

Pregnancy Visit 2 SAQ

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| --- | --- |
| Event Category: | Trigger-Based |
| Event: | PV2 |
| 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: | 3 minutes |
| Multiple Child/Sibling Consideration: | Per Event |
| Special Considerations: | N/A |
| Version: | 2.4 |
| 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 2 SAQ

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Pregnancy Visit 2 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 2 SAQ

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

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

**PV00100.** Thank you for agreeing to participate in this study. This self-administered questionnaire will take about 3 minutes to complete. 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 select only one answer for each question.

We would now like to take a few minutes to ask some questions about your experience in the study.

How important was each of the following in your decision to take part in, or continue participation in the National Children’s Study?

**PV01000/(LEARN).** 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 |  |

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| SOURCE |
| National Children’s Study, Vanguard Phase (modified) |

**PV02000/(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 |  |

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

**PV03000/(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 |  |

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

**PV04000/(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 |  |

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

**PV05000/(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 |  |

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

**PV06000/(COMMUNITY).** How important was … feeling part of my community?

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

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

**PV07000/(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 |  |

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

**PV08000/(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 |  |

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

**PV09000/(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 |  |

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

**PV10000/(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 |  |

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

**PV10100.** How negative or positive do each of the following people feel about you taking part in the National Children's Study?

**PV11000/(OPIN\_SPOUSE).** 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 |  |

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

**PV12000/(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 |  |

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

**PV13000/(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 |  |

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

**PV14000/(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 |  |

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

**PV15000/(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 |  |

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

**PV16000/(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 |  |

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

**PV17000/(INT\_LENGTH).** Did you think the interview was

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

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

**PV18000/(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 |  |

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

**PV19000/(INT\_REPEAT).** If you were asked, would you participate in an interview like this again?

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

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

**PV20000.** 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).** PARTICIPANT ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_