

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 kit2 [ ]  Didn’t have time3 [ ]  Couldn’t schedule pick-up4 [ ]  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 #1/3Label here |
|  |
| Affix TWF Bottle #2/3Label here |
|  |

 |
| Affix TWF Bottle #3/3Label 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.**