Parents' Awareness of Newborn Screening Programs and Attitudes toward Dried Blood Spot Use and Storage in China

This survey is carried out to collect information on parents' awareness of newborn screening programs and attitudes toward dried blood spot use and storage to provide information about the present situation in China, improving the knowledge of newborn screening and developing recommendations for the use of the residual dried blood spot.

You are kindly requested to respond to the questions asked below. **Anonymity will ensure the confidentiality of the information provided.** Information will be kept strictly confidential. Filling out this questionnaire means: I have read the above information and understand the purpose of the study and all my questions about the procedure and content of the study have been answered to my satisfaction.

***I voluntarily sign this informed consent form and agree to participate in the study.**

- ○ I agree.
- ○ I don't agree.

***01 Please select your sex or gender.**

- ○ Male
- ○ Female

***02 What was your highest level of degree?**

- ○ Junior high school and below
- ○ Senior high school
- ○ Junior college
- ○ Undergraduate
- ○ Master's degree or above

***03 Please enter your age in years.**

[ ]

***04 Please select your annual household income.**

- ○ <50,000
- ○ 50,000-100,000

○ 100,000-200,000

○ >200,000

***05 What is your religion?**

***06 How many children do you have?**

○ 0

○ 1

○ 2

○ > 2

***07 Did you know that newborn screening tests were conducted in our country?**

○ Yes, I knew.

○ No, I have never heard of it /I only came to know of it through this questionnaire.

***08 Would you like your child's newborn screening blood sample to be used for research? (with your informed consent)**

○ Very willing

○ Somewhat willing

○ Somewhat unwilling

○ Very unwilling

***09 Would you like your child's newborn screening blood sample to be used for research? (without your informed consent)**

○ Very willing

○ Somewhat willing

○ Somewhat unwilling

○ Very unwilling

***10 Are you willing to store your child's newborn screening blood sample?**

○ Yes, I'm willing to store samples. ○ No, I don't want to store samples.

***11 How long will you store your child's newborn screening blood sample?**

- An indefinite period
- A cetain period

Thank you for spending your valuable time filling out this questionnaire.