



**PIN3/PIN3plus
Satisfaction Survey**

We want to thank you once again for all you have done to make our study successful and help us to better understand and improve health during pregnancy. Now that your participation in PIN3 is finished, we would like you to give us feedback about your experience with our project. The information you give us will help make our research more effective as well as more convenient and agreeable for the women who participate in our studies in the future.

For the questions on the following pages, think about your overall experience with the study. This includes your clinic visits and telephone interviews as well as the take home questionnaires.

Please be honest with your responses. The study staff and interviewers you have been in contact with will not see your answers. Feel free to write extra comments on the page and/or attach extra paper if needed.

Once you have completed this form please put it in the envelope provided. You do not need to add postage. The envelope is pre-stamped and addressed. It is very important to us to get this information from you since we've chosen only about 200 women who were in the PIN Study to represent the nearly 1500 women who have been in the study.

Please mail this form back to us within 3 days of receiving it. Once we have received your completed form you will be entered into a drawing for one of five \$10 gift cards from Walmart. The drawing will be held on or before March 26, 2004 among all those whose forms have been returned by that time.

If you have any questions about this form or the studies, or would like to share your comments directly with the PIN Study, please call

**919-966-0938 OR
1-866- 479-3767 toll-free**

Thank You

PIN3/PIN3plus Satisfaction Survey

1. At the beginning of your participation you signed and received a copy of our consent form. How do you feel about our explanation of this form?

- a. **I received enough information**
- b. **I wanted more information**
- c. **It was too much information**
- d. **Didn't matter / not important to me**

2. When you signed the consent form you also signed and received a copy of our HIPAA (Health Insurance Portability and Accountability Act) form. How do you feel about our explanation of this form?

- a. **I received enough information**
- b. **I wanted more information**
- c. **It was too much information**
- d. **Didn't matter / not important to me**

3. How comfortable were you with the research team members who worked with you during the entire study? The research team includes staff you talked with over the phone as well as those who saw you at the OB clinic or GCRC. (circle one answer)

- a. **Very comfortable**
- b. **Somewhat comfortable**
- c. **Sometimes comfortable/Sometimes not comfortable**
- d. **Somewhat uncomfortable**
- e. **Not comfortable**

4. Please tell us what made you feel comfortable or uncomfortable with regard to the research team (the people you interacted with for the study)?

5. How comfortable were you overall with the study? (circle one answer)

- a. **Very comfortable**
- b. **Somewhat comfortable**
- c. **Sometimes comfortable/Sometimes not comfortable**
- d. **Somewhat uncomfortable**
- e. **Not comfortable**

6. Please tell us what made you feel comfortable or uncomfortable with regard to the PIN Study overall?

7. Below is a chart of some of the activities you participated in during the study.
- For each activity, please circle the number in the second column that describes how comfortable or uncomfortable you were with that activity. The numbers range from 1 (least comfortable) to 5 (most comfortable).
 - If you did not participate in that particular activity, please circle N/A.

Research Activity	Comfort Level					N/A
	1	2	3	4	5	
	least comfortable				most comfortable	
7a. Allowing review of your medical record	1	2	3	4	5	N/A
7b. Having one or more research ultrasounds during pregnancy	1	2	3	4	5	N/A
7c. Making special research visits to the Hospital or Clinical Research Center (GCRC)	1	2	3	4	5	N/A
7d. Providing a saliva (spit) sample	1	2	3	4	5	N/A
7e. Agreeing to one or more research blood draws	1	2	3	4	5	N/A
7f. Filling out questionnaires at home	1	2	3	4	5	N/A
7g. Participating in telephone interviews	1	2	3	4	5	N/A

8. Would you be willing to participate in other studies similar to the PIN Study? (circle one answer)

- a. **No**
b. **Yes**
c. **Not Sure**

9. Think about whether you might be willing to allow your child to be in future studies. For each research activity listed below, please tell us if you would allow your child to participate in that type of research activity (circle one answer for each research activity):

RESEARCH ACTIVITY	WILLING TO ALLOW CHILD TO PARTICIPATE?		
9a. Questionnaires that you, the mother, answer about your child's health and feeding patterns	Yes	No	Maybe
9b. Basic measurement of your child's growth such as length, weight and head circumference	Yes	No	Maybe
9c. Studies where the interviewer interacts with your child to measure their developmental progress	Yes	No	Maybe
9d. Swabbing your child's inner cheek with a q-tip like swab or a very small brush, which doesn't hurt the child, to collect information about his/her nutritional status.	Yes	No	Maybe
9e. Using a cheek swab to collect information about your child's DNA	Yes	No	Maybe
9f. Providing a blood sample by heel stick to collect other health information	Yes	No	Maybe

10. At what age would you allow your child to participate in research activities? (circle all that apply)
- a. **After delivery during the stay in the hospital (birth)**
 - b. **3 to 6 months old**
 - c. **6-12 months old.**
 - d. **12-24 months old**
 - e. **2-5 years old**
 - f. **anytime**
 - g. **not willing to let my child participate**

- 11.** There are many reasons people take part in research studies. We would like to know how important each of the following reasons was to you in your decision to participate in the PIN study.

For each reason in the first column, please tell us how important it was in your decision to participate by circling a number in the second column. The number 1 indicates a very low level of importance and the number 5 indicates the highest level of importance.

REASON TO PARTICIPATE	IMPORTANCE LEVEL				
	1 least important	2	3	4	5 most important
11a. The research contributes to general science/health information	1	2	3	4	5
11b. To learn more about my pregnancy	1	2	3	4	5
11c. To get a free ultrasound during pregnancy	1	2	3	4	5
11d. To get the money paid for different parts of the study	1	2	3	4	5
11f. To have something new to do or a way to fill time	1	2	3	4	5

- 12.** Were there any other reasons not listed above that were important in your decision to participate in the study?

0. No
 1. Yes (please list them here): _____

- 13.** Do you have any comments or suggestions you would like to give us about the PIN Study?

THANK YOU very much for completing this evaluation form. Your answers will be very helpful to our research team.