

**What Happens to My Baby's Newborn Screening (NBS) Blood Spots?**  
Feedback on Fact Sheet

1) Was there anything in the fact sheet that was confusing?

Yes  No

If yes, what?

2) How easy or difficult was this fact sheet to understand? (Select one)

1      2      3      4      5

          

Easy ..... Difficult

3) What did you like about the fact sheet?

4) Was there anything that you did not like or that bothered you about the fact sheet?

Yes  No

If yes, what?

5) Did you like the graphics in the fact sheet?

Yes  No

If no, which one(s) did you not like and why? What would you change?

6) Did you know anything about storage and use of the residual newborn screening blood spots before reading the fact sheet?

Yes

No

If yes, how did you get the information? *(Check all that apply)*

Prenatal care clinic, doctor or nurse

Friend

Midwife

Internet

Pediatric care clinic, doctor or nurse

Hospital

Other: \_\_\_\_\_

7) Did the fact sheet answer all of the questions you had about storage and use of the residual newborn screening blood spots?

Yes

No

If no, what other questions do you have?

8) What would you change about the fact sheet?

9) What do you think is the benefit of storing residual newborn screening blood spots?

10) What questions or expectations do you have, if any, about the storage and use of newborn screening blood spots?

11) What can parents do if they do not want to have their baby's residual newborn screening blood spots stored or used for research?

***Please tell us a little about yourself:***

Female

Male

Ethnicity: \_\_\_\_\_

Age (years):  20 or under  21-30  31-40  41-50  51+

Highest level of education completed: \_\_\_\_\_

***Thank you. Please save PDF, attach completed form, and email to:***

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