

Pregnancy Visit 1 SAQ

|  |  |
| --- | --- |
| Event Category: | Trigger-Based |
| Event: | PV1 |
| Administration: | N/A |
| Instrument Target: | Pregnant Woman |
| Instrument Respondent: | Pregnant Woman |
| Domain: | Questionnaire |
| Document Category: | Questionnaire |
| Method: | Self-Administered |
| Mode (for this instrument\*): | In-Person, PAPI |
| OMB Approved Modes: | In-Person, PAPI;Phone, PAPI;Web-Based, CAI |
| Estimated Administration Time: | 8 minutes |
| Multiple Child/Sibling Consideration: | Per Event |
| Special Considerations: | N/A |
| Recruitment Groups: | x.x |
| Version: | 4.1 |
| 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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Pregnancy Visit 1 SAQ

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Pregnancy Visit 1 SAQ

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.**

PREGNANCY VISIT 1 SAQ

**PV00100.** Thank you for agreeing to participate in this study. This self-administered questionnaire will take about 8 minutes to complete. It contains questions about your current pregnancy and your lifestyle. We will also ask you about your satisfaction with our visit today.

Your answers are important to us. There are no right or wrong answers. You can always refuse to answer any question or group of questions, and your answers will be kept confidential. Please choose only one response per question.

**PV01000/(PLANNED).** Regarding this pregnancy, were you trying to become pregnant?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | WANTED |

|  |
| --- |
| SOURCE |
| National Survey of Family Growth (NSFG) (modified) |

**PV02000/(MONTH\_TRY).** For about how many months were you trying to become pregnant?

l\_\_\_l\_\_\_l (If less than 1 month, enter 01.)

|  |
| --- |
| SOURCE |
| Pregnancy Risk Assessment Monitoring System |

**PV03000/( WANTED).** When you became pregnant, did you yourself actually want to have a baby at some time, either right then or in the future?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | PV05000 |

|  |
| --- |
| SOURCE |
| National Survey of Family Growth (NSFG) (modified) |

**PV04000/(TIMING).** Would you say you became pregnant too soon, at about the right time, or later than you wanted?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Too soon | 1 |  |
| Right time | 2 |  |
| Later | 3 |  |
| Didn't Care | 4 |  |

|  |
| --- |
| SOURCE |
| National Survey of Family Growth (NSFG) (modified) |

**PV05000.** Part of the National Children’s Study includes a planned study visit with the baby’s father. What is the first and last name of your baby’s father?

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (T1 Mother) (modified) |

**(F\_F\_NAME)** First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(F\_L\_NAME)** Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PV07000/(FATHER\_SAME\_HH).** Is the father of your baby living in the same household as you?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (T1 Mother) (modified) |

**PV08000/(FATHER\_KNOW\_PREG).** Is the father aware of your pregnancy?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | CONTACT\_F\_LATER |

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase |

**PV09000/(CONTACT\_F\_NOW).** May we have your permission to contact the father and invite him to participate in the Study?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (T1 Mother) (modified) |

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| PARTICIPANT INSTRUCTIONS |
| * If your baby's father is not living in the same household and you give us permission to contact him, go to **PV11000**.
* If your baby's father is living in the same household and you give us permission to contact him, go to **PV12000**.
* If you do not want us to contact your baby's father, go to **PV21000**.
 |

**PV10000/(CONTACT\_F\_LATER).** Once you have shared the information about your pregnancy with the father, may we have your permission to contact him and invite him to participate in the Study?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | PAST\_PREG |

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase |

**PV11000.** The next time we follow up with you, we will ask if you have shared the information about your pregnancy with the father so that we know if it is the right time to contact him.

What is the father’s home address?

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| SOURCE |
| National Children’s Study, Legacy Phase (T1 Mother) |

**(F\_ADDR1\_2)** Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(F\_ADDR2\_2)** Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(F\_UNIT\_2)** Apartment/Unit Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(F\_CITY\_2)** City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(F\_STATE\_2)** State |\_\_\_|\_\_\_|

**(F\_ZIPCODE\_2)** Zip Code |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|

**(F\_ZIP4\_2)** Zip Code +|\_\_\_|\_\_\_|\_\_\_|\_\_\_|

**PV12000/(F\_PHONE).** What is the father's telephone number?

(|\_\_\_|\_\_\_|\_\_\_|) - |\_\_\_|\_\_\_|\_\_\_| - |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

**PV20000/(F\_AGE).** What is the father's age?

|\_\_\_|\_\_\_| Years

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase |

|  |
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| PARTICIPANT INSTRUCTIONS |
| * If this is your first pregnancy that is being followed by the study, go to **PV21000.**
* If this is not your first pregnancy that is being followed by the study, go to **PV24000.**
 |

**PV21000/(PAST\_PREG).** These next questions are about any previous pregnancies you may have had.

Before this pregnancy, have you ever been pregnant? Please include live births, miscarriages, stillbirths, ectopic pregnancies, abortions and pregnancy terminations.

These next questions are about any previous pregnancies you may have had.

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | CIG\_PAST |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (T1 Mother) (modified) |

**PV22000/(NUM\_PREG).** Including this pregnancy, how many times total have you been pregnant?

|\_\_\_|\_\_\_| Times

|  |
| --- |
| SOURCE |
| Avon Longitudinal Study of Parents and Children |

**PV23000/(AGE\_FIRST).** How old were you when you became pregnant for the first time?

|\_\_\_|\_\_\_| Years

|  |
| --- |
| SOURCE |
| Pregnancy Risk Assessment Monitoring System (modified) |

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| PARTICIPANT INSTRUCTIONS |
| Go to **PV25000** |

**PV24000/(NUM\_PREG\_SUBPREG).** Including this pregnancy, how many times total have you been pregnant? Please include live births, miscarriages, stillbirths, ectopic pregnancies, abortions and pregnancy terminations.

|\_\_\_|\_\_\_| Times

|  |
| --- |
| SOURCE |
| Avon Longitudinal Study of Parents and Children (modified) |

**PV25000/(PREMATURE).** Did any of your previous pregnancies end in the birth of a child more than 3 weeks early, before his or her due date?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |

|  |
| --- |
| SOURCE |
| Avon Longitudinal Study of Parents and Children (modified) |

**PV26000/(MISCARRY).** Did any of your previous pregnancies end in a miscarriage or stillbirth?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |

|  |
| --- |
| SOURCE |
| Avon Longitudinal Study of Parents and Children (modified) |

**PV27000/(CIG\_PAST).** The next questions are about your use of cigarettes and alcohol just before your current pregnancy.

In the 3 months before you knew you were pregnant, did you smoke any cigarettes?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | CIG\_NOW |

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Survey (modified) |

**PV28000/(CIG\_PAST\_FREQ).** Did you smoke cigarettes:

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Every day | 1 |  |
| 5 or 6 days a week | 2 |  |
| 2-4 days a week | 3 |  |
| Once a week | 4 |  |
| 1-3 days a month | 5 |  |
| Less than once a month | 6 |  |

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| SOURCE |
| National Children’s Study, Legacy Phase (T1 Mother) |

**PV29000/(CIG\_PAST\_NUM).** On days that you smoked, how many cigarettes did you smoke per day? If you smoked 1 cigarette or less each day, please enter “01.” ​

|\_\_\_|\_\_\_| Number per day

|  |
| --- |
| SOURCE |
| Modified from National Health and Nutrition Examination Survey |

**PV30000/(CIG\_NOW).** Currently, do you smoke cigarettes?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | DRINK\_PAST |

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Survey (modified) |

**PV31000/(CIG\_NOW\_FREQ).** Do you smoke cigarettes:

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Every day | 1 |  |
| 5 or 6 days a week | 2 |  |
| 2-4 days a week | 3 |  |
| Once a week | 4 |  |
| 1-3 days a month | 5 |  |
| Less than once a month | 6 |  |

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| SOURCE |
| National Children’s Study, Legacy Phase (T1 Mother) |

**PV32000/(CIG\_NOW\_NUM).** On days that you smoke, how many cigarettes do you smoke per day? If you smoke 1 cigarette or less each day, please enter “01.”

|\_\_\_|\_\_\_| Number per day

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Survey (modified) |

**PV33000/(DRINK\_PAST).** In the 3 months before you knew you were pregnant, how often did you drink alcoholic beverages including wine, beer, drinks containing hard liquor, wine coolers, hard lemonade, or hard cider?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| 5 or more times a week | 1 |  |
| 2-4 times a week | 2 |  |
| Once a week | 3 |  |
| 1-3 times a month | 4 |  |
| Less than once a month | 5 |  |
| Never | 6 | DRINK\_NOW |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (T1 Mother) (modified) |

**PV34000/(DRINK\_PAST\_NUM).** In the 3 months before you knew you were pregnant, on days that you drank alcoholic beverages, how many did you have per day? If you had one drink or less, please enter “01.”

|\_\_\_|\_\_\_| Number of drinks

|  |
| --- |
| SOURCE |
| Pregnancy Risk Assessment Monitoring System (modified) |

**PV34100/(DRINK\_PAST\_5).** In the 3 months before you knew you were pregnant, how often did you have 5 or more drinks within a couple of hours?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Never | 1 |  |
| About once a month | 2 |  |
| About once a week | 3 |  |
| About once a day | 4 |  |

|  |
| --- |
| SOURCE |
| Pregnancy Risk Assessment Monitoring System (modified) |

**PV35000/(DRINK\_NOW).** How often do you currently drink alcoholic beverages including wine, beer, drinks containing hard liquor, wine coolers, hard lemonade, or hard cider?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| 5 or more times a week | 1 |  |
| 2-4 times a week | 2 |  |
| Once a week | 3 |  |
| 1-3 times a month | 4 |  |
| Less than once a month | 5 |  |
| Never | 6 | EQ00100 |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (T1 Mother) (modified) |

**PV36000/(DRINK\_NOW\_NUM).** Currently, on days that you drink alcoholic beverages, how many did you have per day? If you have one drink or less, please enter “01.”

|\_\_\_|\_\_\_| Number of drinks

|  |
| --- |
| SOURCE |
| Pregnancy Risk Assessment Monitoring System (modified) |

**PV37000/(DRINK\_NOW\_5).** Currently, how often do you have 5 or more drinks within a couple of hours:

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Never | 1 |  |
| About once a month | 2 |  |
| About once a week | 3 |  |
| About once a day | 4 |  |

|  |
| --- |
| SOURCE |
| Pregnancy Risk Assessment Monitoring System (modified) |

PARTICIPATION QUESTIONS

**EQ00100.** We would now like to take a few minutes to ask some questions about your experience in the study. There are no right or wrong answers. You can always refuse to answer any question or group of questions, and your answers will be kept confidential.

**EQ01000/(LEARN).** How important was each of the following in your decision to take part in the National Children’s Study?

How important was… Learning more about my health or the health of my child?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Not at all important | 1 |  |
| Somewhat important | 2 |  |
| Very important | 3 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (P1 Participant Evaluation Questionnaire, T1 Participant Evaluation Questionnaires, T3 Prior Participant Evaluation Questionnaire) (modified) |

**EQ02000/(HELP).** How important was… Feeling as if I can help children now and in the future?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Not at all important | 1 |  |
| Somewhat important | 2 |  |
| Very important | 3 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (P1 Participant Evaluation Questionnaire, T1 Participant Evaluation Questionnaires, T3 Prior Participant Evaluation Questionnaire) (modified) |

**EQ03000/(INCENT).** How important was… Receiving money or gifts for taking part in the study?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Not at all important | 1 |  |
| Somewhat important | 2 |  |
| Very important | 3 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (P1 Participant Evaluation Questionnaire, T1 Participant Evaluation Questionnaires, T3 Prior Participant Evaluation Questionnaire) (modified) |

**EQ04000/(RESEARCH).** How important was… Helping doctors and researchers learn more about children and their health?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Not at all important | 1 |  |
| Somewhat important | 2 |  |
| Very important | 3 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (P1 Participant Evaluation Questionnaire, T1 Participant Evaluation Questionnaires, T3 Prior Participant Evaluation Questionnaire) (modified) |

**EQ05000/(ENVIR).** How important was… Helping researchers learn how the environment may affect children’s health?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Not at all important | 1 |  |
| Somewhat important | 2 |  |
| Very important | 3 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (P1 Participant Evaluation Questionnaire, T1 Participant Evaluation Questionnaires, T3 Prior Participant Evaluation Questionnaire) (modified) |

**EQ06000/(COMMUNITY).** How important was… Feeling part of my community?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Not at all important | 1 |  |
| Somewhat important | 2 |  |
| Very important | 3 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (P1 Participant Evaluation Questionnaire, T1 Participant Evaluation Questionnaires, T3 Prior Participant Evaluation Questionnaire) (modified) |

**EQ07000/(KNOW\_OTHERS).** How important was… Knowing other women in the study?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Not at all important | 1 |  |
| Somewhat important | 2 |  |
| Very important | 3 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (P1 Participant Evaluation Questionnaire, T1 Participant Evaluation Questionnaires, T3 Prior Participant Evaluation Questionnaire) (modified) |

**EQ08000/(FAMILY).** How important was… Having family members or friends support my choice to take part in the study?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Not at all important | 1 |  |
| Somewhat important | 2 |  |
| Very important | 3 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (P1 Participant Evaluation Questionnaire, T1 Participant Evaluation Questionnaires, T3 Prior Participant Evaluation Questionnaire) (modified) |

**EQ09000/(DOCTOR).** How important was… Having my doctor or health care provider support my choice to take part in the study?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Not at all important | 1 |  |
| Somewhat important | 2 |  |
| Very important | 3 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (P1 Participant Evaluation Questionnaire, T1 Participant Evaluation Questionnaires, T3 Prior Participant Evaluation Questionnaire) (modified) |

**EQ10000/(STAFF).** How important was… Feeling comfortable with the study staff who come to my home?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Not at all important | 1 |  |
| Somewhat important | 2 |  |
| Very important | 3 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (P1 Participant Evaluation Questionnaire, T1 Participant Evaluation Questionnaires, T3 Prior Participant Evaluation Questionnaire) (modified) |

**EQ11000/(OPIN\_SPOUSE).** How do each of the following people feel about you taking part in the National Children’s Study?

Your spouse or partner?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Very Negative | 1 |  |
| Somewhat Negative | 2 |  |
| Neither Positive or Negative | 3 |  |
| Somewhat Positive | 4 |  |
| Very Positive | 5 |  |
| Not Applicable | -7 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (P1 Participant Evaluation Questionnaire, T1 Participant Evaluation Questionnaires, T3 Prior Participant Evaluation Questionnaire) (modified) |

**EQ12000/(OPIN\_FAMILY).** Other family members

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Very Negative | 1 |  |
| Somewhat Negative | 2 |  |
| Neither Positive or Negative | 3 |  |
| Somewhat Positive | 4 |  |
| Very Positive | 5 |  |
| Not Applicable | -7 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (P1 Participant Evaluation Questionnaire, T1 Participant Evaluation Questionnaires, T3 Prior Participant Evaluation Questionnaire) (modified) |

**EQ13000/(OPIN\_FRIEND).** Your friends

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Very Negative | 1 |  |
| Somewhat Negative | 2 |  |
| Neither Positive or Negative | 3 |  |
| Somewhat Positive | 4 |  |
| Very Positive | 5 |  |
| Not Applicable | -7 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (P1 Participant Evaluation Questionnaire, T1 Participant Evaluation Questionnaires, T3 Prior Participant Evaluation Questionnaire) (modified) |

**EQ14000/(OPIN\_DR).** Your doctor or health care provider

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Very Negative | 1 |  |
| Somewhat Negative | 2 |  |
| Neither Positive or Negative | 3 |  |
| Somewhat Positive | 4 |  |
| Very Positive | 5 |  |
| Not Applicable | -7 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (P1 Participant Evaluation Questionnaire, T1 Participant Evaluation Questionnaires, T3 Prior Participant Evaluation Questionnaire) (modified) |

**EQ15000/(EXPERIENCE).** In general, has your experience with the National Children's Study been...

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Mostly Negative | 1 |  |
| Somewhat Negative | 2 |  |
| Neither Positive or Negative | 3 |  |
| Somewhat Positive | 4 |  |
| Mostly Positive | 5 |  |
| Not Applicable | -7 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (P1 Participant Evaluation Questionnaire, T1 Participant Evaluation Questionnaires, T3 Prior Participant Evaluation Questionnaire) (modified) |

**EQ16000/(IMPROVE).** In your opinion, how much do you think the National Children's Study will help improve the health of children now and in the future?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Not at all | 1 |  |
| A little | 2 |  |
| Some | 3 |  |
| A lot | 4 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (P1 Participant Evaluation Questionnaire, T1 Participant Evaluation Questionnaires, T3 Prior Participant Evaluation Questionnaire) (modified) |

**EQ17000/(INT\_LENGTH).** Did you think the interview was

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Too short | 1 |  |
| Too long | 2 |  |
| Just about right | 3 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (P1 Participant Evaluation Questionnaire, T1 Participant Evaluation Questionnaires, T3 Prior Participant Evaluation Questionnaire) (modified) |

**EQ18000/(INT\_STRESS).** Do you think the interview was

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Not at all stressful | 1 |  |
| A little stressful | 2 |  |
| Somewhat stressful | 3 |  |
| Very stressful | 4 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (P1 Participant Evaluation Questionnaire, T1 Participant Evaluation Questionnaires, T3 Prior Participant Evaluation Questionnaire) (modified) |

**EQ19000/(INT\_REPEAT).** If you were asked, would you participate in an interview like this again?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |

|  |
| --- |
| SOURCE |
| National Children's Study, Vanguard Phase |

**EQ20000.** Thank you for participating in the National Children's Study and for taking the time to complete this survey.

FOR OFFICE USE ONLY:

**FOU01000/(P\_ID).** Insert participant ID label here.