**ABC Baby R01**

**Screening call for eligibility**

The following is a script to read to potential participants in the ABC Baby Study.

Read the script *verbatim*. Do not read the parts that are in brackets or parentheses. These are instructional and will help you know what to do next.

Before making the phone call, make sure to open the ***Gestational Age/Weight by Sex*** excel file.

**Part A: INTRODUCTION**

**[If calling while mother is still pregnant and received information from OB Registry]**

Hi this is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from the University of Michigan. I have your name because you indicated at one of your prenatal visits that you would be willing to be contacted about future research studies during pregnancy and postpartum. I have a study that you may qualify for that I would love to tell you about. You do not have to participate in this study if you don't want to. Would you be interested in hearing about it?

**[If calling postpartum mom as a follow-up to an initial screening during pregnancy]**

Hi this is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from the University of Michigan. We spoke about a month or two ago about the possibility of you and your baby participating in a research study about infant eating behavior and interactions between mothers and babies the first year after your baby’s birth. I am calling today to see if you are interested in learning more about this study and finding out whether you and your baby are eligible to participate. You do not have to participate in this study if you don't want to. Is this something you’d be interested in hearing about?

**[If calling postpartum mom for the first time (no call was made during pregnancy)]**

Hi this is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from the University of Michigan. I have your name because when you were pregnant with your baby, you indicated that you would be willing to be contacted about future research studies during pregnancy and postpartum. I have a study that you may qualify for that I would love to tell you about. You do not have to participate in this study if you don't want to. Would you be interested in hearing about it?

**[If NO (don’t want to hear about study)].** “Okay, thank you for your time.” **[If part of OB registry]** “Might you still be interested in participating in other studies, or would you rather I remove you from our list of those interested in participating in research projects?”

* If they want to be removed, make note in Excel file to **give to Stephanie and Kate**, so they can update the Registry.

**[If “yes”]** Is this a good time to talk?

**[If “no”, Not a good time to talk]** Is there a better time for me to call you back? Great. I will call you back later. (Note: Date/Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) Thank you!

**[If “yes”]** OK, good. I have this phone number correct, I’d also like to make sure that I have your contact information correct. If you are eligible for this study, our staff will come to your home to conduct the study visits [Go to Intake Form section]

**[If mom calls in after seeing flyer and RA is calling her back]**

Hi, this is \_\_\_\_\_\_\_\_\_\_\_\_\_ from the ABC Baby study at the University of Michigan. I’m calling because you responded to a flyer we had posted in the community about a new study we are doing. This is a voluntary study and I am calling to see if you would be interested in participating. This study will help us to understand infant eating behavior and interactions between mothers and babies the first year after your baby’s birth. You do not have to participate in this study if you don’t want to. Is this a good time to talk?

**[If “no”, Not a good time to talk]** Is there a better time for me to call you back? Great. I will call you back later. (Note: Date/Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) Thank you!

**[If “yes”]** “OK, good. I have this phone number correct, I’d also like to make sure that I have your contact information correct. If you are eligible for this study, our staff will come to your home to conduct the study visits. [Go to Intake Form section]

**[If this screener is being completed immediately following a call to the office, ASK** ]

“Before we get started, I’d also like to make sure that I have your contact information correct. If you are eligible for this study, our staff will come to your home to conduct the study visits.

**Subject ID#: subj\_id**

**PART B. CONTACT INFORMATION:**

**parentfirst** **parentlast**

Parent/Guardian First Name Parent/Guardian Last Name

**parentpronounce**

Parent’s name Pronunciation

**childfirst** **childlast**

Child’s First Name Child’s Last Name

**childpronounce**

Child’s name Pronunciation

“So your baby’s name is [First name, Last name]? Is that correct?”

**address city state zip**

Street Address City State Zip

**mailingaddress mailingcity mailingstate mailingzip**

**Mailing** Street Address City State Zip

Email address: **email**

Phone Home: **phone\_home**  Notes: **phone\_home\_notes**

Cell: **phone\_cell** Notes: **phone\_cell\_notes**

Work: **phone\_work**  Notes: **phone\_work\_notes**

Other: **phone\_other** Notes: **phone\_other\_notes**

**[If address indicates that the family is more than a 1.25 hour drive away from Ann Arbor, this family is ineligible. Stop here.]**

**PART C. STUDY DESCRIPTION & CONFIRMATION OF INTEREST**

Let me first tell you briefly what the study is about.

* This Research study is completely **optional.**
* We are interested in learning more about infant eating behavior and interactions between mothers and babies the first year after your baby’s birth
* This **voluntary** study will include two visits to your home by a trained researcher from the University of Michigan when your baby is about 2 weeks old. The visits will take between 1 and 2 hours, and will be scheduled at a time convenient for you and your baby.

At these visits, we would:

* Weigh and measure you and your baby.
* Ask you to fill out some questionnaires about you and your baby
* Measure the pressure of your baby’s suck while s/he sucks on the bottle
* Measure how much your baby feeds on your natural feeding pattern and how much your baby feeds on a slightly altered feeding schedule.
* Videotape your baby’s response when we provide your baby with a small amount of sweet taste or water.
* Videotape and observe how your baby responds to different ways of soothing babies.
* Because we’re now learning that stool may tell us a lot about health, we will ask for some samples of your and your baby’s stool from the diaper.

Does this sound like something you’d like to hear more about? **[If no, ask follow-up questions] interest**

1=Yes

0=No

**[If NO]** “Okay, thank you. One last question. Are you willing to share why you aren’t   
interested in participating? **nointerest**

1=Yes

0=No

**[If YES]** Record their answer. [If they are having a difficult time or seem like they feel   
 awkward, you may offer examples by saying *“Some possible reasons are: the time   
 commitment is too large, the compensation is too low, or you’re not comfortable with   
 what you or your child would need to do for the study.”* If they respond that they are   
 not comfortable with part of the protocol, ask *“Can you tell me specifically which   
 part made you uncomfortable?”* **nointerest\_reason**

**[If NO]** Record “No” and say “Thank you very much for your time. Have a great   
 day.”

**[If YES]**, then say: “Great. Before I review the study in more detail, let me first ask you some questions to make sure you and your baby are eligible to participate in the study.”

**PART D: POSTPARTUM ELIGIBILTY SCREENING**

**Date of Intake: dateintake** (mm/dd/yyyy)

[If mother seems to have difficulty understanding English…] This study is conducted in

English and as part of the study we will be going over questionnaires with you and asking your child to do a series of tasks. Unfortunately we can only do these things in English. Do you feel comfortable going over the questionnaires in English? **langengok**

1=Yes

0=No *(****Go to Part E1****)*

I’d like to go over a few more questions to figure out if you and your baby are eligible to participate in

the study:

1. Is your child male or female? **childsex**

1=Male

2=Female

1. Was this child a single or multiple birth (i.e. twins)? **singlet**

1=Single

2=Multiple ***(Ineligible. Go to Part E1)***

**3.** Are you the child’s biological mother? **biomom**

1=Yes

0=No ***(Ineligible. Go to Part E1.)***

**5.** What is your date of birth? **guardiandob** (mm/dd/yyyy)  ***(Ineliglble if mother is under 18 years of age by the first study visit, i.e. when infant is 2 weeks old. Go to Part E1.)***

**4.** Are you the child’s legal guardian? **legalguard**

1=Yes

0=No ***(Ineligible. Go to Part E1.)***

**6.** Did you have any complications with this pregnancy? **pregprob**

1=Yes

0=No

**6a.** If Yes, please describe: **pregproby** *(****bring to JL for medical check****)*

**7.** Did your child have any significant medical problems at birth? **c\_medprobbirth**

1=Yes

0=No

**7a.** If Yes, please describe: **c\_medprobbirthy** *(****bring to JL for medical check****)*

**8.** After [index child] was born, did s/he spend any time in the special nursery or in the neonatal intensive care unit (NICU)? **nicu**

1=Yes

0=No

**8a.** If yes, please describe what you understand was the reason, what they did for baby there, and how long the baby was there: **nicuy** ***(bring to JL for medical check)***

**9.** Following [index child]’s birth did s/he go home with you from the hospital or did s/he have to stay in the hospital longer? **c\_hospstay**

0=went home with me

1=stayed in hospital longer

**9a. [If stayed in hospital longer, ask]** How old was [index child] when s/he came home from the hospital? **c\_hospstayage**

**9b.** Please describe what you understand was the reason, what they did for baby in the hospital, and how long the baby was there: **c\_hospstayy** **(*bring to JL for medical check)***

**10.** What was [index child]’s] birth date? **childdob** (mm/dd/yyyy)

Do you remember what was your due date for [index child]? **recallduedate**

1=Yes (Answer question #11 and #12 below)

0=No (Skip to question #13)

**11.** **[If Yes]** What was your due date for [index child]? **origduedate** (mm/dd/yyyy)

***(Check BIRTH DATE CALCULATOR to determine age. Ineligible if <32 weeks or >42 weeks gestation. Go to Part E1.)***

**12.** It seems like your child was born about\_\_\_\_\_\_\_\_ (say best assessment of how child was born in relation to due date- for example: “It seems like your child was born about *1 week early*”, or “…*5* *days late*”, etc.). Is this correct? **duevgest**

1=Yes **(Skip to question #14)**

0=No **(Answer question item #12a)**

**12a. If No, note reason for correction and correction of date but do not change initial dates.**

**i.** Reason for correction: **duedateedit**

**ii.** Corrected due date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ **correctduedate**

**\*\*\*\*Use BIRTH DATE CALCULATOR. Ineligible if any of the following are true:**

-more than 3 weeks prior to due date

-before 37 weeks

-after 42.0 weeks gestation

**[Go to Part E1.]**

**13.** [If No] Was your child born EARLY or LATE? (select one) **bornearlylate**

1=Early

2=Late

[If Late…] About how many weeks or days your child was late? (provide your best estimate) **wkslate [Ineligible if child was born more than 2 weeks late. Continue with screening then go to Part E1]**

[If Early…] About how many weeks or days your child was early? (provide your best estimate) **wksearly**

Did the doctor say your child was born prematurely? **bornpreemie**

1=Yes

0=No **[Ineligible if mother indicates that (1) the doctor said child was premature OR (2) child was born more than 3 weeks early]**

**[If unclear about how early, say…]** Since your child may be born prematurely I will have to check with the study supervisor to discuss this, but I would like to go over the rest of the questions with you.

**14.** What was your child’s birth weight? **birthweight**

[note: Write down what parent says verbatim. i.e. moms says “ 8 pounds a few ounces” or “six

and a half pounds”]

**FOR ADMIN (not in db; to be completed when dataset is submitted to statistician):**

Birth weight pounds (lbs): **birthwt\_lbs**

Birth weight ounces (oz): **birthwt\_oz**

* (Refer to ***Gestational Age/Weight by Sex*** Excel spreadsheet and find 3rd and 97th percentile for child’s gestational age. **If child’s birth weight is below 3rd percentile or above 97th percentile**, child is ineligible. **If ineligible, continue with screening and proceed to part E1**)

**15.** Does your child have any medical problems now? **c\_medprob**

1=Yes

0=No

15a. (If yes) Please describe: **c\_medproby**

**(Say)** Based on what you are telling me, I will have to check with the study supervisor to discuss this, but I would like to go over the rest of the questions with you.

**16.** Does your child take any medications regularly? **c\_meds**

1=Yes

0=No

**16a.** (If yes) Please describe: **c\_medsy**

**(If mother hasn’t already established the medical issues, review questions to ensure that you know why meds are being used)**

**17.** Has your child taken at least 2 oz in one feeding from a bottle? **c\_2ozbottle**

1=Yes

0=No

**17a.** (If No) Would you be willing to let the baby take milk from a bottle when your baby is 2 months old?

1=Yes

0=No (Ineligible. Go to Part E1)

**18.** How far did you go in school? (Allow mother to tell you, but use prompts list if necessary. Make sure the mother tells you the highest level of education. This means you can read additional options to find out how far she went.) **guardianedu**

1=Did not complete High school

2=Graduated from High school

3=Completed GED

4=Have Some college courses

5=Completed a 2 year College Degree

6=Completed a 4 Year College Degree

7=Completed a post-graduate Degree

**19.** How would you best describe *your* race? (Select one): **guardianrace**

1=White

2=Black

3=American Indian or Alaska Native

4=Asian

5=Native Hawaiian or Pacific Islander

6=Multiracial **guardianrace1 guardianrace2 guardianrace3**

7=Other **guardianraceother**

996=Refused

**20.** How would you best describe *your* ethnicity? (Select one): **guardianeth**

1=Hispanic or Latino

0=NOT Hispanic or Latino

996=Refused

**21.** How would you best describe *your child’s* race? (Select one): **childrace**

1=White

2=Black

3=American Indian or Alaska Native

4=Asian

5=Native Hawaiian or Pacific Islander

6=Multiracial **childrace1 childrace2 childrace3**

7=Other **childraceother**

996=Refused

**22.** How would you best describe *your child’s* ethnicity? (Select one):

1=Hispanic or Latino

0=NOT Hispanic or Latino

996=Refused

**Part E1: INELIGIBLE**

Thank you for your interest in the ABC Baby Study. Unfortunately you and your child are not currently eligible. Thank you so much for your time. Have a great day. Goodbye.

***(SEE TABLE BELOW)***

**Part E2: ELIGIBLE**

Great. You and your child are eligible to be a part of the ABC Baby Research Study!

We are trying to schedule the appointments right around when your baby will be 2 weeks old. Looks like that is [this/next] week.

Let’s schedule a time to meet and we can go over and sign the consent form and some additional information.

We would like to get some additional contact information from you to make sure we will

be able to meet with you and begin the research study.