

Project Name:

Florida March of Dimes VitaGrant Participant Information Tracking Form

*Instructions: Inform the participant that participation is voluntary and that all information provided is confidential. At the initial contact with the participant, request the participant sign the consent statement informing them of how the information is to be used. Check the response(s) that best matches the responses provided to you by the participant. Please check a response for the Race **and** Ethnicity of each participant. Your VitaGrant Outreach Worker will make arrangements with you to collect the forms as they are completed.*

Initial Contact (Provide multivitamins, with accompanying materials, if the woman is interested)

Date:	Date of Birth:
Participant Name:	
Race	
<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Multi-Racial	
Ethnicity	
<input type="checkbox"/> Non-Hispanic and Non-Haitian <input type="checkbox"/> Mexican Hispanic <input type="checkbox"/> Puerto Rican Hispanic <input type="checkbox"/> Central American Hispanic <input type="checkbox"/> South American Hispanic <input type="checkbox"/> Cuban Hispanic <input type="checkbox"/> Haitian Creole <input type="checkbox"/> Hispanic Other <input type="checkbox"/> Unknown	
A. Folic Acid Knowledge Baseline	
1. Based on what you have heard, seen or read, should a woman take multivitamins <i>before</i> her pregnancy, or not? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Maybe	
2. Which specific vitamins can help reduce a woman's risk of birth defects in her unborn child? <input type="checkbox"/> Folic Acid <input type="checkbox"/> Multivitamin/Prenatal <input type="checkbox"/> Don't Know <input type="checkbox"/> Other	
3. The US Public Health Service recommends 400 micrograms of folic acid for all women of childbearing age, whether they are pregnant or not. Before today, had you ever heard of this recommendation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
B. Birth Defects History	
1. Have you had any pregnancies where the infant was identified to have a birth defect? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If Yes to 1</i> 1.a. Was this a neural tube defect (includes anencephaly, spina bifida or encephalocele)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify the Type: _____	
<i>If Yes to 1.a., woman has had a pregnancy resulting in a neural tube defect, the woman should be encouraged to talk to her health care provider about whether she would benefit from receiving a therapeutic dosage of folic acid (4.0 milligrams).</i>	
C. Supplement History	
1. Do you currently take any vitamin pills or supplements? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure	
<i>If Yes to 1.</i> 1.a. Are any of these a multivitamin? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure	
<i>If Yes to 1. but No to 1.a.</i> 1.b. Do any of the vitamin pills or supplements you take contain folic acid? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure	
<i>If Yes to 1.</i> 1.c. How often do you take this vitamin pill or supplement? Times Per Day ____ Times Per Week ____ Times Per Month ____ Don't Know/Not Sure ____	
<i>If Yes to 1., explain that it is important not to take more than the recommended dosage for multivitamins. If she is already taking multivitamins, she should not take an additional multivitamin.</i>	

Comments:

Regional VitaGrant Outreach Worker Contact Informatio

Ft. Lauderdale/Miami
Ph: 954-772-0013
Fax: 954-772-4655

Jacksonville
Ph: 904-398-2821
Fax: 904-398-8299

Gainesville
Ph: 352-378-9522
Fax: 352-377-5918

Tampa
Ph: 813-287-2600
Fax: 813-287-8916

Tallahassee
Ph: 850-245-4465 x2769
Fax: 850-245-4047

Project Name:

Second Contact (no less than two weeks from the initial contact visit)

Date:

Participant Name:

Date of Birth:

D. Folic Acid Knowledge Post-test

1. What have you read, heard or seen about folic acid? (check all the responses provided by the participant)

- Prevents birth defects/Neural Tube Defects/Spina Bifida Need is greater in pregnancy
 Should be taken before Pregnancy Good for You/Good to Take/Important
 Important for baby development Don't Know

2. To the best of your knowledge, do multivitamins contain folic acid, or not?

- Yes No Don't Know

E. Supplement Experience

1. Are you currently taking the multivitamins provided?

- Yes No Sometimes

If No to 1.

1.a. What are the reasons for not taking it?

- Can't Remember Pill too big Makes me sick Doesn't seem important Other

If Sometimes to 1.

1.b. How often?

- 5-6 Times/week 3-4 Times/Week 1-2 Times/Week Less than once a week

1.b.1. What are the challenges to taking it everyday?

- Can't Remember Pill too big Makes me sick Doesn't seem important Other

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Third Contact (approximately two to three months from the initial contact visit, provide participant with another bottle of vitamins, if she is interested)

Date:	Date of Birth:
Participant Name:	
F. Supplement Experience	
1. Are you currently taking the multivitamins provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes	
<i>If No to 1.</i> 1.b. What are the reasons for not taking it? <input type="checkbox"/> Can't Remember <input type="checkbox"/> Pill too big <input type="checkbox"/> Makes me sick <input type="checkbox"/> Doesn't seem important <input type="checkbox"/> Other	
<i>If Sometimes to 1.</i> 1.c. How often? <input type="checkbox"/> 5-6 Times/week <input type="checkbox"/> 3-4 Times/Week <input type="checkbox"/> 1-2 Times/Week <input type="checkbox"/> Less than once a week	
1.c.1. What are the challenges to taking it everyday? <input type="checkbox"/> Can't Remember <input type="checkbox"/> Pill too big <input type="checkbox"/> Makes me sick <input type="checkbox"/> Doesn't seem important <input type="checkbox"/> Other	

Comments:

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