



## Child Teeth SAQ

<b>Event Category:</b>	Time-Based
<b>Event:</b>	60M
<b>Administration:</b>	N/A
<b>Instrument Target:</b>	Child
<b>Instrument Respondent:</b>	Primary Caregiver
<b>Domain:</b>	Biospecimen
<b>Document Category:</b>	Sample Collection
<b>Method:</b>	Self-Administered
<b>Mode (for this instrument*):</b>	In-Person, PAPI
<b>OMB Approved Modes:</b>	In-Person, PAPI; Phone, PAPI; Web-Based, CAI
<b>Estimated Administration Time:</b>	6 minutes
<b>Multiple Child/Sibling Consideration:</b>	Per Child
<b>Special Considerations:</b>	N/A
<b>Version:</b>	1.0
<b>MDES Release:</b>	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.

Public reporting burden for this collection of information is estimated to average 6 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0593\*). Do not return the completed form to this address.

This page intentionally left blank.

# Child Teeth SAQ

## TABLE OF CONTENTS

GENERAL PROGRAMMER INSTRUCTIONS:.....	1
BIOSPECIMEN TEETH COLLECTION SAQ SPECIFICATION.....	3
FOR OFFICE USE ONLY:.....	5

This page intentionally left blank.

## 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	<ul style="list-style-type: none"> <li>Limit text to 255 characters</li> </ul>
FIRST NAME AND LAST NAME	30	CHARACTER	<ul style="list-style-type: none"> <li>Limit text to 30 characters</li> </ul>
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	<ul style="list-style-type: none"> <li>DISPLAY AS MM/DD/YYYY</li> <li>STORE AS YYYY-MM-DD</li> <li>HARD EDITS: MM MUST EQUAL 01 TO 12 DD MUST EQUAL 01 TO 31 YYYY MUST BE BETWEEN 1900 AND CURRENT YEAR.</li> </ul>
TIME VARIABLES	TWO-DIGIT HOUR AND TWO-DIGIT MINUTE, AM/PM DESIGNATION	NUMERIC	<ul style="list-style-type: none"> <li>HARD EDITS: HOURS MUST BE BETWEEN 00 AND 12; MINUTES MUST BE BETWEEN 00 AND 59</li> </ul>

### **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:**

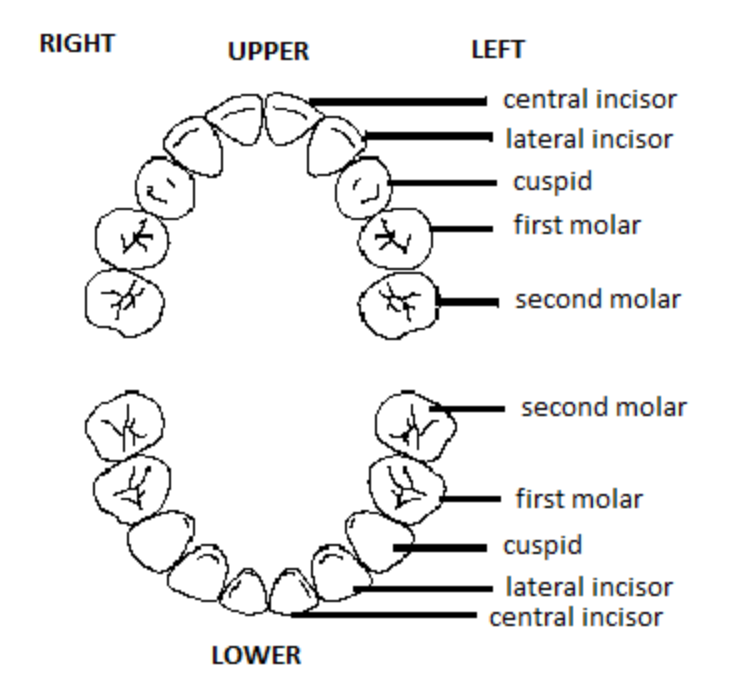
ALL RESPONDENTS MUST BE CONSENTED AND HAVE RECORDS IN THE PERSON, PARTICIPANT, PARTICIPANT\_CONSENT AND LINK\_PERSON\_PARTICIPANT TABLES, WHICH CAN BE PRELOADED INTO EACH INSTRUMENT. ADDITIONALLY, IN POST-BIRTH QUESTIONNAIRES WHERE THERE IS THE ABILITY TO LOOP THROUGH A SET OF QUESTIONS FOR MULTIPLE 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	

Label	Code	Go To
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	

<b>SOURCE</b>
New

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

<b>SOURCE</b>
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?

<b>SOURCE</b>
New

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



<b>SOURCE</b>
New

(TOOTH\_STORED\_LENGTH\_UNIT)

Label	Code	Go To
Days	1	
Weeks	2	
Months	3	

<b>SOURCE</b>
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.

