**Attachment 2: NCS Vanguard Study Instruments by Event & Stage of OMB Review & Approval**

**(As of May 15, 2014)**

**Note:** Instruments in *italics* are not yet approved by OMB for fielding.

|  | **Pre****Pregnancy** | **Pregnancy Visit 1** | **Pregnancy****Visit 2** | **Birth** | **3 Mo** | **6 Mo** | **9 Mo** | **12 Mo** | **18 Mo** | **24 Mo** | **30 Mo** | **36 Mo** | **42 Mo** | **48 Mo** | **54 Mo** | **60 Mo** | **Assessment Type** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Pregnancy Screener** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Pregnancy Screener - Sibling Birth Cohort* |  |  |  |  |  |  | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | Questionnaire |
| *Retrospective Pregnancy Screener* |  |  |  | 3 | 3 | 3 |  |  |  |  |  |  |  |  |  |  | Questionnaire |
| **Biospecimen Collection** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Child-Focused** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Infant Blood Spot |  |  |  | 3\* |  |  |  |  |  |  |  |  |  |  |  |  | Sample |
| *Microbiome Swab* |  |  |  |  |  | 2 |  |  |  | 2 |  |  |  | 2 |  |  | Sample |
| Urine |  |  |  |  |  | 2\* |  | 2\* |  |  |  | 1\* |  |  |  | 2\* | Sample |
| Blood |  |  |  |  |  |  |  | 2\* |  |  |  | 1\* |  |  |  | 2\* | Sample |
| Saliva |  |  |  |  |  |  |  | 2\* |  |  |  | 1\* |  |  |  | 2\* | Sample |
| *Baby Teeth* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 2 | Sample |
| **Adult-Focused** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Blood | 3\* | 3\* | 3\* | 3\* |  | 2\* |  | 2\* |  |  |  | 1\* |  |  |  | 2\* | Sample |
| Urine | 3\* | 3\* | 3\* | 3\* |  | 2\* |  | 2\* |  |  |  | 1\* |  |  |  | 2\* | Sample |
| *Microbiome Swab* |  |  |  | 3^ |  | 2 |  |  |  | 2 |  |  |  | 2 |  |  | Sample |
| Saliva |  |  |  |  |  |  |  |  |  |  |  | 1\* |  |  |  | 2\* | Sample |
| Cord Blood |  |  |  | 3\* |  |  |  |  |  |  |  |  |  |  |  |  | Sample |
| Placenta  |  |  |  | 3\* |  |  |  |  |  |  |  |  |  |  |  |  | Sample |
| Breast Milk |  |  |  | 3\* | 2\* |  |  |  |  |  |  |  |  |  |  |  | Sample |
| **Environmental Measures** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Vacuum Bag Dust |  | 3\* |  |  |  |  |  | 2\* |  |  |  | 1\* |  | 2\* |  | 2\* | Sample |
| *Indoor Dwelling Unit Visual Observations* |  |  |  |  |  |  |  | 2^ |  |  |  | 1 |  | 2^ |  | 2^ | Interviewer Observation |
| *Outdoor Structural Visual Observations* |  |  |  |  |  |  |  | 2^ |  |  |  | 1 |  | 2^ |  | 2^ | Interviewer Observation |
| Dust Wipes |  |  |  |  |  |  |  |  |  |  |  | 1\* |  | 2\* |  | 2\* | Sample |
| *Noise (Subsample Study)* |  |  |  |  |  |  |  |  |  |  |  | 3 |  |  |  | 3 | Sample |
| **Physical Measures** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Child Anthropometry |  |  |  |  |  | 2\* |  | 2\* |  | 2\* |  | 1\* |  | 2\* |  | 2\* | Direct Measurement |
| Child Blood Pressure |  |  |  |  |  |  |  | 2\* |  | 2\* |  | 1\* |  | 2\* |  | 2\* | Direct Measurement |
| *NIH Toolbox Visual Acuity Test* |  |  |  |  |  |  |  |  |  |  |  | 1 |  |  |  | 2^ | Direct Measurement |
| *Lung Function* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 2 | Direct Measurement |
| *NIH Toolbox Early Childhood Motor Battery* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 2 | Direct Measurement |
| *BIA (Subsample Study)* |  |  |  |  |  |  |  |  |  |  |  |  |  | 3 |  | 3 | Direct Measurement |
| *Physical Activity (Subsample Study)* |  |  |  |  |  |  |  |  |  |  |  | 3 |  | 3 |  | 3 | Direct Measurement |
| **Neuro-Psychosocial Measures** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *NIH Toolbox Emotion Battery*  |  | 3^ |  |  |  |  |  |  | 2^ |  |  |  | 1 |  |  |  | Scored Assessment |
| Ages & Stages-3 (ASQ-3TM) SAQ |  |  |  |  | 2\* | 2\* |  | 2\* |  | 2\* |  | 1\* |  | 2\* |  | 2\* | Scored Assessment |
| *Edinburgh Postnatal Depression Scale SAQ* |  |  |  |  | 2 |  |  |  |  |  |  |  |  |  |  |  | Scored Assessment |
| *Infant Behavior Questionnaire -Revised (IBQ-R) SAQ* |  |  |  |  | 2 |  |  |  |  |  |  |  |  |  |  |  | Scored Assessment |
| Brief Infant Toddler Social Emotional Assessment (BITSEA™) SAQ |  |  |  |  |  |  |  | 2\* |  |  | 1\* |  |  |  |  |  | Scored Assessment |
| *Personal Assessment of Intimacy in Relationships (PAIR) SAQ* |  |  |  |  |  |  |  |  | 2 |  |  |  |  |  |  |  | Scored Assessment |
| Modified Checklist for Autism in Toddlers (M-CHAT) SAQ |  |  |  |  |  |  |  |  | 2\* | 2\* |  |  |  |  |  |  | Scored Assessment |
| Brief Symptom Inventory (BSI®) SAQ |  |  |  |  |  |  |  |  |  |  | 1\* |  |  |  |  |  | Scored Assessment |
| Infant/Toddler Sensory Profile™ SAQ |  |  |  |  |  |  |  |  |  |  | 1\* |  |  |  |  |  | Scored Assessment |
| *NIH Toolbox Early Childhood Cognition Battery* |  |  |  |  |  |  |  |  |  |  |  | 1 |  |  |  | 2^ | Scored Assessment |
| *SWAN Rating Scale for ADHD SAQ* |  |  |  |  |  |  |  |  |  |  |  | 1 |  |  |  | 2^ | Scored Assessment |
| *Home Social Direct Observation* ***(Data Collector Only)*** |  |  |  |  |  |  |  |  |  |  |  | 1 |  |  |  |  | Questionnaire |
| *Major Life Events SAQ* |  |  |  |  |  |  |  |  |  |  |  | 1 |  |  |  | 2^ | Scored Assessment |
| *NIH Toolbox Cognition Battery* |  |  |  |  |  |  |  |  |  |  |  |  |  | 2 |  |  | Scored Assessment |
| *NIH Toolbox Parent Proxy Emotion Battery*  |  |  |  |  |  |  |  |  |  |  |  |  |  | 2 |  |  | Scored Assessment |
| **Questionnaires/Assessments** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Age-Specific Questionnaires**  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Child |  |  |  | 3\* | 2\* | 2\* | 2\* | 2\* | 2\* | 2\* | 1\* | 1 | 1 | 2 | 2 | 2 | Questionnaire |
| Adult | 3\* | 3\* | 3\* | 3\* | 2\* | 2\* |  | 2\* | 2\* | 2\* | 1\* | 1 |  | 2 | 2 | 2 | Questionnaire |
| Household | 3\* | 3\* | 3\* | 3\* | 2\* | 2\* |  | 2\* |  | 2\* |  | 1 |  | 2 |  | 2 | Questionnaire |
| Biological Mother |  |  |  |  | 2\* |  |  |  |  |  |  |  |  |  |  |  | Questionnaire |
| *Child Care Facility* |  |  |  |  |  |  |  |  |  |  |  | 1 |  | 2 |  | 2 | Questionnaire |
| **Core Questionnaires** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Child |  |  |  |  |  | 2\* |  | 2\* | 2\* | 2\* | 1\* | 1\* | 1\* | 2\* | 2\* | 2\* | Questionnaire |
| Adult |  |  |  |  |  | 2\* |  | 2\* |  | 2\* |  | 1\* |  | 2\* |  | 2\* | Questionnaire |
| Household |  |  |  |  |  | 2\* |  | 2\* | 2\* | 2\* | 1\* | 1\* | 1\* | 2\* | 2\* | 2\* | Questionnaire |
| Participant Verification & Tracing (PVT) Instrument  |  | 3\* | 3\* | 3\* | 2\* | 2\* | 2\* | 2\* | 2\* | 2\* | 1\* | 1\* | 1\* | 2\* | 2\* | 2\* | Questionnaire |
| *Parent-Caregiver Death Questionnaire* |  |  |  |  | 2^ | 2^ | 2^ | 2^ | 2^ | 2^ | 1 | 1 | 1 | 2^ | 2^ | 2^ | Questionnaire |
| *Child Death Questionnaire* |  |  |  |  | 2^ | 2^ | 2^ | 2^ | 2^ | 2^ | 1 | 1 | 1 | 2^ | 2^ | 2^ | Questionnaire |
| Pregnancy Loss, Stillbirth, & Neonatal Death Questionnaire |  | 3\* | 3\* | 3\* |  |  |  |  |  |  |  |  |  |  |  |  | Questionnaire |
| Validation Questionnaire | 3\* | 3\* | 3\* | 3\* | 2\* | 2\* | 2\* | 2\* | 2\* | 2\* | 1\* | 1\* | 1\* | 2\* | 2\* | 2\* | Questionnaire |
| Non-Interview Respondent SAQ | 3\* | 3\* | 3\* | 3\* | 2\* | 2\* | 2\* | 2\* | 2\* | 2\* | 1\* | 1\* | 1\* | 2\* | 2\* | 2\* | Questionnaire |
| Infant & Child Health Care Log |  |  |  | 3\* | 2\* | 2\* | 2\* | 2\* | 2\* | 2\* | 1\* | 1\* | 1\* | 2\* | 2\* | 2\* | Recall Tool |
| Pregnancy Health Care Log |  | 3\* | 3\* |  |  |  |  |  |  |  |  |  |  |  |  |  | Recall Tool |
| *Participant Satisfaction SAQ* |  |  |  |  |  | 2^ |  |  |  |  |  |  | 1 |  |  |  | Questionnaire |
| *Secondary Residence* |  |  |  |  | 2^ | 2^ | 2^ | 2^ | 2^ | 2^ | 1 | 1 | 1 | 2^ | 2^ | 2^ | Questionnaire |
| *Woman Abuse Screening Tool (WAST) SAQ* |  |  |  |  |  |  |  |  |  |  |  | 1 |  |  |  |  | Questionnaire |
| *Alcohol, Tobacco, Substance Abuse SAQ* |  |  |  |  |  |  |  |  |  |  |  | 1 |  |  |  |  | Questionnaire |
| *Dietary Food Frequency SAQ*  |  |  |  |  |  |  |  |  |  |  |  |  | 1 |  | 2^ |  | Questionnaire |
| *Chronic Medical History SAQ* |  |  |  |  |  |  |  |  |  |  |  |  | 1 |  |  |  | Questionnaire |
| *Family Medical History SAQ*  |  |  |  |  |  |  |  |  |  |  |  |  | 1 |  |  |  | Questionnaire |
| *Participant Engagement & Motivation SAQ* |  |  |  |  |  |  |  |  |  |  |  |  |  | 2 |  |  | Questionnaire |
| *Interview Observation Questionnaire – Child, Adult, & Household* ***(Data Collector Only)*** | 3^ | 3^ | 3^ | 3^ | 2^ | 2^ | 2^ | 2^ | 2^ | 2^ | 1 | 1 | 1 | 2^ | 2^ | 2^ | Questionnaire |
| Pregnancy Probability Group Follow-Up Questionnaire | 3\* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Questionnaire |
| Father Pre-Natal Questionnaire - Adult & Household |  | 3\* | 3\* |  |  |  |  |  |  |  |  |  |  |  |  |  | Questionnaire |
| Infant Feeding SAQ |  |  |  |  |  | 3\* |  |  |  |  |  |  |  |  |  |  | Questionnaire |
| *Father Post Natal Questionnaire – Child, Adult, & Household* |  |  |  |  |  |  | 2 |  | 2 |  |  |  |  |  |  |  | Questionnaire |
| **Other** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Participant Information Update - Incentive Substudy* |  |  |  |  |  |  |  |  |  | 3 | 3 | 3 | 3 | 3 | 3 | 3 | Questionnaire |
| **Informed Consent Documents** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pregnant Woman |  | 2\* | 2\* |  |  |  |  |  |  |  |  |  |  |  |  |  | Consent  |
| Adult |  |  |  |  | 2\* | 2\* | 2\* | 2\* | 2\* | 2\* | 2\* | 2\* | 2\* | 2\* | 2\* | 2\* | Consent  |
| Father and Parental Partner |  | 2\* | 2\* |  |  |  |  |  |  |  |  |  |  |  |  |  | Consent  |
| *Parental Permission for Child’s Participation - Birth to 6 Months of Age* |  | 2 | 2 | 2 |  |  |  |  |  |  |  |  |  |  |  |  | Consent  |
| Parental Permission for Child’s Participation - 6 Months to Age of Majority |  |  |  |  |  | 2\* | 2\* | 2\* | 2\* | 2\* | 2\* | 2\* | 2\* | 2\* | 2\* | 2\* | Consent  |
| Multi-Mode Visit Information Sheet | 2\* | 2\* | 2\* | 2\* | 2\* | 2\* | 2\* | 2\* | 2\* | 2\* | 2\* | 2\* | 2\* | 2\* | 2\* | 2\* | Consent  |
| Sample Collection Visit Information Sheet | 2\* | 2\* | 2\* | 2\* |  | 2\* |  | 2\* |  | 2\* |  | 2\* |  | 2\* |  | 2\* | Consent  |
| Reconsideration Instrument – Child & Adult | 2\* | 2\* | 2\* |  |  | 2\* |  | 2\* |  | 2\* |  | 2\* |  | 2\* |  | 2\* | Consent  |
| *HIPAA Authorization for Use and Disclosure of Health Information* | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | Consent  |
| HIPAA Authorization to Obtain Bodily Fluids & Tissues |  | 2\* | 2\* | 2\* |  |  |  |  |  |  |  |  |  |  |  |  | Consent  |
| *Authorization Form for Release of Child Death Certificate* |  |  |  | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | Consent  |
| *Authorization Form for Release of Parent/Guardian Death Certificate* | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | Consent  |
| *Authorization for Release of Health-Related Birth Certificate* |  |  |  | 2 |  |  |  |  |  |  |  |  |  |  |  |  | Consent  |