ATTACHMENT B.1 OMB Control Number: 0925-0593 Expiration Date: 07/31/2013 Environmental Tap Water TWF Participant Collect SAQ, Phase 2b



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.
- I If you want to change your answer, mark through the box **B** 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)
- 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 <u>TWF Bottle #1/3</u> Label here

Affix <u>TWF Bottle #2/3</u> Label here

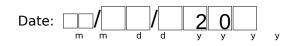
Affix <u>TWF Bottle #3/3</u> Label here

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- 5. What date did you collect the TWF sample?



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 Is the tap water from your own household well? Yes
Prefer not to answer

Yes	Prefer not to ans
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

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 <u>very much</u> for collecting the TWF sample and completing this questionnaire! All of your answers are very important.

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