

3M Questionnaire - Biological Mother

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| --- | --- |
| Event Category: | Time-Based |
| Event: | 3M |
| Administration: | N/A |
| Instrument Target: | Biological Mother |
| Instrument Respondent: | Biological Mother |
| Domain: | Questionnaire |
| Document Category: | Questionnaire |
| Method: | Data Collector Administered |
| Mode (for this instrument\*): | In-Person, CAI; Phone, CAI |
| OMB Approved Modes: | In-Person, CAI; Phone, CAI; Web-Based, CAI |
| Estimated Administration Time: | 2 minutes |
| Multiple Child/Sibling Consideration: | Per Event |
| Special Considerations: | N/A |
| Version: | 1.0 |
| 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.

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3M Questionnaire - Biological Mother

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 |

**Instrument Guidelines for Participant and Respondent IDs:**

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.**

MOTHER BIRTH CONDITIONS AND EXPERIENCES

**(TIME\_STAMP\_MBC\_ST).**

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| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP * PRELOAD PARTICIPANT ID (**P\_ID**) AND RESPONDENT ID (**R\_P\_ID**) FOR ADULT CAREGIVER. * PRELOAD**MULT\_CHILD**, **CHILD\_NUM** (IF **MULT\_CHILD**= 1), AND **CHILD\_QNUM**  FROM THE PARTICIPANT VERIFICATION, SCHEDULING & TRACING QUESTIONNAIRE. * PRELOAD FIRST NAME OF CHILD (**C\_FNAME**) FROM  PARTICIPANT VERIFICATION, SCHEDULING, & TRACING QUESTIONNAIRE AND DISPLAY APPROPRIATE NAME IN “**C\_FNAME**” THROUGHOUT THE INSTRUMENT. * OTHERWISE, IF **C\_FNAME**FROM  PARTICIPANT VERIFICATION, SCHEDULING, & TRACING QUESTIONNAIRE = -1 OR -2, DISPLAY “the child” IN APPROPRIATE FIELDS THROUGHOUT THE INSTRUMENT. * IF **CHILD\_SEX** IN PARTICIPANT VERIFICATION, SCHEDULING, & TRACING QUESTIONNAIRE = 1, DISPLAY “his”, “he”, OR “himself” IN APPROPRIATE FIELDS THROUGHOUT INSTRUMENT. * IF **CHILD\_SEX** IN PARTICIPANT VERIFICATION, SCHEDULING, & TRACING QUESTIONNAIRE = 2, DISPLAY “her”, “she”, OR “herself” IN APPROPRIATE FIELDS THROUGHOUT INSTRUMENT. * IF **MULT\_CHILD**= 1, LOOP THROUGH ITEMS **MBC01000, CHILD\_SEX, MBC03000, MBC04000, MBC06000, TRANS\_DEPT\_BIRTH,**AND **TRANS\_DEPT\_BIRTH\_OTH**(IF **TRANS\_DEPT\_BIRTH**= 1) FOR EACH **CHILD\_QNUM** UNTIL NUMBER OF LOOPS = **CHILD\_NUM**BEFORE PROCEEDING TO **DELIVER\_CES.** * INCREMENT **CHILD\_QNUM**BY ONE FOR EACH LOOP. |

**MBC01000.** Now I’d like to ask a few questions about {C\_FNAME/the child}’s birth.

**MBC02000/(CHILD\_SEX).** Is your child a boy or a girl?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| BOY | 1 |  |
| GIRL | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| Norwegian Mother and Child Cohort Study, 6-Month Questionnaire |

**MBC03000.** How much did {C\_FNAME/the child} weigh when he/she was born?

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| INTERVIEWER INSTRUCTIONS |
| * RECORD CHILD'S WEIGHT IN POUNDS AND OUNCES. |

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| SOURCE |
| Norwegian Mother and Child Cohort Study, 6-Month Questionnaire |

**(BIRTH\_WEIGHT\_LBS)** |\_\_\_|\_\_\_|

POUNDS

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF ANSWER < 0 OR > 20 LBS. * DISPLAY SOFT EDIT IF ANSWER < 3 OR > 13 LBS. |

**(BIRTH\_WEIGHT\_OZ)** |\_\_\_|\_\_\_|

OUNCES

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**MBC04000/(BIRTH\_LENGTH\_IN).** How many inches was {C\_FNAME/the child} when he/she was born?

|\_\_\_|\_\_\_|

INCHES

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| Norwegian Mother and Child Cohort Study, 6-Month Questionnaire |

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| PROGRAMMER INSTRUCTIONS |
| * DISPLAY SOFT EDIT IF RESPONSE < 6 OR > 30. * IF**CHILD\_QNUM**= 1 AND FIRST LOOP OR **MULT\_CHILD**= 2, GO TO **DELIVER\_WEEK.** * OTHERWISE, GO TO **MBC06000.** |

**MBC05000/(DELIVER\_WEEK).** In which week of your pregnancy did you give birth?

|\_\_\_|\_\_\_|

WEEK

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| Norwegian Mother and Child Cohort Study, 6-Month Questionnaire |

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| PROGRAMMER INSTRUCTIONS |
| * DISPLAY SOFT EDIT IF RESPONSE ≤ 0 OR > 44. |

**MBC06000.** How long was your child in the hospital after the birth?

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| INTERVIEWER INSTRUCTIONS |
| * ENTER VALUE AND SELECT WHETHER DAYS OR WEEKS. * IF RESPONDENT REPORTS THE CHILD WAS IN THE HOSPITAL FOR LESS THAN 1 DAY, ENTER "1." |

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| SOURCE |
| Norwegian Mother and Child Cohort Study, 6-Month Questionnaire |

**(LENGTH\_HOSP\_TIME)** |\_\_\_|\_\_\_|

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| CHILD STILL IN HOSPITAL | 0 |  |
| CHILD NOT BORN IN HOSPITAL | -7 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| PROGRAMMER INSTRUCTIONS |
| * IF **LENGTH\_HOSP\_TIME**= -7, AND   + IF**MULT\_CHILD** = 2 OR IF NUMBER OF LOOPS = **CHILD\_NUM**, GO TO **PREG\_COMP.**   + OTHERWISE, GO TO **TIME\_STAMP\_MCS\_ST**AND BEGIN SUBSEQUENT LOOP. * IF **LENGTH\_HOSP\_TIME**= 0, -7, OR -2, GO TO **TRANS\_DEPT\_BIRTH.** |

**(LENGTH\_HOSP\_BIRTH\_UNIT)**

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| DAYS | 1 |  |
| WEEKS | 2 |  |

**MBC07000/(TRANS\_DEPT\_BIRTH).** Was your child transferred to another department or hospital after the birth?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| Norwegian Mother and Child Cohort Study, 6-Month Questionnaire |

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| PROGRAMMER INSTRUCTIONS |
| * IF **TRANS\_DEPT\_BIRTH**= 1, GO TO **TRANS\_DEPT\_BIRTH\_OTH.** * IF **TRANS\_DEPT\_BIRTH**= 2, -1, OR -2, AND    + IF**MULT\_CHILD** = 2 OR IF NUMBER OF LOOPS = **CHILD\_NUM,** GO TO **DELIVER\_CES.**   + OTHERWISE, GO TO **TIME\_STAMP\_MCS\_ST** AND BEGIN SUBSEQUENT LOOP. |

**MBC08000/(TRANS\_DEPT\_BIRTH\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| Norwegian Mother and Child Cohort Study, 6-Month Questionnaire |

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| PROGRAMMER INSTRUCTIONS |
| * IF **MULT\_CHILD** = 2 OR IF NUMBER OF LOOPS = **CHILD\_NUM**, GO TO **DELIVER\_CES**. * OTHERWISE, GO TO **TIME\_STAMP\_MCS\_ST**AND BEGIN SUBSEQUENT LOOP. |

**MBC09000/(DELIVER\_CES).** Was your child delivered by caesarean section?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | PREG\_COMP |
| REFUSED | -1 | PREG\_COMP |
| DON'T KNOW | -2 | PREG\_COMP |

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| SOURCE |
| Norwegian Mother and Child Cohort Study, 6-Month Questionnaire |

**MBC10000/(CES\_PLAN).** Was the caesarean section planned?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | PREG\_COMP |
| REFUSED | -1 | PREG\_COMP |
| DON'T KNOW | -2 | PREG\_COMP |

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| SOURCE |
| Norwegian Mother and Child Cohort Study, 6-Month Questionnaire |

**MBC11000/(CES\_PLAN\_REASON).** Why?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Breech presentation | 1 | PREG\_COMP |
| Previous cesarean | 2 | PREG\_COMP |
| Pregnancy complication or mother taken ill | 3 | PREG\_COMP |
| Poor growth or other factor relating to the fetus | 4 | PREG\_COMP |
| Own preference | 5 | PREG\_COMP |
| OTHER | -5 |  |
| REFUSED | -1 | PREG\_COMP |
| DON'T KNOW | -2 | PREG\_COMP |

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| SOURCE |
| Norwegian Mother and Child Cohort Study, 6-Month Questionnaire |

**MBC12000/(CES\_PLAN\_REASON\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| Norwegian Mother and Child Cohort Study, 6-Month Questionnaire |

**MBC13000/(PREG\_COMP).** Were there any complications during the pregnancy?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | PREG\_COMP\_HOSP |
| REFUSED | -1 | PREG\_COMP\_HOSP |
| DON'T KNOW | -2 | PREG\_COMP\_HOSP |

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| SOURCE |
| Norwegian Mother and Child Cohort Study, 6-Month Questionnaire |

**MBC14000/(PREG\_COMP\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| Norwegian Mother and Child Cohort Study, 6-Month Questionnaire |

**MBC15000/(PREG\_COMP\_HOSP).** Either before or after your baby's birth, were you admitted or transferred to another department or hospital due to complications in connection with the birth?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | FAMILY\_PRESENT\_BIRTH |
| REFUSED | -1 | FAMILY\_PRESENT\_BIRTH |
| DON'T KNOW | -2 | FAMILY\_PRESENT\_BIRTH |

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| --- |
| SOURCE |
| Norwegian Mother and Child Cohort Study, 6-Month Questionnaire (modified) |

**MBC16000.** Where?

|  |
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| SOURCE |
| Norwegian Mother and Child Cohort Study, 6-Month Questionnaire |

**(PREG\_COMP\_HOSP\_DEPT)** DEPARTMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**(PREG\_COMP\_HOSP\_NAME)** HOSPITAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**MBC17000.** How many days were you in the hospital in connection with the birth?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * PROBE TO DETERMINE NUMBER OF DAYS IN HOSPITAL BEFORE CHILD'S BIRTH AND NUMBER OF DAYS IN HOSPITAL AFTER CHILD'S BIRTH. |

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| SOURCE |
| Norwegian Mother and Child Cohort Study, 6-Month Questionnaire |

**(PREG\_COMP\_HOSP\_TIME\_PRIOR)** BEFORE THE BIRTH: |\_\_\_|\_\_\_| NUMBER OF DAYS

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**(PREG\_COMP\_HOSP\_TIME\_AFTER)** AFTER THE BIRTH: |\_\_\_|\_\_\_| NUMBER OF DAYS

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**MBC18000/(FAMILY\_PRESENT\_BIRTH).** Was anyone from your close family present at the birth?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes, child's father | 1 |  |
| Yes, someone else | 2 |  |
| No | 3 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Norwegian Mother and Child Cohort Study, 6-Month Questionnaire |

**(TIME\_STAMP\_MBC\_ET).**

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP |