

PBS Participant Verification Birth Cohort Interview

| Event: | Birth | |
|---------------------|------------------------------------|--|
| Participant: | Perinatal Woman | |
| Respondent: | Perinatal Woman | |
| Domain: | Questionnaire | |
| Type of Document: | Interview | |
| Allowable Mode: | In-person (CAPI), Telephone (CATI) | |
| Allowable Method: | Interviewer-Administered | |
| Recruitment Groups: | PBS | |
| Version: | 1.0 | |
| Release: | MDES 3.2 | |

Public reporting burden for this collection of information is estimated to average 2 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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GENERAL PROGRAMMER INSTRUCTIONS

WHEN PROGRAMMING INSTRUMENTS, VALIDATE FIELD LENGTHS AND TYPES AGAINST THE MDES TO ENSURE DATA COLLECTION RESPONSES DO NOT EXCEED THOSE OF THE MDES. SOME GENERAL ITEM LIMITS USED ARE AS FOLLOWS:

| DATA ELEMENT FIELDS | MAXIMUM CHARACTERS PERMITTED | PROGRAMMER INSTRUCTIONS |
|---|---|---|
| ADDRESS AND EMAIL FIELDS | 100 | |
| UNIT AND PHONE FIELDS | 10 | |
| _OTH AND COMMENT FIELDS | 255 | |
| FIRST NAME, MIDDLE NAME, AND LAST NAME | 30 | |
| ALL ID FIELDS | 36 | |
| ZIP CODE | 5 | |
| ZIP CODE LAST FOUR | 4 | |
| CITY | 50 | |
| DOB AND ALL OTHER DATE FIELDS (E.G., DT, DATE, ETC.) | 10 | DISPLAY AS MM/DD/YYYY STORE AS YYYY-MM-DD HARD EDITS: MM MUST EQUAL 00 TO 12 DD MUST EQUAL 01 TO 31 YYYY MUST BE BETWEEN 1900 AND CURRENT YEAR. |
| TIME VARIABLES | TWO-DIGIT HOUR AND TWO-DIGIT MINUTE, AM/PM DESIGNATION | HARD EDITS: HOURS MUST BE BETWEEN 00 AND 12; MINUTES MUST BE BETWEEN 00 AND 59 |

Instrument Guidelines for Participant IDs:

THE P_ID IN THE MDES HEADER IS THAT OF THE PARTICIPANT (E.G. THE PERINATAL WOMAN).

PBS PARTICIPANT VERIFICATION BIRTH COHORT INTERVIEW

(TIME_STAMP_PBC_ST). PROGRAMMER INSTRUCTION:

- INSERT DÁTE/TIME STAMP.
- PRELOAD **P_ID** AND **P_TYPE.**
- THIS INTERVIEW ONLY ADMINISTERED IF **P_TYPE** = 15.

PBC010/(MULT_CHILD). IS THERE MORE THAN ONE CHILD ELIGIBLE FOR THE BIRTH INTERVIEW TODAY?

INTERVIEWER INSTRUCTION:

• DO NOT ADMINISTER THIS ITEM TO THE PARENT/CAREGIVER.

YES...... 1 NO......2 (C_FNAME)(C_LNAME)

PROGRAMMER INSTRUCTION:

• IF MULT_CHILD = 2, SET CHILD_QNUM = 1.

PBC020/(CHILD_NUM). HOW MANY CHILDREN ARE ELIGIBLE FOR THE BIRTH INTERVIEW TODAY?

INTERVIEWER INSTRUCTION:

• DO <u>NOT</u> ADMINISTER THIS ITEM TO THE PARENT/CAREGIVER.



PBC030/(CHILD_QNUM). WHICH NUMBER CHILD IS THIS QUESTIONNAIRE LOOP FOR?

INTERVIEWER INSTRUCTION:

- DO NOT ADMINISTER THIS ITEM TO THE PARENT/CAREGIVER.
- ENTER "1" AT BEGINNING OF INTERVIEW FOR FIRST CHILD.

I___I NUMBER

PROGRAMMER INSTRUCTIONS:

• CHILD_QNUM CANNOT BE GREATER THAN CHILD_NUM.

PBC040/(C_FNAME)(C_LNAME). What is the child's full name?

INTERVIEWER INSTRUCTIONS:

- IF PARENT/CAREGIVER REFUSES TO PROVIDE INFORMATION, RE-STATE CONFIDENTIALITY PROTECTIONS, ASK FOR INITIALS OR SOME OTHER NAME TO CALL THE CHILD.
- CONFIRM SPELLING OF FIRST NAME IF NOT PREVIOUSLY COLLECTED AND OF LAST NAME.

FIRST NAME

LAST NAME

| REFUSED | -1 |
|------------|----|
| DON'T KNOW | -2 |

PBC050/(CHILD_SEX). What is the child's sex?

| MALE | 1 |
|------------|----|
| FEMALE | 2 |
| REFUSED | -1 |
| DON'T KNOW | -2 |

PBC060/(RESP_GUARD). Are you {C_FNAME/the child}'s legal guardian?

INTERVIEWER INSTRUCTIONS:

- IF THE BIOLOGICAL MOTHER IS THE LEGAL GUARDAIN CONTINUE VISIT.
- IF THE BIOLOGICAL MOTHER IS NOT THE LEGAL GUARDIAN OR SHE ANSWERS REFUSED OR DON'T KNOW, THEN THANK HER FOR HER TIME AND END THE VISIT.

| YES | 1 |
|------------|---|
| NO | 2 |
| REFUSED | 1 |
| DON'T KNOW | 2 |

PROGRAMMER INSTRUCTIONS:

- IF MULT_CHILD = 2, GO TO TIME_STAMP_PBC_ET.
- IF MULT_CHILD = 1 AND
 - 0 IF CHILD_QNUM ≠ CHILD_NUM, GO TO CHILD_QNUM AND INCREMENT BY ONE.
 - 0 IF CHILD_QNUM = CHILD_NUM, GO TO TIME_STAMP_PBC_ET.

(TIME_STAMP_PBC_ET). PROGRAMMER INSTRUCTION:

INSERT DATE/TIME STAMP.