

Child Teeth Instrument

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| --- | --- |
| Event Category: | Time-Based |
| Event: | 60M |
| Administration: | N/A |
| Instrument Target: | Child |
| Instrument Respondent: | Primary Caregiver |
| Domain: | Biospecimen |
| Document Category: | Sample Collection |
| Method: | Data Collector Administered |
| Mode (for this instrument\*): | In-Person, CAI |
| OMB Approved Modes: | In-Person, CAI |
| Estimated Administration Time: | 3 minutes |
| Multiple Child/Sibling Consideration: | Per Child |
| 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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Child Teeth Instrument

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Child Teeth Instrument

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:

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| **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 | NUMERICCHARACTER | * DISPLAY AS MM/DD/YYYY
* STORE AS YYYY-MM-DD
* HARD EDITS:

MM MUST EQUAL 01 TO 12DD MUST EQUAL 01 TO 31YYYY 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.**

BIOSPECIMEN CHILD TEETH COLLECTION

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP
* PRELOAD PARTICIPANT ID **(P\_ID)** FOR CHILD AND RESPONDENT ID **(R\_P\_ID)** FOR ADULT CAREGIVER
* PRELOAD CHILD'S FIRST NAME (**C\_FNAME**) FROM THE PARTICIPANT VERIFICATION AND TRACING QUESTIONNAIRE.
* IF **C\_FNAME**≠ -1 OR -2, DISPLAY **C\_FNAME**AS APPROPRIATE THROUGHOUT THE INSTRUMENT.
* IF **C\_FNAME**= -1 OR -2, DISPLAY "the child" AS APPROPRIATE THROUGHOUT THE INSTRUMENT.
 |

**BCT01000/(TEETH\_COLLECT\_INTRO).** We would like to collect {C\_FNAME/the child}’s teeth.  To do this we will provide you with materials to mail us any baby teeth {C\_FNAME/the child} loses after today.

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| DATA COLLECTOR INSTRUCTIONS |
| * IF THE ADULT CAREGIVER REFUSES THIS COLLECTION, SELECT REFUSED.
* OTHERWISE, SELECT CONTINUE AND REVIEW THE COLLECTION MATERIALS, COLLECTION INSTRUCTIONS, AND DATA COLLECTION FORM WITH THE ADULT CAREGIVER.
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|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| CONTINUE | 1 | DISTRIBUTE\_METHOD |
| REFUSED | -1 |  |

**BCT02000/(REFUSE\_REASON).** I am sorry that you have chosen not to participate in this collection.  Can you tell me why?

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| DATA COLLECTOR INSTRUCTIONS |
| * ENTER REASON FOR REFUSAL.
 |

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| --- | --- | --- |
| Label | Code | Go To |
| TOO COMPLICATED | 1 | BCT04000 |
| PHYSICAL LIMITATION | 2 | BCT04000 |
| PARTICIPANT ILL/EMERGENCY | 3 | BCT04000 |
| LANGUAGE ISSUE | 4 | BCT04000 |
| NO TIME | 5 | BCT04000 |
| UNCOMFORTABLE WITH COLLECTION PROCEDURES | 6 | BCT04000 |
| OTHER | -5 |  |
| REFUSED | -1 | BCT04000 |
| DON'T KNOW | -2 | BCT04000 |

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| SOURCE |
| National Children’s Study, Legacy Phase (6M Child) |

**BCT03000/(REFUSE\_REASON\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (6M Child) |

**BCT04000.** That’s fine.  Thank you for your time.

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * GO TO **COLLECTION\_COMMENT**.
 |

**BCT05000/(DISTRIBUTE\_METHOD).** HOW WAS THE KIT DISTRIBUTED TO THE ADULT CAREGIVER?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| IN PERSON | 1 |  |
| BY MAIL | 2 |  |
| DID NOT DISTRIBUTE | -7 | N\_DISTRIB\_REAS |

**BCT06000/(SPECIMEN\_ID).** RECORD THE SPECIMEN ID

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| DATA COLLECTOR INSTRUCTIONS |
| * IF THE ADULT CAREGIVER AGREES TO COLLECT TEETH, RECORD THE SPECIMEN ID OF THE KIT PROVIDED TO HIM/HER.
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| PROGRAMMER INSTRUCTIONS |
| * CANNOT BE NULL.
* HARD EDIT: INCLUDE HARD EDIT IF FORMAT IS NOT TWO ALPHA, SEVEN NUMERIC CHARACTERS DASH TWO ALPHA, TWO NUMERIC CHARACTERS (AA # # # # # # #-AA##).
 |

**BCT07000.** Thank you for agreeing to send us your child’s baby teeth.

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| PROGRAMMER INSTRUCTIONS |
| * GO TO **COLLECTION\_COMMENT**.
 |

**BCT08000/(N\_DISTRIB\_REAS).** WHY COULDN’T YOU GIVE THE KIT TO THE ADULT CAREGIVER?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| ADULT CAREGIVER REFUSED | 1 | COLLECTION\_COMMENT |
| NO TIME TO DISTRIBUTE KIT | 2 | COLLECTION\_COMMENT |
| KIT UNAVAILABLE | 3 | COLLECTION\_COMMENT |
| OTHER | -5 |  |

**BCT09000/(N\_DISTRIB\_REAS\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BCT10000/(COLLECTION\_COMMENT).** RECORD ANY COMMENTS ABOUT THE CHILD TEETH COLLECTION KIT DISTRIBUTION PROCEDURE.

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| DATA COLLECTOR INSTRUCTIONS |
| * DOCUMENT ANY PROBLEMS OR CONCERNS ABOUT THE CHILD TEETH COLLECTION KIT DISTRIBUTION PROCEDURE.
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| Label | Code | Go To |
| NO COMMENTS | 1 | TIME\_STAMP\_BCT\_ET |
| COMMENT | 2 |  |

**BCT11000/(COLLECTION\_COMMENT\_OTH).** SPECIFY:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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