

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) |

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**Tap Water TWF Collection**

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

1. How many bottles did you fill?

**(P\_TWF\_N\_COLLECT)**

3  3 (GO TO QUESTION 4)

2  2 (GO TO QUESTION 2)

1  1 (GO TO QUESTION 2)

0  0 (GO TO QUESTION 3)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | 2. Why did you fill fewer than three bottles?  **(P\_TWF\_2\_COLLECTED)**  1  Supplies missing from kit  2  Didn’t have time  3  Couldn’t schedule pick-up  -5  Other, specify  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  | (GO TO QUESTION 4) | | | |
| 3. Why didn’t you collect any bottles?  **(P\_TWF\_0\_COLLECTED)**  1  Supplies missing from kit  2  Didn’t have time  3  Couldn’t schedule pick-up  4  Decided not to collect sample  -5 Other, specify  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (END FORM)    4. TWF sample IDs:  AFFIX LABEL FOR EACH BOTTLE YOU FILLED  **(SAMPLE\_ID) ALL IDS ARE THE SAME, THIS ONLY NEEDS TO BE ENTERED INTO THE VDR ONCE.**   |  | | --- | | Affix  TWF Bottle #1/3  Label here | |  | | Affix  TWF Bottle #2/3  Label here | |  | | | | | | |
| Affix  TWF Bottle #3/3  Label here | | | |

5. What date did you collect the TWF sample?

**(P\_TWF\_DATE)**

2 0

Date: //

m m d d y y y y

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

**(P\_TWF\_DAY)**

1  Monday 4  Thursday 6  Saturday

2  Tuesday 5  Friday 7  Sunday

3  Wednesday

7. Where was the TWF sample collected?

**(P\_TWF\_LOCATION)**

**(P\_TWF\_LOCATION\_OTH)**

1 Kitchen tap

2 Bathroom sink/tub

3 Outside spigot/pump

-5 Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

-1 Prefer not to answer

-2 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?

**(P\_TWF\_FILTERED)**

1 Yes -1 Prefer not to answer

2 No -2 Don’t know

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

**(P\_TWF\_WATERSOURCE)**

1 Yes -1 Prefer not to answer

2 No -2 Don’t know

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

**MARK ALL THAT APPLY**

**(P\_TWF\_USE\_EAT)**

1 Caffeinated foods or beverages

2 Tobacco products

3 Antibacterial soaps lotions or hand sanitizers

4 Cleaning products

5 Prescription drugs

6 Over-the-counter medications

-1 Prefer not to answer

-2 Don’t know

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

**(P\_TWF\_PROBLEMS)**

**(P\_TWF\_PROBLEMS\_OTH)**

**MARK ALL THAT APPLY**

**(P\_TWF\_USE\_EAT)**

1 No problems

2 Lost ice packs

3 Lost foam inserts

4 Lost labels

-5 Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

-1 Prefer not to answer

-2 Don’t know

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

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

* **Did not skip any questions, and**
* **Marked out the wrong answer and marked the right answer if you made any changes.**