THE NATIONAL
CHILDREN'S
STUDY
HEALTH GROWTH ENVIRONMENT

Participant Verification & Tracing Questionnaire

Event Category:	Trigger-Based, 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:	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:	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); Child's Secondary Residence (Secondary Residence)
Instrument Respondent:	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:	Questionnaire
Document Category:	Questionnaire
Method:	Data Collector Administered
Mode (for this instrument*):	In-Person, CAI; Phone, CAI
OMB Approved Modes:	In-Person, CAI; Phone, CAI
Estimated Administration Time:	7 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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Participant Verification & Tracing Questionnaire

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Participant Verification & Tracing Questionnaire

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	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.**

INSTRUMENT PROGRAMMING GUIDELINES

(TIME_STAMP_IPG_ST).

PROGRAMMER INSTRUCTIONS
INSERT DATE/TIME STAMP

IPG01000.

DATA COLLECTOR INSTRUCTIONS
This instrument is administered at the beginning of an Event window, and consolidates collection and verification of Participant Verification, Household Roster, and Tracing data elements in one instrument to reduce participant burden and more rigorously link participant data to the appropriate Operational Data Element (ODE) Tables in the MDES. Specific ODEs will be preloaded and cross-referenced to the instrument variables in this section (See Appendix 1 through Appendix 4 for examples of ODE/Variable mapping Tables). The ODEs will be displayed in a grid format to provide the staff member completing this instrument (data collector) with a comprehensive display of the participant information that will be verified. (See Appendix 7 through Appendix 10 for example grids). This PVT instrument will be routinely administered over the phone but may be administered in-person if it cannot be completed at the time of scheduling the event. It is designed to be completed by the data collector by using good interviewer technique rather than standard questions and scripts to confirm the applicable data. The instrument will be used for each of 4 groups of events listed below with programming and data collector instructions specific for each: - Post-Natal Events (including Birth),   - Secondary Residence Event,   - Father/Father-Figure Events, and   - Pregnancy Visits 1 and 2 Events.   **Post Natal Events (including Birth):** For these events, the instrument is designed to verify the participant(s) and relationships to the child, the household roster of the primary residence of the child, and the tracing information. The first grid used for these events is the **Participant Relationship Verification Grid.** The information displayed in this grid includes: Person ID, Name, Nickname, Sex, Date of Birth, Consent Status, Relationship to the Child, Multi-Birth, Marital Status (of Primary Caregiver), Caregiver Type, Legal Guardian, Secondary Residence Caregiver, Father/ Father-Figures, Active Status for NCS Participant and Household Association, and Household Residence Rank. The grid will be sorted by Household Residence Rank to allow the data collector to see all persons who have a relationship to the child listed by primary household, secondary household, and other households. The data collector will review the information with the participant, confirm key variables, update missing variables, and edit/correct information that is incorrect or missing. A field on each row of the grid will be flagged by the data collector if a change was made to a specific row and the data on this row will be updated in the ODE tables. The second grid for these events is the **Address and Contact Information Verification Grid** that will

display all active participants associated with the NCS child or children sorted by Household Residence Rank. This grid will be used to confirm or edit primary residence mailing and street address, along with contact information for the Primary Caregiver and NCS Child/Children. The address and contact information is also confirmed or edited for the members of the household roster and the Legally Authorized Representative.

If the Primary Caregiver confirms that the child has a Secondary Residence, then the address and contact information will be collected for the Secondary Residence Caregiver. (The roster for the Secondary Residence will not be collected with these events but will be collected during the Secondary Residence Event.)

If the Primary Caregiver identifies the NCS Child's Father and/or Father Figure(s), the contact information will be collected for the identified people. (A Father/Father-Figure Event will be completed at specific time periods with the identified people.)

Tracing Contact Information Grid and **Tracing Move Information Grid** will be displayed, verified, and edited as needed.

Secondary Resident Event:
A Secondary Residence Event will take place if the Primary Caregiver indicates that the NCS Child/Children has/have a secondary residence. For this event, the instrument is designed to verify the Secondary Residence Caregiver's address and contact information along with the members of the secondary household roster and their relationship to the child.

The first grid used for this event is the **Participant Relationship Verification Grid**. This grid is used to display, confirm, edit the household roster of the NCS child's secondary residence along with their date of birth, and relationship to the child. If the Legally Authorized Representative or Father/Father-Figure is a member of the secondary household roster, his/her information will be displayed for verification.

The second grid displayed for this event is the **Address and Contact Information Verification Grid** that displays the address and contact information for the secondary residence for verification/editing.

Father/Father-Figure Event:
A Father/Father-Figure Event will take place if the father and father figures are identified by the NCS Child/Children's Primary Caregiver. For this event, the instrument is designed to verify the contact information and address(es) of the father and father-figures along with their relationship to the NCS Child/Children. (Note: Father and/or Father-Figures may be associated with primary, secondary or other address).

The first grid used for this event is the **Participant Relationship Verification Grid**. This grid is used to display, confirm, edit the NCS child's father/father-figures along with their date of birth, and relationship to the child.

The second grid displayed for this event is the **Address and Contact Information Verification Grid** that displays the address and contact information for the father/father-figure for verification/editing.

Pregnancy Visit 1 and 2 Events:
For these events, the instrument is designed to collect or verify the contact information and address(es) for the pregnant woman from the Sibling Cohort. (This woman is the biological mother of the NCS child/children).

The first grid used for these events is the **Participant Relationship Verification Grid**. This grid is used to

DATA COLLECTOR INSTRUCTIONS
display, confirm, edit the pregnant woman's name, date of birth, and marital status.

The second grid displayed for these events is the **Address and Contact Information Verification Grid** that displays the street and mailing address (beginning and end dates) along with contact information.

In the Tracing Verification Section, contact information from three relatives or friends of the Primary Caregiver is verified with each administration of this instrument, and information about any planned moves is collected.

Tracing Contact information is collected in the **Tracing Contact Verification Table** (Grid 3) and move information is collected in **Tracing Move Information** (Grid 4). To reduce NCS Participant burden and facilitate contact verification, a report summarizing the previously collected contact information will be mailed to the Participant for reference prior to PVT instrument administration. |

(TIME_STAMP_IPG_ET).

PROGRAMMER INSTRUCTIONS
INSERT DATE/TIME STAMP

PARTICIPANT VERIFICATION

(TIME_STAMP_PV_ST).

PROGRAMMER INSTRUCTIONS
- INSERT DATE/TIME STAMP   - UPDATE ODE-INSTRUMENT VARIABLE MAP AS SPECIFIED IN **APPENDIX 1** THROUGH **APPENDIX 4**.   - GENERATE HEADER DISPLAY AS SPECIFIED IN **APPENDIX 5**.   - DISPLAY HEADER THROUGHOUT INSTRUMENT.   - ENABLE EDIT IN GRIDS FOR ALL FIELDS EXCEPT KEY FIELDS (DOB, SEX).   - SET ALL GRID FIELDS AS READ-ONLY   - GET **C_P_ID** OF NCS CHIILD AND JOIN TABLES NEEDED FOR GRIDS USING ONLY ACTIVE **LINK_PERSON_PARTICIPANT** RECORDS.   - IF "REVISE / ADD ROW FLAG" SELECTED BY DATA COLLECTOR IN GRIDS 1 OR 2 OR IF "REVISE FLAG" SELECTED IN GRIDS 3 OR 4, ENABLE EDIT IN ASSOCIATED ROWS FOR ALL FIELDS EXCEPT NCS CHILD'S KEY FIELDS (DOB, SEX).   - DISPLAY THREE BLANK ROWS AFTER GRIDS 1 AND 2, SET AS READ-ONLY.   - IF "REVISE / ADD ROW FLAG" SELECTED BY DATA COLLECTOR IN GRIDS, ENABLE EDIT IN ROW.   - CREATE NEW **HH_ID** AND ASSOCIATE "PERSON" THAT MOVED IN OR OUT WITH NCS CHILD/MULTI-BIRTH CHILDREN WITH NEW **HH_ID** AS APPROPRIATE.

INTERVIEWER INSTRUCTIONS
- REVIEW GRID TABLES FOR MISSING DATA USING GOOD INTERVIEW TECHNIQUE   - PROMPT FOR ANSWERS OR CONFIRMATION THROUGHOUT INTERVIEW.   - UPDATE GRID TABLES AS APPROPRIATE THROUGHOUT INSTRUMENT BY SELECTING THE "REVISE / ADD ROW FLAG" COLUMN AS APPROPRIATE.   - FOR CHANGES IN KEY ITEMS (DOB OR SEX), RECORD REVISIONS ON HARDCOPY "KEY ITEM UPDATE FORM" FOR IMS UPDATE AFTER INSTRUMENT COMPLETION.   - FOR **BIRTH** AND **POST-NATAL** EVENTS, VERIFY THE FOLLOWING INFORMATION IN THIS ORDER: - o FIRST, VERIFY THE CHILD CONSENT.   - o SECOND, VERIFY THE PRIMARY CAREGIVER.   - o THIRDLY, VERIFY THE LEGALLY AUTHORIZED REPRESENTATIVE.   - o IF UNABLE TO CONFIRM CHILD CONSET OR IF THERE WAS A CHANGE IN THE PRIMARY CAREGIVER AND/OR THE LEGALLY AUTHORIZED REPRESENTATIVE, VERIFY AND/OR COLLECT THE NEW PRIMARY CAREGIVER AND LEGALLY AUTHORIZED REPRESENTATIVE NAME, ADDRESS AND CONTACT INFORMATION AND END INTERVIEW.   - o IF CONSENT IS IN PLACE FOR THE CHILD, THE PRIMARY CAREGIVER, AND THE LEGALLY AUTHORIZED REPRESENTATIVE, PROCEED WITH INSTRUMENT.

PV01000.

PROGRAMMER INSTRUCTIONS
- DISPLAY DATA COLLECTOR INSTRUCTIONS BASED ON EVENT AS FOLLOWS: - o IF **EVENT_TYPE** = 18, 23, 24, 26, 27, 30, 31, 36, 37, 38, TBD42M, TBD48M, TBD54M, OR TBD 60M), DISPLAY **PV01500**.   - o IF **EVENT_TYPE** = TBD (SECONDARY RESIDENCE), DISPLAY **PV02000**.   - o IF **EVENT_TYPE** = TBD (PRE-NATAL FATHER OR POST-NATAL FATHER), DISPLAY **PV03000**.   - o IF **EVENT_TYPE** = 13 OR 15, DISPLAY **PV04000** (PV1 OR PV2).

PV01500.

INTERVIEWER INSTRUCTIONS

FOR POST-NATAL EVENTS, INCLUDING BIRTH:
 	
• The ***Participant Relationship Verification Grid*** (Grid 1) lists all active participants associated with the NCS child or children, sorted by address and is used to confirm names, DOB, relationship, add additional members, study and household association status.
   o At a minimum, relationship information is required for:
      ▪ NCS child/children associated with primary address
      ▪ Primary Caregiver for NCS Child (PCG is associated with primary address)
      ▪ Legally Authorized Representative associated with either the primary, secondary or other address
      ▪ Primary household roster
   o If identified by the Primary Caregiver, the following information may be displayed:
      ▪ Secondary Caregiver associated with either the primary, secondary or other address
      ▪ Secondary Residence Caregiver associated with secondary address
      ▪ Father-Figure associated either the primary, secondary or other address
• The ***Address and Contact Information Verification Grid*** (Grid 2) lists all active participants associated with the NCS child or children sorted by address and is used to confirm street and mailing address information including beginning and end dates as well as various contact information and preferences.
   o At a minimum, the following information is required:
      ▪ Primary residence mailing and street address and contact information verification for Primary Caregiver and NCS child/children.
      ▪ Primary residence mailing and street address and contact information verification for primary residence household roster (in addition to PCG and NCS child).
      ▪ Legally Authorized Representative mailing and street address and contact information verification.
   o If identified by the Primary Caregiver, the following information may be included:
      ▪ Secondary Residence Caregiver mailing and street addresses and contact information (PCG/SCG doesn't need to confirm secondary residence roster).
      ▪ Father-Figure(s) contact information

PV02000.

INTERVIEWER INSTRUCTIONS

FOR SECONDARY RESIDENCE EVENT:
 	
• The ***Participant Relationship Verification Grid*** (Grid1) lists all active participants associated with the NCS child or children (CHILD_ PARTICIPANT_ ORGANIZATION_ LINKAGE.PARTICIPANTS_STATUS = 3) associated with the secondary address (HH_RANK = 2) and is used to confirm names, DOB, relationship, add additional members, study and household association status for the Secondary Residence Caregiver and secondary residence household roster.
   o At a minimum, relationship information is required for:
      ▪ Secondary Residence Caregiver
      ▪ Secondary Residence household roster
   o If identified by the Primary Caregiver, the following information may be displayed:
      ▪ Father-Figure or Legally Authorized Representative associated with Secondary Residence

INTERVIEWER INSTRUCTIONS

• The ***Address and Contact Information Verification Grid*** (Grid 2) Grid lists all active participants associated with the NCS child or children (CHILD_ PARTICIPANT_ ORGANIZATION_ LINKAGE .PARTICIPANTS _STATUS = 3) associated with the secondary address (HH_RANK = 2) and is used to confirm street and mailing address information including beginning and end dates as well as various contact information.
    o At a minimum, the following information is required:
        ▪ Secondary Residence household roster information, mailing address and contact information.

PV03000.

INTERVIEWER INSTRUCTIONS

FOR FATHER-FATHER-FIGURE EVENTS:
 	
• The ***Participant Relationship Verification Grid*** (Grid 1) lists all active participants associated with the NCS child or children (CHILD_ PARTICIPANT_ ORGANIZATION_ LINKAGE.PARTICIPANTS _STATUS = 3) identified by the Primary Caregiver as the NCS Child's Father and/or Father-Figures (Father_Figure Flag =1), and is used to confirm names, DOB, relationship, study and household association status.
 	
    o At a minimum, relationship information is required for:
        ▪ Father and any Father-Figures identified by the Primary Caregiver.
        ▪ (Note: Father and/or Father-Figures may be associated with primary, secondary or other address).
 	
• The ***Address and Contact Information Verification Grid*** (Grid 2) lists all active participants associated with the NCS child or children (CHILD_ PARTICIPANT_ ORGANIZATION_ LINKAGE .PARTICIPANTS _STATUS = 3) where Father-Figure Flag = 1 and is used to confirm street and mailing address information including beginning and end dates as well as various contact information.
 	
    o At a minimum, the following information is required:
        ▪ Mailing and street address and contact information verification for all Father or Father-Figures.
        ▪ (Note: Father and/or Father-Figures may be associated with primary, secondary or other address).

PV04000.

DATA COLLECTOR INSTRUCTIONS
FOR PREGNANCY VISIT 1 OR PREGNANCY VISIT 2 EVENTS: • The ***Participant Relationship Verification Grid*** (Grid 1) lists the consented, pregnant woman from the Sibling Cohort (who is also the biological mother of the initial NCS child/children) and is used to confirm the pregnant woman's name, DOB, marital status in the primary residence. • The ***Address and Contact Information Verification Grid*** (Grid 2) is used to confirm the street and mailing address information including beginning and end dates as well as various contact information of the biological mother/Sibling Cohort pregnant woman.

PV05000.

- DISPLAY "***Participant Relationship Verification Grid*** ".

- GENERATE AND DISPLAY **GRID 1** AS SPECIFIED IN **APPENDIX 1** WHERE:
  - o CHILD_PARTICIPANT_ORGANIZATION_LINKAGE.PARTICIPANTS_STATUS = 3 AND **EVENT_TYPE** = 18, 23, 24, 26, 27, 30, 31, 36, 37, 38, TBD42M, TBD48M, TBD54M, OR TBD 60M), SORTED BY HH_RANK IN THE FOLLOWING ORDER: PRIMARY, SECONDARY, OTHER.
  - o CHILD_PARTICIPANT_ORGANIZATION_LINKAGE.PARTICIPANTS_STATUS = 3, **HH_RANK** = 2 AND **EVENT_TYPE** = TBD (SECONDARY RESIDENCE) .
  - o CHILD_PARTICIPANT_ORGANIZATION_LINKAGE.PARTICIPANTS_STATUS = 3 AND **EVENT_TYPE** = 19 (PRE-NATAL FATHER) OR TBD (POST-NATAL FATHER) AND PERSON ASSOCIATED WITH NCS CHILD **C_P_ID** WHERE FATHER_FIGURE_FLAG = 1.
  - o CHILD_PARTICIPANT_ORGANIZATION_LINKAGE.PARTICIPANTS_STATUS = 3, **RELATION** = 2, AND **EVENT_TYPE** = 13 OR 15 (PV1 AND PV2).

- IMMEDIATELY BELOW GRID 1, DISPLAY "***Address and Contact Information Verification Grid***" .

- GENERATE AND DISPLAY **GRID 2** AS SPECIFIED IN **APPENDIX 2** WHERE:
  - o CHILD_PARTICIPANT_ORGANIZATION_LINKAGE.PARTICIPANTS_STATUS = 3 AND **EVENT_TYPE** = 18, 23, 24, 26, 27, 30, 31, 36, 37, 38, TBD42M, TBD48M, TBD54M, OR TBD 60M), AND ALL HH_IDs ASSOCIATED WITH CHILD'S **C_P_ID,** SORTED BY HH_RANK IN THE FOLLOWING ORDER: PRIMARY, SECONDARY, OTHER.
  - o CHILD_PARTICIPANT_ORGANIZATION_LINKAGE.PARTICIPANTS_STATUS = 3 AND **EVENT_TYPE** = TBD (SECONDARY RESIDENCE) AND ALL HH_IDs ASSOCIATED WITH CHILD'S **C_P_ID** WHERE CHILD SECONDARY ADDRESS = 1 AND **HH_RANK** = 2.
  - o CHILD_PARTICIPANT_ORGANIZATION_LINKAGE.PARTICIPANTS_STATUS = 3 AND **EVENT_TYPE** = TBD (PRE-NATAL FATHER OR POST-NATAL FATHER) AND HH_IDs ASSOCIATED WITH NCS CHILD **C_P_ID** WHERE FATHER_FIGURE_FLAG = 1.
  - o CHILD_PARTICIPANT_ORGANIZATION_LINKAGE.PARTICIPANTS_STATUS = 3, **RELATION** = 2, AND **EVENT_TYPE** = 13 OR 15 (PV1 AND PV2) AND RELATIONSHIP = SELF (INSTRUMENT TARGET = PREGNANT WOMAN).

- HIGHLIGHT ROWS WHERE PRIMARY CAREGIVER FLAG = 1 OR SECONDARY RESIDENCE CAREGIVER FLAG = 1 USING A DIFFERENT BACKGROUND COLOR FOR EACH.
- DISPLAY PV01500.
- IF **EVENT_TYPE** = TBD (SECONDARY RESIDENCE), 19 (PRE-NATAL FATHER), TBD (POST-NATAL FATHER), 13 (PV1), OR 15 (PV2), GO TO **CELL_PERMISSIONS**.

- IF **EVENT_TYPE** = 18, 23, 24, 26, 27, 30, 31, 36, 37, 38, TBD42M, TBD48M, TBD54M, OR TBD 60M) AND
  - o **MULTI_BIRTH_ID** ≠ NULL, GO TO AND DISPLAY **MULTIPLES_SAME**.
  - o OTHERWISE GO TO **SECONDARY_RESIDENCE_CG_FLAG**.

PV06000/(MULTIPLES_SAME). IS RELATIONSHIP AND ADDRESS INFORMATION IN **GRID 1** AND **GRID 2** THE SAME FOR EACH OF THE MULTIPLE CHILDREN?

Label	Code	Go To
YES	1	
NO	2	

PROGRAMMER INSTRUCTIONS
- IF **MULTIPLES_SAME** = 1, CREATE **LINK_CONTACT_RECORD** ASSOCIATING CHILDREN TO

"EVENT".
- IF **MULTIPLES_SAME** = 2, UPDATE GRIDS WITH RELATIONSHIP AND PRIMARY ADDRESS FOR EACH CHILD.

PV07000/(SECONDARY_RESIDENCE_CG_FLAG). DOES CHILD HAVE A SECONDARY RESIDENCE?

Label	Code	Go To
YES	1	
NO	2	

PV08000/(FF_FLAG). DID PRIMARY CAREGIVER IDENTIFY A FATHER OR FATHER-FIGURE?

INTERVIEWER INSTRUCTIONS
- IF BIOLOGICAL FATHER IS IDENTIFIED AS FATHER-FIGURE, SET **FATHER-FIGURE FLAG** TO 1 FOR BIOLOGICAL FATHER IN GRID.

Label	Code	Go To
YES	1	
NO	2	

PV09000/(CHILD_LOG_SEND). DOES PARTICIPANT NEED ANOTHER CHILD HEALTH CARE LOG?

Label	Code	Go To
YES	1	
NO	2	

PV10000/(CELL_PERMISSION). MAY WE USE PARTICIPANT'S CELL PHONE TO MAKE FUTURE STUDY APPOINTMENTS OR FOR APPOINTMENT REMINDERS?

Label	Code	Go To
YES	1	
NO	2	

PV11000/(TEXT_PERMISSION). MAY WE SEND TEXT MESSAGES TO MAKE FUTURE STUDY APPOINTMENTS OR FOR APPOINTMENT REMINDERS?

Label	Code	Go To
YES	1	
NO	2	

PV12000/(EMAIL_PERMISSION). MAY WE USE EMAIL ADDRESS TO SEND MESSAGES TO MAKE FUTURE STUDY APPOINTMENTS OF FOR APPOINTMENT REMINDERS?

Label	Code	Go To
YES	1	
NO	2	

PV13000/(CONTACT_PREF). WHAT IS PARTICIPANT'S PREFERRED METHOD OF CONTACT?

Label	Code	Go To
HOME PHONE	1	TIME_STAMP_PV_ET

Label	Code	Go To
CELL PHONE	2	TIME_STAMP_PV_ET
WORK PHONE	3	TIME_STAMP_PV_ET
EMAIL	4	TIME_STAMP_PV_ET
OTHER	-5	

PV14000/(CONTACT_PREF_OTH). WHAT IS PARTICIPANT'S PREFERRED METHOD OF CONTACT?

SPECIFY: _____

Label	Code	Go To
REFUSED	-1	
DON'T KNOW	-2	

(TIME_STAMP_PV_ET).

PROGRAMMER INSTRUCTIONS
INSERT DATE/TIME STAMP

TRACING VERIFICATION

(TIME_STAMP_TV_ST).

PROGRAMMER INSTRUCTIONS

• INSERT DATE/TIME STAMP
• IF **EVENT** ≠ PV1, PV2 OR BIRTH OR IF **PRIMARY_CAREGIVER_FLAG** FOR **R_P_ID** ≠ 1, GO TO **TIME_STAMP_TV_ET**.
• DISPLAY "***Tracing Contact Verification Table***"
 	
• GENERATE AND DISPLAY **GRID 3** AS SPECIFIED IN APPENDIX 3.
    o SET ALL GRID FIELDS AS READ-ONLY
    o IF **CONTACT_REMAINS_ACTIVE** = YES (1), ENABLE EDIT FOR ALL ROWS WHERE "REVISE FLAG" WAS SELECTED.
        ▪ SET CURRENT DATE TO CONTACT_ CONF FOR UNIQUE **TRACING_CONTACT_ID**.
    o IF **CONTACT_REMAINS_ACTIVE** = NO (2),
        ▪ SET CURRENT DATE TO **CONTACT_ END** FOR UNIQUE **TRACING_CONTACT_ID**.
        ▪ ADD NEW CONTACT OPTION, GENERATE NEW UNIQUE **TRACING_CONTACT_ID** AND ENABLE EDIT IN "NEW / REVISED CONTACT INFORMATION COLUMN FIELDS ASSOCIATED WITH NEW **TRACING_CONTACT_ID**.
 	
• IF NUMBER OF UNIQUE CONTACT IDS <3, DISPLAY "NOTE: LESS THAT 3 TRACING CONTACTS WERE COLLECTED".

TV01000/(PLAN_MOVE). DOES {PREGNANT WOMAN/PRIMARY CAREGIVER} PLAN TO MOVE FROM PRESENT ADDRESS IN THE NEXT FEW MONTHS?

DATA COLLECTOR INSTRUCTIONS
TRACING CONTACT VERIFICATION TABLE:
• In the Tracing Verification Section, contact information from three relatives or friends of the Primary Caregiver is verified with each administration of this instrument, and the Primary Caregiver is asked if a move is planned, and if so, information about the move is collected. • Contact information is collected in Grid 3 and move information is collected in Grid 4. • To reduce NCS Participant burden and facilitate contact verification, a report summarizing the previously supplied relative/friend contact information will be generated and mailed to the respondent for reference prior to PVT instrument administration. • The following ***Tracing Contact Verification Table*** (Grid 3) lists the previously provided contact information for verification. The data collector first verifies if that the contact is still active and verifies contact information. If the Participant report that the contact is no longer active, the data collector requests new contact information for a total of three contacts.

PROGRAMMER INSTRUCTIONS
• IF **EVENT** = PV1 OR PV2, DISPLAY "PREGNANT WOMAN". • OTHERWISE, DISPLAY "PRIMARY CAREGIVER" THROUGHOUT INSTRUMENT. • IF **PLAN_MOVE** = 2, -1, OR -2 AND **PREV_CITY** IS = NULL, GO TO **PREV_CITY**. • IF **PLAN_MOVE** = 2, -1, OR -2 AND **PREV_CITY** IS ≠ NULL, GO TO **SATISFACTION_COMMENT**.

Label	Code	Go To
YES	**1**	
NO	**2**	

Label	Code	Go To
REFUSED	-1	
DON'T KNOW	-2	

TV02000/(WHEN_MOVE). DOES {PREGNANT WOMAN/PRIMARY CAREGIVER} KNOW DATE OF MOVE?

Label	Code	Go To
YES	1	
NO	2	
REFUSED	-1	
DON'T KNOW	-2	

PROGRAMMER INSTRUCTIONS
• IF **WHEN_MOVE** = 1, GO TO **DATE_MOVE**.
• IF **WHEN_MOVE** = 2, -1, OR -2, GO TO **WHERE_MOVE**.

TV03000. DATE WHEN {PREGNANT WOMAN/PRIMARY CAREGIVER} PLANS TO MOVE (MONTH AND YEAR).

(DATE_MOVE_MM)
MONTH:
|___|___|
  M   M

Label	Code	Go To
REFUSED	-1	
DON'T KNOW	-2	

(DATE_MOVE_YYYY) YEAR:
|___|___|___|___|
 Y   Y   Y   Y

Label	Code	Go To
REFUSED	-1	
DON'T KNOW	-2	

TV04000/(WHERE_MOVE). DOES {PREGNANT WOMAN/PRIMARY CAREGIVER} KNOW WHERE THEY WILL BE MOVING?

Label	Code	Go To
YES	1	
NO	2	
REFUSED	-1	
DON'T KNOW	-2	

PROGRAMMER INSTRUCTIONS
• IF **WHERE_MOVE** = 1, GO TO **TR05000**.
• IF **WHERE_MOVE** = 2, -1, OR -2 AND **PREV_CITY** IS = NULL, GO TO **PREV_CITY**.
• OTHERWISE, IF **PLAN_MOVE** = 2, -1, OR -2 AND **PREV_CITY** IS ≠ NULL, GO TO **SATISFACTION_COMMENT**.

TV05000.

PROGRAMMER INSTRUCTIONS
• DISPLAY "*Tracing Move Information*".
• GENERATE AND DISPLAY **GRID 4** AS DEFINED IN **APPENDIX 4**.
• IF PARTICIPANT SELECTS PICK-BOX INDICATING THAT THE STREET ADDRESS IS THE SAME AS THE MAILING ADDRESS, UPDATE ADDRESS VARIABLES ASSOCIATED WITH **ADDRESS_TYPE** = 2 WITH DATA IN ADDRESS VARIABLES ASSOCIATED WITH **ADDRESS_TYPE** = 1 IN GRID 4.
• **TBD** - ANY TYPES OF CONFIRMATION/FURTHER ACTIONS BETWEEN ROCS.
• IF **PREV_CITY** IS ≠ NULL, GO TO **SATISFACTION_COMMENT**.

TV06000/(PREV_CITY). HAS PRIMARY CAREGIVER LIVED IN ANY CITY OR TOWN OTHER THAN {**CITY**} IN THE PAST THREE YEARS?

Label	Code	Go To
YES	1	
NO	2	SATISFACTION_COMMENT
REFUSED	-1	SATISFACTION_COMMENT
DON'T KNOW	-2	SATISFACTION_COMMENT

TV07000/(PREV_CITIES_ADDRESS). IN WHAT OTHER CITIES OR TOWNS DID PRIMARY CAREGIVER LIVE?

INTERVIEWER INSTRUCTIONS
• RECORD THE THREE MOST RECENT CITIES/TOWNS AND STATES IN WHICH PARTICIPANT HAS LIVED.

Label	Code	Go To
REFUSED	-1	
DON'T KNOW	-2	

(CITY_PREV1) _____
    PREVIOUS CITY 1

(STATE_PREV1) _____
PREVIOUS STATE 1

(CITY_PREV2) _____
    PREVIOUS CITY 2

(STATE_PREV2) _____
    PREVIOUS STATE 2

(CITY_PREV3) _____
   PREVIOUS CITY 3

(STATE_PREV3) _____
    PREVIOUS STATE 3

TV08000/(SATISFACTION_COMMENT). ANYTHING ELSE PRIMARY CAREGIVER WOULD LIKE TO TELL US ABOUT CHILD OR EXPERIENCE WITH THE NCS?

SPECIFY:

_____

_____

___

_____

___

_____

___

(TIME_STAMP_TV_ET).

PROGRAMMER INSTRUCTIONS
INSERT DATE/TIME STAMP

ADDITIONAL PROGRAMMING INSTRUCTIONS

(TIME_STAMP_API_ST).

PROGRAMMER INSTRUCTIONS
• INSERT DATE/TIME STAMP • IF PART OF MULTI_BIRTH AND BOTH CHILDREN ARE PARTICIPANTS, CREATE LINK_CONTACT RECORD LINKING THIS INSTRUMENT TO BOTH CHILDREN. • PASS DATA FROM INSTRUMENT TABLE/VARIABLES BACK TO ODE TABLES AND STORE TO PERMIT EVALUATION OVER TIME.

DATA COLLECTOR INSTRUCTIONS
• UPDATE CONTACT RECORDS PER PROTOCOL (SEE APPENDIX ?). THIS CALL WOULD BE RECORDED AS A CONTACT REASON: SCHEDULE EVENT ACTIVITY AND THE APPOINTMENT DATE AND TIME WOULD BE ADDED TO THE CONTACT RECORD. THIS COULD THEN BE USED TO SEE HOW MANY OF THE ACTUAL APPOINTMENT CONTACTS OCCURRED AT THE ORIGINAL.

(TIME_STAMP_API_ET).

PROGRAMMER INSTRUCTIONS
INSERT DATE/TIME STAMP

APPENDIX 1: GRID 1 - PARTICIPANT RELATIONSHIP VERIFICATION

MDES ODE TABLES AND RELATED VARIABLES					PVT INSTRUMENT TABLE			
Table Name	Variable Name	Req?	Variable Label/Definition	Format Constraint	Instrument Variable Name	Display Label	Display Value	Display in Grid 1
PARTIC IPANT	P_ID	Y	Unique Identifier: NCS Child Participant ID Should Link to Person_ID in PERSON table via the PERSON-PARTICIPANT LINKAGE Table	Cannot be null. Any string of numbers and/or characters.	C_P_ID			
PARTIC IPANT	P_ID	Y	Unique identifier: Participant ID. Should Link to Person_ID in PERSON table via the PERSON-PARTICIPANT LINKAGE Table	Cannot be null. Any string of numbers and/or characters.	P_ID			
PERSO N	PERSON_I D	Y	Unique Identifier: PERSON_ID (of informant)	Cannot be null. Any string of numbers and/or characters.	PERSON_ID	Uniqu e Perso n ID		X
PERSO N	FIRST_NA ME	N	First Name	Reserved for future use. This field is considered PII and should be left NULL.	FIRST_NAM E	First Name		X
PERSO N	MIDDLE_N AME	N	Middle Name	Reserved for future use. This field is considered PII and should be left NULL.	MIDDLE_NA ME	Middl e Name		X
PERSO N	LAST_NAM E	N	Last Name	Reserved for future use. This field is considered PII and should be left NULL.	LAST_NAME	Last Name		X
PERSO N??	NICKNAME	N	Nickname	Any string of numbers and/or characters.	NICKNAME	Nickna me		X
PERSO N	SEX	Y	Person's sex	1 (Male) 2 (Female) 3 (Both) -6 (Unknown) -4 (Missing in Error)	SEX	Sex	If 1 display M; 2 display F, otherwise null	X

PERSO N	PERSON_ DOB	N	Person's Date of Birth	YYYY-MM-DD. For missing values use "9" prefix followed by: -1 (Refused) -6 (Unknown) e.g., 9111-96-96 (Refused Year, Don't Know Month and Day) 2009-91-91 (Refused Month and Day)	PERSON_D OB	DOB		X
					DERIVED AGE	Derive d Age	Derive age from DOB; if missing values allow users to edit DOB. If 60 months or greater display age in years, otherwise display age in Month	
PARTIC IPANT_ CONSE NT	CONSENT _ FORM_TY PE	Y	Type of consent form used for consent for Phase 2.	1 (Pregnant Woman Consent) 2 (Non-Pregnant Woman Consent) 3 (Father Consent) 4 (Child Consent Birth to 6-Months 5 (Child Consent 6-Months to Age of Majority 6 (New Adult Consent) 7 (Low Intensity Consent) -7 (Not Applicable) -4 (Missing in Error)	CONSENT_ FORM_TYP E			
PARTIC IPANT_ CONSE NT	CONSENT _ GIVEN	Y	Consent was given for this consent type	1 (Yes) 2 (No) -4 (Missing in Error)	CONSENT_ GIVEN			
					DERIVED_ CONSENT_ VALUE	Conse nt	Pull latest consent_date record, if 18 or older and consent form_Type = 6 and consent_given - 1, display Y; if 0 - 72 months and consent type if 4 and consent_Given = 1 display Y; if 73 months and consent_type =	X

							6 and consent_given = 1 display Y	
LINK_PERSON_PARTICIPANT	RELATION	Y	Person's PERSON_PARTCPNT_RELTNS HP to Study Participant (P_ID)		RELATION	Relationship to child	Insert drop-down pick list of subset of codes used in PVT for HH Roster.	X
LINK_PERSON_PARTICIPANT	RELATION_OTH	N	Text field to describe other PERSON_PARTCPNT_RELATNSHP	Any string of numbers and/or characters. -7 (Not Applicable)	RELATION_OTH			X
LINK_PERSON_PARTICIPANT	MULTI_BIRTH_ID	N	Group ID for Multi-Birth babies.	Any string of numbers and/or characters.	MULTI_BIRTH_ID	Multi-Birth	Display "Y" if there is any value in this field	X
LINK_PERSON_PARTICIPANT ??	MARITAL_STATUS_PCG	N	Indicates if Primary Caregiver is married.	1 (Married) 2 (Not married but living together with a partner) 3 (Never Been Married) 4 (Divorced) 5 (Separated) 6 (Widowed) -1 (Refused) -2 (Don't Know) -3 (Legitimate Skip)	MARITAL_STATUS	Marital Status	If 1 display M; otherwise, display null.	X
LINK_PERSON_PARTICIPANT	PRIMARY_CAREGIVER_FLAG	Y	Indication if the person associated to the child is a primary caregiver	1 (Yes) 2 (No) -4 (Missing in Error)	PRIMARY_CAREGIVER_FLAG			
LINK_PERSON_PARTICIPANT	SECONDARY_CAREGIVER_FLAG	Y	Indication if the person associated to the child is a secondary caregiver	1 (Yes) 2 (No) -4 (Missing in Error)	SECONDARY_CAREGIVER_FLAG			
					DERIVED_CG_TYPE	CG Type	Display P if PCG 1 and S if SCG = 1	X
LINK_PERSON_PARTICIPANT	LEGAL_GUARDIAN	Y	Indication if the person associated to the child is the Legally Authorized Representative	1 (Yes) 2 (No)	LEGAL_GUARDIAN	LAR	If 1 display Y; save as 2 of changed to "N"	X
LINK_PERSON_PARTICIPANT	SECONDARY_RESIDENCY_CG	Y	Indication if the person associated to the child is a secondary residence caregiver.	1 (Yes)	SECONDARY_RESIDENCY_CG	Secondary Residence CG	If 1 display Y	X
LINK_PERSON	FF_FLAG	Y	Indication if the person	1 (Yes)	FF_FLAG	Father /	If 1 display Y	X

_PARTI CIPANT			associated to the child is a secondary residence caregiver.			Father Figure		
LINK_P ERSON _PARTI CIPANT	IS_ACTIVE	Y	Is PERSON_PARTI CIPANT link active?	1 (Yes) 2 (No) -4 (Missing in Error)	IS_ACTIVE	Partici pant Associ ation Active	IF 1 display Yes; 2 display No	X
LINK_P ERSON _HOUS EHOLD	PERSON_ HH_ID	Y	Unique Identifier	Any string of numbers and/or characters	PERSON_H H_ID			
LINK_P ERSON _HOUS EHOLD	HH_ID	Y	External Identifier: Household Unit ID Link to Household table	Cannot be null. Any string of numbers and/or characters.	HH_ID			
LINK_P ERSON _HOUS EHOLD	IS_ACTIVE	Y	Is PERSON_HH link active	1 (Yes) 2 (No) -4 (Missing in Error)	IS_ACTIVE	HH Associ ation Active	IF 1 display Yes; 2 display No	X
LINK_P ERSON _HOUS EHOLD	HH_RANK	Y	Differentiates links when multiple PERSON_HH links are active	1 (Primary) 2 (Secondary) 3 (Invalid) 4 (Duplicate) 5 (Other) -4 (Missing in Error)	HH_RANK	HH Resid ence Rank	If 1 display Primary; if 2 display Secondary	X
LINK_P ERSON _HOUS EHOLD ??	CHILD_LO G_SEND	Y	Identifies when Health Log should be sent to Primary Care Giver.	1 (Yes) 2 (No) -4 (Missing in Error)	CHILD_LOG _SEND		Use as trigger in IMS to send new child Health Care Log.	

Address Information
PSU_ID
ADDRESS_ID
PERSON_ID
INSTITUTE_ID
PROVIDER_ID
DU_ID
ADDRESS_RANK
ADDRESS_RANK_OTH
ADDRESS_INFO_SOURCE
ADDRESS_INFO_SOURCE_OTH
ADDRESS_INFO_MODE
ADDRESS_INFO_MODE_OTH
ADDRESS_INFO_DATE
ADDRESS_INFO_UPDATE
ADDRESS_START_DATE
ADDRESS_END_DATE
ADDRESS_TYPE
ADDRESS_TYPE_OTH
ADDRESS_DESCRIPTION
ADDRESS_DESCRIPTION_OTH
ADDRESS_1
ADDRESS_2
UNIT
CITY
STATE
ZIP
ZIP4
ADDRESS_COMMENT

Telephone Information
PSU_ID
PHONE_ID
PERSON_ID
INSTITUTE_ID
PROVIDER_ID
PHONE_INFO_SOURCE
PHONE_INFO_SOURCE_OTH
PHONE_INFO_DATE
PHONE_INFO_UPDATE
PHONE_NBR
PHONE_EXT
PHONE_TYPE
PHONE_TYPE_OTH
PHONE_RANK
PHONE_RANK_OTH
PHONE_LANDLINE
PHONE_SHARE
CELL_PERMISSION
TEXT_PERMISSION
PHONE_COMMENT
PHONE_START_DATE
PHONE_END_DATE

Email
PSU_ID
EMAIL_ID
PERSON_ID
INSTITUTE_ID
PROVIDER_ID
EMAIL
EMAIL_RANK
EMAIL_RANK_OTH
EMAIL_INFO_SOURCE
EMAIL_INFO_SOURCE_OTH
EMAIL_INFO_DATE
EMAIL_INFO_UPDATE
EMAIL_TYPE
EMAIL_TYPE_OTH
EMAIL_SHARE
EMAIL_ACTIVE
EMAIL_COMMENT
EMAIL_START_DATE
EMAIL_END_DATE

APPENDIX 2: GRID 2 - ADDRESS AND CONTACT INFORMATION VERIFICATION

MDES ODE TABLES AND RELATED VARIABLES					PVT INSTRUMENT TABLE			
Table Name	Variable Name	Re q?	Variable Label/Definition	Format Constraint	Instrument Variable Name	Displa y Label	Display Value	Display in Grid #2
ADDRE SS	ADDRESS _ID	Y	Unique Identifier for Household Address	Any string of numbers and/or characters	ADDRESS_I D	Uniqu e Addre ss ID		X
ADDRE SS	PERSON_I D	N	External Identifier: Person ID Link to Person table.	Any string of numbers and/or characters				
PARTIC IPANT	P_ID	Y	Unique Identifier: NCS Child Participant ID Should Link to Person_ID in PERSON table via the PERSON-PARTICIPANT LINKAGE Table	Cannot be null. Any string of numbers and/or characters.	C_P_ID			
PARTIC IPANT	P_ID	Y	Unique identifier: Participant ID. Should Link to Person_ID in PERSON table via the PERSON-PARTICIPANT LINKAGE Table	Cannot be null. Any string of numbers and/or characters.	P_ID			
PERSO N	PERSON_I D	Y	Unique Identifier: PERSON_ID (of informant)	Cannot be null. Any string of numbers and/or characters.	PERSON_ID	Uniqu e Perso n ID		
PERSO N	FIRST_NA ME	N	First Name	Reserved for future use. This field is considered PII and should be left NULL.	FIRST_NAM E	First Name		X
LINK_P ERSON _PARTI CIPANT	IS_ACTIVE	Y	Is PERSON_PARTI CIPANT link active?	1 (Yes) 2 (No) -4 (Missing in Error)	IS_ACTIVE	Active Partici pant		
LINK_P	PERSON_	Y	Unique Identifier	Any string of	PERSON_H			

ERSON_HOUS EHOLD	HH_ID			numbers and/or characters	H_ID			
LINK_P ERSON _HOUS EHOLD	HH_ID	Y	External Identifier: Household Unit ID

Link to Household table | Cannot be null. Any string of numbers and/or characters. | HH_ID | | | |
LINK_P ERSON _HOUS EHOLD	IS_ACTIVE	Y	Is PERSON_HH link active	1 (Yes) 2 (No) -4 (Missing in Error)	IS_ACTIVE	Active HH Associ ation	IF 1 display Yes; 2 display No	
LINK_P ERSON _HOUS EHOLD	HH_RANK	Y	Differentiates links when multiple PERSON_HH links are active	1 (Primary) 2 (Secondary) 3 (Invalid) 4 (Duplicate) 5 (Other) -4 (Missing in Error)	HH_RANK	HH Resid ence Rank	If 1 display Primary; if 2 display Secondary	X
ADDRE SS	ADDRESS _TYPE	Y	Type of Address	1 (Home/Residential) 2 (Business) 3 (School) 4 (Mailing address) 5 (Military) -5 (Other) -6 (Unknown) -4 (Missing in Error)	ADDRESS_T YPE	Addre ss Type	Sort and display in GRID 2 in following order: 1 followed by 4; if 1 display "street"; if 4 display "Mailing"	X
ADDRE SS	ADDRESS _TYPE_OT H	N	Other Address Type	Any string of numbers and/or characters -7 (Not Applicable)	ADDRESS_T YPE_OTH			
ADDRE SS	ADDRESS _1	N	Street Address Line 1	Reserved for Future Use. This field is considered PII and should be left NULL or contain the following values: -1 (Refused) -2 (Don't Know) -3 (Legitimate Skip)	ADDRESS_1	Addre ss1 – Street/ PO Box		X
ADDRE SS	ADDRESS _2	N	Street Address Line 2	Reserved for Future Use. This field is considered PII and should be left NULL or contain the	ADDRESS_2	Addre ss (Line 2)		X

				following values: -1 (Refused) -2 (Don't Know) -3 (Legitimate Skip)				X
ADDRE SS	UNIT	N	Unit/Apt/Floor/Lot Number	Reserved for Future Use. This field is considered PII and should be left NULL or contain the following values: -1 (Refused) -6 (Unknown) -7 (Not Applicable)	UNIT	Apt / Unit Numb er		X
ADDRE SS	CITY	N	CITY	Reserved for Future Use. This field is considered PII and should be left NULL or contain the following values: -1 (Refused) -6 (Unknown) -7 (Not Applicable)	CITY	City / Town		X
ADDRE SS	STATE	Y	STATE	Reserved for Future Use. This field is considered PII and should be left NULL or contain the following values: -1 (Refused) -6 (Unknown) -7 (Not Applicable)	STATE	State		X
ADDRE SS	ZIP	N	ZIP CODE		ZIP	Zip Code		X
ADDRE SS	ZIP4	N	ZIP CODE + 4		ZIP4	Zip + 4 (if known)		X
TELEPH ONE	PERSON_I D	N	External Identifier: Person ID Link to Person table.	Any string of numbers and/or characters				

TELEPH ONE	PHONE_T YPE	Y	Type of phone number	1 (Home/Landline) 2 (Work) 3 (Cell) 4 (Fax) 5 (Friend/Relative) 5 (Other) -1 (Refused) -6 (Unknown) -4 (Missing in Error)	PHONE_TY PE			
TELEPH ONE	PHONE_N BR	N	Phone number	-1 (Refused) -2 (Don't Know) -3 (Legitimate Skip)	PHONE_NB R	PHON E_NB R	IF PHONE_TYPE = 1, DISPLAY "Home Phone"; IF PHONE_TYPE = 3, DISPLAY "Cell Phone"; IF PHONE_TYPE = 2, DISPLAY "Business Phone"	X
TELEPH ONE	PHONE_IN FO_COLLE CT_ DATE	N	Date phone info collected	YYYY-MM-DD	PHONE_INF O_COLLECT _ DATE		Set = date of administration	
TELEPH ONE	CELL_PER MISSION	Y	OK to use Person's personal cell phone to make future study appointments or for appointment reminders?	1 (Yes) 2 (No) -4 (Missing in Error) -7 (Not Applicable)	CELL_PERM ISSION			
TELEPH ONE	TEXT_PER MISSION	Y	OK to send text messages to make future study appointments or for appointment reminders?	1 (Yes) 2 (No) -6 (Unknown) -7 (Not applicable) -4 (Missing in Error)	TEXT_PERM ISSION			
EMAIL	EMAIL_ID	Y	**Unique Identifier:** Identifier for specific email record	Any string of numbers and/or characters				
EMAIL	PERSON_I D	N	**External Identifier:** Person ID	Any string of numbers and/or characters				

			Link to Person table.					
EMAIL	EMAIL	N	Actual email address	Reserved for Future Use. This field is considered PII and should be left NULL.	EMAIL	EMAIL		X
TELEPH ONE	CONTACT _PREF		Preferred contact method Link to EMAIL Table and Person Table.	1 (Home) 2 (Cell 3 (Work) 4 (Email) 5 (In-Person) 6 (Mail) 7(Text Message) -5 (other)	CONTACT_ PREF	Preferr ed Conta ct Metho d	If Home, set = 1;if Cell, set = 2; if Work, set = 3; if Email, set = 4; if In-Person, set = 5; if Mail, set = 6; if Text Message, set = 7.	X
TELEPH ONE	CONTACT _PREF_OT H	N	Preferred contact method	Any string of numbers and/or characters -7 (Not Applicable)	CONTACT_ PREF_OTH			X
ADDRE SS	ADDRESS _START_D ATE	N	Date when address became effective for PERSON, INSTITUTE, or PROVIDER	YYYY-MM-DD For missing values use "9" prefix followed by: 6 (Unknown), 4(Missing in Error) e.g. 2009-96-96 (Unknown Month and Day) 9666-96-96 (Unknown date)	ADDRESS_ START_DAT E	Addre ss Start Date		X
ADDRE SS	ADDRESS _END_DAT E	N	Last date at which the address is effective	YYYY-MM-DD For missing values use "9" prefix followed by: 6 (Unknown), e.g. 2009-96-96 (Unknown Month and Day) 9666-96-96 (Unknown date)	ADDRESS_ END_DATE	Addre ss End Date		X

APPENDIX 3: GRID 3 - TRACING CONTACT INFORMATION

MDES ODE TABLES AND RELATED VARIABLES					PVT INSTRUMENT TABLE			Display in "EXISTING CONTACT INFORMATION" column of Grid 3
Table Name	Variable Name	Re q?	Variable Label/Definition	Format Constraint	Instrument Variable Name	Displa y Label	Display Value	
TRACIN G_INT	TRACING_ CONTACT _ID	Y	Unique Tracing Contact ID number.	Any string of numbers and/or characters	TRACING _CONTAC T_ID	Uniqu e Tracin g ID		X
TRACIN G_INT	PERSON_I D	N	**External Identifier:** Person ID Link to Person table.	Any string of numbers and/or characters				
TRACIN G_INT	HH_ID	Y	**External identifier:** Household ID	Cannot be null. Any string of numbers and/or characters.				
TRACIN G_INT	P_ID	N	**External identifier:** Participant ID Link to Participant table.	Any string of numbers and/or characters				
TRACIN G_INT	ADDRESS _ID	N	**External Identifier.** Link to Address table.	Any string of numbers and/or characters.				
TRACIN G_INT	CONTACT _FRND	Y	Can participant provide contact information of a friend?	1 (Yes) 2 (No) -1 (Refused) -2 (Don't Know) -3 (Legitimate Skip) -4 (Missing in Error)				
TRACIN G_INT	CONTACT _FNAME		Tracing contact's first name	Reserved for Future Use. This field is considered PII and should be left NULL or contain the following values: -1 (Refused) -2 (Don't Know) -3(Legitimate Skip)	CONTACT _FNAME	First Name		X
TRACIN G_INT	CONTACT _LNAME		Tracing Contact's last name	Reserved for Future Use. This field is considered PII and should be left NULL or contain the	CONTACT _LNAME	Last Name		X

				following values: -1 (Refused) -2 (Don't Know) -3(Legitimate Skip)				
TRACIN G_INT	ADDRESS _1	N	Street Address Line 1 Link to Address table.	Reserved for Future Use. This field is considered PII and should be left NULL or contain the following values: -1 (Refused) -2 (Don't Know) -3 (Legitimate Skip)	ADDRESS _1	Addre ss 1 - Street/ PO Box		X
TRACIN G_INT	ADDRESS _2	N	Street Address Line 2 Link to Address table.	Reserved for Future Use. This field is considered PII and should be left NULL or contain the following values: -1 (Refused) -2 (Don't Know) -3 (Legitimate Skip)	ADDRESS _2	Addre ss (Line 2)		X
TRACIN G_INT	UNIT	N	Unit/Apt/Floor/Lot Number Link to Address table.	Reserved for Future Use. This field is considered PII and should be left NULL or contain the following values: -1 (Refused) -2 (Don't Know) -3 (Legitimate Skip)	UNIT	Apt / Unit Numb er		X
TRACIN G_INT	CITY	N	City Link to Address table.	Reserved for Future Use. This field is considered PII and should be left NULL or contain the following values: -1 (Refused) -2 (Don't Know) -3 (Legitimate Skip)	CITY	City / Town		X
TRACIN G_INT	STATE	Y	State Link to Address table.	Reserved for Future Use. This field is considered PII. Allowable values are: -1 (Refused) -2 (Don't Know) -3 (Legitimate Skip) -4 (Missing in Error)	STATE	STAT E		X
TRACIN G_INT	ZIP	N	Zip Code Link to Address table.	Any string of numbers and/or characters -1 (Refused) -2 (Don't Know) -3 (Legitimate Skip)	ZIP	Zip Code		X
TRACIN G_INT	ZIP4	N	Zip Code + 4 Link to Address table.	Any string of numbers and/or characters -1 (Refused) -2 (Don't Know) -3 (Legitimate Skip)	ZIP4	Zip + 4 (IF KNO WN)		X
TRACIN G_INT	PHONE_T YPE	Y	Type of phone number	1 (Home/Landline) 2 (Work) 3 (Cell) 4 (Fax) 5 (Friend/Relative) 5 (Other)	PHONE_T YPE			

				-1 (Refused) -6 (Unknown) -4 (Missing in Error)				
TRACING_INT	PHONE_NBR	N	Phone number	-1 (Refused) -2 (Don't Know) -3 (Legitimate Skip)	PHONE_NBR	PHONE_NBR	IF PHONE_TYPE = 1, DISPLAY "Home Phone"; IF PHONE_TYPE = 3, DISPLAY "Cell Phone";	X
TRACING_INT	PHONE_INFO_COLLECT_DATE	N	Date phone info collected	YYYY-MM-DD	PHONE_INFO_COLLECT_DATE		Set = date of administration	
TRACING_INT	HOME_PHONE	N	Tracing Contact's home phone number	Reserved for Future Use. This field is considered	HOME_PHONE	Home Phone		X
TRACING_INT	CELL_PHONE	N	Tracing Contact's cell phone number	Reserved for Future Use. This field	CELL_PHONE	Cell Phone		X
TRACING_INT	EMAIL	N	Tracing Contact's Email	Reserved for Future Use. This field is considered PII and should be left NULL or contain the following values: -1 (Refused) -2 (Don't Know) -3 (Legitimate Skip) -7 (No email account)	EMAIL	EMAIL		X
TRACING_INT	CONTACT_RELAT_PCG	Y	Tracing Contact's relationship to primary care giver	SEE APPX 7	RELATIONSHIP_CHILD	Relationship		X

TRACIN G_INT	CONTACT _CONF	Y	Last date at which the contact information was confirmed	YYYY-MM-DD For missing values use "9" prefix followed by: 6 (Unknown), e.g. 2009-96-96 (Unknown Month and Day) 9666-96-96 (Unknown date)	CONTACT _CONF	Last Confir med Date	Set = current date	
TRACIN G_INT	CONTACT _END	Y	Date at which the contact information ended (made inactive).	YYYY-MM-DD For missing values use "9" prefix followed by: 6 (Unknown), e.g. 2009-96-96 (Unknown Month and Day) 9666-96-96 (Unknown date)	CONTACT _END	Last Confir med Date	Set = current date	
TRACIN G_INT	CONTACT _REMAINS _ACTIVE	Y	Participant verifies that contact is still active	1 (Yes) 2 (No) -1 (Refused) -2 (Don't Know) -3 (Legitimate Skip) -4 (Missing in Error)	CONTACT _REMAIN S_ACTIVE	CONT ACT_ REMA INS_A CTIVE	IF CONTACT_R EMAINS_AC TIVE = 1, ENABLE EDIT FOR ROWS SELECTED IN "REVISE FLAG" COLUMN FOR EXISTING UNIQUE TRACING_ CONTACT_I D. IF CONTACT_R EMAINS_AC TIVE = 2, GENERATE NEW UNIQUE TRACING_C ONTACT_ID AND ENABLE EDIT FOR COLUMN "NEW / REVISED CONTACT INFORMATIO N".	

APPENDIX 4: GRID 4 – TRACING MOVE INFORMATION

MDES ODE TABLES AND RELATED VARIABLES					PVT INSTRUMENT TABLE			
Table Name	Variable Name	Req ?	Variable Label/Definition	Format Constraint	Instrument Variable Name	Display Label	Display Value	Display in Grid 4
TRACIN G_INT	PLAN_MO VE	Y	Is the person planning a residential move in the next few months? Link to Person table.	1 (Yes) 2 (No) -1 (Refused) -2 (Don't Know) -3 (Legitimate Skip) -4 (Missing in Error)	PLAN_MOV E			
TRACIN G_INT	WHEN_MO VE	Y	Does Participant know when she will be moving?	1 (Yes) 2 (No) -1 (Refused) -2 (Don't Know) -3 (Legitimate Skip) -4 (Missing in Error)	WHEN_MOV E			
TRACIN G_INT	DATE_MO VE	N	Date of planned move	YYYY-MM For missing values use "9" prefix followed by: 1 (Refused) 2 (Don't Know) 3 (Legitimate Skip), e.g. 9111-92 (Refused Year, Don't Know Month) 2009-91 (Refused Month) 9333-93 (Legitimate Skip)	DATE_MOV E			
TRACIN G_INT	WHERE_M OVE	Y	Is new address known?	1 (Yes) 2 (No) -1 (Refused) -2 (Don't Know) -3 (Legitimate Skip) -4 (Missing in Error)	WHERE_MO VE			
TRACIN G_INT	MOVE_INF O	Y	Information on new address provided when planning a residential move in the next 3-6 months	1 (Address known) 2 (Out of the country) 3 (PO Box Address only) -1 (Refused) -2 (Don't Know) -3 (Legitimate Skip) -4 (Missing in Error)				
TRACIN G_INT	NEW_ADD RESS_ID	N	**External Identifier:** Unique identifier for NEW address record	Any string of numbers and/or characters				

			Link to Address table.					
ADDRE SS	ADDRESS _TYPE	Y	Type of Address	1 (Home/Residential) 2 (Business) 3 (School) 4 (Mailing address) 5 (Military) -5 (Other) -6 (Unknown) -4 (Missing in Error)	ADDRESS_T YPE		If entered under "New/Revised Street Address", ADDRESS_TY PE = 1; if entered under "New Mailing Address", ADDRESS_TY PE = 4	
ADDRE SS	ADDRESS _SAME	N	Pick box to determine if new mailing address is the same as the home address.	1 (Yes) 2 (No) -1 (Refused) -2 (Don't Know) -3 (Legitimate Skip) -4 (Missing in Error)	ADDRESS_ SAME		If = 1, update address variables based on ADDRESS_TY PE = 1.	
ADDRE SS	ADDRESS _TYPE_OT H	N	Other Address Type	Any string of numbers and/or characters -7 (Not Applicable)	ADDRESS_T YPE_OTH	Addre ss Type		
TRACIN G_INT	NEW_ADD RESS1	N	New Address Street Line 1 Link to Address table.	Reserved for Future Use. This field is considered PII and should be left NULL or contain the following values: -1 (Refused) -2 (Don't Know) -3 (Legitimate Skip)	NEW_ADDR ESS1	Addre ss 1 – Street/ PO Box		X
TRACIN G_INT	NEW_ADD RESS2	N	New Address Street Line 2 Link to Address table.	Reserved for Future Use. This field is considered PII and should be left NULL or contain the following values: -1 (Refused) -2 (Don't Know) -3 (Legitimate Skip)	NEW_ADDR ESS2	Addre ss (Line 2)		X
TRACIN G_INT	NEW_UNIT	N	New Address Unit/Apt/Floor/Lot Number Link to Address table.	Reserved for Future Use. This field is considered PII and should be left NULL or contain the following values: -1 (Refused) -2 (Don't Know) -3 (Legitimate Skip)	NEW_UNIT	Apt / Unit Numb er		X
TRACIN G_INT	NEW_CITY	N	New Address City Link to Address table.	Reserved for Future Use. This field is considered PII and should be left NULL or contain the following values: -1 (Refused) -2 (Don't Know) -3 (Legitimate Skip)	NEW_CITY	City		X

TRACIN G_INT	NEW_STA TE	Y	New Address State Link to Address table.	Reserved for Future Use. This field is considered PII. Allowable values are: -1 (Refused) -2 (Don't Know) -3 (Legitimate Skip) -4 (Missing in Error)	NEW_STAT E	State		X
TRACIN G_INT	NEW_ZIP	N	New Address Zip Code Link to Address table.	Any string of numbers and/or characters -1 (Refused) -2 (Don't Know) -3 (Legitimate Skip)	NEW_ZIP	Zip Code		X
TRACIN G_INT	NEW_ZIP4	N	New Address Zip Code + 4 Link to Address table.	Any string of numbers and/or characters -1 (Refused) -2 (Don't Know) -3 (Legitimate Skip)	NEW_ZIP4	Zip + 4 (if known)		X
TRACIN G_INT	PREV_CIT Y	Y	Has participant lived in another city in past three years?	1 (Yes) 2 (No) -1 (Refused) -2 (Don't Know) -3 (Legitimate Skip) -4 (Missing in Error)				
TRACIN G_INT	CITY_PRE V1	N	First previous city	Reserved for Future Use. This field is considered PII and should be left NULL or contain the following values: -1 (Refused) -2 (Don't Know) -3 (Legitimate Skip)				
TRACIN G_INT	STATE_PR EV1	Y	First previous state	Reserved for Future Use. This field is considered PII. Allowable values are: -1 (Refused) -2 (Don't Know) -3 (Legitimate Skip) -4 (Missing in Error)				
TRACIN G_INT	CITY_PRE V2	N	Second previous city	Reserved for Future Use. This				

				field is considered PII and should be left NULL or contain the following values: -1 (Refused) -2 (Don't Know) -3 (Legitimate Skip)				
TRACIN G_INT	STATE_PR EV2	Y	Second previous state	Reserved for Future Use. This field is considered PII. Allowable values are: -1 (Refused) -2 (Don't Know) -3 (Legitimate Skip) -4 (Missing in Error)				
TRACIN G_INT	CITY_PRE V3	N	Third previous city	Reserved for Future Use. This field is considered PII and should be left NULL or contain the following values: -1 (Refused) -2 (Don't Know) -3 (Legitimate Skip)				
TRACIN G_INT	STATE_PR EV3	Y	Third previous state	Reserved for Future Use. This field is considered PII. Allowable values are: -1 (Refused) -2 (Don't Know) -3 (Legitimate Skip) -4 (Missing in Error)				

APPENDIX 5: BANNER DISPLAY SPECIFICATIONS

PROGRAMMER INSTRUCTIONS:
- PRELOAD **EVENT_TYPE** .
- DISPLAY HEADER BANNER THROUGHOUT INSTRUMENT WITH ALL TEXT BOLD AND LIGHT BLUE BACKGROUND.
- IF EVENT ≠ PV1 OR PV2, DISPLAY THE FOLLOWING BANNER:
  - DISPLAY "Scheduling Event: " followed by **EVENT_TYPE** CODE TEXT**.**
  - DISPLAY "Child Participant: " followed by **CFIRST_NAME** ASSOCIATED WITH **C_P_ID** FROM **APPENDIX 1.**
  - DISPLAY "Child Age: " followed by **DERIVED_AGE** FROM **APPENDIX 1.**
  - DISPLAY "Primary Caregiver: " followed by **FIRST_NAME** WHERE **PRIMARY_CAREGIVER_FLAG** = 1 FROM **APPENDIX 1.**
  - DISPLAY "Multi-Child Event: " followed by "YES" if **MULTI_BIRTH_ID** ≠ NULL IN **APPENDIX 1.**

<table>
<tr><td colspan="2">Scheduling Event: 36 MONTH</td></tr>
<tr><td>Child Participant: Sofia Martinez</td><td>Child Age: 35 Months</td></tr>
<tr><td>Primary Caregiver: Elena Lopez</td><td>Multi-Child Event: No</td></tr>
</table>

- IF EVENT = PV1 OR PV2, DISPLAY THE FOLLOWING BANNER:
  - DISPLAY "Scheduling Event: " followed by **EVENT_TYPE** CODE TEXT**.**
  - DISPLAY "Pregnant NCS Participant: " followed by **FIRST_NAME** of **R_P_ID.**

<table>
<tr><td>Scheduling Event: PV1</td></tr>
<tr><td>Pregnant NCS Participant: Elena Lopez</td></tr>
</table>

APPENDIX 6: LINK_PERSON_PARTICIPANT RELATIONSHIP CODE REVISIONS

Current Link_Person_Participant Relationship Codes:

1 = Participant/Self
2 = Biological Mother
3 = Non-Biological Mother <Refer to replacement Codes Below>
4 = Biological Father
5 = Non-Biological Father <Refer to replacement Codes Below>
6 = Spouse
7 = Partner/Significant Other
8 = Child
9 = Sibling
10 = Grandparent
11 = Other Relative
12 = Friend
13 = Neighbor
14 = Co-Worker
15 = Caregiver
16 = Teacher
17 = Primary Child Care Provider
18 – Other Child Care Provider
19 = Aunt
20 = Uncle
21 = Cousin
22 = Other Non-Relative

Additional M3.4 Relationship Codes:

23 = Adoptive Mother (to Replace Non-Biological Father and Mother)
24 = Adoptive Father (to Replace Non-Biological Father and Mother)
25 = Social Mother (to Replace Non-Biological Father and Mother)
26 = Social Father (to Replace Non-Biological Father and Mother)
27 = Step Mother (to Replace Non-Biological Father and Mother)
28 = Step Father (to Replace Non-Biological Father and Mother)
29 = Step Brother
30 = Step Sister
31 = Adoptive Brother
32 = Adoptive Sister
33 = Grandmother
34 = Grandfather

Subset of Codes used in PVT Instrument:

1 = Participant/Self	24 = Adoptive Father
2 = Biological Mother	25 = Social Mother
4 = Biological Father	26 = Social Father
7 = Partner/Significant Other	27 = Step Mother
8 = Child	28 = Step Father
9 = Sibling	29 = Step Brother
11 = Other Relative	30 = Step Sister
19 = Aunt	31 = Adoptive Brother
20 = Uncle	32 = Adoptive Sister
21 = Cousin	33 = Grandmother
22 – Other Non-Relative	34 = Grandfather
23 = Adoptive Mother	

APPENDIX 7: EXAMPLE GRID 1 - PARTICIPANT RELATIONSHIP VERIFICATION

Participant Verification

REVISE / ADD ROW FLAG	Unique Person ID	First Name	Middle Name	Last Name	Nickname	Sex	DOB	Consent	Relationship to Child	Multi-Birth	Marital Status	CG Type	LAR	Secondary Residence CG	Father / Father Figure	Participant Association Active	HH Association Active	HH Residence Rank
	xxxxx	Jane	Ann	Smith		F	3/7/2011	Y	Self	Y						Yes	Yes	Primary
	xxxxx	Jill	Marie	Smith		F	3/7/2011	Y	Sibling	Y						Yes	Yes	Primary
	xxxxx	Sue	May	Smith	Susie	F	5/9/1986	Y	Biological Mother		M	P	Y			Yes	Yes	Primary
	xxxxx	Sam		Smith		M	8/22/1985	Y	Biological Father		M	S	Y			Yes	Yes	Primary
	xxxxx	James	Eugene	Smith	Jimmy	M	12/17/2008		Sibling							Yes	Yes	Primary

APPENDIX 8: EXAMPLE GRID 2 - ADDRESS AND CONTACT INFORMATION VERIFICATION

Address and Contact Information Verification

REVISE / ADD ROW FLAG	Unique Address ID	First Name	HH Rank	Address Type	Address 1 - Street/PO Box	Address (Line 2)	Apt / Unit Number	City / Town	State	Zip	Zip + four (if known)	Home Phone	Cell Phone	Business Phone	Email Address	Preferred Contact Method	Address Start Date	Address End Date
	xxxxx	Jane	Primary	Street	135 Bayview Lane			Jackson	Georgia	20202							12/12/2010	
	xxxxx	Jill	Primary	Street	135 Bayview Lane			Jackson	Georgia	20202							12/12/2010	
	xxxxx	Susan	Primary	Street	135 Bayview Lane			Jackson	Georgia	20202		111-111-1111	222-222-2222		Sue@aol.com	Home	12/12/2010	
	xxxxx	Sam	Primary	Mailing	PO Box 415			Jackson	Georgia	20202		111-111-1111	333-333-3333				12/12/2010	
	xxxxx	James	Primary	Street	135 Bayview Lane			Jackson	Georgia	20202				444-4444-4444	5am@work.com	Email	12/12/2010	

APPENDIX 9: EXAMPLE GRID 3 - TRACING CONTACT VERIFICATION

REVISE FLAG	TRACING CONTACT 1.	EXISTING CONTACT INFORMATION	NEW / REVISED CONTACT INFORMATION	CONTACT REMAINS ACTIVE
N/A	UNIQUE TRACING CONTACT ID			
	LAST NAME			
	FIRST NAME			
	ADDRESS 1 – STREET/PO BOX			
	ADDRESS (Line 2)			
	APT/UNIT #			
	CITY/TOWN			
	STATE			
	ZIP			
	ZIP + 4 (if known)			
	PHONE (HOME)			
	PHONE (MOBILE)			
	EMAIL ADDRESS			
	RELATIONSHIP			
REVISE FLAG	TRACING CONTACT 2.	EXISTING CONTACT INFORMATION	NEW / REVISED CONTACT INFORMATION	CONTACT REMAINS ACTIVE
N/A	UNIQUE TRACING CONTACT ID			
	LAST NAME			
	FIRST NAME			
	ADDRESS 1 – STREET/PO BOX			
	ADDRESS (Line 2)			
	APT/UNIT #			
	CITY/TOWN			
	STATE			
	ZIP			
	ZIP + 4 (if known)			
	PHONE (HOME)			
	PHONE (MOBILE)			
	EMAIL ADDRESS			
	RELATIONSHIP			
REVISE FLAG	TRACING CONTACT 3.	EXISTING CONTACT INFORMATION	NEW / REVISED CONTACT INFORMATION	CONTACT REMAINS ACTIVE
N/A	UNIQUE TRACING CONTACT ID			
	LAST NAME			
	FIRST NAME			
	ADDRESS 1 – STREET/PO BOX			
	ADDRESS (Line 2)			
	APT/UNIT #			
	CITY/TOWN			
	STATE			
	ZIP			
	ZIP + 4 (If known)			
	PHONE (HOME)			
	PHONE (MOBILE)			
	EMAIL ADDRESS			

	RELATIONSHIP			

APPENDIX 10: EXAMPLE GRID 4 – TRACING MOVE INFORMATION

REVISE FLAG		NEW STREET ADDRESS
	ADDRESS 1 – STREET/PO BOX	
	ADDRESS (LINE 2)	
	CITY/TOWN	
	APT/UNIT #	
	STATE	
	ZIP CODE	
	ZIP + 4 (If known)	

MAILING ADDRESS SAME AS STREET ADDRESS   ☐

Yes

REVISE FLAG		NEW MAILING ADDRESS
	ADDRESS 1 – STREET/PO BOX	
	ADDRESS (LINE 2)	
	CITY/TOWN	
	APT/UNIT #	
	STATE	
	ZIP CODE	
	ZIP + 4 (If known)	

APPENDIX 11: USE CASE EXAMPLES

Use Case 1 – Scenario 1: Primary Caregiver/Biological Mother Sue Smith re-consents with ROC and next event is 24M. Susan is married to Sam, the Biological Father and secondary caregiver. Both Susan and Sam are Legally Authorized Representatives (LAR), and an au-pair (Dana Jones) is living in the primary residence. The following Participant Verification Table grid and Address and Contact Information Verification grid reflect this scenario.

Participant Verification

REVISE / ADD ROW FLAG	Unique Person ID	First Name	Middle Name	Last Name	Nickname	Sex	DOB	Consent	Relationship to Child	Multi-Birth	Marital Status	CG Type	LAR	Secondary Residence CG	Father / Father Figure	Participant Association Active	HH Association Active	HH Residence Rank
	11111	Jane	Ann	Smith		F	3/7/2011	Y	Self	Y						Yes	Yes	Primary
	12222	Jill	Marie	Smith		F	3/7/2011	Y	Sibling	Y						Yes	Yes	Primary
	13333	Susan	May	Smith	Sue	F	5/9/1986	Y	Biological Mother		M	P	Y			Yes	Yes	Primary
	14444	Sam		Smith		M	8/22/1985	Y	Biological Father		M	S	Y			Yes	Yes	Primary
	15555	James	Eugene	Smith	Jimmy	M	12/17/2008		Sibling							Yes	Yes	Primary
	16666	Dana	Custis	Jones		F	6/13/1970		Other Non-Relative							Yes	Yes	Primary

Address and Contact Information Verification

REVISE / ADD ROW FLAG	Unique Address ID	First Name	HH Rank	Address Type	Address 1 - Street/PO Box	Address (Line 2)	Apt / Unit Number	City / Town	State	Zip	Zip + four (if known)	Home Phone	Cell Phone	Business Phone	Email Address	Preferred Contact Method	Address Start Date	Address End Date
	21111	Jane	Primary	Street	135 Bayview Lane			Jackson	GA	30233							12/12/2010	
	22222	Jill	Primary	Street	135 Bayview Lane			Jackson	GA	30233							12/12/2010	
	23333	Susan	Primary	Street	135 Bayview Lane			Jackson	GA	30233		111-111-1111	222-222-2222		Sue@aol.com	Home	12/12/2010	
	24444	Sam	Primary	Street	135 Bayview Lane			Jackson	GA	30233		111-111-1111	333-333-3333				12/12/2010	
	25555	Sam	Primary	Work	PO Box 415			Jackson	GA	30233				444-444-4444	Sam@work.com	Email	12/12/2010	
	26666	James	Primary	Street	135 Bayview Lane			Jackson	GA	30233							12/12/2010	
	27777	Dana	Primary	Street	135 Bayview Lane			Jackson	GA	30233							4/1/2011	

Use Case 1 – Scenario 2: One year later, parents' divorce and the au-pair is no longer active with the NCS participant or primary household.   The Primary Caregiver, Susan, reports that the children spend time with the Father Sam in a secondary residence and that Sam remains a Legally Authorized Representative (LAR). To update the Participant Verification grid, enable editing of the Father's record by selecting the "REVISE/ADD ROW FLAG" and set the "Secondary Residence CG" field to "Yes" and the "HH Association Active" field to "No". To update the au-pair status, enable editing by selecting the "REVISE/ADD ROW FLAG" and set both the "Participant Association Active" field and the "HH Association Active" fields to "No".   To update the Address and Contact Information Verification grid to record the Father's (Sam) new Secondary Residence address, enable editing by selecting the "REVISE/ADD ROW FLAG" in the rows associated with the previous primary address and enter the ending address date. Revise the row associated with Sam's work to reference a Secondary (rather than Primary) address, and add a new row for collection of Sam's new address and contact information in the Secondary address. To update the au-pair status in the Participant Verification Table, enter the address end date. The Participant Verification Table grid and Address and Contact Information Verification grid has been modified to reflect these updates, with text changes in red font, and edited cells highlighted beige.

Participant Verification

REVISE / ADD ROW FLAG	Unique Person ID	First Name	Middle Name	Last Name	Nickname	Sex	DOB	Consent	Relationship to Child	Multi-Birth	Marital Status	CG Type	LAR	Secondary Residence CG	Father / Father Figure	Participant Association Active	HH Association Active	HH Residence Rank
	11111	Jane	Ann	Smith		F	3/7/2011	Y	Self	Y						Yes	Yes	Primary
	12222	Jill	Marie	Smith		F	3/7/2011	Y	Sibling	Y						Yes	Yes	Primary
	13333	Susan	May	Smith	Sue	F	5/9/1986	Y	Biological Mother		M	P	Y			Yes	Yes	Primary
X	14444	Sam		Smith		M	8/22/1985	Y	Biological Father			S	Y	Y		Yes	No	Primary
	15555	James	Eugene	Smith	Jimmy	M	12/17/2008		Sibling							Yes	Yes	Primary
X	16666	Dana	Custis	Jones		F	6/13/1970		Other Non-Relative							No	No	Primary

Address and Contact Information Verification

REVISE / ADD ROW FLAG	Unique Address ID	First Name	HH Rank	Address Type	Address 1 - Street/PO Box	Address (Line 2)	Apt / Unit Number	City / Town	State	Zip	Zip + four (if known)	Home Phone	Cell Phone	Business Phone	Email Address	Preferred Contact Method	Address Start Date	Address End Date
	21111	Jane	Primary	Street	135 Bayview Lane			Jackson	GA	30233							3/7/2011	
	22222	Jill	Primary	Street	135 Bayview Lane			Jackson	GA	30233							3/7/2011	
	23333	Susan	Primary	Street	135 Bayview Lane			Jackson	GA	30233		111-111-1111	222-222-2222		Sue@aol.com	Home	12/12/2010	
X	24444	Sam	Primary	Street	135 Bayview Lane			Jackson	GA	30233		111-111-1111	333-333-3333				12/12/2010	7/7/2014
X	25555	Sam	Secondary	Work	PO Box 415			Jackson	GA	30233				444-444-4444	Sam@work.com	Email	12/12/2010	
	26666	James	Primary	Street	135 Bayview Lane			Jackson	GA	30233							12/12/2010	
X	27777	Dana	Primary	Street	135 Bayview Lane			Jackson	GA	30233							4/1/2011	1/30/2014
X	31111	Sam	Secondary	Street	202 Longview Dr.		13	Jackson	GA	30233		555-555-5555	666-666-6666				10/12/2014	

Use Case 1 – Scenario 3: Two years later, Mike moves into the primary residence and Susan (the Biological Mother and Primary Caregiver) identifies him as the Social Father and designated Father Figure along with Jane's soccer coach. The NCS children continue to maintain a secondary residence with the Father (Sam) but he is no longer a Legally Authorized Representative (LAR). To update the Participant Verification and Address Contact Information Verification grids, enable editing of two new rows by selecting the "REVISE/ADD ROW FLAG" and add participant information as appropriate for Social Father and Father-Figure, and enable editing in the row associated with the Father, Sam, and change the LAR to "N". The Participant Verification Table grid and Address and Contact Information Verification grid have been modified to reflect these updates, with text changes in red font, and edited cells highlighted beige.

Participant Verification

REVISE / ADD ROW FLAG	Unique Person ID	First Name	Middle Name	Last Name	Nickname	Sex	DOB	Consent	Relationship to Child	Multi-Birth	Marital Status	CG Type	LAR	Secondary Residence CG	Father / Father Figure	Participant Association Active	HH Association Active	HH Residence Rank
	11111	Jane	Ann	Smith		F	3/7/2011	Y	Self	Y						Yes	Yes	Primary
	12222	Jill	Marie	Smith		F	3/7/2011	Y	Sibling	Y						Yes	Yes	Primary
	13333	Susan	May	Smith	Sue	F	5/9/1986	Y	Biological Mother		M	P	Y			Yes	Yes	Primary
	15555	James	Eugene	Smith	Jimmy	M	12/17/2008		Sibling							Yes	Yes	Primary
X	14444	Sam		Smith		M	8/22/1985	Y	Biological Father			S	N	Y		Yes	Yes	Secondary
X	41111	Mike	David	Jones		M	3/11/1976		Social Father						Y	Yes	Yes	Primary
X	42222	Lionel		Messi		M	1/1/1984								Y	Yes	Yes	Other

Address and Contact Information Verification

REVISE / ADD ROW FLAG	Unique Address ID	First Name	HH Rank	Address Type	Address 1 - Street/PO Box	Address (Line 2)	Apt / Unit Number	City / Town	State	Zip	Zip + four (if known)	Home Phone	Cell Phone	Business Phone	Email Address	Preferred Contact Method	Address Start Date	Address End Date
	21111	Jane	Primary	Street	135 Bayview Lane			Jackson	GA	30233							3/7/2011	
	22222	Jill	Primary	Street	135 Bayview Lane			Jackson	GA	30233							3/7/2011	
	23333	Susan	Primary	Street	135 Bayview Lane			Jackson	GA	30233		111-111-1111	222-222-2222		Sue@aol.com	Home	12/12/2010	
	26666	James	Primary	Street	135 Bayview Lane			Jackson	GA	30233							12/12/2010	
	31111	Sam	Secondary	Street	202 Longview Dr.		13	Jackson	GA	30233		555-555-5555	666-666-6666		Sam@work.com	Email	12/12/2010	
	31111	Sam	Secondary	Work	PO Box 415			Jackson	GA	30233				444-444-4444			12/12/2010	
X	43333	Mike	Primary	Street	135 Bayview Lane			Jackson	GA	30233			777-777-777		Mike@hotmail.com	Cell	5/9/2015	
X	44444	Lionel	Other	Street	2 Oz Lane			Jackson	GA	30233		888-888-8888				Cell	Current date	