

OMB #: 0925-0593
Expiration Date: xx/xxxx

JULY LAUNCH VERSION
VERSION 6/7/2010

ASSUME PRE-PREGNANCY VISIT WAS
ADMINISTERED UNLESS NOTED

Recruitment Strategy Substudy

Pregnancy Probability Group Follow Up

Mailed Self-Administered Questionnaire

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0593). Do not return the completed form to this address.

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MAILED SAQ

1. PREGNANCY SCREENER.....
2. TRACING QUESTIONS.....

DOCUMENT HISTORY

DATE	VERSION	SUMMARY OF CHANGE/MILESTONE
5/20/2010	SAQ_v1	Schoendorf draft with Graber's programming and operational content
5/21/2010	20100521	Formatted for OMB
5/24/2010	20100521	INFORMAL SUBMISSION TO OMB
5/26/2010	20100526	INCORPORATE COMMENTS FROM OMB (no changes)
5/27/2010	20100526_jj	VARIABLE SOURCES ADDED
5/27/2010	20100527	COVER LETTER DEVELOPED BY IRB TEAM
5/28/2010	20100527	COMMENTS FROM SDSU
6/1/2010	20100601	Comments from Graber
6/3/2010	20100603	Incorporated minor changes from Program Office staff and checked for eligibility-related language
6/7/2010	20100607	Accepted changes and added comment
6/7/2010	20010607a	Incorporate changes from J. Slutsman
		<i>COMMENTS FROM HIRSCHFELD</i>
		<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*

Cover letter accompanying Mailed SAQ: PPG Follow Up

Date

Dear {Eligible Participant's Name},

You may remember that someone from the {LOCAL STUDY SITE} spoke with you a few months ago about the National Children's Study and whether you might be eligible to participate in the Study.

We are now writing to ask you to answer a few questions like the ones you answered before. Most of the questions will need just "yes" or "no" answers and the entire survey will take about 3-5 minutes to complete. The information you give us will be kept private and is protected by law.

The National Children's Study is the largest research study of children's health ever conducted in the United States. We hope that you will continue to help, but it's your choice.

If you have questions about the Study, please visit our Web site at www.nationalchildrensstudy.gov or call our toll free number {-----}.

Thank you again for helping us learn more about the health and well-being of our nation's children.

Sincerely,

PPG Follow-Up SAQ

- MPPG001 / **(DATE)** Please enter today's date.
 ___/___/_____
 M M D D Y Y Y Y
- MPPG002 / **(PREGNANT)** Because we are interested in pregnancy, it is important for us to know if you're currently pregnant. Are you pregnant now?
 YES 1
 NO 2
- MPPG003 / **(PPG_DUE_DATE)** (Congratulations!) Please tell us when your baby is due.
 ___/___/_____
 M M D D Y Y Y Y
 I don't know the baby's due date -2
- MPPG004 / **(TRYING)** Are you currently trying to become pregnant?
 YES 1
 NO 2
- MPPG005 / **(CLOSE_1)** Thank you for answering our questions. Someone from the National Children's Study will contact you to tell you more about the Study and possibly schedule an interview or home visit
- MPPG006 / **(CLOSE_2)** Thank you for answering our questions. We'll contact you again in a few months to ask a few more quick questions.
- MPPG007 / **(CONTACT)** To help us keep in touch with you, we would appreciate if you would provide us with all of your current contact information below and let us know the best way to reach you by marking the box beside your preference.
- MPPG008 / **(HOME_ADDRESS)** Residence
 STREET ADDRESS
 CITY
 STATE
 ZIP
- MPPG009 / **(MAIL_ADDRESS)** Mailing Address (if different)
 STREET ADDRESS
 CITY
 STATE
 ZIP
- MPPG010 / **(PHONE)** Please provide us with all preferred, private telephone numbers where you can be reached.
- MPPG011 / **(HOME_PHONE)** Home : (___) ___ - ____
- MPPG012 / **(WORK_PHONE)** Work: (___) ___ - ____
- MPPG013 / **(CELL_PHONE)** Cell: (___) ___ - ____
- MPPG002 / **(PREGNANT)**
- MPPG003 / **(PPG_DUE_DATE)**
- MPPG004 / **(TRYING)**
- MPPG005 / **(CLOSE_1)**
- MPPG006 / **(CLOSE_2)**
- MPPG007 / **(CONTACT)**
- MPPG008 / **(HOME_ADDRESS)**
- MPPG009 / **(MAIL_ADDRESS)**
- MPPG010 / **(PHONE)**
- MPPG011 / **(HOME_PHONE)**
- MPPG012 / **(WORK_PHONE)**
- MPPG013 / **(CELL_PHONE)**
- MPPG014 / **(OTHER_PHONE)**

MPPG014 / **(OTHER_PHONE)**

Other: (___) ___ - _____

MPPG015 / **(EMAIL)**

MPPG015 / **(EMAIL)**

Please provide us with the most private e-mail where you can be reached.

MPPG016 / **(END)**

E-Mail _____

MPPG016 / **(END)**

Thank you very much for completing this questionnaire. All of your responses are very important.

If you have any questions, please call the toll-free number that is provided in the cover letter you received with this questionnaire.

Please return this completed questionnaire in the postage-paid envelope we provided.