

Recruitment Strategy Substudy

Low-Intensity CATI Questionnaire

DRAFT: for planning purposes only

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DOCUMENT HISTORY

DATE	VERSION	SUMMARY OF CHANGE/MILESTONE
5/24/2010	NA	HAUGEN AND SCHOENDORF determined questions to be included in the Low-Intensity CATI Pregnancy Screener
5/25/2010	20100525	HASHEMI incorporated questions into desired format
5/26/2010	20100526-bjh	HAUGEN made revisions and provided comments when necessary
5/27/2010	20100526-bjh_jj	INCORPORATE VARIABLE SOURCES
5/27/2010	20100527	IRB TEAM added interview instructions to confirm that consent script was administered; added closing script; inserted skip pattern to CS007
6/2/2010	20100602	Comments from NCS PO
6/2/2010	20100602	INFORMAL SUBMISSION TO OMB
6/3/2010	20100603	INCORPORATE COMMENTS FROM OMB - HIGHLIGHT LANGUAGE PERTAINING TO ELIGIBILITY (TO BE CORRECTED)
6/7/2010	20100607	INCORPORATE CHANGES FROM J. PARK
6/7/2010	20100607a	INCORPORATE CHANGES FROM J. SLUTSMAN
		<i>RECONCILE WITH DATA ELEMENTS TABLES</i>
		<i>FORMAL SUBMISSION TO OMB</i>
		<i>INCORPORATE COMMENTS FROM OMB</i>
		<i>SUBMIT TO NICHD IRB</i>
		<i>RECONCILE WITH DATA ELEMENTS TABLES</i>

NOTE: *Italics denote anticipated development stages*

CATI

INTERVIEWER-COMPLETED QUESTIONS

[COMPLETION OF LOW-INTENSITY CONSENT MUST BE OBTAINED FIRST; ASSUME COMPLETION OF LOW-INTENSITY CATI PREGNANCY SCREENER OR RETURN OF PPG SELF-ADMINISTERED QUESTIONNAIRE]

PS001. **(TIME_STAMP_1)** PROGRAMMER INSTRUCTION: INSERT DATE/TIME STAMP

[IF SPEAKING TO AN ADULT ABOUT HER OWN PREGNANCY STATUS: (PS002)]

PS002. We are asking women of childbearing age a few questions about pregnancy. Not all women who answer these questions will be able to take part in the National Children's Study now, but almost every woman who answers these questions will have a chance to take part in some way in the future. We first want to know....

PS004. **(PREGNANT)** IF ADULT IS KNOWN TO BE PREGNANT, ADD [Just to confirm,] Are you pregnant now?

YES CP000
NO MC001
REFUSED MC001
DON'T KNOW MC001

PS005. IF NO AND **AGE** < 50 (MC001)
IF NO AND **AGE** ≥ 50 (CS007) SET **(PPG_FIRST)** = 5
IF RECENTLY LOST PREGNANCY (MISCARRIAGE/ABORTION)
..... (CP001A) SET **(PPG_FIRST)** = 3
IF RECENTLY GAVE BIRTH (CS007) SET **(PPG_FIRST)** = 4
IF UNABLE TO HAVE CHILDREN (HYSTERECTOMY, TUBAL LIGATION)
..... (CS007) **(HYSTER)**

PROGRAMMER INSTRUCTION: IF PPG_FIRST=3 THEN GO TO CP001A; ELSE IF NOT PREGNANT AND OVER 49, NOT ELIGIBLE FOR THE STUDY, GO TO CS007.

CURRENT PREGNANCY INFORMATION

CP000. We'll begin by asking some questions about you, your health, and your health history. First, I'll ask about your current pregnancy.

PROGRAMMING NOTE [LOCAL OPTION]:
IF CENTER HAS PREGNANCY LOSS INFORMATION TO DISSEMINATE, GO TO
CP001C.
OTHERWISE GO TO CS007.

CP001C. DID RESPONDENT REQUEST ADDITIONAL INFORMATION ON COPING WITH PREGNANCY LOSS?

CP002.....What is your current due date?

REFUSED..... 9—97 (CP004)
DON'T KNOW..... 9—98 (CP004)

FIGURED IT OUT MYSELF.....	1
HAD AN ULTRASOUND TO FIGURE IT OUT.....	2
DOCTOR OR OTHER PROVIDER TOLD ME WITHOUT AN ULTRASOUND.....	3
REFUSED.....	9—97
DON'T KNOW.....	9—98

YYYY MM DD

REFUSED.....	9—97
DON'T KNOW.....	9—98

RESPONDENT GAVE COMPLETE DATE..... 1
INTERVIEWER ENTERED 15 FOR DAY..... 2

CP005. Did you use a home pregnancy test to help find out you were pregnant?

YES 1
NO 2
REFUSED..... 9—97
DON'T KNOW..... 9—98

CP008. Where do you plan to deliver your baby:

In a hospital,..... 1
A birthing center,..... 2
At home, or..... 3 (CP010)
Some other place? 4
REFUSED..... 9—97 (CP010)
DON'T KNOW..... 9—98 (CP010)

CP009. What is the name and address of the place where you are planning to deliver your baby?

NAME OF BIRTH HOSPITAL/BIRTHING CENTER

STREET ADDRESS

CITY

STATE ZIP CODE

REFUSED..... 9—97
DON'T KNOW..... 9—98

CP010. In the month **before** you became pregnant, did you regularly take multivitamins, prenatal vitamins, or folic acid?

YES 1
NO 2
REFUSED..... 9—97
DON'T KNOW..... 9—98

CP012. Since you've **become** pregnant, have you regularly taken multivitamins, prenatal vitamins, or folic acid?

YES 1
NO 2

|_|_|_|_|_|_|_|_|_|
YYYY MM DD

At this visit or at any time during your pregnancy, did the doctor or other health care provider tell you that you have any of the following conditions?

MC005 INTERVIEWER INSTRUCTIONS: IF DV013a in (1, 2, 9-97, 9-98), THEN GO TO

MC004

INTERVIEWER INSTRUCTIONS: IF DV013b in (1, 2, 9-97, 9-98), THEN GO TO

DV014. (CONDITION_OTH)

SPECIFY _____
REFUSED
DON'T KNOW

MEDICAL HISTORY

MC001. This next question is about your health when you are not pregnant.

MC002. Would you say your health in general is . . .

Excellent.....	1
Very good.....	2
Good.....	3
Fair, or.....	4
Poor?.....	5
REFUSED.....	9—97
DON'T KNOW.....	9—98

MC103. How tall are you without shoes?

Feet	Inches

REFUSED.....	9—97
DON'T KNOW.....	9—98

MC104. What was your weight just before you became pregnant?

Pounds			

REFUSED.....	9—97
DON'T KNOW.....	9—98

MC110. The next questions are about medical conditions or health problems you might have **now** or may have had **in the past**.

MC003. Have you **ever** been told by a doctor or other health care provider that you had asthma?

YES	1	(MC006)/(THYROID_1)
NO	2	(MC006)/(THYROID_1)
REFUSED.....	9—97	(MC006)/(THYROID_1)
DON'T KNOW.....	9—98	(MC006)/(THYROID_1)

MC004. (Have you **ever** been told by a doctor or other health care provider that you had) Hypertension or high blood pressure when you're **not pregnant**?

YES	1	(DV013c)
NO	2	(DV013c)
REFUSED.....	9—97	(DV013c)
DON'T KNOW.....	9—98	(DV013c)

MC005. (Have you **ever** been told by a doctor or other health care provider that you had) High blood sugar or Diabetes when you're **not pregnant**?

YES	1
NO	2
REFUSED.....	9—97
DON'T KNOW.....	9—98

MC005a. Have you taken any medicine or received other medical treatment for diabetes in the **past 12 months**?

YES	1
NO	2
REFUSED.....	9—97
DON'T KNOW.....	9—98

MC005b. Have you ever taken insulin?

YES	1	(DV013b)
NO	2	(DV013b)
REFUSED.....	9—97	(DV013b)
DON'T KNOW.....	9—98	(DV013b)

MC006. (Have you **ever** been told by a doctor or other health care provider that you had) Hypothyroidism, that is, an under active thyroid?

YES	1	
NO	2	(MC012a)
REFUSED.....	9—97	(MC012a)
DON'T KNOW.....	9—98	(MC012a)

MC006a. Have you taken any medicine or received other medical treatment for a thyroid problem in the **past 12 months**?

YES	1
NO	2
REFUSED.....	9—97
DON'T KNOW.....	9—98

MC012A. This next question is about where you go for routine health care.

MC012. What kind of place do you **usually** go to when you need routine or preventive care, such as a physical examination or check-up?

Clinic or health center.....	1
Doctor's office or Health Maintenance Organization (HMO).....	2
Hospital emergency room.....	3
Hospital outpatient department.....	4
Some other place.....	5
DOESN'T GO TO ONE PLACE MOST OFTEN....	6
DOESN'T GET PREVENTIVE CARE ANYWHERE	7
REFUSED.....	9—97
DON'T KNOW.....	9—98

HEALTH INSURANCE

HI000. Now I'm going to switch to another subject and ask about health insurance.

HI001. Are you **currently** covered by any kind of health insurance or some other kind of health care plan?

YES.....	1	
NO.....	2	(HC004)
REFUSED.....	9—97	(HC004)
DON'T KNOW.....	9—98	(HC004)

HI002. Now I'll read a list of different types of insurance. Please tell me which types you **currently** have.

(Do you **currently** have:)

<u>YES</u>	<u>NO</u>	<u>RE</u>
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DK

a. Insurance through an employer or union either through yourself oranother family member?	1	2	9
—97.....9—98			
b. Medicaid or any government-assistance plan for those with low incomesor a disability?	1	2	9
—97.....9—98			
c.....TRICARE, VA, or other military health care?	1	2	9
—97.....9—98			
d.....Indian Health Service?	1	2	9
—97.....9—98			
e.....Medicare, for people with certain disabilities?	1	2	9
—97.....9—98			
f.. Any other type of health insurance or health coverage plan?	1	2	9
—97.....9—98			

INTERVIEWER INSTRUCTIONS: PROVIDE EXAMPLES OF LOCAL MEDICAID PROGRAMS.

HOUSING CHARACTERISTICS

HC004. Can you tell us, which of these categories do you think best describes when your home or building was built?

2001 TO PRESENT.....	1
1981 TO 2000.....	2
1961 TO 1980.....	3
1941 TO 1960.....	4
1940 OR BEFORE.....	5
REFUSED.....	9—97
DON'T KNOW.....	9—98

HC007. Which of these types of heat sources best describes the **main** heating fuel source for your home?

ELECTRIC.....	1	
GAS – PROPANE OR LP	2	
OIL.....	3	
WOOD.....	4	
KEROSENE OR DIESEL.....	5	
COAL OR COKE.....	6	
SOLAR ENERGY.....	7	
HEAT PUMP.....	8	
NO HEATING SOURCE.....	9	(HC012)
OTHER (MAIN_HEATING_FUEL_OTH).....	-5	
REFUSED.....	9—97	(HC012)

DON'T KNOW..... 9—98 (HC012)

HC007A. (MAIN_HEATING_FUEL_OTH)

SPECIFY _____
REFUSED
DON'T KNOW

HC012. Not including fans, which of the following kinds of cooling systems do you **regularly use**?

SELECT ALL THAT APPLY.

Window or wall air conditioners..... 1
Central air conditioning..... 2
Evaporative cooler (swamp cooler), or..... 3
NO COOLING OR AIR CONDITIONING REGULARLY
USED..... 4
Some other cooling system (COOLING_OTH)..... -5
REFUSED..... 9—97
DON'T KNOW..... 9—98

HC012A. (COOLING_OTH)

SPECIFY _____
REFUSED..... 9—97
DON'T KNOW..... 9—98

HC033. Now I'd like to ask about the water in your home.

HC034. What water source in your home do you use most of the time for **drinking**:

Tap water..... 1
Filtered tap water..... 2
Bottled water, or..... 3
Some other source? (H2O_DRINK_SOURCE_OTH) ... -5
REFUSED..... 9—97
DON'T KNOW..... 9—98

HC034A. (H2O_DRINK_SOURCE_OTH)

SPECIFY _____
REFUSED..... 9—97
DON'T KNOW..... 9—98

TOBACCO AND ALCOHOL USE

DA011. **Currently**, do you smoke cigarettes?

Yes	1	
No	2	(DA027)
REFUSED.....	9--97	(DA027)
DON'T KNOW.....	9--98	(DA027)

DA012. Do you smoke cigarettes:

Every day.....	1	
5 or 6 days a week.....	2	
2-4 days a week.....	3	
Once a week.....	4	
1-3 days a month.....	5	
Less than once a month.....	6	
REFUSED.....	9--97	
DON'T KNOW.....	9--98	

DA013. On days that you smoke, how many cigarettes do you smoke per day?

NUMBER PER DAY

INTERVIEWER INSTRUCTIONS:

- IF RESPONDENT ANSWERS 1 OR LESS PER DAY, ENTER "1."
- IF RESPONDENT ANSWERS IN PACKS, CALCULATE AT 20 CIGARETTES PER PACK.

REFUSED.....	9--97
DON'T KNOW.....	9--98

DA027. How often do you **currently** drink alcoholic beverages?

5 or more times a week.....	01	
2-4 times a week.....	02	
Once a week.....	03	
1-3 times a month.....	04	
Less than once a month.....	05	
Never.....	06	(EV001)
REFUSED.....	9--97	(EV001)
DON'T KNOW.....	9--98	(EV001)

DA028. **Currently**, on days that you drink alcoholic beverages, how many did you have per day? If you drink 1 or less, enter "1."

NUMBER OF DRINKS

REFUSED..... 9--97
DON'T KNOW..... 9--98

DA029. **Currently**, how often do you have 5 or more drinks within a couple of hours:

Never..... 1
About once a month..... 2
About once a week..... 3
About once a day..... 4

REFUSED..... 9--97
DON'T KNOW..... 9--98

INTERVIEWER INSTRUCTIONS: IF DA029 IN (2,3,4), THEN CONSULT GUIDANCE ON LOCAL MANDATORY REPORTING PROCEDURES.

EVALUATION QUESTIONS

EV000. We would now like to take a few minutes to ask some questions about your experience in the study.

EV001. How important was each of the following in your decision to take part in the National Children's Study?

	Not at all Important	Somewhat Important	Very Important
a. Learning more about my health or the health of my child?			
b. Feeling as if I can help children now and in the future?			
c. Receiving money or gifts for taking part in the study?			
d. Helping doctors and researchers learn more about children and their health?			
e. Helping researchers learn how the environment may affect children's health?			

f. Feeling part of my community?			
g. Knowing other women in the study?			
h. Having family members or friends support my choice to take part in the study?			
i. Having my doctor or health care provider support my choice to take part in the study?			

EV004. How negative or positive do each of the following people feel about you taking part in the National Children's Study?

	Very Negative	Somewhat Negative	Neither Positive or Negative	Somewhat Positive	Very Positive	NA
a. Your spouse or partner						
b. Your other family members						
c. Your friends						
d. Your doctor or health care provider						

EV005. In general, has your experience with the National Children's Study been

- ☐ Mostly negative
☐ Somewhat negative
☐ Neither negative or positive

- ☐ Somewhat positive
- ☐ Mostly positive

EV007. **(IMPROVE)** In your opinion, how much do you think the National Children's Study will help improve the health of children now and in the future?

- ☐ Not at all
- ☐ A little
- ☐ Some
- ☐ A lot

EV008. Did you think the interview was

- ☐ Too short
- ☐ Too long
- ☐ Just about right?

EV009. Do you think the interview was

- ☐ Not at all stressful
- ☐ A little stressful
- ☐ Somewhat stressful
- ☐ Very stressful?

EV010. If you were asked, would you participate in an interview like this again?

- ☐ Yes
- ☐ No
- ☐ Refused
- ☐ Don't know

CONCLUSION

CO001. Thank you for participating in the National Children's Study and for taking the time to answer our questions. If there are any other women in your household age [LOCAL AGE OF MAJORITY] - 49, (please have her | she may) contact us <Study Center Phone Number>. We will contact you in about 6 months to ask you some more questions.

CS007. Thank you for taking the time to answer these questions. Based on what you've told me, you are not eligible to take part in the study.

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