THE NATIONAL
CHILDREN'S
STUDY

HEALTH GROWTH ENVIRONMENT

Pregnancy Visit 2 SAQ

Event Category:	Trigger-Based
Event:	PV2
Administration:	N/A
Instrument Target:	Pregnant Woman
Instrument Respondent:	Pregnant Woman
Domain:	Questionnaire
Document Category:	Questionnaire
Method:	Self-Administered
Mode (for this instrument*):	In-Person, PAPI
OMB Approved Modes:	In-Person, PAPI; Phone, PAPI; Web-Based, CAI
Estimated Administration Time:	3 minutes
Multiple Child/Sibling Consideration:	Per Event
Special Considerations:	N/A
Version:	2.4
MDES Release:	4.0

*This instrument is OMB-approved for multi-mode administration but this version of the instrument is designed for administration in this/these mode(s) only.

This page intentionally left blank.

Pregnancy Visit 2 SAQ

TABLE OF CONTENTS

This page intentionally left blank.

Pregnancy Visit 2 SAQ

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	DATA TYPE	PROGRAMMER INSTRUCTIONS
ADDRESS AND EMAIL FIELDS	100	CHARACTER	
UNIT AND PHONE FIELDS	10	CHARACTER	
_OTH AND COMMENT FIELDS	255	CHARACTER	• Limit text to 255 characters
FIRST NAME AND LAST NAME	30	CHARACTER	• Limit text to 30 characters
ALL ID FIELDS	36	CHARACTER	
ZIP CODE	5	NUMERIC	
ZIP CODE LAST FOUR	4	NUMERIC	
CITY	50	CHARACTER	
DOB AND ALL OTHER DATE FIELDS (E.G., DT, DATE, ETC.)	10	NUMERIC CHARACTER	• DISPLAY AS MM/DD/YYYY • STORE AS YYYY-MM-DD • HARD EDITS: MM MUST EQUAL 01 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	NUMERIC	• HARD EDITS: HOURS MUST BE BETWEEN 00 AND 12; MINUTES MUST BE BETWEEN 00 AND 59

<u>Instrument Guidelines for Participant and Respondent IDs:</u>

PRENATALLY, THE **P_ID** IN THE MDES HEADER IS THAT OF THE PARTICIPANT (E.G. THE NON-PREGNANT WOMAN, PREGNANT WOMAN, OR THE FATHER).

POSTNATALLY, A RESPONDENT ID WILL BE USED IN ADDITION TO THE PARTICIPANT ID BECAUSE SOMEBODY OTHER THAN THE PARTICIPANT MAY BE COMPLETING THE INTERVIEW. FOR EXAMPLE, THE PARTICIPANT MAY BE THE CHILD AND THE RESPONDENT MAY BE THE MOTHER, FATHER, OR ANOTHER CAREGIVER.

THEREFORE, MDES VERSION 2.2 AND ALL FUTURE VERSIONS CONTAIN A **R_P_ID** (RESPONDENT PARTICIPANT ID) HEADER FIELD FOR EACH POST-BIRTH INSTRUMENT. THIS WILL ALLOW ROCs TO INDICATE WHETHER THE RESPONDENT IS SOMEBODY OTHER THAN THE PARTICIPANT ABOUT WHOM THE QUESTIONS ARE BEING ASKED.

A REMINDER:
ALL RESPONDENTS MUST BE CONSENTED AND HAVE RECORDS IN THE PERSON, PARTICIPANT, PARTICIPANT_CONSENT AND LINK_PERSON_PARTICIPANT TABLES, WHICH CAN BE PRELOADED INTO EACH INSTRUMENT. ADDITIONALLY, IN POST-BIRTH QUESTIONNAIRES WHERE THERE IS THE ABILITY TO LOOP THROUGH A SET OF QUESTIONS FOR MULTIPLE CHILDREN, IT IS IMPORTANT TO CAPTURE AND STORE THE CORRECT CHILD **P_ID** ALONG WITH THE LOOP INFORMATION. IN THE MDES VARIABLE LABEL/DEFINITION COLUMN, THIS IS INDICATED AS FOLLOWS: **EXTERNAL IDENTIFIER: PARTICIPANT ID FOR CHILD DETAIL.**

PREGNANCY VISIT 2 SAQ

(TIME_STAMP_PV_ST).

PROGRAMMER INSTRUCTIONS
INSERT DATE/TIME STAMP

PV00100. Thank you for agreeing to participate in this study. This self-administered questionnaire will take about 3 minutes to complete. Your answers are important to us. There are no right or wrong answers. You can always refuse to answer any question or group of questions, and your answers will be kept confidential. Please select only one answer for each question.

We would now like to take a few minutes to ask some questions about your experience in the study.

How important was each of the following in your decision to take part in, or continue participation in the National Children's Study?

PV01000/(LEARN). How important was … learning more about my health or the health of my child?

Label	Code	Go To
Not at all important	1	
Somewhat important	2	
Very important	3	

SOURCE
National Children's Study, Vanguard Phase (modified)

PV02000/(HELP). How important was … feeling as if I can help children now and in the future?

Label	Code	Go To
Not at all important	1	
Somewhat important	2	
Very important	3	

SOURCE
National Children's Study, Vanguard Phase

PV03000/(INCENT). How important was … receiving money or gifts for taking part in the study?

Label	Code	Go To
Not at all important	1	
Somewhat important	2	
Very important	3	

SOURCE

PV04000/(RESEARCH). How important was … helping doctors and researchers learn more about children and their health?

Label	Code	Go To
Not at all important	1	
Somewhat important	2	
Very important	3	

PV05000/(ENVIR). How important was … helping researchers learn how the environment may affect children's health?

Label	Code	Go To
Not at all important	1	
Somewhat important	2	
Very important	3	

PV06000/(COMMUNITY). How important was … feeling part of my community?

Label	Code	Go To
Not at all important	1	
Somewhat important	2	
Very important	3	

PV07000/(KNOW_OTHERS). How important was … knowing other women in the study?

Label	Code	Go To
Not at all important	1	
Somewhat important	2	
Very important	3	

PV08000/(FAMILY). How important was … having family members or friends support my choice to take part in the study?

Label	Code	Go To
Not at all important	1	
Somewhat important	2	

Label	Code	Go To
Very important	3	

PV09000/(DOCTOR). How important was … having my doctor or health care provider support my choice to take part in the study?

Label	Code	Go To
Not at all important	1	
Somewhat important	2	
Very important	3	

PV10000/(STAFF). How important was … feeling comfortable with the study staff who come to my home?

Label	Code	Go To
Not at all important	1	
Somewhat important	2	
Very important	3	

PV10100. How negative or positive do each of the following people feel about you taking part in the National Children's Study?

PV11000/(OPIN_SPOUSE). Your spouse or partner?

Label	Code	Go To
Very negative	1	
Somewhat negative	2	
Neither positive or negative	3	
Somewhat positive	4	
Very positive	5	
Not Applicable	-7	

PV12000/(OPIN_FAMILY). Other family members?

Label	Code	Go To
Very negative	1	
Somewhat negative	2	

Label	Code	Go To
Neither positive or negative	3	
Somewhat positive	4	
Very positive	5	
Not Applicable	-7	

PV13000/(OPIN_FRIEND). Your friends?

Label	Code	Go To
Very negative	1	
Somewhat negative	2	
Neither positive or negative	3	
Somewhat positive	4	
Very positive	5	
Not Applicable	-7	

PV14000/(OPIN_DR). Your doctor or health care provider?

Label	Code	Go To
Very negative	1	
Somewhat negative	2	
Neither positive or negative	3	
Somewhat positive	4	
Very positive	5	
Not Applicable	-7	

PV15000/(EXPERIENCE). In general, has your experience with the National Children's Study been

Label	Code	Go To
Mostly negative	1	
Somewhat negative	2	
Neither positive or negative	3	
Somewhat positive	4	
Mostly positive	5	

PV16000/(IMPROVE). In your opinion, how much do you think the National Children's Study will help improve the health of children now and in the future?

Label	Code	Go To
Not at all	1	
A little	2	
Some	3	
A lot	4	

PV17000/(INT_LENGTH). Did you think the interview was

Label	Code	Go To
Too short	1	
Too long	2	
Just about right	3	

PV18000/(INT_STRESS). Do you think the interview was

Label	Code	Go To
Not at all stressful	1	
A little stressful	2	
Somewhat stressful	3	
Very stressful	4	

PV19000/(INT_REPEAT). If you were asked, would you participate in an interview like this again?

Label	Code	Go To
Yes	1	
No	2	

PV20000. Thank you for participating in the National Children's Study and for taking the time to complete this survey.

FOR OFFICE USE ONLY:

FOU01000/(P_ID). PARTICIPANT ID:_____