

Child Teeth SAQ

|  |  |
| --- | --- |
| Event Category: | Time-Based |
| Event: | 60M |
| Administration: | N/A |
| Instrument Target: | Child |
| Instrument Respondent: | Primary Caregiver |
| Domain: | Biospecimen |
| Document Category: | Sample Collection |
| Method: | Self-Administered |
| Mode (for this instrument\*): | In-Person, PAPI |
| OMB Approved Modes: | In-Person, PAPI;Phone, PAPI;Web-Based, CAI |
| Estimated Administration Time: | 6 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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TABLE OF CONTENTS

[GENERAL PROGRAMMER INSTRUCTIONS: 1](#_Toc371078255)

[BIOSPECIMEN TEETH COLLECTION SAQ SPECIFICATION 3](#_Toc371078256)

[FOR OFFICE USE ONLY: 5](#_Toc371078257)

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Child Teeth 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 | 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 TEETH COLLECTION SAQ SPECIFICATION

**BTC01000.** As part of the National Children’s Study, we are asking you to send us the child’s baby teeth when they fall out. Please follow the instructions provided in the child teeth collection kit to collect the sample.

After you have collected the teeth, please complete the information on this form. ​Only one tooth should be collected for each form completed.

**BTC01100/(TOOTH\_COLLECT\_LOC).** Which tooth are you sending? Most children have 10 baby teeth on the lower jaw and 10 baby teeth on the upper jaw. Mark an "X" on the diagram below that matches the tooth being sent.



|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| UPPER, RIGHT CENTRAL INCISOR | 1 |  |
| UPPER, LEFT CENTRAL INCISOR | 2 |  |
| UPPER, RIGHT LATERAL INCISOR | 3 |  |
| UPPER, LEFT LATERAL INCISOR | 4 |  |
| UPPER, RIGHT CUSPID | 5 |  |
| UPPER, LEFT CUSPID | 6 |  |
| UPPER, RIGHT FIRST MOLAR | 7 |  |
| UPPER, LEFT FIRST MOLAR | 8 |  |
| UPPER, RIGHT SECOND MOLAR | 9 |  |
| UPPER, LEFT SECOND MOLAR | 10 |  |
| LOWER, RIGHT CENTRAL INCISOR | 11 |  |
| LOWER, LEFT CENTRAL INCISOR | 12 |  |
| LOWER, RIGHT LATERAL INCISOR | 13 |  |
| LOWER, LEFT LATERAL INCISOR | 14 |  |
| LOWER, RIGHT CUSPID | 15 |  |
| LOWER, LEFT CUSPID | 16 |  |
| LOWER, RIGHT FIRST MOLAR | 17 |  |
| LOWER, LEFT FIRST MOLAR | 18 |  |
| LOWER, RIGHT SECOND MOLAR | 19 |  |
| LOWER, LEFT SECOND MOLAR | 20 |  |

|  |
| --- |
| SOURCE |
| New |

**BTC02000.** Enter the date when this tooth fell out:

|  |
| --- |
| SOURCE |
| New |

**(TOOTH\_COLLECT\_MM)** |\_\_\_|\_\_\_|

   M     M

**(TOOTH\_COLLECT\_DD)** |\_\_\_|\_\_\_|

   D     D

**(TOOTH\_COLLECT\_YYYY)** |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

   Y     Y     Y    Y

**BTC03000.** How long was the tooth stored before returning it to the NCS using the pre-labeled envelope?

|  |
| --- |
| SOURCE |
| New |

**(TOOTH\_STORED\_LENGTH)** |\_\_\_|\_\_\_| Number

|  |
| --- |
| SOURCE |
| New |

**(TOOTH\_STORED\_LENGTH\_UNIT)**

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Days | 1 |  |
| Weeks | 2 |  |
| Months | 3 |  |

|  |
| --- |
| SOURCE |
| New |

**BTC04000.** Thank you for participating in the National Children’s Study and for taking the time to complete this information.

Please call the Regional Operations Center number located on the last page, if you have any questions.

FOR OFFICE USE ONLY:

**FOU01000/(SPECIMEN\_ID).** Specimen ID:

l\_\_\_l\_\_\_|\_\_\_l\_\_\_l\_\_\_l\_\_\_l\_\_\_l\_\_\_l\_\_\_l - l\_\_\_l\_\_\_l\_\_\_l\_\_\_l

**FOU02000/(P\_ID).** Participant ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOU03000/(R\_P\_ID).** Respondent ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOU04000/(EVENT\_ID).** Visit Type/Event ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_