

## National Children's Study

### Vaginal Swabs Data Collection Form

Part A: Administrative	
<p>Date:  _ _ / _ _ / _ 2_ 0_ _ _ </p> <p>Time collection started:  _ _ : _ _   <input type="checkbox"/> 1 am    <input type="checkbox"/> 2 pm</p> <p>Time collection stopped:  _ _ : _ _   <input type="checkbox"/> 1 am    <input type="checkbox"/> 2 pm</p>	<p><b>Section Status</b> (Select one) Complete <input type="checkbox"/> 1            Partial Complete <input type="checkbox"/> 2            Not Done <input type="checkbox"/> 3</p> <p><b>Reason for Not Done/Partial</b> (Select one)</p> <p>SP Refusal <input type="checkbox"/> 1            SP III/ Emergency <input type="checkbox"/> 3            No Time <input type="checkbox"/> 4            Physical Limitations <input type="checkbox"/> 11            Defective Collection Kit <input type="checkbox"/> 15            Language Issue, Spanish <input type="checkbox"/> 17            Language Issue, Non-Spanish <input type="checkbox"/> 18            Cognitive Disability <input type="checkbox"/> 20            No Time (no appt. set for next data collection) <input type="checkbox"/> 25            Other Specify _____ <input type="checkbox"/> 96</p> <p><b>Visit Type</b></p> <p><input type="checkbox"/> P1  <input type="checkbox"/> T1 Mom  <input type="checkbox"/> T1 Prior  <input type="checkbox"/> T3 First  <input type="checkbox"/> T3 Prior</p>
<p>Assignment ID:  _ _ _ _ _ _ _ _ _ </p> <p>Participant ID:  _ _ _ _ _ _ _ _ _ </p> <p>Data Collector ID:  _ _ _ _ _ _ _ _ </p> <p>Site ID:  _ _ _ _ _ _ _ _ </p> <p>Visit location: <input type="checkbox"/> 1 Home    <input type="checkbox"/> 2 Clinic/Office</p> <p>Participant's age  _ _  years</p>	
Part B: Vaginal Swab Collection Questions	
<p>1) Have you had intercourse within the past 2 days?      <input type="checkbox"/> 1 Yes    <input type="checkbox"/> 2 No  <input type="checkbox"/> 97 Refuse    <input type="checkbox"/> 98 Don't know</p>	
<p>2) What was the first day of your last menstrual period?       _ _ / _ _ / _ 2_ 0_ _ _   <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Month</span> <span>Day</span> <span>Year</span> </div></p>	
Part C: Vaginal Swab Collection	
<p>Kit ID: (Affix Pre-printed Vaginal Swab Kit ID Label Here)</p>	

VSB-0001	<p><b>Collection Status</b> (Select one)</p> Collected <input type="checkbox"/> 1 Not Collected <input type="checkbox"/> 2
VSB-0002	<p><b>Reason for Not Collected</b> (Select one)</p> Physical Limitations <input type="checkbox"/> 1 Participant Ill/ Emergency <input type="checkbox"/> 2 Defective Collection Kit <input type="checkbox"/> 3 Communication Problem <input type="checkbox"/> 4 No Time <input type="checkbox"/> 5 Other Specify _____ <input type="checkbox"/> 96 Refused <input type="checkbox"/> 97
VSL-0001	<p><b>Collection Status</b> (Select one)</p> Collected <input type="checkbox"/> 1 Not Collected <input type="checkbox"/> 2
T3 First or T3 Prior ONLY  pH value:  __   __  pH units  Note: Record pH value before creating the slide.	<p><b>Reason for Not Collected</b> (Select one)</p> Physical Limitations <input type="checkbox"/> 1 Participant Ill/ Emergency <input type="checkbox"/> 2 Defective Collection Kit <input type="checkbox"/> 3 Communication Problem <input type="checkbox"/> 4 No Time <input type="checkbox"/> 5 Broken slide <input type="checkbox"/> 6 Other Specify _____ <input type="checkbox"/> 96 Refused <input type="checkbox"/> 97
Vaginal Swab Collection Comment: _____ _____ _____	

<p><b>Initials QC</b></p> <p>_____</p>
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