OMB #: 0925-0593 Expiration Date: 07/31/2013 Biospecimen Urine Collection, Phase II



Recruitment Strategy Substudy

Event Name(s): Birth Visit Interview (LI)

Instrument Name(s) and Versions: Birth Visit Interview (LI) – 1.1

Recruitment Groups: Low Intensity

Public reporting burden for this collection of information is estimated to average 20 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.

Birth Visit Interview (LI)

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Birth Visit Interview (LI)

INTERVIEW INTRODUCTION

(TIME_STAMP_1) PROGRAMMER INSTRUCTION: INSERT DATE/TIME STAMP

- VS001.Thank you for agreeing to participate in the National Children's Study. This interview will take about 20 minutes. Your answers are important to us. There are no right or wrong answers. We will ask you about yourself, your baby's birth, and your plans for taking care of your baby. You can skip over any question or stop the interview at any time. We will keep everything that you tell us confidential.
- VS002. INTERVIEWER INSTRUCTION: IF ADDITIONAL INFORMATION IS NEEDED, SAY [You may be receiving government benefits, such as Social Security or Medicaid. Nothing will happen to those benefits if you decide to take part or not take part in this study.]
- VS003. INTERVIEWER INSTRUCTION: CONTINUE UNLESS RESPONDENT ASKS QUESTIONS OR REFUSES TO PARTICIPATE. IF RESPONDENT REFUSES, DISPOSITION CONTACT AS A REFUSAL AND COMPLETE A NON-INTERVIEW REPORT.

INTERVIEWER-COMPLETED QUESTIONS

YES NO	
(MULTIPLE_NUM) HO	W MANY BABIES WERE DELIVERED?
 NUMBER	
(CHILD_DOB) WHAT W	'AS THE BABY'S DATE OF BIRTH?
MONTH:	 M
DAY:	
YEAR:	
	1 2

(MULTIPLE) WAS THIS A MULTIPLE BIRTH?

BABY CHARACTERISTICS

PROGRAMMER INSTRUCTIONS:

- LOOP THROUGH QUESTIONS (BABY_NAME BABY_BWT) FOR TOTAL NUMBER OF BABIES DELIVERED
- BASED ON NUMBER OF LOOPS, DISPLAY APPROPRIATE ADJECTIVES (E.G. "FIRST" OR "NEXT," "BABY" OR "BABIES"

BC001/ (BABY_NAME) During this interview, we would like to refer to your {baby/babies} by name.

[IF SINGLE BABY] What name would you like me to use to talk about your baby?

[IF TWIN OR OTHER MULTIPLES] Let's start with your first [twin/triplet/higher order birth. What name would you like me to use to talk about your [first/next] baby?

NAME PROVIDED	1
INITIALS PROVIDED	2
NO OFFICIAL NAME SELECTED	
REFUSED	
DON'T KNOW	

BC002. INTERVIEWER INSTRUCTION: ENTER TEXT AND CONFIRM SPELLING

FIRST NAME (BABY_FNAME)	<u>-</u>	
REFUSEDDON'T KNOW		1 2
MIDDLE NAME (BABY_MNAME)		
REFUSEDDON'T KNOW		1 2
LAST NAME (BABY_LNAME)		
REFUSED		1

BC007/(BABY_SEX) INTERVIEWER ADMINISTERED QUESTION: WHAT IS THE SEX OF THE BABY?

DON'T KNOW.....-2

GIRL REFUSED		2 1	
was born? POUNDS: OUNCES: REFUSED	 P P		:/she]
		PRE-FILL EITHER "your babies' AS APPROPRIATE THROUGH	
		ive with you? ALT – IF BABY STIL eave the hospital, will [he/she/they	
YES		1 (RECENT_MOVE)	
NO REFUSED		2 1	
BC009. (LIVE_OTH) With whom will [he/s		ALT – IF BABY STILL IN HOSPI	TAL:
BABY'S GRANDPAI OTHER FAMILY ME PLACING IN FOSTE PLACING FOR ADO REFUSED	RENT(S) MBER ER CARE PTION	2 4 5 5	
BC010/(TIME_STAMP_2)	PROGRAMMER INSTRUCTION:	: INSERT DATE/TIME STAMP	
	HOUSING CHARACTERIS	STICS	
HC001/ (RECENT_MOVE) you last?	Have you moved or changed yo	ur housing situation since we conta	acted
		• — — -	
		- LILIVIE STAIVIE SI	

2 (TIME_STAMP_3)
HC004/(OWN_HOME) Is your current home
Owned or being bought by you or someone in your household
HC005. (OWN_HOME_OTH)
SPECIFY
REFUSED1 DON'T KNOW2
HC006/(AGE_HOME) Can you tell us when your home or building was built? Was it between
2001 to present, 1 1981 to 2000, 2 1961 to 1980, 3 1941 to 1960, or 4 1940 or before 5 REFUSED -1 DON'T KNOW -2
HC007/(LENGTH_RESIDE)/(LENGTH_RESIDE_UNIT) How long have you lived in this home?
_ NUMBER
WEEKS
HC009/INTERVIEWER INSTRUCTION: ENTER IN NUMERIC VALUE AND SELECT ASSOCIATED UNIT OF TIME
PROGRAMMER INSTRUCTION: INCLUDE SOFT EDIT IF VALUE > 18 YEARS

HC010/(TIME_STAMP_3) PROGRAMMER INSTRUCTION: INSERT DATE/TIME STAMP

ENVIRONMENTAL EXPOSURES

EE001/(RENOVATE) The next few questions ask about any recent additions or renovations to your home. Since our last contact, have any additions been built onto your home to make it bigger or renovations or other construction been done in your home? Include only major projects. Do not count smaller projects such as painting or wallpapering, carpeting, or refinishing floors.. YES......1 REFUSED.....-1 (DECORATE) DON'T KNOW.....-2 (DECORATE) EE002/(RENOVATE_ROOM) Which rooms were renovated? INTERVIEWER INSTRUCTION: SELECT ALL THAT APPLY. KITCHEN......1 HALL/LANDING......3 BABY'S BEDROOM......4 BATHROOM/TOILET......6 BASEMENT......7 OTHER (RENOVATE ROOM OTH)......5 DON'T KNOW.....--2 EE003. (RENOVATE_ROOM_OTH) SPECIFY REFUSED......-1 DON'T KNOW.....-2 EE004/(DECORATE) Since our last contact, were any smaller projects done in your home, such as painting, wallpapering, refinishing floors, or installing new carpet? YES......1 REFUSED - 1 (SMOKE) DON'T KNOW-2 (SMOKE) EE005/(DECORATE ROOM) In which rooms were these smaller projects done? INTERVIEWER INSTRUCTION: SELECT ALL THAT APPLY. KITCHEN......1

LIVING ROOM......2

	HALL/LANDING	
	BABY'S BEDROOM	
	OTHER BEDROOMBATHROOM/TOILET	
	BASEMENT	
	OTHER (DECORATE_ROOM_OTH)	
	REFUSED	
	DON'T KNOW	
EE006	6. (DECORATE_ROOM_OTH)	
	SPECIFY	
	REFUSED	
	DON'T KNOW	2
EE007	(/(SMOKE) Currently, do you or others in your household smok pipes or other tobacco products?	e cigarettes, cigarillos, cigars,
	YES	1
	NO2	
	REFUSED1	
	DON'T KNOW2	(TIME_STAMP_4)
EE008	d/(SMOKE_LOCATE) Do those who smoke usually smoke indo and outdoors?	ors, outdoors, or both indoors
	INDOORS	1
	OUTDOORS	2
	BOTH	
	REFUSED	
	DON'T KNOW	2
EE009	. (TIME_STAMP_4) PROGRAMMER INSTRUCTION: INSER	T DATE/TIME STAMP
	INFANT FEEDING	
IF001/	(FED_BABY) - SKIP THIS QUESTION UNLESS BABY IF FROM HOSPITAL Have you fed {[BABY'S NAME]/your babie	
	YES	
	NO	
	REFUSED	
	DON'T KNOW	2
IF002/	(HOW_FED) How have you fed {[BABY'S NAME]/your babies}	? Did you breast or bottle feed?
	BREAST	
	BOTTLE	
	BOTH BREAST AND BOTTLE	
	REFUSED DON'T KNOW	
	LACAN L IN INCANA	

IF003/ (PLAN_FEED) Have you fed the {baby/babies} breast milk, formula or both?
BREAST MILK
IF004/(TIME_STAMP_5) PROGRAMMER INSTRUCTION: INSERT DATE/TIME STAMP
INFANT SLEEP
IS001/(POS_HOSP) SKIP THIS QUESTION UNLESS BABY HAS NOT BEEN RELEASED FROM THE HOSPITAL Do the nurses here in the hospital usually put {[BABY'S NAME]/your babies} to sleep on [his/her/their] stomach(s), back(s), or side(s)? STOMACH
IS002/ (POS_HOME) In what position do you usually put {[BABY'S NAME]/your babies} to sleep at home? [ALT – IF BABY HAS NOT BEEN RELEASED FROM HOSPITAL ASK: In what position do you plan to put {[BABY'S NAME]/your babies} to sleep at home?]
STOMACH
IS003/(SLEEP_ROOM) [Does/Do] {[BABY'S NAME/your babies}] sleep [ALT – IF BABY HAS NOT BEEN RELEASED FROM HOSPITAL ASK: When you go home from the hospital do you plan for {[BABY'S NAME/your babies}] to sleep]
In [his/her/their] own room,1In a room with other children,2In your bedroom, or3Another location?4
REFUSED1 DON'T KNOW2
IS004/ (BED) [Does/Do] {[BABY'S NAME/your babies}] sleep in [ALT – IF BABY HAS NOT BEEN RELEASED FROM HOSPITAL ASK: When you go home from the hospital do you plan for {[BABY'S NAME]/your babies} to sleep in]
A bassinette,

	A co-sleeper,
	REFUSED1 DON'T KNOW2
S005.	(BED_OTH)
	SPECIFY
	REFUSED1 DON'T KNOW2
S006/	(TIME_STAMP_6) PROGRAMMER INSTRUCTION: INSERT DATE/TIME STAMP
	WELL BABY CARE AND IMMUNIZATIONS
	WB00.5 (HCARE_YET) Have you taken your new {baby/babies} for any well-baby checkups?
	Yes1
	No2
	REFUSED1
	DON'T KNOW2
WB00	1/ (HCARE) Where [have you taken/do you plan to take] your new {baby/babies} for well-bab
	checkups?
	Hospital clinic1
	Health department clinic2
	Private doctor's office or HMO3
	Other (HCARE_OTH)5
	REFUSED1
	DON'T KNOW2
WB00	2/ (HCARE_OTH)
	SPECIFY
	REFUSED1
	DON'T KNOW2
	WB003.5 (HCARE_YET) Have you taken your new {baby/babies} to have any well-baby shots or vaccinations?
	Yes1 (SKIP TO TIME_STAMP_7)
	No2
	REFUSED -1

DON'T KNOW	2
WB003/ (VACCINE) Do you plan for your new {baby/babies} to have vaccinations?	well-baby shots or
YES NO REFUSED DON'T KNOW	2 1
WB004/ (TIME_STAMP_7) PROGRAMMER INSTRUCTION: INSERT DATE/	TIME STAMP
WORK AND PLANS FOR CHILDCARE	
CC001/(EMPLOY2) Are you currently employed?	
YES	.DCARE) 1
CC002.2 /(RETURN_JOB_YET) Have your returned to your current job?	
YES	(CC002) 1
CC002.5 /(RETURN_JOB_DT)When did you return to your job?	
_ / / DATE	
REFUSED DON'T KNOW	
GO TO CC004	
CC002/(RETURN_JOB) When do you plan to return to your current job?	
 NUMBER	
DAYS WEEKS MONTHS YEARS DOESN'T PLAN TO RETURN TO WORK	2 3 4
REFUSED	1 -2

CC003. INTERVIEWER INSTRUCTION: ENTER IN NUMERIC VALUE AND SELECT ASSOCIATED UNIT OF TIME

ſ	PROGRAMMER INSTRUCTION: INCLUDE SOFT EDIT IF VALUE > 1 YEAR
CC004/	(CHILDCARE) Next I would like to ask you a few questions about your plans for childcare.
	Does {(BABY'S NAME)/your babies} or will [he/she/they] receive regularly scheduled care from someone other than you or the {baby's/babies'} father?
1 1	YES
	(CCARE_TYPE) Please describe the type of setting in which most of the childcare [occurs/will occur].
(((F	PARTICIPANT'S HOME 1 OTHER PRIVATE HOME 2 CHILD CARE CENTER 3 OTHER (CCARE_TYPE_OTH) -5 REFUSED -1 DON'T KNOW -2
CC006.	(CCARE_TYPE_OTH)
Ç	SPECIFY
	REFUSED1 DON'T KNOW2
	(CCARE_WHO) Which best describes the person who [cares/will be caring] for {[BABY'S NAME]/your babies}?
; ; ; ; ; ;	YOUR MOTHER 1 YOUR FATHER 2 YOUR MOTHER IN-LAW 3 YOUR FATHER IN-LAW 4 GUARDIAN 5 OTHER RELATIVE (REL_CARE_OTH) 6 FRIEND 7 NANNY 8 PROFESSIONAL IN HOME DAYCARE 9 PROFESSIONAL CENTER BASED DAYCARE 10 OTHER (CCARE_WHO_OTH) -5 REFUSED -1 DON'T KNOW 3

CC008. (REL_CARE_OTH)
SPECIFY
REFUSED1 DON'T KNOW2
CC009. (CCARE_WHO_OTH)
SPECIFY
REFUSED1 DON'T KNOW2
CC010/ (TIME_STAMP_8) PROGRAMMER INSTRUCTION: INSERT DATE/TIME STAMP
TRACING QUESTIONS
TR001. These next few questions will help us to contact you again in the future.
TR002/ (R_FNAME)/(R_LNAME) What is your full name?
INTERVIEWER INSTRUCTION: CONFIRM SPELLING OF FIRST NAME IF NOT PREVIOUSLY COLLECTED AND OF LAST NAME FOR ALL RESPONDENTS.
FIRST NAME LAST NAME
REFUSED1 DON'T KNOW2
TR003/ (PHONE_NBR) What is the best phone number to reach you?
INTERVIEWER INSTRUCTION: ENTER PHONE NUMBER AND CONFIRM.
RESPONDENT HAS NO TELEPHONE
TR004/ INTERVIEWER INSTRUCTION: IF RESPONDENT DOES NOT HAVE A TELEPHONE NUMBER, ASK WHERE RESPONDENT RECEIVES TELEPHONE CALLS, EVEN IF THEY DO NOT HAVE THEIR OWN PHONE. ASK FOR AND RECORD THAT NUMBER.
TR005/ (PHONE_TYPE) Is that your home, work, cell, or another phone number?
INTERVIEWER INSTRUCTION: CONFIRM IF KNOWN.
HOME1 (CELL_PHONE_1)

WORK
TR006. (FRIEND_PHONE_OTH)
SPECIFY
REFUSED1 DON'T KNOW2
TR007. (PHONE_TYPE_OTH)
SPECIFY
REFUSED1 DON'T KNOW2
TR008/(HOME_PHONE) What is your home phone number?
INTERVIEWER INSTRUCTION: ENTER PHONE NUMBER AND CONFIRM.
NO HOME NUMBER
PROGRAMMER INSTRUCTION: IF (PHONE_TYPE)/ TR005 = 3 (CELL) THEN SKIP (CELL_PHONE_1)/ TR00X AND GO TO (CELL_PHONE_2)/ TR106.
TR00X/(CELL_PHONE_1). Do you have a personal cell phone?
YES
TR106./(CELL_PHONE_2). May we use your personal cell phone to make future study appointments or for appointment reminders?
YES 1 NO 2 REFUSED -1 DON'T KNOW -2
TR107/(CELL_PHONE_3). Do you send and receive text messages on your personal cell phone?
YES1

NO
TR108/(CELL_PHONE_4). May we send text messages to make future study appointments or for appointment reminders?
YES
PROGRAMMER INSTRUCTION: IF (PHONE_TYPE)/ TR005 = 3 (CELL) AND VALID NUMBER PROVIDED IN (PHONE_NBR) SKIP (CELL_PHONE)/ TR109.
TR109/(CELL_PHONE). What is your personal cell phone number?
_ _ _ _ _ _ _ _ PHONE NUMBER
REFUSED1 DON'T KNOW
(TIME_STAMP_9) PROGRAMMER INSTRUCTION: INSERT DATE/TIME STAMP
PROGRAMMER INSTRUCTION: IF (RECENT_MOVE) = 1 (YES) THEN GO TO HC002/ (MOVE_INFO) ELSE GO TO TR009/ (SAME_ADDR) .
HC002/ (MOVE_INFO) What is the address of your [new] home?
ADDRESS KNOWN
HC003/(NEW ADDRESS VARIABLES) INTERVIEWER INSTRUCTION: PROBE AND ENTER AS MUCH INFORMATION AS R KNOWS.
(NEW_ADDRESS1) ADDRESS 1 - STREET/PO BOX
(NEW_ADDRESS2) ADDRESS 2
(NEW_UNIT) UNIT
(NEW_CITY) CITY

	_ STATE	ZIP CODE		<u> </u>
	(NEW_STATE	E) (NEW_ZIP)	(NEW_ZIP4)	
				1 2
TR009	9/ (SAME_ADD I	R) Is your mailing add	dress the same as you	street address?
	NO REFUSED		2 (MAILING AI	1/ (HAVE_EMAIL) DDRESS VARIABLES) 1(HAVE_EMAIL) 2(HAVE_EMAIL)
TR010	O/ (MAILING A I	DDRESS VARIABLE	S) What is your mailing	g address?
	INTERVIEWE INFORMATIO		PROMPT AS NECESSA	ARY TO COMPLETE
	(MAIL_ADDR	ESS1) ADDRESS 1	- STREET/PO BOX	
	(MAIL_ADDR	ESS2) ADDRESS 2		
	(MAIL_UNIT)	UNIT		
	(MAIL_CITY)	CITY		
	_ STATE	ZIP CODE	_	<u> </u>
	(MAIL_STATI	E) (MAIL_ZIP)	(MAIL_ZIP4)	
				1 2
TR01:	1/ (HAVE_EMAI	L) Do you have an e	mail address?	
	NO REFUSED			2 (PLAN_MOVE) 1 (PLAN_MOVE) 2 (PLAN_MOVE)
TR012	2/ (EMAIL) Wha	t is the best email add	dress to reach you?	
	ENTER E-MA	IL ADDRESS:		(EMAIL_TYPE)

REFUSED1 (PLAN_MOVE) DON'T KNOW2 (PLAN_MOVE)	
PROGRAMMER INSTRUCTION: SHOW EXAMPLE OF VALID EMAIL ADDRESS SUCH AS MARYJANE@EMAIL.COM	_
TR013/ (EMAIL_TYPE) Is that your personal e-mail, work e-mail, or a family or shared e-ma address?	il
PERSONAL 1 WORK 2 FAMILY/SHARED 3 (EMAIL_SHARE) REFUSED -1 DON'T KNOW -2	
TR014/(EMAIL_SHARE)	
PROGRAMMER INSTRUCTIONS: IF RESPONDENT REPORTED A SHARED EMAIL ADDRESS IN (EMAIL_TYPE), SET (EMAIL_SHARE) AS APPROPRIATE THEN GO TO (PLAN_MOVE)	
YES	
TR015/(PLAN_MOVE) Do you plan on moving from your present address in the next few months?	
YES	
TR016/ (WHERE_MOVE) Do you know where you will be moving?	
YES	
TR017/(MOVE_INFO) What is the address of your new home?	
ADDRESS KNOWN	

TR018/(NEW ADDRESS VARIABLES) ENTER ADDRESS

INTERVIEWER INSTRUCTION: PROBE AND ENTER AS MUCH INFORMATION AS R KNOWS.

	(NEW_ADDRESS1) ADDRESS 1 - STREET/PO BOX	
	(NEW_ADDRESS2) ADDRESS 2	
	(NEW_UNIT) UNIT	
	(NEW_CITY) CITY	
	_	
	(NEW_STATE) (NEW_ZIP) (NEW_ZIP4)	
	REFUSED1 DON'T KNOW2	
TR019	9/ (WHEN_MOVE) Do you know <u>when</u> you will be moving?	
	YES	
TR020	0/(DATE_MOVE) When will you move?	
	MONTH: M M	
	YEAR:	
	REFUSED1 DON'T KNOW2	
	PROGRAMMER INSTRUCTION: FORMAT DATE_MOVE AS YYYYMM	

TR021/(TIME_STAMP_10) PROGRAMMER INSTRUCTION: INSERT DATE/TIME STAMP

TR022/**(END_OF_INTERVIEW)** Thank you for participating in the National Children's Study and for taking the time to answer our questions.

INTERVIEWER-COMPLETED QUESTIONS

IC001.	(TIME_STAMP_11) PROGRAMMER INSTRUCTION: INSERT DATE/TIME STAMP
IC002/	(RESPONDENT) WAS THE INTERVIEW COMPLETED WITH THE BIRTH MOTHER OR A PROXY?
	BIRTH MOTHER
IC003/	(CONTACT_TYPE) IN WHAT MODE WAS THE QUESTIONNAIRE ADMINISTERED?
	IN-PERSON. 1 TELEPHONE. 2 MAIL. 3 WEB. 4
IC004/	(ENGLISH) WAS THIS DATA COLLECTION SESSION CONDUCTED IN ENGLISH?
	YES
IC005/	(CONTACT_LANG) WHAT OTHER LANGUAGE WAS USED TO CONDUCT THIS SESSION? 1 SPANISH 1 ARABIC 2 CHINESE 3 FRENCH 4 FRENCH CREOLE 5 GERMAN 6 ITALIAN 7 KOREAN 8 POLISH 9 RUSSIAN 10 TAGALOG 11 VIETNAMESE 12 URDU 13 PUNJABI 14 BENGALI 15 FARSI 16 OTHER (CONTACT_LANG_OTH) -5
IC006.	(CONTACT_LANG_OTH)
	SPECIFY
IC007/	(INTERPRET) WAS AN INTERPRETER USED?
	YES

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