

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.  
 \_\_\_ / \_\_\_ / \_\_\_\_\_ ..... MPPG002 / **(PREGNANT)**  
 M M D D Y Y Y Y
- 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 MPPG003 / **(PPG\_DUE\_DATE)**  
 NO, I'M NOT PREGNANT ..... 2 MPPG004 / **(TRYING)**
- MPPG003 / **(PPG\_DUE\_DATE)** Please tell us when your baby is due.  
 \_\_\_ / \_\_\_ / \_\_\_\_\_ ..... MPPG005 / **(CLOSE\_1)**  
 M M D D Y Y Y Y  
 I don't know the baby's due ..... -2 MPPG005 / **(CLOSE\_1)**  
 date
- MPPG004 / **(TRYING)** Are you currently trying to become pregnant?  
 YES ..... 1 MPPG006 / **(CLOSE\_2)**  
 NO ..... 2 MPPG006 / **(CLOSE\_2)**
- MPPG005 / **(CLOSE\_1)** Thank you for answering our questions. MPPG007 / **(CONTACT)**  
 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
- MPPG006 / **(CLOSE\_2)** Thank you for answering our questions. We'll MPPG007 / **(CONTACT)**  
 contact you again in a few months to ask a few more quick questions.
- MPPG007 / **(CONTACT)** To help us keep in touch with you, please provide us MPPG008 / **(HOME\_ADDRESS)**  
 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)** Residence MPPG009 / **(MAIL\_ADDRESS)**  
 STREET ADDRESS  
 CITY  
 STATE  
 ZIP
- MPPG009 / **(MAIL\_ADDRESS)** Mailing Address (if different) MPPG010 / **(PHONE)**  
 STREET ADDRESS  
 CITY  
 STATE  
 ZIP
- MPPG010 / **(PHONE)** Please provide us with all preferred, private MPPG011 / **(HOME\_PHONE)**  
 telephone numbers where you can be reached.

MPPG011 / <b>(HOME_PHONE)</b>	Home : ( ___ ) ___ - ____	MPPG012 / <b>(WORK_PHONE)</b>
MPPG012 / <b>(WORK_PHONE)</b>	Work: ( ___ ) ___ - ____	MPPG013 / <b>(CELL_PHONE)</b>
MPPG013 / <b>(CELL_PHONE)</b>	Cell: ( ___ ) ___ - ____	MPPG014 / <b>(OTHER_PHONE)</b>
MPPG014 / <b>(OTHER_PHONE)</b>	Other: ( ___ ) ___ - ____	MPPG015 / <b>(EMAIL)</b>
MPPG015 / <b>(EMAIL)</b>	Please provide us with the most private e-mail where you can be reached.	MPPG016 / <b>(END)</b>

E-Mail

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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.