## Attachment 2: NCS Vanguard Study Instruments by Event & Stage of OMB Review & Approval (As of May 15, 2014)

**Note:** Instruments in *italics* are not yet approved by OMB for fielding.

	Pre Pregnancy	Pregnancy Visit 1	Pregnancy Visit 2	Birth	3 Mo	6 Mo	9 Mo	12 Mo	18 Mo	24 Mo	30 Mo	36 Mo	42 Mo	48 Mo	54 Mo	60 Mo	Assessment Type
Pregnancy Screener	Tregnancy	VISIC 1	VISIC 2										1410	1410	1410	1410	Турс
Pregnancy Screener - Sibling Birth Cohort							3	3	3	3	3	3	3	3	3	3	Questionnaire
Retrospective Pregnancy Screener				3	3	3											Questionnaire
Biospecimen Collection																	
Child-Focused																	
Infant Blood Spot				3*													Sample
Microbiome Swab						2				2				2			Sample
Urine						2*		2*				1*				2*	Sample
Blood								2*				1*				2*	Sample
Saliva								2*				1*				2*	Sample
Baby Teeth																2	Sample
Adult-Focused														•			
Blood	3*	3*	3*	3*		2*		2*				1*				2*	Sample
Urine	3*	3*	3*	3*		2*		2*				1*				2*	Sample
Microbiome Swab				3^		2				2				2			Sample
Saliva												1*				2*	Sample
Cord Blood				3*													Sample
Placenta				3*													Sample

<sup>\*</sup> Indicates that specific data collection was approved by OMB as part of a previous Information Collection request.

<sup>^</sup> Indicates that approval for specific data collection is requested as part of an earlier Stage for a different Study visit.

	Pre Pregnancy	Pregnancy Visit 1	Pregnancy Visit 2	Birth	3 Mo	6 Mo	9 Mo	12 Mo	18 Mo	24 Mo	30 Mo	36 Mo	42 Mo	48 Mo	54 Mo	60 Mo	Assessment Type
Breast Milk	,			3*	2*												Sample
<b>Environmental Measures</b>																	
Vacuum Bag Dust		3*						2*				1*		2*		2*	Sample
Indoor Dwelling Unit Visual Observations								2^				1		2^		2^	Interviewer Observation
Outdoor Structural Visual Observations								2^				1		2^		2^	Interviewer Observation
Dust Wipes												1*		2*		2*	Sample
Noise (Subsample Study)												3				3	Sample
Physical Measures																	
Child Anthropometry						2*		2*		2*		1*		2*		2*	Direct Measurement
Child Blood Pressure								2*		2*		1*		2*		2*	Direct Measurement
NIH Toolbox Visual Acuity Test												1				2^	Direct Measurement
Lung Function																2	Direct Measurement
NIH Toolbox Early Childhood Motor Battery																2	Direct Measurement
BIA (Subsample Study)														3		3	Direct Measurement
Physical Activity (Subsample Study)												3		3		3	Direct Measurement
Neuro-Psychosocial Measures																	
NIH Toolbox Emotion Battery		3^							2^				1				Scored Assessment
Ages & Stages-3 (ASQ-3 <sup>™</sup> )					2*	2*		2*		2*		1*		2*		2*	Scored

<sup>\*</sup> Indicates that specific data collection was approved by OMB as part of a previous Information Collection request.

<sup>^</sup> Indicates that approval for specific data collection is requested as part of an earlier Stage for a different Study visit.

	Pre	Pregnancy	Pregnancy	Birth	3 Mo	6 Mo	9 Mo	12 Mo	18 Mo	24 Mo	30 Mo	36 Mo	42	48	54	60	Assessment
	Pregnancy	Visit 1	Visit 2										Мо	Мо	Мо	Мо	Type
SAQ																	Assessment
Edinburgh Postnatal					2												Scored
Depression Scale SAQ																	Assessment
Infant Behavior					2												Scored
Questionnaire -Revised (IBQ-																	Assessment
R) SAQ																	
Brief Infant Toddler Social								2*			1*						Scored
Emotional Assessment																	Assessment
(BITSEA™) SAQ																	
Personal Assessment of									2								Scored
Intimacy in Relationships									-								Assessment
(PAIR) SAQ																	
Modified Checklist for Autism									2*	2*							Scored
in Toddlers (M-CHAT) SAQ									_								Assessment
Brief Symptom Inventory											1*						Scored
(BSI®) SAQ											_						Assessment
Infant/Toddler Sensory											1*						Scored
Profile™ SAQ											_						Assessment
NIH Toolbox Early Childhood												1				2^	Scored
Cognition Battery												_				_	Assessment
SWAN Rating Scale for ADHD												1				2^	Scored
SAQ												_				_	Assessment
Home Social Direct												1					Questionnaire
Observation (Data Collector												_					
Only)																	
Major Life Events CAO												1				2^	Scored
Major Life Events SAQ												_				_	Assessment
NIH Toolbox Cognition														2			Scored
Battery																	Assessment
NIH Toolbox Parent Proxy														2			Scored
Emotion Battery														_			Assessment

<sup>\*</sup> Indicates that specific data collection was approved by OMB as part of a previous Information Collection request.

<sup>^</sup> Indicates that approval for specific data collection is requested as part of an earlier Stage for a different Study visit.

	Pre Pregnancy	Pregnancy Visit 1	Pregnancy Visit 2	Birth	3 Mo	6 Mo	9 Mo	12 Mo	18 Mo	24 Mo	30 Mo	36 Mo	42 Mo	48 Mo	54 Mo	60 Mo	Assessment Type
Questionnaires/ Assessments																	
Age-Specific Questionnaires																	
Child				3*	2*	2*	2*	2*	2*	2*	1*	1	1	2	2	2	Questionnaire
Adult	3*	3*	3*	3*	2*	2*		2*	2*	2*	1*	1		2	2	2	Questionnaire
Household	3*	3*	3*	3*	2*	2*		2*	_	2*	_	1		2		2	Questionnaire
Biological Mother					2*			_		_		_				_	Questionnaire
Child Care Facility												1		2		2	Questionnaire
Core Questionnaires												_					
Child						2*		2*	2*	2*	1*	1*	1*	2*	2*	2*	Questionnaire
Adult						2*		2*		2*	_	1*		2*		2*	Questionnaire
Household						2*		2*	2*	2*	1*	1*	1*	2*	2*	2*	Questionnaire
Participant Verification & Tracing (PVT) Instrument		3*	3*	3*	2*	2*	2*	2*	2*	2*	1*	1*	1*	2*	2*	2*	Questionnaire
Parent-Caregiver Death Questionnaire					2^	2^	2^	2^	2^	2^	1	1	1	2^	2^	2^	Questionnaire
Child Death Questionnaire					2^	2^	2^	2^	2^	2^	1	1	1	2^	2^	2^	Questionnaire
Pregnancy Loss, Stillbirth, & Neonatal Death Questionnaire		3*	3*	3*													Questionnaire
Validation Questionnaire	3*	3*	3*	3*	2*	2*	2*	2*	2*	2*	1*	1*	1*	2*	2*	2*	Questionnaire
Non-Interview Respondent SAQ	3*	3*	3*	3*	2*	2*	2*	2*	2*	2*	1*	1*	1*	2*	2*	2*	Questionnaire
Infant & Child Health Care Log				3*	2*	2*	2*	2*	2*	2*	1*	1*	1*	2*	2*	2*	Recall Tool
Pregnancy Health Care Log		3*	3*														Recall Tool
Participant Satisfaction SAQ						2^							1				Questionnaire

<sup>\*</sup> Indicates that specific data collection was approved by OMB as part of a previous Information Collection request.

<sup>^</sup> Indicates that approval for specific data collection is requested as part of an earlier Stage for a different Study visit.

	Pre	Pregnancy	Pregnancy	Birth	3 Mo	6 Mo	9 Mo	12 Mo	18 Mo	24 Mo	30 Mo	36 Mo	42	48	54	60	Assessment
	Pregnancy	Visit 1	Visit 2					^					Мо	Mo	Mo	Mo	Туре
Secondary Residence					2^	2^	2^	2^	2^	2^	1	1	1	2^	2^	2^	Questionnaire
Woman Abuse Screening Tool (WAST) SAQ												1					Questionnaire
Alcohol, Tobacco, Substance Abuse SAQ												1					Questionnaire
Dietary Food Frequency SAQ													1		2^		Questionnaire
Chronic Medical History SAQ													1				Questionnaire
Family Medical History SAQ													1				Questionnaire
Participant Engagement & Motivation SAQ														2			Questionnaire
Interview Observation Questionnaire – Child, Adult, & Household ( <b>Data Collector</b> <b>Only</b> )	3^	3^	3^	3^	2^	2^	2^	2^	2^	2^	1	1	1	2^	2^	2^	Questionnaire
Pregnancy Probability Group Follow-Up Questionnaire	3*																Questionnaire
Father Pre-Natal Questionnaire - Adult & Household		3*	3*														Questionnaire
Infant Feeding SAQ						3*											Questionnaire
Father Post Natal Questionnaire – Child, Adult, & Household							2		2								Questionnaire
Other																	
Participant Information Update - Incentive Substudy										3	3	3	3	3	3	3	Questionnaire
Informed Consent														<u>'</u>		<u>'</u>	
Documents																	
Pregnant Woman		2*	2*														Consent

<sup>\*</sup> Indicates that specific data collection was approved by OMB as part of a previous Information Collection request.

<sup>^</sup> Indicates that approval for specific data collection is requested as part of an earlier Stage for a different Study visit.

	Pre	Pregnancy	Pregnancy	Birth	3 Мо	6 Mo	9 Mo	12 Mo	18 Mo	24 Mo	30 Mo	36 Mo	42	48	54	60	Assessment
Adult	Pregnancy	Visit 1	Visit 2		2*	2*	2*	2*	2*	2*	2*	2*	Mo 2*	Mo 2*	Mo 2*	Mo 2*	<b>Type</b> Consent
					2	2											
Father and Parental Partner		2*	2*														Consent
Parental Permission for Child's Participation - Birth to 6 Months of Age		2	2	2													Consent
Parental Permission for Child's Participation - 6 Months to Age of Majority						2*	2*	2*	2*	2*	2*	2*	2*	2*	2*	2*	Consent
Multi-Mode Visit Information Sheet	2*	2*	2*	2*	2*	2*	2*	2*	2*	2*	2*	2*	2*	2*	2*	2*	Consent
Sample Collection Visit Information Sheet	2*	2*	2*	2*		2*		2*		2*		2*		2*		2*	Consent
Reconsideration Instrument - Child & Adult	2*	2*	2*			2*		2*		2*		2*		2*		2*	Consent
HIPAA Authorization for Use and Disclosure of Health Information	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	Consent
HIPAA Authorization to Obtain Bodily Fluids & Tissues		2*	2*	2*													Consent
Authorization Form for Release of Child Death Certificate				2	2	2	2	2	2	2	2	2	2	2	2	2	Consent
Authorization Form for Release of Parent/Guardian Death Certificate	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	Consent
Authorization for Release of Health-Related Birth Certificate				2													Consent

<sup>\*</sup> Indicates that specific data collection was approved by OMB as part of a previous Information Collection request.

<sup>^</sup> Indicates that approval for specific data collection is requested as part of an earlier Stage for a different Study visit.