THE NATIONAL
CHILDREN'S STUDY
HEALTH GROWTH ENVIRONMENT

Breast Milk Pick-Up Instrument

Event Category:	Time-Based
Event:	Birth, 3M
Administration:	N/A
Instrument Target:	Biological Mother
Instrument Respondent:	Data Collector
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:	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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TABLE OF CONTENTS

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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.**

BIOSPECIMEN BREAST MILK PICK UP

(TIME_STAMP_BBM_ST).

PROGRAMMER INSTRUCTIONS
• INSERT DATE/TIME STAMP • PRELOAD PARTICIPANT ID (**P_ID**) FOR THE BIOLOGICAL MOTHER. • PRELOAD **STAFF_ID .**

BBM01000/(SPECIMEN_ID). |__|__|__|__|__|__|__|__|__|-|__|__|__|__|

PROGRAMMER INSTRUCTIONS
• DISPLAY HARD EDIT IF FORMAT IS NOT TWO ALPHA, SEVEN NUMERIC CHARACTERS DASH TWO ALPHA, TWO NUMERIC CHARACTERS (AA#######-AA##)

BBM02000/(SPECIMEN_PICKUP_COND). CONDITION OF SPECIMEN UPON PICK-UP

Label	Code	Go To
PICKED UP OK	1	
PICKED UP BROKEN	2	
PICKED UP LEAKING	3	
PICKED UP AT INCORRECT TEMPERATURE	4	
MISSING SPECIMEN ID LABEL	5	
SPECIMEN LOST	6	
SPECIMEN NOT COLLECTED	7	

BBM03000/(BMILK_SAQ). WAS A BREAST MILK SAQ COMPLETED BY THE PARTICIPANT?

Label	Code	Go To
YES	1	BBM06000
NO	2	

BBM04000/(BMILK_SAQ_NOCOLLECT). WHY WASN'T THE SAQ COMPLETED BY THE PARTICIPANT?

Label	Code	Go To
LOST FORM	1	BBM06000
NOT ENOUGH TIME	2	BBM06000
TOO COMPLICATED	3	BBM06000
OTHER	-5	

BBM05000/(BMILK_SAQ_NOCOLLECT_OTH). SPECIFY:

_____

BBM06000. SPECIMEN PICK-UP DATE:

(SPECIMEN_PICKUP_MM) |___|___|
M   M

(SPECIMEN_PICKUP_DD) |___|___|
D   D

(SPECIMEN_PICKUP_YYYY) |2|0|___|___|
 Y Y Y   Y

BBM07000. SPECIMEN PICK-UP TIME:

(SPECIMEN_PICKUP_TIME) |___|___|:|___|___|

  H   H   M   M

(SPECIMEN_PICKUP_TIME_UNIT)

Label	Code	Go To
AM	1	
PM	2	

BBM08000/(SPECIMEN_PICKUP_COMMENTS). DO YOU HAVE ANY COMMENTS ABOUT THE PICK-UP?

Label	Code	Go To
YES	1	
NO	2	BBM10000

BBM09000/(SPECIMEN_PICKUP_COMMENTS_OTH). COMMENTS ABOUT PICK-UP:

_____

BBM10000. DATE OF INSTRUMENT COMPLETION:

(DATE_COMPLETE_MM) |___|___|
 M   M

(DATE_COMPLETE_DD) |___|___|
  D   D

(DATE_COMPLETE_YYYY) |2|0|___|___|
 Y Y Y   Y

(TIME_STAMP_BBM_ET).

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