

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.

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 / **(DATE)** Please enter today's date.

___/___/____
M M D D Y Y Y Y

MPPG002 / **(PREGNANT)**

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 PREGNANT 1
NO, I'M NOT PREGNANT 2

MPPG003 / **(PPG_DUE_DATE)**

MPPG004 / **(TRYING)**

MPPG003 / **(PPG_DUE_DATE)** Please tell us when your baby is due.

___/___/____
M M D D Y Y Y Y

MPPG005 / **(CLOSE_1)**

I don't know the baby's due date -2

MPPG005 / **(CLOSE_1)**

MPPG004 / **(TRYING)** Are you currently trying to become pregnant?

YES 1
NO 2

MPPG006 / **(CLOSE_2)**

MPPG006 / **(CLOSE_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

MPPG007 / **(CONTACT)**

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)**

MPPG007 / **(CONTACT)** To help us keep in touch with you, please 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)**

MPPG008 / **(HOME_ADDRESS)** Residence
STREET ADDRESS
CITY
STATE
ZIP

MPPG009 / **(MAIL_ADDRESS)**

MPPG009 / **(MAIL_ADDRESS)** Mailing Address (if different)
STREET ADDRESS
CITY
STATE
ZIP

MPPG010 / **(PHONE)**

MPPG010 / **(PHONE)** Please provide us with all preferred, private telephone numbers where you can be reached.

MPPG011 / **(HOME_PHONE)**

MPPG011 / (HOME_PHONE)	Home : (___) ___ - ____	MPPG012 / (WORK_PHONE)
MPPG012 / (WORK_PHONE)	Work: (___) ___ - ____	MPPG013 / (CELL_PHONE)
MPPG013 / (CELL_PHONE)	Cell: (___) ___ - ____	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.