

Infant Blood Spot Instrument

|  |  |
| --- | --- |
| Event Category: | Time-Based |
| Event: | Birth |
| Administration: | N/A |
| Instrument Target: | Child |
| 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: | 3 minutes |
| Multiple Child/Sibling Consideration: | Per Child |
| Special Considerations: | N/A |
| Version: | 2.0 |
| 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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Infant Blood Spot Instrument

TABLE OF CONTENTS

[GENERAL PROGRAMMER INSTRUCTIONS: 1](#_Toc371078371)

[INFANT BLOOD SPOT INSTRUMENT 3](#_Toc371078372)

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Infant Blood Spot 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:

|  |  |  |  |
| --- | --- | --- | --- |
| **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.**

INFANT BLOOD SPOT INSTRUMENT

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP
* PRELOAD PARTICIPANT ID (**P\_ID)** FOR THE CHILD.
 |

**IBS01000.** AS PART OF THE NATIONAL CHILDREN'S STUDY (NCS), WE ARE COLLECTING A BLOOD SAMPLE FROM AN INFANT HEEL STICK FOR PARTICIPANTS. UP TO FOUR (4) BLOOD SPOTS WILL BE COLLECTED ON A WHATMAN 903 PROTEIN SAVER CARD.

|  |
| --- |
| DATA COLLECTOR INSTRUCTIONS |
| * UP TO FOUR (4) BLOOD SPOTS WILL BE COLLECTED ON A WHATMAN 903 PROTEIN SAVER CARD FROM A ROUTINE HOSPITAL INFANT HEEL STICK PERFORMED BY HOSPITAL STAFF.
* A SECOND HEEL STICK TO OBTAIN A SPECIMEN FOR NCS COLLECTIONS SHOULD NOT BE PERFORMED.
* COMPLETE THIS INSTRUMENT WITH THE BEST INFORMATION AVAILABLE.
 |

**IBS04000/(CHILD\_BLOOD\_TRANS).** HAS THE CHILD RECEIVED A BLOOD TRANSFUSION?

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

**IBS05000/(NUM\_SPOTS\_PSC).**

NUMBER OF SPOTS FILLED ON PROTEIN SAVER CARD (0-4):

|\_\_\_|

NUMBER OF SPOTS FILLED

|  |
| --- |
| DATA COLLECTOR INSTRUCTIONS |
| * IF PROTEIN SAVER CARD NOT COLLECTED, RECORD 0 AS NUMBER OF SPOTS FILLED.
 |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF NUMBER OF SPOTS FILLED = 0, GO TO **FOUR\_SPOT\_REASON.**
* OTHERWISE, GO TO **SPECIMEN\_ID.**
 |

**IBS06000/(SPECIMEN\_ID).**

|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_|

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF SPECIMEN ID IS NOT FORMATTED AS TWO ALPHA, SEVEN NUMERIC CHARACTERS DASH TWO ALPHA, TWO NUMERIC CHARACTERS (AA#######-AA##);
 |

**IBS07000.** DATE AND TIME HEEL STICK WAS PERFORMED

**(HEEL\_STICK\_MM)**

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

  M    M

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

**(HEEL\_STICK\_DD)**

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

  D    D

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

**(HEEL\_STICK\_YYYY)**

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

  Y     Y    Y    Y

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

**(HEEL\_STICK\_TIME)**

|\_\_\_|\_\_\_|:|\_\_\_|\_\_\_|

  H     H     M    M

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

**(HEEL\_STICK\_TIME\_UNIT)**

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

**IBS08000/(BLOOD\_OBTAIN\_METHOD).** HOW WAS THE BLOOD OBTAINED?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| FREE FLOWING | 1 |  |
| MILKED | 2 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **NUM\_SPOTS\_PSC**= 4, GO TO **SPECIMEN\_DC\_COMMENTS.**
* IF **NUM\_SPOTS\_PSC**= 1 - 3, GO TO **​FOUR\_SPOT\_REASON.**
 |

**IBS12000/(FOUR\_SPOT\_REASON).** IF FEWER THAN 4 TOTAL SPOTS WERE FILLED, CHOOSE ONE REASON THAT BEST DESCRIBES WHY:

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| PARTICIPANT REFUSAL | 1 | SPECIMEN\_DC\_COMMENTS |
| PARENT/GUARDIAN REFUSAL | 2 | SPECIMEN\_DC\_COMMENTS |
| BLOOD FLOW NOT SUFFICIENT | 3 | SPECIMEN\_DC\_COMMENTS |
| OTHER | -5 |  |

**IBS13000/(FOUR\_SPOT\_REASON\_OTH).**

SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IBS14000/(SPECIMEN\_DC\_COMMENTS).** DO YOU HAVE ANY COMMENTS ABOUT THE INFANT BLOOD SPOT COLLECTION THAT WERE NOT ALREADY NOTED?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | TIME\_STAMP\_IBS\_ET |

**IBS15000/(SPECIMEN\_DC\_COMMENTS\_OTH).** INFANT BLOOD SPOT COLLECTION COMMENTS NOT ALREADY NOTED

SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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