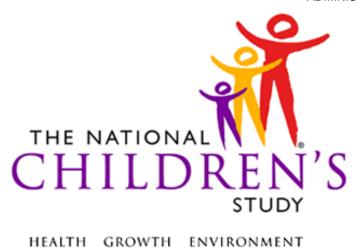
OMB #: 0925-0593

Expiration Date: 07/31/2013

Pregnancy Probability Group Follow-Up Instrument - SAQ, Phase II

ASSUME PRE-PREGNANCY VISIT WAS ADMINISTERED UNLESS NOTED



Recruitment Strategy Substudy

Event Name(s):

Pregnancy Probability Group Follow-Up Instrument – SAQ

Instrument Name(s) and Versions:

Pregnancy Probability Group Follow-Up Instrument – SAQ – 1.0

Recruitment Groups: Enhanced Household, Provider-Based, and Two-Tier

Note: A formatted version of this PAPI is currently available. However, the revised OMB number needs to be inserted prior to use.

Public reporting burden for this collection of information is estimated to average 15 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.

Pregnancy Probability Group Follow-Up Instrument – SAQ

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COVER LETTER ACCOMPANYING MAILED SAQ: PPG FOLLOW UP

Date

Dear [KNOWN AGE-ELIGIBLE WOMAN],

You may remember that someone from the [INSERT NAME OF LOCAL STUDY CENTER] spoke with you about the National Children's Study and whether you might be able to participate in the Study.

We are asking you to answer a few questions like the ones you answered before to see if anything has changed. Please take 3-5 minutes to complete the enclosed questionnaire and return it to us in the postage-paid envelope.

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. The information you give us will be kept private and is protected by law.

If you have questions about the Study, please visit our Web site at [INSERT LOCAL STUDY WEBSITE] or call our toll free number [INSERT LOCAL STUDY TELEPHONE NUMBER].

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

Sincerely,

[LOCAL PI NAME]

[LOCAL PI TITLE]

[LOCAL PI INSTITUTION]

PPG FOLLOW-UP SAQ

MPPG001	1	(DATE) Please ente	er today's date.					
		/	<u> </u>	MPPG002	/	(PREGNANT)		
		M M D D Y Y Y	Υ					
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, I'M PREGNAN NO, I'M NOT PREGI		MPPG003 MPPG004	/ /	(PPG_DUE_DATE) (TRYING)		
MPPG003 / (PPG_DUE_DATE) Please tell us when your baby is due.								
		//		MPPG005	/	(CLOSE_1)		
		M M D D Y Y Y	Υ					
		I don't know the baby's date	s due2	MPPG005	1	(CLOSE_1)		
MPPG004	1	(TRYING) Are you	currently trying to become pregnant?					
		YES NO	1 2	MPPG006 MPPG006	/ /	(CLOSE_2) (CLOSE_2)		
MPPG005	1	Someo will cor	you for answering our questions. one from the National Children's Study otact you to tell you more about the Study ssibly schedule an interview or home		1	(CONTACT)		
MPPG006	1	contac	you for answering our questions. We'll t you again in a few months to ask a few uick questions.	MPPG007	/	(CONTACT)		
MPPG007	1	with all us kno	o us keep in touch with you, please provio of your current contact information below w the best way to reach you by marking t your preference.	v and let	00	8 / (HOME_ADDRESS)		
MPPG008	1	(HOME_ADDRESS)	Residence STREET ADDRESS CITY STATE ZIP	MPPG	00	9 / (MAIL_ADDRESS)		
MPPG009	1	(MAIL_ADDRESS)	Mailing Address (if different) STREET ADDRESS CITY STATE ZIP	MPPG	01	0 / (PHONE)		
MPPG010	1	(PHONE)	Please provide us with all preferred, pritelephone numbers where you can be reached.	ivate MPPG	01	1 / (HOME_PHONE)		

MPPG011	1	(HOME_PHONE)	Home : ()	MPPG012	1	(WORK_PHONE)
MPPG012	1	(WORK_PHONE)	Work: ()	MPPG013	1	(CELL_PHONE)
MPPG013	1	(CELL_PHONE)	Cell: ()	MPPG014	1	(OTHER_PHONE)
MPPG014	1	(OTHER_PHONE)	Other: ()	MPPG015	1	(EMAIL)
MPPG015	1	(EMAIL)	Please provide us with the most private e-mail where you can be reached.	MPPG016	/	(END)
			E-Mail			
MPPG016	1	(END)	Thank you very much for completing this questio important.	nnaire. All of	you	ır responses are very
			If you have any questions, please call the toll-freeletter you received with this questionnaire.	e number tha	t is	provided in the cover

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