



Environmental Tap Water Pharmaceutical (TWF) Participant Collect SAQ (EH, PB, HI) V1.0

Event:	Pregnancy Visit 1
Participant:	Pregnant Woman
Domain:	Environmental
Type of Document:	Self-Administered Questionnaire
Recruitment Groups:	(EH, PB, HI)

Public reporting burden for this collection of information is estimated to average 10 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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National Children's Study Tap Water TWF Participant Collect Self-Administered Questionnaire

Instructions

- ☐ Please use a black or blue pen to complete this form. Do not use a felt-tip pen or a pencil.
- ☐ Mark ☒ to indicate your answer.
- ☐ If you want to change your answer, mark through the box ☒ on the wrong answer, and mark the correct answer.
- ☐ Your answers are important. Please print clearly using uppercase, block letters (for example, "WEDNESDAY").

Tap Water TWF Collection

Follow the instructions in your booklet when collecting the TWF sample.

1. How many bottles did you fill?

- 3 (GO TO QUESTION 4)
- 2 (GO TO QUESTION 2)
- 1 (GO TO QUESTION 2)
- 0 (GO TO QUESTION 3)

2. Why did you fill fewer than three bottles?

- Supplies missing from kit
- Didn't have time
- Couldn't schedule pick-up
- Other, specify

(GO TO QUESTION 4)

3. Why didn't you collect any bottles?

- Supplies missing from kit
- Didn't have time
- Couldn't schedule pick-up
- Decided not to collect sample
- Other, specify

(END FORM)

4. TWF sample IDs:

AFFIX LABEL FOR EACH BOTTLE YOU FILLED

Affix
TWF Bottle #1/3
Label here

Affix
TWF Bottle #2/3
Label here

Affix
TWF Bottle #3/3
Label here

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5. What date did you collect the TWF sample?

Date: / /
m m d d y y y y

6. What day of the week did you collect the TWF sample?

Monday Thursday Saturday
 Tuesday Friday Sunday
 Wednesday

7. Where was the TWF sample collected?

Kitchen tap
 Bathroom sink/tub
 Outside spigot/pump
 Other, specify _____
 Prefer not to answer
 Don't know

8. Is the water filtered? For example do you have a drinking water filter such as a Brita filter on the faucet where you collected the sample?

Yes Prefer not to answer
 No Don't know

9. Is the tap water from your own household well?

Yes Prefer not to answer
 No Don't know

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10. When you collected the TWF sample did you handle or consume any of the following:

MARK ALL THAT APPLY

Caffeinated foods or beverages
Tobacco products
Antibacterial soaps lotions or hand sanitizers
Cleaning products
Prescription drugs
Over-the-counter medications
Prefer not to answer
Don't know

11. Did you have any problems collecting the TWF sample?

MARK ALL THAT APPLY

No problems
Lost ice packs
Lost foam inserts
Lost labels
Other, specify _____
Prefer not to answer
Don't know

Thank you very much for collecting the TWF sample and completing this questionnaire! All of your answers are very important.

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Please help us by looking at each question again to make sure that you...

Do not skip any questions, and Marked out the wrong answer and