READ) (ACCEPT ONLY ONE RESPONSE)

When you watch TV or listen to the radio, would you say you tune in to Spanish-language channels more often or English-language channels more often?

ENGLISH-LANGUAGE CHANNELS 1 (TERMINATE)
SPANISH-LANGUAGE CHANNELS 2
AN EQUAL AMOUNT OF BOTH TYPES OF CHANNELS 3
DON'T KNOW 98 (TERMINATE)
REFUSED 99 (TERMINATE)

Proceed if participant answers YES to #S5 and SPANISH-LANGUAGE CHANNELS (2) or AN EQUAL AMOUNT OF BOTH (3) to #S6.

El enfoque de la entrevista de hoy es en cuanto a la salud. Los resultados de este estudio serán

The focus of today's interview is health-related. The results of this study will be used for health education.

S7. ¿Prefiere que le haga las preguntas en inglés o en español?

Would you prefer for me to ask you questions in English or Spanish?

ENGLISH..... 1
SPANISH..... 2

Continue interview in English or Spanish, depending upon the participant's preference.

D1. Por favor dígame su edad. (DO NOT READ) (CODE ACTUAL AGE)

Please tell me your age.

_____ Age..... 1

REFUSED..... 99

(IF RESPONDENT IS NOT BETWEEN THE AGES OF 18-35 TERMINATE.)

1. ¿Actualmente toma algunas vitaminas o suplementos minerales diariamente? (DO NOT READ)
(ACCEPT ONLY ONE RESPONSE)

Do you currently take any vitamin or mineral supplements on a daily basis?

YES..... 1 (SKIP TO QUESTION 4)
NO..... 2
DON'T KNOW..... 98
REFUSED..... 99

2. ¿Toma algunas vitaminas o suplementos minerales aunque no los tome diariamente? (DO NOT READ)
(ACCEPT ONLY ONE RESPONSE)

Do you take any vitamin or mineral supplements, even though you may not take them daily?

YES	1	} (SKIP TO QUESTION 5)
NO.....	2	
DON'T KNOW.....	98	
REFUSED.....	99	

3. ¿Con qué frecuencia toma estas vitaminas o suplementos minerales? Las toma... (READ 1-4 BELOW)
(ACCEPT ONLY ONE RESPONSE)

How often do you take these vitamin or mineral supplements? Do you take them...

De cinco a seis veces a la semana?

Five to six times a week? 1

De tres a cuatro veces a la semana?

Three or four times a week? 2

Una o dos veces a la semana?

Once or twice a week?, or 3

Con menos frecuencia?

Less frequently? 4

(DO NOT READ) SEVEN times a week 5 (*RECODE QUESTION 1 TO YES (1), THEN GO TO Q4*)

(DO NOT READ) SIETE veces a la semana

DON'T KNOW..... 98

REFUSED..... 99

4. ¿Qué tipo de vitaminas o suplementos minerales toma? (PROBE: ¿Algunas otras?) (DO NOT READ LIST) (ACCEPT MULTIPLE RESPONSES)

What type of vitamin or mineral supplements do you take? (PROBE: Any others?)

ENTREVISTADOR: SI EL ENTREVISTADO RESPONDE VITAMINA B, PREGUNTE "Se refiere a algún tipo de Vitamina B en particular?"

(INTERVIEWER: IF RESPONDENT ANSWERS VITAMIN B, ASK "Is there a specific type of Vitamin B

PRENATAL VITAMINS	1
MULTI-VITAMINS	2
FOLIC ACID/FOLATE.....	3
VITAMIN A	4
VITAMIN B6.....	5
VITAMIN B12.....	6
B COMPLEX.....	7
VITAMIN C.....	8
VITAMIN D	9
VITAMIN E.....	10
MULTI-MINERALS	11
CALCIUM	12
IRON	13
MAGNESIUM.....	14
BETA CAROTENE.....	15
ANTIOXIDANTS (NON-SPECIFIC)	16
BRAND NAME (SPECIFY).....	17-19
OTHER (SPECIFY)	20-22
DON'T KNOW.....	98
REFUSED.....	99

IF RESPONDENT ANSWERS ANY OF PRENATAL (1) THROUGH ANTIOXIDANTS (16), DON'T KNOW (98), OR REFUSED (99), SKIP TO INSTRUCTIONS PRECEDING QUESTION 6. IF RESPONDENT ANSWERS BRAND NAME (17) OR OTHER (18) AND NOT PRENATAL (1), MULTI-VITAMIN (2), OR FOLIC ACID/FOLATE (3), GO TO QUESTION 4a.

FOR EACH "BRAND NAME" OR "OTHER" RESPONSE IN QUESTION 4 (MAXIMUM = 3), ASK QUESTION 4a-B. DO NOT REPEAT SERIES MORE THAN THREE TIMES.

4a. ¿Es (marca conocida, otra) multivitamina y suplemento mineral o contiene una o dos vitaminas o minerales específicos? (DO NOT READ LIST) (ACCEPT ONLY ONE RESPONSE)

Is (brand name, other) a multiple vitamin and mineral supplement, or does it just contain one or two specific vitamins or minerals?

MULTIPLE VITAMIN AND MINERAL SUPPLEMENT	1	(SKIP TO QUESTION 5)
CONTAINS ONE OR TWO SPECIFIC VITAMINS	2	(GO TO QUESTION 4b)
DON'T KNOW	98	} (SKIP TO QUESTION 5)
REFUSED	99	

4b. ¿Cuáles? ¿Algunos otros?

Which ones? Which others?

(Specify) _____	1
DON'T KNOW	98
REFUSED	99

IF YES (1) ON QUESTION 1, SKIP TO QUESTION 6. ALL OTHERS CONTINUE WITH QUESTION 5
--

5. Me puede decir por qué motivo no toma vitaminas / minerales diariamente? (PROBE: ¿Qué más?) (DO NOT READ LIST) (CAPTURE FIRST MENTION) (ACCEPT MULTIPLE RESPONSES)

*Can you please tell me why you do not take any vitamin or mineral supplements on a **daily** basis? (PROBE: Why else?)*

DON'T FEEL I NEED THEM	1
FORGET TO TAKE THEM.....	2
THE COST/COSTS TOO MUCH.....	3
GET BALANCED NUTRITION FROM FOODS	4
TOO MANY CONFLICTING REPORTS	5
DON'T KNOW ENOUGH ABOUT THEM/LACK OF KNOWLEDGE	6
DO NOT LIKE/DIFFICULT TO SWALLOW	7
BAD TASTE.....	8
CAUSE DIGESTIVE /STOMACH PROBLEMS/CONSTIPATION	9
CONCERN ABOUT WEIGHT GAIN	10
NO PARTICULAR REASON	11
OTHER (<i>SPECIFY</i>) _____	12
DON'T KNOW.....	98
REFUSED.....	99

6. Según lo que ha escuchado, leído o visto por favor dígame si está de acuerdo o en desacuerdo con las siguientes declaraciones. Está de acuerdo o en desacuerdo que.....(READ AND ROTATE A-D) (ACCEPT ONLY ONE RESPONSE)

Based on what you have heard , read, or seen please tell me whether you agree or disagree with the following statements. Do you agree or disagree that ...

	Agree	Disagree	DON'T KNOW	REFUSED
a. Es muy importante que una mujer que está embarazada vea a su médico durante el embarazo <i>It is very important for a woman who is pregnant to see her health care provider during her pregnancy.....</i>	1	2	98	99
b. Es muy importante para una mujer que tome una multivitamina durante su embarazo <i>It is very important for a woman to take multi-vitamins during pregnancy.....</i>	1	2	98	99
c. Es muy importante para una mujer que esté teniendo relaciones sexuales tomar una multivitamina antes de quedar embarazada <i>It is very important for a woman who is sexually active to take multi-vitamins before she becomes pregnant</i>	1	2	98	99
d. Es muy importante para una mujer que esté considerando tener un hijo el ver a un médico antes de embarazarse <i>It is very important for a woman who is planning to have a child to see her health care provider before she becomes pregnant.....</i>	1	2	98	99

7. ¿Cuál de las siguientes afirmaciones describe mejor sus planes de embarazo? (READ 1-5 BELOW) (ACCEPT ONLY ONE RESPONSE)

Which of the following statements best describes your pregnancy plans?

- | | | |
|--|----|------------------------|
| Estoy embarazada actualmente
<i>I am currently pregnant</i> | 1 | } (SKIP TO QUESTION 8) |
| Estoy planeando embarazarme durante el próximo año más o menos.
<i>I am planning to get pregnant in the next year or so</i> | 2 | |
| No estoy planeando un embarazo durante el próximo año más o menos,
pero pienso hacerlo en el futuro.
<i>I am not planning a pregnancy in the next year or so, but I plan to at
some time in the future</i> | 3 | |
| No pienso embarazarme en el futuro.
<i>I do not plan to get pregnant at any time in the future</i> | 4 | |
| No puedo embarazarme
<i>I cannot get pregnant</i> | 5 | (GO TO QUESTION 7a) |
| DON'T KNOW | 98 | } (SKIP TO QUESTION 8) |
| NO SABE | | |
| REFUSED..... | 99 | |
| REHUSA | | |

- 7a. Dijo que **no puede** embarazarse. ¿Puede decirme por qué? (DO NOT READ LIST) (ACCEPT MULTIPLE RESPONSES)

*You said you **cannot** pregnant. Can you tell me why not?*

- | | |
|---|----|
| POSTMENOPAUSAL..... | 1 |
| TUBAL LIGATION/TUBES TIED | 2 |
| HYSTERECTOMY | 3 |
| USING CONTRACEPTION (<i>SPECIFY</i>) _____ | 4 |
| NOT CURRENTLY SEXUALLY ACTIVE..... | 5 |
| SEXUAL PARTNER HAS VASECTOMY OR IS INFERTILE..... | 6 |
| OTHER (<i>SPECIFY</i>) _____ | 7 |
| DON'T KNOW | 98 |
| REFUSED | 99 |

8. ¿Ha tenido hijos? (DO NOT READ) (ACCEPT ONLY ONE RESPONSE)

Have you ever had any children?

- | | | |
|--------------|----|-------------------------|
| YES | 1 | |
| NO..... | 2 | } (SKIP TO QUESTION 10) |
| REFUSED..... | 99 | |

9. ¿Cuándo tuvo su último hijo? (DO NOT READ LIST) (ACCEPT ONLY ONE RESPONSE)

When did you have your most recent child?

LESS THAN SIX MONTHS AGO	1
SIX MONTHS TO LESS THAN ONE YEAR AGO	2
ONE YEAR.....	3
TWO YEARS	4
THREE YEARS.....	5
FOUR YEARS	6
FIVE YEARS AGO OR MORE.....	7
DON'T KNOW.....	98
REFUSED.....	99

10. ¿De dónde recibe su información sobre la salud y el embarazo? (DO NOT READ LIST) (CAPTURE FIRST MENTION) (PROBE: ¿Dónde más? PROBE UNTIL UNPRODUCTIVE) (ACCEPT MULTIPLE RESPONSES) (IF RESPONDENT ANSWERS “READING,” PROBE: ¿Qué es lo que generalmente lee para obtener información sobre la salud y el embarazo?)

Where do you get your information on health and pregnancy?

(PROBE: Where else? PROBE UNTIL UNPRODUCTIVE) (IF RESPONDENT ANSWERS “READING,” PROBE: What do you usually read to get information on health and pregnancy?)

ELECTRONIC MEDIA

TELEVISION	1
RADIO	2
INTERNET	3

HEALTH CARE PROVIDERS

PHYSICIAN/OB/GYN/GP/FP	4
NURSE/NURSE PRACTITIONER.....	5
NURSE MIDWIFE/MIDWIFE	6

HEALTH CARE SETTINGS

CLINIC/WIC CLINIC	7
HOSPITAL	8
HEALTH DEPARTMENT.....	9
BROCHURES/LITERATURE AT HEALTH CARE PROVIDER’S OFFICE.....	10

FRIENDS AND RELATIVES

MOTHER OR OTHER FAMILY MEMBER/RELATIVE.....	11
FRIEND/CO-WORKER.....	12

PRINT MEDIA

MAGAZINE OR NEWSPAPER ARTICLE	15
BOOKS	16

SCHOOLS/COMMUNITY LOCATIONS

CHURCH.....	18
BEAUTY SALON.....	19
SCHOOL/COLLEGE	17
SOCIAL WORKER/WELFARE.....	20

NOWHERE

NOWHERE.....	25
OTHER (<i>SPECIFY</i>) _____	26-28
DON’T KNOW.....	98
REFUSED.....	99

10a. ¿Prefiere la información sobre la salud en inglés, español o en otro idioma?

Do you prefer health information in English, Spanish, or some other language?

ENGLISH.....	1
SPANISH.....	2
EITHER/EQUALLY	3
OTHER (<i>SPECIFY</i>) _____	4
DON'T KNOW.....	98
REFUSED.....	99

IF CURRENTLY PREGNANT (1) IN QUESTION 7 OR YES (1) TO QUESTION 8, ASK Q. 11. OTHERWISE, SKIP TO QUESTION 14.

11. ¿Si piensa en su embarazo (pasado/actual), visitó usted a su médico para hablar de su embarazo **antes** de que quedó embarazada, o esperó hasta que pensó que estaba embarazada para visitar al médico? (DO NOT READ LIST) (ACCEPT ONLY ONE RESPONSE)

*Thinking of your (last/current) pregnancy, did you see your health care provider to discuss pregnancy **before** you conceived, or did you wait to see your health care provider when you thought you were pregnant?*

BEFORE	1
WAITED.....	2
DIDN'T SEE HEALTH CARE PROVIDER DURING PREGNANCY	3 (<i>SKIP TO QUESTION 14</i>)
DON'T KNOW.....	98
REFUSED.....	99

12. ¿Le aconsejó su médico sobre las formas en las que usted podía ayudar para que tuviera un hijo saludable y reducir los riesgos de que su hijo naciera con defectos congénitos? (DO NOT READ)

Did you and your health care provider discuss ways in which you might help to have a healthy baby and reduce your child's risk of birth defects?

YES	1	} (SKIP TO QUESTION 14)
NO	2	
DON'T KNOW	98	
REFUSED	99	

13. ¿Qué le dijo su médico? (DO NOT READ LIST) (PROBE: ¿Qué más? PROBE UNTIL UNPRODUCTIVE) (ACCEPT MULTIPLE RESPONSES) (CAPTURE FIRST MENTION)

What did your health care provider tell you? (PROBE: What else? PROBE UNTIL UNPRODUCTIVE)

TAKE VITAMINS

TAKE VITAMINS (NOT SPECIFIC).....	1
TAKE PRENATAL VITAMINS.....	2
TAKE MULTI-VITAMINS.....	3
TAKE FOLIC ACID.....	4
TAKE IRON	5

THINGS TO AVOID

NO SMOKING	6
NO DRINKING/DRUGS	7
NO HARD EXERCISE/LIFTING HEAVY OBJECTS / OVEREXERTION	8
NO STRESS.....	9
NO MEDICATIONS WITHOUT DOCTOR/HEALTH CARE PROVIDER APPROVAL.....	10
LIMIT CAFFEINE	11

DIET/EXERCISE/WEIGHT GAIN

WATCH WEIGHT / MODERATE WEIGHT GAIN	12
PROPER NUTRITION/BALANCED DIET.....	13
DRINK LOTS OF WATER / ENOUGH FLUIDS.....	14
GET EXERCISE / MODERATE EXERCISE	15

GENERAL

TAKE CARE OF YOURSELF (NON-SPECIFIC).....	16
GET REST	17
REGULAR DOCTOR/HEALTH CARE PROVIDER VISITS	18
OTHER (<i>SPECIFY</i>) _____	19-21
DON'T KNOW.....	98
REFUSED.....	99

14. ¿Qué suplementos vitamínicos o minerales cree usted que son **especialmente** importantes para la mujer en edad de tener hijos? (DO NOT READ LIST) (CAPTURE FIRST MENTION) (ACCEPT MULTIPLE RESPONSES) (IF RESPONDENT ANSWERS “MANY VITAMINS,” “DIFFERENT VITAMINS,” OR “ALL VITAMINS,” REPEAT QUESTION STRESSING ESPECIALLY IMPORTANT)

Which vitamins or mineral supplements do you think are especially important for women of childbearing age?

(ENTREVISTADOR: SI EL ENTREVISTADO RESPONDE VITAMINA B, PREGUNTE "Se refiere a algún tipo de Vitamina B en particular?")

(INTERVIEWER: IF RESPONDENT ANSWERS VITAMIN B, ASK “Is there a specific type of Vitamin B

PRENATAL VITAMINS	1
MULTI-VITAMINS	2
FOLIC ACID/FOLATE.....	3
VITAMIN A	4
VITAMIN B6.....	5
VITAMIN B12.....	6
B COMPLEX	7
VITAMIN C.....	8
VITAMIN D	9
VITAMIN E.....	10
MULTI-MINERALS	11
CALCIUM	12
IRON	13
MAGNESIUM.....	14
BETA CAROTENE.....	15
ANTIOXIDANTS (NON-SPECIFIC).....	16
BRAND NAME (SPECIFY).....	17-19
OTHER (SPECIFY)	20-22
NONE	23
DON'T KNOW.....	98
REFUSED.....	99

<p>IF CURRENTLY PREGNANT (1) IN QUESTION 7 OR YES (1) TO QUESTION 8, ASK Q. 15. OTHERWISE, SKIP TO QUESTION 22.</p>
--

15. ¿En su embarazo (pasado/actual) (tomó/está tomando) vitaminas prenatales o multivitaminas? (DO NOT READ) (ACCEPT ONLY ONE RESPONSE)

During your (last/current) pregnancy (do/did) you take prenatal vitamins or multi-vitamins?

YES	1
NO.....	2
DON'T KNOW.....	98
REFUSED.....	99

(SKIP TO QUESTION 18)

16. ¿Empezó a tomar la multivitamina o prenatal **antes** de que supiera que estaba embarazada, o empezó a tomarla **después** de que supo que estaba embarazada? (DO NOT READ LIST) (ACCEPT ONLY ONE RESPONSE) (IF RESPONDENT SAYS SHE TOOK EITHER PRENATAL OR MULTI-VITAMINS BEFORE PREGNANCY, CODE AS “BEFORE BECAME PREGNANT,” 1)

*Did you start taking the prenatal or multi-vitamin **before** you knew you were pregnant, or did you start taking it **after** you knew you were pregnant?*

BEFORE BECAME PREGNANT 1 (GO TO QUESTION 17)
 AFTER BECAME PREGNANT 2 (SKIP TO QUESTION 22)
 DON'T KNOW 98 (GO TO QUESTION 17)
 REFUSED 99 (GO TO QUESTION 17)

17. Antes de embarazarse ¿estaba usted tomando vitaminas prenatales o multivitaminas diariamente o con menos frecuencia? (DO NOT READ) (ACCEPT ONLY ONE RESPONSE) (IF RESPONDENT SAYS SHE STARTED TAKING EITHER PRENATAL OR MULTI-VITAMINS DAILY, CODE AS “DAILY”, 1)

Before your pregnancy, were you taking prenatal vitamins or multi-vitamins on a daily basis or less frequently?

DAILY 1 (SKIP TO QUESTION 20a)
 LESS FREQUENTLY 2
 DON'T KNOW 98
 REFUSED 99

18. ¿Tomó **una** vitamina o suplemento mineral en particular durante su (último/actual) embarazo, sin incluir multi-vitaminas o vitaminas pre-natales? (DO NOT READ) (ACCEPT ONLY ONE RESPONSE)

*Did you take any **single** vitamin or mineral supplement (that is, something other than a multi-vitamin or pre-natal vitamin) during your (last/current) pregnancy*

YES 1
 NO 2
 DON'T KNOW 98 }
 REFUSED 99 } (SKIP TO QUESTION 21)

18a. PROBE: ¿Cuáles ? (DO NOT READ LIST) (ACCEPT MULTIPLE RESPONSES)

Which ones?

PRENATAL VITAMINS	1	
MULTI-VITAMINS	2	
FOLIC ACID/FOLATE.....	3	
VITAMIN A	4	
VITAMIN B6.....	5	
VITAMIN B12.....	6	
B-COMPLEX	7	
VITAMIN C.....	8	
VITAMIN D	9	
VITAMIN E.....	10	
MULTI-MINERALS	11	
CALCIUM	12	
IRON	13	
MAGNESIUM.....	14	
BETA CAROTENE.....	15	
ANTIOXIDANTS (NON-SPECIFIC).....	16	
BRAND NAMES (<i>SPECIFY</i>)	17-19	
NO/NONE.....	23	(SKIP TO QUESTION 21)
OTHER (<i>SPECIFY</i>)	20-22	} (SKIP TO QUESTION 22)
DON'T KNOW.....	98	
REFUSED.....	99	

IF RESPONSE TO QUESTION 18a INCLUDES **ANY ONE** OF PRENATAL VITAMINS (1), MULTI-VITAMINS (2), FOLIC ACID/FOLATE (3), B COMPLEX (4), OR BRAND NAME (17-19), ASK QUESTIONS 19 AND 20:

IF RESPONSE TO QUESTION 18a INCLUDES ANY **TWO OR MORE** OF PRENATAL VITAMINS (1), MULTI-VITAMINS (2), FOLIC ACID/FOLATE (3), B COMPLEX (4), OR BRAND NAME (17-19), ASK QUESTIONS 19 AND 20 **FOR EACH** TYPE OF VITAMIN. CYCLE THROUGH A MAXIMUM OF FIVE TIMES. IF MORE THAN FIVE BRAND NAMES ARE PROVIDED, ASK QUESTIONS 19 AND 20 FOR THE FIRST FIVE MENTIONS ONLY

IF RESPONSE TO QUESTION 18A DOES NOT INCLUDE ANY OF PRENATAL VITAMINS (1), MULTI-VITAMINS (2), FOLIC ACID/FOLATE (3), B COMPLEX (7), OR BRAND NAME (17-19), SKIP TO QUESTION 22.

19. Usted dijo que estaba tomando (vitaminas prenatales, multivitaminas, ácido fólico, complejo B o marca conocida). (FILL WITH ONE VITAMIN AT A TIME) ¿Comenzó a tomar (esta vitamina/estas vitaminas) antes de que supiera que estaba embarazada o empezó _____ de que se enteró que estaba embarazada? (DO NOT READ) (ACCEPT ONLY ONE RESPONSE)

You said you were taking (prenatal vitamins, multi-vitamins, folic acid, B complex or brand name). (FILL WITH ONE VITAMIN AT A TIME). Did you start taking this vitamin before you knew you were pregnant, or did you start after you knew you were pregnant?

BEFORE BECAME PREGNANT	1	} (SKIP TO QUESTION 22)
AFTER BECAME PREGNANT	2	
OTHER (SPECIFY) _____	3	
DON'T KNOW	98	
REFUSED.....	99	

20. ¿Cuáles fueron las razones principales por la que estaba usted tomando (esta vitamina/estas vitaminas) antes de enterarse que estaba embarazada? (DO NOT READ LIST) (CAPTURE FIRST MENTION) (ACCEPT MULTIPLE RESPONSES)

What was the main reason you were taking (this/these) vitamin(s) before you knew you were pregnant?

TO PREVENT BIRTH DEFECTS IN GENERAL	1
TO PREVENT DEFECTS OF SPINE OR BRAIN.....	2
TO PREVENT SPINA BIFIDA.....	3
TO PREVENT NEURAL TUBE DEFECTS	4
TO HAVE A HEALTHY BABY	5
FRIEND/RELATIVE/CO-WORKER TOLD ME TO	6
HEALTH CARE PROVIDER TOLD ME TO	7
HEARD/READ/SAW THAT IT IS IMPORTANT.....	8
OTHER (SPECIFY) _____	9-11
DON'T KNOW.....	98
REFUSED.....	99

ASK QUESTION 20a. IF ANSWERED “DAILY” (1) TO QUESTION 17. ALL OTHERS SKIPT TO QUESTION 21

20a. ¿Cuál fueron las razones principales por la que estaba usted tomando (esta vitamina/estas vitaminas) **antes** de enterarse que estaba embarazada? (DO NOT READ LIST) (CAPTURE FIRST MENTION) (ACCEPT MULTIPLE RESPONSES)

*What was the main reason you were taking (this/these) vitamin(s) **before** you knew you were pregnant?*

- TO PREVENT BIRTH DEFECTS IN GENERAL 1
- TO PREVENT DEFECTS OF SPINE OR BRAIN 2
- TO PREVENT SPINA BIFIDA..... 3
- TO PREVENT NEURAL TUBE DEFECTS 4
- TO HAVE A HEALTHY BABY 5
- FRIEND/RELATIVE/CO-WORKER TOLD ME TO 6
- HEALTH CARE PROVIDER TOLD ME TO 7
- HEARD/READ/SAW THAT IT IS IMPORTANT..... 8
- OTHER (*SPECIFY*) _____ 9-11
- DON'T KNOW..... 98
- REFUSED..... 99

ASK QUESTION 21 IF NO (2) TO QUESTION 15 AND NO (2) TO QUESTION 18.

21. ¿Por qué no tomó una multivitamina u otro tipo de vitaminas durante su embarazo? (DO NOT READ LIST) (CAPTURE FIRST MENTION) (ACCEPT MULTIPLE RESPONSES)

Why did you not take a multi-vitamin or any other vitamins during your pregnancy?

DID NOT FEEL I NEEDED THEM	1
GOT BALANCED NUTRITION FROM FOODS.....	4
DO NOT LIKE/DIFFICULT TO SWALLOW	7
BAD TASTE.....	8
CAUSE DIGESTIVE /STOMACH PROBLEMS/CONSTIPATION	9
HEALTH CARE PROVIDER DIDN'T RECOMMEND THEM	12
TOO EXPENSIVE/THE COST/COSTS TOO MUCH.....	13
COULD NOT TOLERATE / MADE ME SICK	14
OTHER (SPECIFY)	15-17
DON'T KNOW	98
REFUSED.....	99

22. ¿Piensa que el tomar vitaminas puede reducir los riesgos de defectos en el nacimiento? (DO NOT READ) (ACCEPT ONLY ONE RESPONSE)

Do you think that consuming vitamins can reduce the risk of birth defects?

YES	1	(GO TO QUESTION 23)
NO.....	2	(SKIP TO QUESTION 26)
DON'T KNOW.....	98	(GO TO QUESTION 23)
REFUSED.....	99	(GO TO QUESTION 23)

23. ¿Qué tipo de defectos de nacimiento cree usted que se pueden prevenir al tomar vitaminas? (DO NOT READ LIST) (CAPTURE FIRST MENTION) (ACCEPT MULTIPLE RESPONSES)

Which birth defects do you think might be prevented by consuming vitamins?

BIRTH DEFECTS IN GENERAL.....	1
SPINA BIFIDA.....	2
DEFECTS OF SPINE OR BRAIN	3
NEURAL TUBE DEFECTS.....	4
DOWN SYNDROME.....	5
BONE DEFECTS	6
LOW BIRTH WEIGHT.....	7
GESTATIONAL DIABETES.....	8
PREMATURE BIRTH	9
EYESIGHT PROBLEMS	10
OTHER (<i>SPECIFY</i>) _____	11-13
NONE	14
DON'T KNOW.....	98
REFUSED.....	99

24. ¿Cuáles vitaminas **en particular** piensa usted que pueden ayudar a reducir los riesgos de que su bebé nazca (DO NOT READ LIST) (CAPTURE FIRST MENTION) (ACCEPT MULTIPLE RESPONSES) (IF RESPONDENT ANSWERS “MANY VITAMINS,” “DIFFERENT VITAMINS,” OR “ALL VITAMINS,” REPEAT QUESTION STRESSING SPECIFIC VITAMINS)

What **specific** vitamins do you think can help reduce a woman’s risk of birth defects in her unborn child?

PRENATAL VITAMINS	1	
MULTI-VITAMINS	2	
FOLIC ACID/FOLATE.....	3	
VITAMIN A	4	
VITAMIN B6.....	5	
VITAMIN B12.....	6	
B COMPLEX	7	
VITAMIN C.....	8	
VITAMIN D	9	
VITAMIN E.....	10	
MULTI-MINERALS	11	
CALCIUM	12	
IRON	13	
MAGNESIUM.....	14	
BETA CAROTENE.....	15	
ANTIOXIDANTS (NON-SPECIFIC).....	16	
BRAND NAME (<i>SPECIFY</i>).....	17-19	
OTHER (<i>SPECIFY</i>)	20-22	} (<i>SKIP TO QUESTION 26</i>)
DON’T KNOW.....	98	
REFUSED.....	99	

IF RESPONSE TO QUESTION 24 INCLUDES **ANY ONE** OF PRENATAL VITAMINS (1), MULTI-VITAMINS (2), FOLIC ACID/FOLATE (3), B COMPLEX (7), OR BRAND NAME (17-19), ASK QUESTION 25.

IF RESPONSE TO QUESTION 24 INCLUDES ANY **TWO OR MORE** OF PRENATAL VITAMINS (1), MULTI-VITAMINS (2), FOLIC ACID/FOLATE (3), B COMPLEX (7), OR BRAND NAME (17-19), ASK QUESTION 25 **FOR EACH** TYPE OF VITAMIN. CYCLE THROUGH A MAXIMUM OF FIVE TIMES. IF MORE THAN FIVE BRAND NAMES ARE PROVIDED, ASK QUESTION 25 FOR THE FIRST FIVE MENTIONS ONLY.

IF RESPONSE TO QUESTION 24 DOES NOT INCLUDE ANY OF PRENATAL (1), MULTI-VITAMINS (2), FOLIC ACID/FOLATE (3), B COMPLEX (7), OR BRAND NAME (17-19), SKIP TO QUESTION 26.

25. Usted dijo que (vitaminas prenatales, multivitaminas, ácido fólico, complejo B o marca conocida) puede(n) disminuir los riesgos de que una mujer tenga un niño con defectos congénitos. (FILL IN WITH ONE VITAMIN AT A TIME ONLY) ¿Cuándo debe una mujer **comenzar** a tomar esta vitamina?

*You said (prenatal vitamins, multi-vitamins, folic acid, B complex, or brand name) can help reduce a woman's risk of birth defects. (FILL IN WITH ONE VITAMIN AT A TIME ONLY) When should a woman **start** taking this vitamin?*

WHEN SHE IS ABLE TO BECOME PREGNANT

- WHEN SHE STARTS HER PERIOD/IS ABLE TO BECOME PREGNANT/
REACHES PUBERTY 1
WHEN SHE FIRST BECOMES SEXUALLY ACTIVE/HAS SEXUAL INTERCOURSE..... 2

BEFORE PREGNANCY

- WHEN SHE IS THINKING OF/STARTS TRYING TO HAVE A BABY..... 3
BEFORE SHE GETS PREGNANT / CONCEIVES 4

SPECIFIC TIMES DURING PREGNANCY

- WHEN SHE FIRST GETS/FINDS OUT SHE IS PREGNANT 5
DURING FIRST FEW WEEKS/FIRST MONTH OF PREGNANCY 6
DURING THE FIRST TRIMESTER OF PREGNANCY 7
DURING THE SECOND OR THIRD TRIMESTER OF PREGNANCY 8

WHEN HEALTH CARE PROVIDER ADVISES

- WHEN HEALTH CARE PROVIDER TELLS HER TO..... 9
OTHER (*SPECIFY*) 10-12
DON'T KNOW..... 98
REFUSED..... 99

26. ¿Alguna vez ha escuchado, leído o visto algo sobre el ácido fólico? (DO NOT READ) (ACCEPT ONLY ONE RESPONSE)

Have you ever heard, read, or seen anything about folic acid?

- YES 1
NO..... 2
DON'T KNOW..... 98 } (*SKIP TO QUESTION 31*)
REFUSED..... 99 }

27. ¿Qué ha escuchado, leído o visto acerca del ácido fólico? (PROBE: ¿Qué más? PROBE UNTIL UNPRODUCTIVE) (DO NOT READ LIST) (CAPTURE FIRST MENTION) (ACCEPT MULTIPLE RESPONSES)
What have you heard, read, or seen about folic acid? (PROBE: What else? PROBE UNTIL UNPRODUCTIVE)

WOMEN NEED/NEED FOR PREGNANCY

SHOULD BE TAKEN BEFORE PREGNANCY 1
 NEED IS GREATER DURING PREGNANCY 2
 ALL WOMEN OF CHILDBEARING AGE SHOULD TAKE FOLIC ACID 3

PREVENTS BIRTH DEFECTS

HELPS PREVENT BIRTH DEFECTS IN GENERAL 4
 HELPS TO HAVE A HEALTHY BABY 5
 REDUCES RISK OF SPINA BIFIDA 6
 REDUCES RISK OF DEFECTS OF SPINE OR BRAIN 7
 REDUCES RISK OF NEURAL TUBE DEFECTS 8
 REDUCES RISK OF TOXEMIA OF PREGNANCY 9
 REDUCES RISK OF PREMATURE BIRTH 10
 REDUCES RISK OF DOWN SYNDROME 11

PREVENTS DISEASES/GOOD FOR HEALTH

REDUCES RISK OF HEART DISEASE..... 12
 REDUCES RISK OF CANCERS..... 13
 REDUCES RISK OF LEUKEMIA 14
 PROTECTS BONES..... 15
 IMPORTANT FOR GOOD HEALTH (NON-SPECIFIC) 16

FOODS/VITAMINS CONTAIN FOLIC ACID

MULTI-VITAMINS CONTAIN FOLIC ACID/FOLATE..... 17
 CAN GET FOLIC ACID/FOLATE IN SOME FOODS 18
 SOME FOODS FORTIFIED WITH FOLIC ACID/FOLATE 19

IS A VITAMIN

IS A VITAMIN..... 20

OTHER (*SPECIFY*) _____ 21-23

DON'T KNOW..... 98

REFUSED..... 99

28. ¿De dónde supo del ácido fólico? (PROBE: ¿En algún otro lugar?) (DO NOT READ LIST) (CAPTURE FIRST MENTION) (ACCEPT MULTIPLE RESPONSES) (PROBE UNTIL UNPRODUCTIVE)

Where did you learn about folic acid? (PROBE: Anywhere else?)

ELECTRONIC MEDIA

TELEVISION	1
RADIO	2
INTERNET	3

HEALTH CARE PROVIDER

PHYSICIAN/OB/GYN/GP/FP	4
NURSE/NURSE PRACTITIONER.....	5

HEALTH CARE SETTINGS

CLINIC	6
HOSPITAL	7
HEALTH DEPARTMENT.....	8
BROCHURES/LITERATURE AT HEALTH CARE PROVIDER'S OFFICE.....	9

FRIENDS AND RELATIVES

MOTHER OR OTHER FAMILY MEMBER/RELATIVE.....	10
FRIEND/CO-WORKER.....	11

PRINT MEDIA

MAGAZINE	12
NEWSPAPER.....	13
BOOKS	14

SCHOOL/COMMUNITY LOCATIONS

SCHOOL/COLLEGE	15
CHURCH.....	16
BEAUTY SALON.....	17
SOCIAL WORKER/WELFARE.....	18

POSTERS AND SIGNS

POSTERS	19
TRANSIT ADS.....	20
BILLBOARD/OTHER OUTDOOR SIGN.....	21

FOOD PACKAGES

FOOD PRODUCTS/PACKAGING (E.G., CEREAL BOX)	22
--	----

OTHER (<i>SPECIFY</i>) _____	23
DON'T KNOW.....	98
REFUSED.....	99

IF RESPONDENT ANSWERS TELEVISION (1) TO QUESTION 28, GO TO QUESTION 29. IF RESPONDENT ANSWERS RADIO (2) THROUGH REFUSED (99) AND NOT TELEVISION (1), GO TO QUESTION 30.

29. Usted dijo que escuchó hablar del ácido fólico en la televisión. Era un...: (READ 1-3 BELOW) (ACCEPT MULTIPLE RESPONSES)

You said you learned about folic acid on television. Was this a...

- Advertisement or public service announcement.....* 1
- News program.....* 2
- Some other type of program.....* 3

- DON'T KNOW..... 98
- NO SABE
- REFUSED..... 99
- REHUSA

IF RESPONDENT ANSWERS ADVERTISEMENT OR PUBLIC SERVICE ANNOUNCEMENT (1) TO QUESTION 29, SKIP TO QUESTION 30b. IF RESPONDENT ANSWERS NEWS PROGRAM (2) THROUGH REFUSED (99) AND NOT ADVERTISEMENT OR PUBLIC SERVICE ANNOUNCEMENT (1), GO TO QUESTION 30.

30. ¿Alguna vez ha escuchado, leído o visto algún comercial o anuncio de servicio público sobre ácido fólico? (DO NOT READ) (ACCEPT ONLY ONE RESPONSE)

Have you ever heard, read, or seen any advertisements or public service announcements about folic acid?

- YES 1
 - NO..... 2
 - DON'T KNOW..... 98
 - REFUSED..... 99
- } (SKIP TO QUESTION 31)

30a. ¿Cuándo escuchó, leyó o vio el comercial o anuncio de servicio público sobre ácido fólico? (DO NOT READ LIST) (CAPTURE FIRST MENTION) (ACCEPT MULTIPLE RESPONSES) (PROBE: ¿en televisión? ¿radio? ¿en el periódico? ¿en una revista? ¿en otro lugar?)

Where did you hear, read, or see the advertisement or public service announcement? (PROBE: on television? on the radio? in the newspaper? in a magazine? any place else?)

TELEVISION	1
RADIO	2
NEWSPAPER.....	3
MAGAZINE	4
BILLBOARD OR OTHER OUTDOOR SIGN	5
TRANSIT AD.....	6
MOVIE THEATRE AD.....	7
OTHER (SPECIFY) _____	8-10
DON'T KNOW.....	98
REFUSED.....	99

IF RESPONDENT ANSWERS TELEVISION (1) ON QUESTION 30a, GO TO QUESTION 30b. IF RESPONDENT SELECTS RADIO (2) THROUGH REFUSED (99), AND NOT TELEVISION (1), SKIP TO QUESTION 31.

30b. Dice que ha visto un comercial o anuncio de servicio público acerca de ácido fólico en televisión. Si ha visto más de uno, trate de recordar el que esté más fresco en su mente. ¿Puede decirme algunas de las (RECORD VERBATIM RESPONSE)

You said you have seen an advertisement or public service announcement about folic acid on television. If you have seen more than one, think about the one you remember most clearly. Could you tell me in a few words what you remember about it?

(SPECIFY) _____

DON'T KNOW.....	98
REFUSED.....	99

30c. ¿Quién dijo el comercial de televisión que debía tomar ácido fólico? (PROBE: ¿Alguien más?) (DO NOT READ LIST) (CAPTURE FIRST MENTION) (ACCEPT MULTIPLE RESPONSES)

Who did the television ad say should be taking folic acid? (PROBE: Anyone else?)

EVERYONE	
EVERYONE	1
WOMEN/GIRLS	
ALL WOMEN	2
WOMEN OF CHILDBEARING AGE	3
SEXUALLY ACTIVE WOMEN	4
PREGNANT WOMEN	5
WOMEN TRYING TO/THINKING OF GETTING PREGNANT	6
WOMEN WHO MIGHT BECOME PREGNANT	7
GIRLS	8
MEN/BOYS	
ALL MEN	9
BOYS	10
NOT SPECIFIED	
AD DID NOT SAY	11
OTHER (<i>SPECIFY</i>) _____	12
DON'T KNOW	98
REFUSED	99

30d. ¿Piensa que el anuncio en la televisión iba dirigido a alguien como usted? (DO NOT READ) (ACCEPT ONLY ONE RESPONSE)

Did you feel the television ad was addressing someone like you?

YES	1	(SKIP TO QUESTION 30f)
NO	2	(GO TO QUESTION 30e)
DON'T KNOW	98	(SKIP TO QUESTION 30f)
REFUSED	99	(SKIP TO QUESTION 30f)

30e. ¿Por qué estima que el anuncio en la televisión **no iba** dirigido a alguien como usted? (DO NOT READ LIST) (ACCEPT MULTIPLE RESPONSES)

*Why did you feel the television ad was **not** addressing someone like you?*

AD IS FOR WOMEN TRYING TO/THINKING OF GETTING PREGNANT	1
AD IS FOR PREGNANT WOMEN.....	2
AD IS FOR DIFFERENT AGE GROUP/WOMEN PORTRAYED YOUNGER/OLDER THAN ME.....	3
AD IS FOR DIFFERENT RACE/ETHNICITY WOMEN THAN ME; PORTRAYED DIFFERENT/RACE ETHNICITY THAN ME.....	4
AD IS ABOUT HEART DISEASE/OTHER HEALTH PROBLEMS THAT DO NOT RELATE TO ME	5
AD IS FOR MEN/BOYS.....	6
OTHER (<i>SPECIFY</i>) _____	7
DON'T KNOW.....	98
REFUSED.....	99

30f. ¿Por qué dijo el anuncio de televisión que era importante tomar ácido fólico? (DO NOT READ LIST) (CAPTURE FIRST RESPONSE) (ACCEPT MULTIPLE RESPONSES)

Why did the television ad say it was important to take folic acid?

DECREASE BIRTH DEFECTS/HEALTHY PREGNANCY	
TO HAVE A HEALTHY BABY	1
FOR A HEALTHY PREGNANCY.....	2
TO DECREASE RISK OF BIRTH DEFECTS IN GENERAL	3
TO DECREASE RISK OF SPINA BIFIDA.....	4
TO DECREASE RISK OF DEFECTS OF SPINE OR BRAIN	5
TO DECREASE RISK OF NEURAL TUBE DEFECTS.....	6
TO DECREASE RISK OF DOWN SYNDROME.....	7
TO PREVENT DISEASES	
TO HELP PREVENT HEART DISEASE.....	8
TO HELP PREVENT CANCERS.....	9
TO HELP PREVENT LEUKEMIA.....	10
NOT SPECIFIED	
AD DID NOT SAY.....	11
OTHER (<i>SPECIFY</i>) _____	12
DON'T KNOW.....	98
REFUSED.....	99

30g. ¿En qué momento dijo el anuncio de televisión que es importante **empezar** a tomar ácido fólico? (DO NOT READ LIST) (CAPTURE FIRST MENTION) (ACCEPT MULTIPLE RESPONSES)

*When did the television ad say it is important to **start** taking folic acid?*

WHEN A WOMAN IS ABLE TO GET PREGNANT

WHEN SHE STARTS HER PERIOD/IS ABLE TO BECOME PREGNANT/ REACHES PUBERTY.....	1
WHEN SHE FIRST BECOMES SEXUALLY ACTIVE/HAS SEXUAL INTERCOURSE.....	2
IN CHILDBEARING YEARS	3

FOR WOMEN BEFORE PREGNANCY

WHEN SHE IS THINKING OF/STARTS TRYING TO HAVE A BABY.....	4
BEFORE SHE GETS PREGNANT/CONCEIVES	5

SPECIFIC TIMES DURING PREGNANCY

WHEN SHE FIRST GETS/FINDS OUT SHE IS PREGNANT	6
DURING FIRST FEW WEEKS/FIRST MONTH OF PREGNANCY	7
DURING THE FIRST TRIMESTER OF PREGNANCY	8
DURING THE SECOND OR THIRD TRIMESTER OF PREGNANCY	9

AT SPECIFIC AGES/LIFESTAGES

ADOLESCENCE.....	10
MIDDLE AGE.....	11
ADULTHOOD.....	12
THROUGHOUT LIFE	13

NOT SPECIFIED

AD DID NOT SAY.....	14
OTHER (SPECIFY) _____	15
DON'T KNOW.....	98
REFUSED.....	99

31. ¿Según lo que ha escuchado , leído, o visto una mujer debe tomar **multivitaminas** antes de su embarazo, sí o no? (DO NOT READ) (ACCEPT ONLY ONE RESPONSE)

*Based on what you have heard, read, or seen should a woman take **multi-vitamins** before her pregnancy, yes or no?*

YES	1
NO.....	2
DON'T KNOW.....	98
REFUSED.....	99

IF RESPONDENT ANSWERED NO (2) TO QUESTION 26, SKIP TO QUESTION 33.

(IF RESPONDENT ANSWERS "FRUIT," "VEGETABLES," "GREENS," "JUICE," "MEAT," OR "GRAIN PRODUCTS," ASK: ¿Cuáles tipos específicos de frutas, vegetales, verduras, jugo, carne o productos de cereales)? (RECORD VERBATIM RESPONSES) (ACCEPT MULTIPLE RESPONSES)

From what you have heard, read, or seen, what food items are good sources of folic acid? (PROBE: What else?) (IF RESPONDENT ANSWERS "FRUIT," "VEGETABLES," "GREENS," "JUICE," "MEAT," OR "GRAIN PRODUCTS," ASK: What specific kind of (fruit, vegetables, greens, juice, meat, grain products)?

(SPECIFY) _____

DON'T KNOW..... 98
REFUSED..... 99

33. Según lo que ha escuchado, leído o visto, ¿es cierto que la mayoría de las multivitaminas contienen la cantidad recomendada por día de ácido fólico para satisfacer las necesidades de una mujer en edad de tener hijos? (DO NOT READ) (ACCEPT ONLY ONE RESPONSE)

From what you have heard, read or seen, do most multi-vitamins contain the recommended daily amount of folic acid a woman of child-bearing age needs?

YES..... 1
NO..... 2
DON'T KNOW..... 98
REFUSED..... 99

DEMOGRAPHICS

Ya casi terminamos con la encuesta. Tengo unas cuantas preguntas sobre usted para poder entender un poco mejor con quién estamos hablando.

We are almost finished with the survey. I have a few final background questions to ask you so that we can understand more about who we are talking to.

- D2. ¿Está actualmente casada, viuda, divorciada, separada, o nunca ha estado casada? (DO NOT READ LIST) (ACCEPT ONLY ONE RESPONSE)

Are you currently married, widowed, divorced, separated, or have you never been married?

MARRIED	1
WIDOWED.....	2
DIVORCED.....	3
SEPARATED	4
NEVER MARRIED/SINGLE.....	5
DON'T KNOW.....	98
REFUSED.....	99

- D3. ¿Cuál es la última clase o grado que _____ en la escuela? (DO NOT READ LIST) (ACCEPT ONLY ONE RESPONSE)

*What is the last class level or grade you **completed** in school*

NONE, OR GRADES 1-4.....	1
GRADES 5, 6, 7.....	2
GRADE 8.....	3
HIGH SCHOOL, INCOMPLETE (9-11)	4
HIGH SCHOOL GRADUATE (12)/GED.....	5
TRADE/TECHNICAL/VOCATIONAL TRAINING	6
COLLEGE, UNIVERSITY, INCOMPLETE	7
COLLEGE, UNIVERSITY, GRADUATED.....	8
GRADUATE SCHOOL, INCOMPLETE	9
GRADUATE SCHOOL, COMPLETE.....	10
DON'T KNOW.....	98
REFUSED.....	99

- D4. ¿Está empleada a tiempo completo, tiempo parcial, temporalmente desempleada, jubilada, incapacitada, es ama de casa, o estudiante? (DO NOT READ LIST) (ACCEPT MULTIPLE RESPONSES)

Are you employed full-time, part-time, temporarily unemployed, retired, disabled, full-time homemaker, or are you a student?

EMPLOYED FULL-TIME.....	1
EMPLOYED PART-TIME.....	2
TEMPORARILY UNEMPLOYED.....	3
RETIRED.....	4
DISABLED.....	5
FULL-TIME HOMEMAKER.....	6
STUDENT.....	7
DON'T KNOW.....	98
REFUSED.....	99

- D5. ¿De cuál país o cuáles países procede originalmente usted o su familia? (DO NOT READ LIST) (ACCEPT MULTIPLE RESPONSES)

What country or countries are you or your family members from?

ARGENTINA.....	1
COLOMBIA.....	2
COSTA RICA.....	3
CUBA.....	4
DOMINICAN REPUBLIC.....	5
ECUADOR.....	6
EL SALVADOR.....	7
GUATEMALA.....	8
HONDURAS.....	9
MÉXICO.....	10
NICARAGUA.....	11
PERU.....	12
PUERTO RICO.....	13
SPAIN.....	14
URUGUAY.....	15
VENEZUELA.....	16
OTHER (SPECIFY).....	17
DON'T KNOW.....	98
REFUSED.....	99

- D6. ¿Nació en los Estados Unidos? (DO NOT READ) (ACCEPT ONLY ONE RESPONSE)

Were you born in the United States?

YES.....	1
NO.....	2
DON'T KNOW.....	98
REFUSED.....	99

D7. ¿Por cuánto tiempo ha vivido en los Estados Unidos? (DO NOT READ LIST)

How long have you been living in the United States altogether?

LESS THAN TEN YEARS (OR EXACTLY TEN YEARS)	1
MORE THAN TEN YEARS	2
DON'T KNOW.....	98
REFUSED.....	99

D8. Voy a leer una lista de categorías relacionadas con las razas. Por favor escoja la categoría o las categorías que cree que mejor la describen. Es usted... (READ LIST 1-5) (ACCEPT MULTIPLE RESPONSES)

I'm going to read a list of racial categories. Please select one or more to best describe your race. Are

<i>White?</i>	1
¿Negra o Afroamericana? <i>Black or African American?</i>	2
¿India Americana o Nativa de Alaska? <i>American Indian or Alaskan Native?</i>	3
¿Asiática? o <i>Asian?, or</i>	4
¿De ancestros hawaianos o de una isla del Pacífico? <i>Native Hawaiian or other Pacific Islander?</i>	5
OTHER (SPECIFY _____)	6
DON'T KNOW.....	98
REFUSED.....	99

D9. ¿Entre cuáles de las siguientes categorías cae el ingreso total anual de su hogar? Es superior ó inferior a \$15,000? (ACCEPT ONLY ONE RESPONSE)

Into which of the following categories does your total annual household income fall? Is it over or under \$15,000?

(IF UNDER, ASK) ¿Es superior o inferior a \$10,000?	<i>Is it over or under 10,000?</i>
(IF OVER, ASK) ¿Es superior o inferior a \$25,000?	<i>Is it over or under \$25,000?</i>
(IF OVER, ASK) ¿Es superior o inferior a \$30,000?	<i>Is it over or under \$30,000?</i>
(IF OVER, ASK) ¿Es superior o inferior a \$40,000?	<i>Is it over or under \$40,000?</i>
(IF OVER, ASK) ¿Es superior o inferior a \$50,000?	<i>Is it over or under \$50,000?</i>

UNDER \$10,000	1
\$10,000 to \$14,999	2
\$15,000 to \$24,999	3
\$25,000 to \$29,999	4
\$30,000 to \$39,999	5
\$40,000 to \$49,999	6
\$50,000 or more	7
DON'T KNOW	98
REFUSED	99

D10. ¿Cuántas personas viven en su hogar, incluyéndola a usted? (DO NOT READ LIST) (ACCEPT ONLY ONE RESPONSE)

How many people are living in your household including yourself?

ONE	1
TWO	2
THREE.....	3
FOUR.....	4
FIVE.....	5
SIX.....	6
SEVEN.....	7
EIGHT.....	8
NINE.....	9
TEN.....	10
MORE THAN TEN	11
DON'T KNOW.....	98
REFUSED.....	99

CLOSING STATEMENT

Estas serían todas las preguntas. Muchas gracias por completar esta encuesta. Los resultados serán utilizados para desarrollar la salud pública y los programas de educación para las mujeres.

That is the end of the questions. Thank you very much for completing this survey. The results will be used to develop public health and education programs for women.

Como usted probablemente ya se ha dado cuenta, esta encuesta trata de las vitaminas que son importantes para las mujeres que son de edad de tener hijos. El Servicio de Salud Pública de los E.E.U.U. recomienda que todas las mujeres que tienen la posibilidad de embarazarse tomen 400 mcg de ácido fólico cada día. El ácido fólico (vitamina B) podría disminuir el riesgo de defectos congénitos si lo tomara antes y durante las primeras semanas del embarazo. Los defectos congénitos incluyen defectos de la columna vertebral y del cerebro, como espina bifida. Se puede obtener la cantidad recomendada de ácido fólico de una multivitamina, o de una píldora que sólo

As you probably have realized, this survey is about vitamins for women of childbearing age. The U.S. Public Health Service recommends that all women who could possibly get pregnant consume 400 mcg of folic acid every day. The B-vitamin folic acid may reduce the risk of birth defects if consumed before and during the earliest weeks of pregnancy. These birth defects include those of the spine and brain such as Spina Bifida. You can get the recommended amount in a multi-vitamin, or in a folic acid pill by itself.

Si quisiera más información sobre ácido fólico y los defectos congénitos, puede ponerse en contacto con los Centros para el Control y la Prevención de Enfermedades. ¿Quisiera información de contacto? (IF YES), puede llamar a: 770-488-7190 o visitar el sitio web : Flo at CDC.gov

Muchísimas gracias.

If you would like more information about folic acid and birth defects, you can contact the Centers for Disease Control and Prevention. Would like you like contact information? (IF YES), you may call: 770-488-7190 or go to the following website: Flo at CDC.gov

Thank you again.

(DO NOT ASK: RECORD WHETHER OR NOT RESPONDENT WANTS CONTACT INFORMATION)

- Respondent wants the contact information 1
- Respondent didn't want the contact information 2

BACKGROUND STATEMENT

IF AT ANY POINT DURING THE ADMINISTRATION OF THE SURVEY THE RESPONDENT ASKS ABOUT THE ORGANIZATION SPONSORING THE SURVEY, THE PURPOSE OF THE SURVEY, OR HOW RESULTS WILL BE USED, INTERVIEWER READ:

Esta encuesta se está realizando por los Centros para el Control y la Prevención de Enfermedades, en Atlanta, Georgia, con fines de recolectar información sobre cómo las mujeres se ocupan de su salud. Los resultados serán utilizados para desarrollar la salud pública y los programas de educación para las mujeres.

This survey is being conducted by the Centers for Disease Control and Prevention in Atlanta, Georgia to learn about how women take care of their health. The survey results will be used to develop public health and education programs for women.

Esta encuesta será anónima. La computadora marcó su número de teléfono al azar. No tenemos su nombre ni ningún otro tipo de información que le puede identificar a usted.

The survey is anonymous. The computer dialed your telephone number randomly. We do not have your name or any other information that can identify you.

Si tiene preguntas sobre la encuesta, puede llamar a Katherine Lyon Daniel en los Centros para el Control y la Prevención de Enfermedades. Puede llamar a: 770-488-7182.

If you have any questions about this survey, you can contact Katherine Lyon Daniel at the Centers for Disease Control and Prevention. You may call: 770-488-7182.

Appendix C
Media Exposure Index

Appendix D
Non-Media Exposure Index

Sample Non-media Exposure Index. August 1 - October 31, 1999

Market	Materials Distributed	Presentation Attendance	Other Activities
1. Albuquerque, NM			
2. Atlanta, GA			
3. Bakersfield, CA			
4. Bangor, ME			
5. Birmingham, AL			
6. Boise, ID			
7. Boston, MA			
8. Buffalo, NY			
9. Champaign-Springfield-Decatur, IL			
10. Charleston-Huntington, WV			
11. Charlotte, NC			
12. Chicago, IL			
13. Cincinnati, OH			
14. Cleveland, OH			
15. Columbia, SC			
16. Dallas-Ft. Worth, TX			
17. Denver, CO			
18. Detroit, MI			
19. Des Moines-Ames, IA			
20. Fresno-Salinas, CA			
21. Hartford-New Haven, CT			
22. Honolulu, HI			
23. Houston, TX			
24. Indianapolis, IN			
25. Kansas City, MO			
26. Knoxville, TN			
27. Las Vegas, NV			
28. Little Rock, AR			

Sample Non-media Exposure Index. August 1 - October 31, 1999

29. Los Angeles, CA			
30. Memphis, TN			
31. Miami, FL			
32. Milwaukee, WI			
33. Minneapolis-St. Paul, MN			
34. Mobile, AL			
35. Nashville, TN			
36. New Orleans, LA			
37. New York, NY			
38. Oklahoma City, OK			
39. Omaha, NE			
40. Orlando-Daytona-Melbourne, FL			
41. Philadelphia, PA			
42. Phoenix, AZ			
43. Portland, OR			
44. Providence, RI			
45. Raleigh-Durham, NC			
46. Rochester, NY			
47. Sacramento-Stockton-Modesto, CA			
48. Salt Lake City, UT			
49. San Antonio, TX			
50. San Diego, CA			
51. San Francisco-Oakland-San Jose, CA			
52. Savannah, GA			
53. Seattle-Tacoma, WA			
54. St. Louis, MO			
55. Tampa-St. Petersburg, FL			
56. Tulsa, OK			
57. Washington, DC			
58. West Palm Beach-Fort Pierce, FL			

Appendix E
Definition of Media Markets

List of Counties in Higher- and Lower-Media Exposure Markets¹

Atlanta, GA

Clay, Union, Towns, Rabun, Lumpkin, Habersham, White, Gilmer, Gordon, Pickens, Dawson, Hall, Banks, Floyd, Bartow, Cherokee, Forsyth, Polk, Haralson, Paulding, Cobb, Fulton, De Kalb, Gwinnett, Barrow, Jackson, Clarke, Oconee, Oglethorpe, Douglas, Carroll, Clayton, Rockdale, Newton, Morgan, Greene, Randolph (AL), Cleburne (AL), Heard, Coweta, Fayette, Henry, Butts, Jasper, Putnam, Troup, Meriwether, Pike, Upson, Lamar, Spalding

Bakersfield, CA

W Kern

Boston, MA

Belknap (NH), Merrimack (NH), Windham (CT), Cheshire, Hillborough (NH), Strafford (NH), Rockingham, Essex, Middlesex, Worchester, Norfolk, Plymouth, Barnstable, Dukes, Nantucket

Denver, CO

Moffat, Routt, Jackson, Larimer, Weld, Logan, Sedgwick, Phillips, Rio Blanco, Garfield, Eagle, Grand, Gilpin, Summit, Clear Creek, Jefferson, Boulder, Denver, Adams, Morgan, Arapahoe, Washington, Yuma, Kit Carson, Elbert, Douglas, Park, Lake, Pitkin, Chaffe, Gunnison, Delta, Hinsdale, San Juan, San Miguel, Dolores, Mineral, Rio Grande, Almosa, Saguache, Custer, Archuleta, Prowers, Dawes (NB), Box Butte (NB), Kimball (NB), Cheyenne (NB), Garden (NB), Deuel (NB), Keith (NB), Johnson (WY), Campbell (WY), Carbon (WY), Albany (WY), Platte (WY), Eureka (NV)

Des Moines-Ames, IA

Kossuth, Pocahontas, Humboldt, Wright, Franklin, Calhoun, Webster, Hamilton, Hardin, Carroll, Greene, Boone, Story, Marshall, Audubon, Guthrie, Dallas, Polk, Jasper, Poweshiek, Adair, Madison, Warren, Marion, Mahaska, Union, Clarke, Lucas, Monroe, Taylor, Ringgold, Decatur, Wayne, Appanoose

Hartford-New Haven, CT

Litchfield, Hartford, Tolland, Windham, New Haven, Middlesex, New London

Las Vegas, NV

Nye, Lincoln, Calrk

Los Angeles, CA

Inyo, E Kern, Ventura, Los Angeles, Orange, San Bernadino, W Riverside

¹ The media markets are defined according to the Nielsen Media Research “designated market areas” (Nielsen, 1998a).

Miami, FL

Broward, Miami-Dade, Monroe

New York, NY

Sullivan, Ulster, Dutchess, Orange, Putnam, Rockland, Westchester, Bronx, New York, Queens, Kings, Hudson, Richmond, Nassau, Suffolk, Fairfield (CT), Pike (PA), Sussex (NJ), Warren (NJ), Passaic (NJ), Bergen (NJ), Essex (NJ), Morris (NJ), Union (NJ), Middlesex (NJ), Somerset (NJ), Hunterdon (NJ), Monmouth (NJ), Ocean (NJ),

Phoenix, AZ

Mohave, La Paz, Yavapai, Maricopa, Pinal, Gila, Graham, Greenlee, Navajo, Apache S, Coconino, E Riverside (CA)

Sacramento-Stockton-Modesto, CA

Colusa, Yolo, Sutter, Yuba, Plumas, Sierra, Nevada, W El Dorado, Amador, Calaveras, Tuolumne, San Joaquin, Stanislaus, Sacramento, Solano

San Antonio, TX

Gillespie, Val Verde, Edwards, Real, Kerr, Gillespie, Bandera, Kendall, Comal, Guadalupe, Gonzales, Lavaca, De Witt, Goliad, Karnes, Bexar, Atascosa, McMullen, La Salle, Dimmit, Maverick, Zavala, Frio, Medina, Uvalde, Kinney

Tulsa, OK

Osage, Pawnee, Creek, Okfuskee, Okmulgee, McIntosh, Pittsburg, Latimer, Haskell, Muskogee, Tulsa, Wagoner, Mayes, Washington, Rogers, Nowata, Craig, Delaware, Adair, Montgomery (KS), Chatauqua (KS)

Appendix F
Evaluation Timeline

