OMB #: 0925-0593 OMB Expiration Date: 8/31/2014 Child Urine Instrument, Phase 2g OMB Specification



Child Urine Instrument

| Event Category: | Time-Based |
|---------------------------------------|-----------------------------|
| Event: | 6M, 12M, 36M, 60M |
| Administration: | N/A |
| Instrument Target: | Child |
| Instrument Respondent: | Primary Caregiver |
| Domain: | Biospecimen |
| Document Category: | Sample Collection |
| Method: | Data Collector Administered |
| Mode (for this instrument*): | In-Person, CAI |
| OMB Approved Modes: | In-Person, CAI |
| Estimated Administration Time: | 14 minutes |
| Multiple Child/Sibling Consideration: | Per Child |
| Special Considerations: | N/A |
| Version: | 2.0 |
| 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.

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0593*). Do not return the completed form to this address.

This page intentionally left blank.

Child Urine Instrument

TABLE OF CONTENTS

| GENERAL PROGRAMMER INSTRUCTIONS: | 1 |
|------------------------------------|----|
| BIOSPECIMEN URINE COLLECTION | 3 |
| DATA COLLECTOR COMPLETED QUESTIONS | 11 |

This page intentionally left blank.

Child Urine Instrument

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 CHARACTE RS 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 DESIGNATI ON | 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 $\mathbf{R}_{-}\mathbf{P}_{-}\mathbf{ID}$ (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.**

BIOSPECIMEN URINE COLLECTION

(TIME STAMP BUC ST).

PROGRAMMER INSTRUCTIONS

- INSERT DATE/TIME STAMP.
- PRELOAD PARTICIPANT ID (P_ID) FOR CHILD AND RESPONDENT ID (R_P_ID)
 FOR ADULT CAREGIVER.
- PRELOAD CHILD'S FIRST NAME AND DISPLAY NAME IN C_FNAME THROUGHOUT INSTRUMENT
- OTHERWISE, IF **C_FNAME** = -1 OR -2, DISPLAY "the child" IN APPROPRIATE FIELDS THROUGHOUT THE INSTRUMENT.

BUC00100/(URINE_INTRO). I would like to collect a sample of {C_FNAME/the child}'s urine. Before I do so, I will explain this collection and ask you some questions.

DATA COLLECTOR INSTRUCTIONS

- IF THE CHILD IS NOT TOILET-TRAINED THE URINE SPECIMEN WILL BE COLLECTED WITH THE URINE BAG. EXPLAIN THE COLLECTION PROCEDURE USING THE CHILD URINE BAG COLLECTION INSTRUCTIONS AND BE SURE TO INFORM THE ADULT CAREGIVER THAT:
 - o SHE/HE NEEDS TO BE PRESENT WHILE THE BAG IS APPLIED AND REMOVED FROM THE CHILD.
 - THE ADHESIVE ON THE BAG MAY CAUSE A MILD IRRITATION.
- IF THE CHILD IS TOILET-TRAINED, THE URINE WILL BE COLLECTED WITH A
 URINE COLLECTION CUP. EXPLAIN THE COLLECTION PROCEDURE USING
 THE CHILD URINE COLLECTION INSTRUCTIONS.
- IF THE ADULT CAREGIVER REFUSES THE COLLECTION, SELECT REFUSED. OTHERWISE, SELECT CONTINUE.

| Label | Code | Go To |
|----------|------|-------------------|
| CONTINUE | 1 | COLLECTION_METHOD |
| REFUSED | -1 | |

National Children's Study, Legacy Phase (6M Child)

BUC03000/(REFUSE_REASON). I am sorry that you have chosen not to participate in this collection. Can you tell me why?

DATA COLLECTOR INSTRUCTIONS

• ENTER REASON FOR REFUSAL.

| Label | Code | Go To |
|---------------|------|----------|
| CONCERN ABOUT | 1 | BUC05000 |
| ALLERGIC | | |
| REACTION/SKIN | | |

| Label | Code | Go To |
|---------------------|------|----------|
| IRRITATION | | |
| CHILD HAS A DIAPER | 2 | BUC05000 |
| RASH | | |
| PHYSICAL LIMITATION | 3 | BUC05000 |
| PARTICIPANT | 4 | BUC05000 |
| ILL/EMERGENCY | | |
| LANGUAGE ISSUE | 5 | BUC05000 |
| NO TIME | 6 | BUC05000 |
| UNABLE TO URINATE | 7 | BUC05000 |
| UNCOMFORTABLE WITH | 8 | BUC05000 |
| COLLECTION | | |
| PROCEDURES | | |
| OTHER | -5 | |
| REFUSED | -1 | BUC05000 |
| DON'T KNOW | -2 | BUC05000 |

National Children's Study, Legacy Phase (Modified) (6M Child)

| BUC04000/ | REFLISE | REASON | OTH) | |
|-----------|---------|--------|------|---|
| DOCUTUOU! | | | | • |

SPECIFY: _____

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

National Children's Study, Legacy Phase (Modified) (6M Child)

BUC05000. That's fine. Thank you for your time.

National Children's Study, Vanguard Phase (Adult Blood)

PROGRAMMER INSTRUCTIONS

• GO TO COLLECTION_COMMENT.

BUC06000/(COLLECTION_METHOD). HOW WILL THE URINE BE COLLECTED?

DATA COLLECTOR INSTRUCTIONS

 MARK THE CHOICE THAT INDICATES HOW THE CHILD'S URINE WILL BE COLLECTED.

| Label | Code | Go To |
|--------------------|------|----------|
| NCS PROVIDED URINE | 1 | BUC09000 |
| BAG | | |
| NCS PROVIDED CUP | 2 | BUC08000 |

| Label | Code | Go To |
|-------|------|-------|
| OTHER | -5 | |

BUC07000/(COLLECTION_METHOD_OTH). SPECIFY: _____

BUC08000. When did {C FNAME/the child} last urinate?

DATA COLLECTOR INSTRUCTIONS

- RECORD DATE AS "MMDDYYYY."
- RECORD THE TIME AS HH:MM. BE SURE TO FILL THE SPACE WITH A ZERO WHEN NECESSARY AND CHOOSE "AM" OR "PM". FOR EXAMPLE, IF TIME OF LAST URINATION WAS AT 2:05 PM RECORD "02:05" AND CHOOSE "PM".

SOURCE

National Children's Study, Legacy Phase (6M Child)

(LT URINE MM) LAST URINATION - DATE: MONTH

| <u></u> | l_ | |
|---------|----|---|
| - | М | М |

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

(LT_URINE_DD) LAST URINATION - DATE: DAY

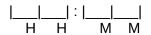
| Label | Code | Go To |
|------------|------|-------|
| REFUSED | -1 | |
| DON'T KNOW | -2 | |

(LT_URINE_YYYY) LAST URINATION - DATE: YEAR



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

(LT_URINE_2) LAST URINATION - TIME



| Label | Code | Go To |
|---------|------|-------|
| REFUSED | -1 | |

| Label | Code | Go To |
|------------|------|-------|
| DON'T KNOW | -2 | |

(LT_URINE_3) LAST URINATION – AM/PM

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

PROGRAMMER INSTRUCTIONS

• GO TO BUC10000.

BUC09000. When was the last time {C FNAME/the child}'s diaper was changed?

DATA COLLECTOR INSTRUCTIONS

- RECORD WHEN DIAPER WAS LAST CHANGED.
- ENTER A TWO-DIGIT MONTH, A TWO-DIGIT DAY, AND A FOUR-DIGIT YEAR.
- RECORD THE TIME AS HH:MM. BE SURE TO FILL THE SPACE WITH A ZERO WHEN NECESSARY AND TO MARK THE BOX TO CHOOSE "AM" OR "PM." FOR EXAMPLE, IF THE LAST TIME CHILD WAS CHANGED WAS AT 2:05 PM, RECORD "02:05" AND CHOOSE "PM.

SOURCE

National Children's Study, Legacy Phase (6M Child)

(LAST_CHANGE_MM) LAST DIAPER CHANGE - DATE: MONTH

|___|__| | M | M

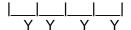
| Label | Code | Go To |
|------------|------|-------|
| REFUSED | -1 | |
| DON'T KNOW | -2 | |

(LAST_CHANGE_DD) LAST DIAPER CHANGE - DATE: DAY

|__|_

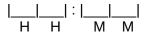
| Label | Code | Go To |
|------------|------|-------|
| REFUSED | -1 | |
| DON'T KNOW | -2 | |

(LAST_CHANGE_YYYY) LAST DIAPER CHANGE - DATE: YEAR



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

(LAST_CHANGE_TIME) LAST DIAPER CHANGE - TIME



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

(LAST_CHANGE_TIME _UNIT) LAST DIAPER CHANGE - AM/PM

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

BUC10000. When was the last time {C_FNAME/the child} had anything to eat or drink?

DATA COLLECTOR INSTRUCTIONS

- RECORD THE LAST TIME CHILD ATE OR DRANK ANYTHING.
- ENTER A TWO-DIGIT MONTH, A TWO-DIGIT DAY, AND A FOUR-DIGIT YEAR.
- RECORD THE TIME AS HH:MM. BE SURE TO FILL THE SPACE WITH A ZERO WHEN NECESSARY AND TO MARK THE BOX TO CHOOSE "AM" OR "PM." FOR EXAMPLE, IF THE LAST TIME CHILD DRANK WAS AT 2:05 PM, RECORD "02:05" AND CHOOSE "PM."

SOURCE

National Children's Study, Legacy Phase (6M Child)

(LT_EAT_DRINK_MM) LAST EAT OR DRINK - DATE: MONTH

| М | М | |
|-------|---|--|

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

(LT_EAT_DRINK_DD) LAST EAT OR DRINK - DATE: DAY



| Label | Code | Go To |
|---------|------|-------|
| REFUSED | -1 | |

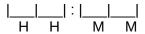
| Label | Code | Go To |
|------------|------|-------|
| DON'T KNOW | -2 | |

(LT_EAT_DRINK_YYYY) LAST EAT OR DRINK - DATE: YEAR



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

(LT_EAT_DRINK_TIME) LAST EAT OR DRINK - TIME



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

(LT_EAT_DRINK_TIME_UNIT) LAST EAT OR DRINK - AM/PM

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

BUC11000/(ATE_MEAT). How much of what $\{C_FNAME/the\ child\}$ ate was beef, pork, tuna, or salmon?

| Label | Code | Go To |
|---|------|-------|
| NONE | 1 | |
| Less than one quarter of the meal | 2 | |
| One quarter to one half of the meal | 3 | |
| More than one half but less than three quarters of the meal | 4 | |
| Three quarters or more, but not all of the meal | 5 | |
| All of the meal | 6 | |
| REFUSED | -1 | |
| DON'T KNOW | -2 | |

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

PROGRAMMER INSTRUCTIONS

- IF COLLECTION METHOD = 1, GO TO CARE PRODUCTS.
- IF COLLECTION METHOD = 2 OR -5, GO TO SPECIMEN STATUS.

BUC12000/(CARE_PRODUCTS). Have you or anyone else used any of the following products on the child's diaper area in the past 24 hours?

DATA COLLECTOR INSTRUCTIONS

- READ THE CHOICES BELOW TO THE ADULT CAREGIVER AND RECORD THE RESPONSE FOR EACH.
- SELECT ALL THAT APPLY.
- PROBE: Any others?
- IF THERE ARE ANY OTHER PRODUCTS USED THAT ARE NOT LISTED, SELECT OTHER AND SPECIFY THE PRODUCT TYPE.

| Label | Code | Go To |
|-------------------------|------|-------|
| Child | 1 | |
| powder/talc/cornstarch | | |
| Diaper cream/ointment | 2 | |
| Vaseline | 3 | |
| Child wipes | 4 | |
| Child shampoo/body wash | 5 | |
| Child lotion | 6 | |
| Baby oil | 7 | |
| NONE | 8 | |
| OTHER | -5 | |
| REFUSED | -1 | |
| DON'T KNOW | -2 | |

| | D/S | |
|--|-----|--|

National Children's Study, Legacy Phase (6M Child)

PROGRAMMER INSTRUCTIONS

- IF CARE_PRODUCTS = ANY COMBINATION OF 1 THROUGH 7, GO TO CLEANSE METHOD.
- IF CARE_PRODUCTS = -5 OR ANY COMBINATION OF 1 THROUGH 7 AND -5, GO TO CARE PRODUCTS OTH.
- IF CARE_PRODUCTS = 8, -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO TIME_STAMP_BUC_ET.

| SPECIFY: | |
|----------|--|
| | |

SOURCE

National Children's Study, Legacy Phase (6M Child)

(TIME_STAMP_BUC_ET).

PROGRAMMER INSTRUCTIONS

• INSERT DATE/TIME STAMP

DATA COLLECTOR COMPLETED QUESTIONS

(TIME_STAMP_DCC_ST).

PROGRAMMER INSTRUCTIONS

INSERT DATE/TIME STAMP

DCC01000/(CLEANSE_METHOD). HOW WAS THE CHILD'S GENITAL AREA CLEANSED?

DATA COLLECTOR INSTRUCTIONS

 MARK THE CHOICE THAT INDICATES HOW THE CHILD'S GENITAL AREA WAS CLEANSED PRIOR TO APPLICATION OF THE COLLECTION BAG.

| Label | Code | Go To |
|-----------------|------|--------------|
| SOAP AND WATER | 1 | |
| WATER ONLY | 2 | |
| DID NOT CLEANSE | 3 | PLACED_BAG_1 |

DCC02000/(CLEANSE_DONE_BY). WHO CLEANSED THE CHILD'S GENITAL AREA?

DATA COLLECTOR INSTRUCTIONS

 RECORD WHO CLEANSED THE CHILD. IF OTHER THAN DATA COLLECTOR OR ADULT CAREGIVER, SPECIFY.

| Label | Code | Go To |
|-----------------|------|--------------|
| DATA COLLECTOR | 1 | PLACED_BAG_1 |
| ADULT CAREGIVER | 2 | PLACED_BAG_1 |
| OTHER | -5 | |

| DCC03000/(CLEANSE | _DONE_BY_OTH). |
|-------------------|----------------|
| SPECIFY: | |

DCC04000/(PLACED_BAG_1). WHO PLACED THE URINE BAG ON THE CHILD?

DATA COLLECTOR INSTRUCTIONS

• RECORD WHO PLACED THE URINE BAG ON THE CHILD.

| Label | Code | Go To |
|-----------------|------|--------------------|
| DATA COLLECTOR | 1 | BAG_2_USED |
| ADULT CAREGIVER | 2 | BAG_2_USED |
| ADULT CAREGIVER | 3 | COLLECTION_COMMENT |
| REFUSED BAG | | |
| PLACEMENT | | |
| OTHER | -5 | |

| DCC05000/(PLACED_BAG_1_OTH). SPECIFY: |
|---------------------------------------|
|---------------------------------------|

DCC06000/(BAG_2_USED). WAS A SECOND BAG USED?

DATA COLLECTOR INSTRUCTIONS

 RECORD YES IF A SECOND BAG WAS USED. RECORD NO IF A SECOND BAG WAS NOT USED. RECORD REFUSED IF A SECOND BAG WAS REFUSED.

| Label | Code | Go To |
|-----------------|------|--------------------|
| YES | 1 | |
| NO | 2 | SPECIMEN_STATUS |
| ADULT CAREGIVER | 3 | COLLECTION_COMMENT |
| REFUSED BAG | | |
| PLACEMENT | | |

DCC07000/(BAG_2_USED_REASON). REASON FOR USING SECOND BAG.

| Label | Code | Go To |
|-----------------------|------|--------------|
| FIRST BAG LEAKED | 1 | PLACED_BAG_2 |
| FIRST BAG TORN/PULLED | 2 | PLACED_BAG_2 |
| OFF | | |
| FIRST BAG SPILLED | 3 | PLACED_BAG_2 |
| BOWEL MOVEMENT | 4 | PLACED_BAG_2 |
| OTHER | -5 | |

| DCC08000/(BAG_ | _2_ | _USED_ | _REASON_ | _OTH). |
|----------------|-----|--------|----------|--------|
| | | | | |

SPECIFY:

DCC09000/(PLACED_BAG_2). WHO PLACED THE SECOND BAG ON THE CHILD?

DATA COLLECTOR INSTRUCTIONS

• RECORD WHO PLACED THE SECOND URINE BAG ON THE CHILD.

| Label | Code | Go To |
|-----------------|------|-----------------|
| DATA COLLECTOR | 1 | SPECIMEN_STATUS |
| ADULT CAREGIVER | 2 | SPECIMEN_STATUS |
| OTHER | -5 | |

DCC10000/(PLACED_BAG_2_OTH). SPECIFY: _____

DCC11000/(SPECIMEN_STATUS). STATUS OF THE URINE COLLECTION

DATA COLLECTOR INSTRUCTIONS

• ENTER THE STATUS OF THE URINE COLLECTION.

| Label | Code | Go To |
|---------------|------|-------|
| COLLECTED | 1 | |
| NOT COLLECTED | 2 | |

PROGRAMMER INSTRUCTIONS

- IF SPECIMEN_STATUS = 1 AND COLLECTION_METHOD = 1, GO TO BAG_REMOVED_BY.
- IF SPECIMEN_STATUS = 1 AND COLLECTION_METHOD = 2 OR -5, GO TO

PROGRAMMER INSTRUCTIONS

SPECIMEN ID.

• IF SPECIMEN STATUS = 2, GO TO NO SPECIMEN REASON.

DCC12000/(NO_SPECIMEN_REASON).

DATA COLLECTOR INSTRUCTIONS

- ENTER THE REASON WHY SPECIMEN WAS NOT COLLECTED.
- SELECT ONLY ONE RESPONSE.

| Label | Code | Go To |
|-----------------------|------|---------------------|
| BAG LEAKED | 1 | COLLECTION_LOCATION |
| BAG TORN/PULLED OFF | 2 | COLLECTION_LOCATION |
| BAG SPILLED | 3 | COLLECTION_LOCATION |
| CONTAINER/CUP SPILLED | 4 | COLLECTION_LOCATION |
| CUP LEAKED | 5 | COLLECTION_LOCATION |
| SPECIMEN | 6 | COLLECTION_LOCATION |
| CONTAMINATED | | |
| PHYSICAL LIMITATION | 7 | COLLECTION_LOCATION |
| CAREGIVER | 8 | COLLECTION_LOCATION |
| ILL/EMERGENCY | | |
| COLLECTION SUPPLIES | 9 | COLLECTION_LOCATION |
| MALFUNCTIONED | | |
| NO URINE TO TRANSFER | 10 | COLLECTION_LOCATION |
| CHILD ILL/EMERGENCY | 11 | COLLECTION_LOCATION |
| NO TIME | 12 | COLLECTION_LOCATION |
| OTHER | -5 | |
| REFUSED | -1 | COLLECTION_LOCATION |

| DCC13000/(NO_SPECIMEN_REASON_OTH). | SPECIFY: | |
|------------------------------------|----------|--|
| DROGRAMMER INSTRUCTIONS | _ | |

PROGRAMMER INSTRUCTIONS

• GO TO COLLECTION_LOCATION.

DCC14000/(BAG_REMOVED_BY). WHO REMOVED THE BAG FROM THE CHILD?

DATA COLLECTOR INSTRUCTIONS

 RECORD WHO REMOVED THE URINE BAG FROM THE CHILD. IF OTHER THAN DATA COLLECTOR OR ADULT CAREGIVER, SPECIFY.

| Label | Code | Go To |
|-----------------|------|-------------|
| DATA COLLECTOR | 1 | SPECIMEN_ID |
| ADULT CAREGIVER | 2 | SPECIMEN_ID |
| OTHER | -5 | |

| DCC15000/(BAG_REMOVED_BY_OTH). SPECIFY: | | | | |
|---|---------------|--------------|-------------|--|
| | DCC15000//BAG | REMOVED BY C | TH) SPECIEY | |

DCC16000/(SPECIMEN_ID). URINE COLLECTION CUP SPECIMEN ID

| | | | | | 1-1 | | |
|--|--|--|--|--|-----|--|--|
| | | | | | | | |

DATA COLLECTOR INSTRUCTIONS

RECORD URINE COLLECTION CUP SPECIMEN ID.

PROGRAMMER INSTRUCTIONS

- CANNOT BE NULL.
- HARD EDIT: INCLUDE HARD EDIT IF FORMAT IS NOT TWO ALPHA, SEVEN NUMERIC CHARACTERS DASH TWO ALPHA, TWO NUMERIC CHARACTERS (AA ######-AA##).

DCC17000.

DATA COLLECTOR INSTRUCTIONS

- RECORD THE DATE AS TWO DIGIT MONTH, TWO DIGIT DAY, AND FOUR DIGIT YEAR.
- RECORD THE DATE AND TIME THE URINE SPECIMEN WAS COLLECTED.

(URINE_COLLECT_MM) DATE CHILD URINE SPECIMEN WAS COLLECTED - MONTH

|___|__| | M | M

(URINE_COLLECT_DD) DATE CHILD URINE SPECIMEN WAS COLLECTED - DAY

D D

(URINE_COLLECT_YYYY) DATE CHILD URINE SPECIMEN WAS COLLECTED - YEAR

(URINE_COLLECT_TIME) TIME CHILD URINE SPECIMEN WAS COLLECTED

|__|_|:|__||

(URINE_COLLECT_TIME_UNIT)

| Label | Code | Go To |
|-------|------|-------|
| AM | 1 | |
| PM | 2 | |

DCC18000/(COLLECTION_LOCATION). WHERE DID THE URINE COLLECTION OCCUR?

DATA COLLECTOR INSTRUCTIONS

• RECORD WHERE URINE COLLECTION OCCURRED OR WAS ATTEMPTED.

| Label | Code | Go To |
|----------------|------|--------------------|
| HOME | 1 | COLLECTION_COMMENT |
| CLINIC | 2 | COLLECTION_COMMENT |
| OTHER LOCATION | -5 | |

DCC19000/(COLLECTION_LOCATION_OTH).

SPECIFY:

DCC20000/(COLLECTION_COMMENT). RECORD ANY PROBLEMS OR CONCERNS ABOUT THE COLLECTION.

DATA COLLECTOR INSTRUCTIONS

 RECORD ANY PROBLEMS OR CONCERNS ABOUT THE CHILD URINE COLLECTION.

| Label | Code | Go To |
|-------------|------|----------|
| NO COMMENTS | 1 | DCC22000 |
| COMMENT | 2 | |

DCC21000/(COLLECTION_COMMENT_OTH).

SPECIFY:

DCC22000. {That's fine. Thank you for your time./Thank you for the child's participation in this sample collection.}

PROGRAMMER INSTRUCTIONS

- IF PLACED_BAG_1 = 3, BAG_2_USED = 3, OR SPECIMEN_STATUS = 2, DISPLAY "That's fine. Thank you for your time."
- OTHERWISE DISPLAY, "Thank you for the child's participation in this sample collection."

(TIME_STAMP_DCC_ET).

PROGRAMMER INSTRUCTIONS

• INSERT DATE/TIME STAMP