



## Noise Measurement SAQ

<b>Event Category:</b>	Time-Based
<b>Event:</b>	36M, 60M
<b>Administration:</b>	N/A
<b>Instrument Target:</b>	Child's Primary Residence
<b>Instrument Respondent:</b>	Primary Caregiver
<b>Domain:</b>	Environmental
<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>	9 minutes
<b>Multiple Child/Sibling Consideration:</b>	Per Event
<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 9 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.

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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	<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.**

**ENVIRONMENTAL NOISE MEASUREMENT SAQ SPECIFICATION**

**ENM00000.** Please use a black or blue pen to complete this form. Do not use a felt-tip pen or pencil.

Mark X to indicate your answer.

If you want to change your answer, mark through the box on the wrong answer, and mark the correct answer.

Your answers are important. Please print clearly using uppercase, block letters (for example, "WEDNESDAY").

Follow the instructions in your booklet when completing this questionnaire.

**ENM01000.** Enter the date you took down the noise monitor.

<b>SOURCE</b>
New

(NOISE\_REMOVE\_MM) |\_\_|\_\_|  
M M

(NOISE\_REMOVE\_DD) |\_\_|\_\_|  
D D

(NOISE\_REMOVE\_YYYY) 20 |\_\_|\_\_|  
Y Y Y Y

**ENM02000/(NOISE\_REMOVE\_DAY).** Mark the day of the week you took down the noise monitor.

Label	Code	Go To
Monday	1	
Tuesday	2	
Wednesday	3	
Thursday	4	
Friday	5	
Saturday	6	
Sunday	7	

<b>SOURCE</b>
New

**ENM03000.** Enter the time you took down the noise monitor.

<b>SOURCE</b>
New

(NOISE\_REMOVE\_TIME) TIME: |\_\_|\_\_| : |\_\_|\_\_|  
H H M M

(NOISE\_REMOVE\_TIME\_UNIT)

Label	Code	Go To
AM	1	
PM	2	

ENM04000/(NOISE\_STAND\_MOVED). Was the noise monitor stand moved during the measurement period?

Label	Code	Go To
Yes	1	
No	2	NOISE_WINDOW_OPEN
Don't Know	-2	NOISE_STAND_ROOM

**SOURCE**

New

ENM05000/(NOISE\_STAND\_MOVED\_ROOMS). Was the noise monitor stand moved to a different room from where it was set up?

Label	Code	Go To
Yes	1	
No	2	NOISE_MICROPHONE_WALL

**SOURCE**

New

ENM06000/(NOISE\_STAND\_ROOM). Mark the room type where you took down the noise monitor.

Label	Code	Go To
A child's bedroom	1	NOISE_CHILD_SHARE_ROOM
A common living area	2	NOISE_WINDOWS_FACE
An adult's bedroom	3	NOISE_WINDOWS_FACE
Other	-5	

**SOURCE**

New

ENM07000/(NOISE\_STAND\_ROOM\_OTH).

SPECIFY:

\_\_\_\_\_

**SOURCE**

New

**PARTICIPANT INSTRUCTIONS**

Go to ENM09000.



**ENM08000/(NOISE\_CHILD\_SHARE\_ROOM).** Does the child share the bedroom with any other family member(s)?

Label	Code	Go To
Yes	1	
No	2	

SOURCE
New

**ENM09000/(NOISE\_WINDOWS\_FACE).** Mark where the window(s) in the room face. Please check all that apply.

Label	Code	Go To
No window in room	1	
Street with light traffic	2	
Street with heavy traffic	3	
Freeway or highway	4	
Yard, garden, greenbelt, courtyard	5	
Other	-5	

SOURCE
New

PARTICIPANT INSTRUCTIONS
<ul style="list-style-type: none"> <li>If you selected "other" or any combination of responses and "other," go to <b>ENM10000</b>.</li> <li>If you did not select "other," go to <b>ENM11000</b>.</li> </ul>

**ENM10000/(NOISE\_WINDOWS\_FACE\_OTH).** SPECIFY:

\_\_\_\_\_

SOURCE
New

**ENM11000/(NOISE\_MICROPHONE\_WALL).** Mark the approximate distance of the noise monitor microphone from the wall.

Label	Code	Go To
Less than 2 feet from the wall	1	
2 or more feet from the wall	2	

SOURCE
New

**ENM12000/(NOISE\_MICROPHONE\_FLOOR).** Mark the approximate height of the noise monitor microphone from the floor.

Label	Code	Go To
Less than 3 feet from the floor	1	
3 or more feet from the wall	2	

<b>SOURCE</b>
New

**ENM13000/(NOISE\_WINDOW\_OPEN).** Was/were the window(s) in the room open any time during the measurement period?

Label	Code	Go To
Yes	1	
No	2	

<b>SOURCE</b>
New

**ENM14000/(NOISE\_PROBLEMS).** Were there any problems with the noise monitoring? Please check all that apply.

Label	Code	Go To
No problems	1	
Needed to move the stand	2	
Equipment damaged	3	
Stand unlocked	4	
Supplies missing	5	
Other	-5	

<b>SOURCE</b>
New

<b>PARTICIPANT INSTRUCTIONS</b>
<ul style="list-style-type: none"> <li>If you selected "other" or any combination of responses and "other," go to <b>ENM15000</b>.</li> <li>If you did not select "other," go to <b>ENM16000</b>.</li> </ul>

**ENM15000/(NOISE\_PROBLEMS\_OTH).** SPECIFY:  
\_\_\_\_\_

<b>SOURCE</b>
New

**ENM16000/(NOISE\_SHIPPING\_PROB).** Were there any problems shipping the noise stand? Please check all that apply.

Label	Code	Go To
No problems	1	
Shipping supplies missing	2	

Label	Code	Go To
Other	-5	

<b>SOURCE</b>
New

<b>PARTICIPANT INSTRUCTIONS</b>
<ul style="list-style-type: none"> <li>If you selected "other" or any combination of responses and "other," go to <b>NOISE_SHIPPIN_PROB_OTH</b>.</li> <li>If you did not select "other," go to <b>NOISE_COMMENTS</b>.</li> </ul>

ENM17000/(NOISE\_SHIPPING\_PROB\_OTH). (SPECIFY):  
 \_\_\_\_\_

<b>SOURCE</b>
New

ENM1800/(NOISE\_COMMENTS). Enter any comments about the noise measurement in your home.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>SOURCE</b>
New

**ENM19000.** Thank you very much for completing this questionnaire! All of your answers are very important. Please help us by looking at each question again to make sure you: Did not incorrectly skip any questions, and Marked out the wrong answer and marked the right answer if you made changes. Place this questionnaire in a resealable plastic bag and ship it with the noise monitor stand to the following address: [Include the shipping address here] If you have any questions about the noise measurement in your home and/or shipping the noise monitor, please contact us at: [Include ROC contact information (phone number, email address, etc.) here.]

**FOR DATA COLLECTOR USE ONLY:**

**FDC01000/(NOISE\_EQUIP\_ID).** Equipment ID of the noise monitor  
Equipment ID: \_\_\_\_\_

**FDC02000/(NOISE\_SHIP\_NUM).** Shipment tracking number:  
\_\_\_\_\_

**FDC03000/(STAFF\_ID).** Staff ID: \_\_\_\_\_

**FDC04000/(R\_P\_ID).** Respondent ID: \_\_\_\_\_

**FDC05000/(P\_ID).** Participant ID: \_\_\_\_\_