



Multi-Mode Visit Information Script (MMVIS)

Event Category:	Trigger-Based, Pre-Preg, PV1, PV2, Pre-Natal Father, Post-Natal Father, Secondary Residence; Time-Based, Birth, 3M, 6M, 9M, 12M, 18M, 24M, 30M, 36M, 42M, 48M, 54M, 60M
Event:	Pre-Pregnancy, PV1, PV2, Pre-Natal Father, Birth, Post-Natal Father, 3M, 6M, 9M, 12M, 18M, 24M, 30M, 36M, 42M, 48M, 54M, 60M, Secondary Residence
Administration:	Pre-Natal Father, PV1; Post-Natal Father, 9M, 18M; Secondary Residence, 36M, 48M, 60M
Instrument Target:	Pre-Pregnant Woman (Pre-Pregnancy); Pregnant Woman (PV1, PV2); Father/Father Figure (Pre-Natal, Post-Natal); Biological Mother (Birth); Primary Caregiver (3M, 6M, 9M, 12M, 18M, 24M, 30M, 36M, 42M, 48M, 54M, 60M); Secondary Residence Caregiver (Secondary Residence)
Instrument Respondent:	Pre-Pregnant Woman (Pre-Pregnancy); Pregnant Woman (PV1, PV2); Father/Father Figure (Pre-Natal, Post-Natal); Biological Mother (Birth); Primary Caregiver (3M, 6M, 9M, 12M, 18M, 24M, 30M, 36M, 42M, 48M, 54M, 60M); Secondary Residence Caregiver (Secondary Residence)
Domain:	Consent
Document Category:	Questionnaire
Method:	Data Collector Administered
Mode (for this instrument*):	In-Person, CAI; Phone, CAI
OMB Approved Modes:	In-Person, CAI; Phone, CAI; Web-Based, CAI
Estimated Administration Time:	2 minutes
Multiple Child/Sibling Consideration:	Per Event
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.

Public reporting burden for this collection of information is estimated to average 2 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 CHARACTER 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.**

MULTI-MODE INTRODUCTORY VISIT INFORMATION SCRIPT

(TIME_STAMP_MIV_ST).

PROGRAMMER INSTRUCTIONS

- INSERT DATE/TIME STAMP
- PRELOAD EVENT_TYPE.

MIV01000. Thank you for agreeing to participate in the National Children's Study.

I'm {calling/here} today to ask you some questions about you {and your child}. We realize that you are busy, and this {call/visit} should take only about {APPROXIMATE EVENT TIME} to complete. {I will ask you questions about you{, your child's health and behavior,} and your household.} To thank you for your time, we will give you \$25 for answering these questions. [If we ask you for samples, you will receive an additional token of appreciation.]

Your answers are very important to us. There are no right or wrong answers. You can skip over any question or stop the interview at any time. Participating in the Study is your choice.

We make every effort to keep what you tell us confidential. Please remember that if we learn that you or someone else is harming you{, your child,} or others around you, we may be required by law to report this to the police or a social services agency in your community. Also, remember that this is a research study and we cannot give you medical advice. Finally, if you have any questions about this {call/visit} or the Study, you can ask me. If I can't answer your questions I will give you the name and phone number of someone from our local office who can.

INTERVIEWER INSTRUCTIONS

- IF SAMPLES ARE COLLECTED AT THIS EVENT SAY, "If we ask you for samples, you will receive an additional token of appreciation."

PROGRAMMER INSTRUCTIONS

- DISPLAY APPROXIMATE EVENT TIME AS APPROPRIATE:
 - o IF EVENT_TYPE = 11 (PRE-PREG), DISPLAY "20 - 45 min".
 - o IF EVENT_TYPE = 13 (PV1 EVENT), DISPLAY "45 min - 1 1/4 hrs".
 - o IF EVENT_TYPE = 15 (PV2 EVENT), DISPLAY "20 min - 45 min".
 - o IF EVENT_TYPE = 19 (PRE-NATAL FATHER EVENT), DISPLAY "35 min".
 - o IF EVENT_TYPE = XX (POST-NATAL FATHER EVENT), DISPLAY "20 min".
 - o IF EVENT_TYPE = 18 (BIRTH EVENT), DISPLAY "1 1/4 - 1 3/4 hrs".
 - o IF EVENT_TYPE = 23 (3-MONTH EVENT), DISPLAY "1 1/4 hrs".
 - o IF EVENT_TYPE = 24 (6-MONTH EVENT), DISPLAY "2 1/2 - 3 3/4 hrs".
 - o IF EVENT_TYPE = 26 (9-MONTH EVENT), DISPLAY "5 min".
 - o IF EVENT_TYPE = 27 (12-MONTH EVENT), DISPLAY "45 min - 2 1/2 hrs".
 - o IF EVENT_TYPE = 30 (18-MONTH EVENT), DISPLAY "1 hr".
 - o IF EVENT_TYPE = 31 (24-MONTH EVENT), DISPLAY "40 min - 1 3/4 hrs".
 - o IF EVENT_TYPE = 36 (30-MONTH EVENT), DISPLAY "1 hr".
 - o IF EVENT_TYPE = 37 (36-MONTH EVENT), DISPLAY "1 1/2 - 3 3/4 hrs".
 - o IF EVENT_TYPE = 38 (42-MONTH EVENT), DISPLAY "1 hr".

PROGRAMMER INSTRUCTIONS
- o IF EVENT_TYPE = XX (48-MONTH EVENT), DISPLAY "1 1/2 - 3 hrs". - o IF EVENT_TYPE = XX (54-MONTH EVENT), DISPLAY "45 min". - o IF EVENT_TYPE = XX (60-MONTH EVENT), DISPLAY "1 1/4 - 4 hrs". • IF EVENT_TYPE = 18, 23, 24, 26, 27, 30, 31, 36, 37, 38, XX, XX, OR XX, DISPLAY "and your child", "I will ask you questions about you, your child's health and behavior, and your household." AND ", your child." • OTHERWISE, IF EVENT_TYPE = 13, 15, OR 19, DISPLAY "I will ask you questions about you and your household." • IF MODE = CATI, DISPLAY "calling" AND "call". • IF MODE = CAPI, DISPLAY "here" AND "visit".

(**TIME_STAMP_MIV_ET**).

PROGRAMMER INSTRUCTIONS
• INSERT DATE/TIME STAMP

INTERVIEWER INSTRUCTIONS
• IF SAMPLE COLLECTIONS OR MEASUREMENTS ARE PART OF THE PROTOCOL FOR THIS VISIT, USE THE APPROPRIATE SAMPLE COLLECTION VISIT INFORMATION SHEET.