

Pregnancy Screener – Sibling Birth Cohort SAQ

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| --- | --- |
| Event Category: | Time-Based |
| Event: | Pregnancy Screener |
| Administration: | N/A |
| Instrument Target: | Biological Mother |
| Instrument Respondent: | Biological Mother |
| 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: | 1.0 |
| 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.

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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 | * 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 STATUS UPDATE

**PSU01000.** Thank you for participating in the National Children’s Study.  Your ongoing involvement is very important to us.

We are beginning a new phase of the Study and will be enrolling newborn members of families already participating in the National Children’s Study.  To find out if you are able to take part please answer the questions below.  The questions should only take about 3 minutes to complete and we have included a postage-paid envelope for you to mail back the survey to us or you may give it to the data collector.

There are no right or wrong answers and we will keep everything that you tell us confidential.

**PSU02000/(PREG\_CURRENT\_SIB).** Are you pregnant now?

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

|  |
| --- |
| SOURCE |
| National Children's Study, Legacy Phase (Pregnancy Screener) |

**PSU03000.** When is your baby due?

|  |
| --- |
| SOURCE |
| National Children's Study, Legacy Phase (Pregnancy Screener) |

**(DUE\_DATE\_SIB\_MM)** |\_\_\_|\_\_\_|

  M     M

**(DUE\_DATE\_SIB\_DD)** |\_\_\_|\_\_\_|

   D    D

**(DUE\_DATE\_SIB\_YYYY)** |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

  Y      Y     Y    Y

|  |
| --- |
| PARTICIPANT INSTRUCTIONS |
| * If you provided a complete date for the baby's due date, go to **PSU06000.**
* If you were unable to provide a complete date for the baby's due date, go to **PSU04000.**
 |

**PSU04000/(WEEKS\_PREG\_SIB).** About how many weeks pregnant are you?  If not sure, please make your best guess.

|\_\_\_|\_\_\_|

WEEKS

|  |
| --- |
| SOURCE |
| National Children's Study, Legacy Phase (Pregnancy Screener) |

|  |
| --- |
| PARTICIPANT INSTRUCTIONS |
| * Go to **PSU06000**.
 |

**PSU05000/(TRY\_PREG\_SIB).** Are you currently trying to become pregnant?

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

|  |
| --- |
| SOURCE |
| National Children's Study, Legacy Phase (Pregnancy Screener) |

**PSU06000.** Thank you for your dedication to the National Children’s Study.  Please place your completed survey in the postage-paid envelope and drop off at any mailbox or give it to the data collector.

If you have any questions or concerns about this survey or the National Children’s Study, please call us at {INSERT TOLL-FREE ROC NUMBER}.

|  |
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| PROGRAMMER INSTRUCTIONS |
| * PRELOAD AND DISPLAY TOLL-FREE ROC NUMBER
 |

FOR OFFICE USE ONLY:

**FOU01000/(P\_ID).** Participant ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOU02000/(R\_P\_ID).** Respondent ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_