

Child Microbiome Swab Instrument

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| --- | --- |
| Event Category: | Time-Based |
| Event: | 6M, 24M, 48M |
| 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: | 10 minutes |
| Multiple Child/Sibling Consideration: | Per Child |
| 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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Child Microbiome Swab Instrument

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Child Microbiome Swab 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 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.**

BIOSPECIMEN CHILD MICROBIOME SWAB INSTRUMENT

**(TIME\_STAMP\_BCM\_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. * IF **CHILD\_SEX** IN PARTICIPANT VERIFICATION QUESTIONNAIRE = 1, DISPLAY “his”, “he”, OR “himself” IN APPROPRIATE FIELDS THROUGHOUT INSTRUMENT. * IF **CHILD\_SEX** IN PARTICIPANT VERIFICATION QUESTIONNAIRE = 2, DISPLAY “her”, “she”, OR “herself” IN APPROPRIATE FIELDS THROUGHOUT INSTRUMENT * IF **EVENT\_TYPE =**24 (6-MONTH EVENT) OR XX (48 MONTH EVENT), GO TO **CHILD\_MICROBIOME\_SWAB\_INTRO** * OTHERWISE, GO TO **CHILD\_STOOL\_INTRO.** |

**BCM01000/(CHILD\_STOOL\_INTRO).** We would like you to collect a sample of {C\_FNAME/the child}'s stool.  To do this we will provide you with materials to collect and mail us a stool sample.

|  |
| --- |
| DATA COLLECTOR INSTRUCTIONS |
| * IF THE ADULT CAREGIVER REFUSES THIS COLLECTION, SELECT REFUSED * OTHERWISE, SELECT CONTINUE AND REVIEW THE COLLECTION MATERIALS, COLLECTION INSTRUCTIONS, AND DATA COLLECTION FORM WITH THE ADULT CAREGIVER. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| CONTINUE | 1 | BCM03010 |
| REFUSED | -1 |  |

|  |
| --- |
| SOURCE |
| New |

**BCM02000/(STOOL\_REFUSE\_REASON).** I am sorry you have chosen not to participate in this collection. Can you tell me why?

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| --- |
| DATA COLLECTOR INSTRUCTIONS |
| * ENTER REASON FOR REFUSAL |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| TOO COMPLICATED | 1 | BCM05000 |
| PHYSICAL LIMITATION | 2 | BCM05000 |
| PARTICIPANT ILL/EMERGENCY | 3 | BCM05000 |
| LANGUAGE ISSUE | 4 | BCM05000 |
| NO TIME | 5 | BCM05000 |
| UNCOMFORTABLE WITH COLLECTION PROCEDURES | 6 | BCM05000 |
| OTHER | -5 |  |
| REFUSED | -1 | BCM05000 |
| DON'T KNOW | -2 | BCM05000 |

|  |
| --- |
| SOURCE |
| National Children's Study, Legacy Phase (Modified from 6M Child) |

**BCM03000/(STOOL\_REFUSE\_REASON\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| National Children's Study, Legacy Phase (Modified from 6M Child) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * GO TO **BCM05000**. |

**BCM03010.** Thank you for agreeing to collect and send us a sample of {C\_FNAME/the child}'s stool.

**BCM03100/(DISTRIBUTE\_KIT).** WAS THE KIT DISTRIBUTED TO THE ADULT CAREGIVER?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 | STOOL\_SPECIMEN\_ID |
| NO | 2 |  |

**BCM03200/(N\_DISTRIB\_REAS).** WHY COULDN'T YOU GIVE THE KIT TO THE ADULT CAREGIVER?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| ADULT CAREGIVER REFUSED | 1 | STOOL\_COLLECTION\_COMMENT |
| NO TIME TO DISTRIBUTE KIT | 2 | STOOL\_COLLECTION\_COMMENT |
| KIT UNAVAILABLE | 3 | STOOL\_COLLECTION\_COMMENT |
| OTHER | -5 |  |

**BCM03300/(N\_DISTRIB\_REAS\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| PROGRAMMER INSTRUCTIONS |
| * GO TO **​STOOL\_COLLECTION\_COMMENT.** |

**BCM04000/(STOOL\_SPECIMEN\_ID).** RECORD SPECIMEN ID

|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|- |\_\_|\_\_|\_\_|\_\_|

|  |
| --- |
| DATA COLLECTOR INSTRUCTIONS |
| * IF THE ADULT CAREGIVER AGREES TO COLLECT STOOL, RECORD THE SPECIMEN ID OF THE KIT PROVIDED TO HIM/HER. |

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| --- |
| 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##). * GO TO **STOOL\_COLLECTION\_COMMENT.** |

**BCM05000.** That’s fine. Thank you for your time.

**BCM06000/(STOOL\_COLLECTION\_COMMENT).** RECORD ANY COMMENTS ABOUT THE CHILD STOOL KIT DISTRIBUTION.

COMMENTS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| DATA COLLECTOR INSTRUCTIONS |
| * DOCUMENT ANY PROBLEMS OR CONCERNS ABOUT THE CHILD STOOL KIT DISTRIBUTION. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NO COMMENTS | 1 | TIME\_STAMP\_BCM\_ET |
| COMMENT | 2 |  |

**BCM07000/(STOOL\_COLLECTION\_COMMENT\_OTH).** SPECIFY:        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * GO TO **TIME\_STAMP\_BCM\_ET** |

**BCM08000/(CHILD\_MICROBIOME\_SWAB\_INTRO).** I would like to collect swabs from {C\_FNAME/the child}’s mouth, nose, and rectum. Before I do so, I will explain the collection and ask you some questions.

|  |
| --- |
| DATA COLLECTOR INSTRUCTIONS |
| * EXPLAIN THE CHILD MICROBIOME SWAB COLLECTION PROTOCOL TO THE ADULT CAREGIVER * RECORD AGREEMENT OR REFUSAL TO COLLECT MICROBIOME SPECIMEN. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| CONTINUE | 1 | TAKEN\_MED\_CHILD |
| REFUSED | -1 |  |

|  |
| --- |
| SOURCE |
| New |

**BCM11000/(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 |
| CHILD UNHAPPY | 1 | BCM13000 |
| CHILD SLEEPY | 2 | BCM13000 |
| PHYSICAL LIMITATIONS | 3 | BCM13000 |
| ADULT CAREGIVER ILL/EMERGENCY | 4 | BCM13000 |
| CHILD ILL/EMERGENCY | 5 | BCM13000 |
| COLLECTION SUPPLIES MALFUNCTIONED | 6 | BCM13000 |
| NO TIME | 7 | BCM13000 |
| UNCOMFORTABLE WITH COLLECTION PROCEDURES | 8 | BCM13000 |
| OTHER | -5 |  |
| REFUSED | -1 | BCM13000 |
| DON'T KNOW | -2 | BCM13000 |

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

**BCM12000/(REFUSE\_REASON\_OTH).** SPECIFY       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| SOURCE |
| National Children's Study, Legacy Phase (Modified from 6M Child) |

**BCM13000.** That’s fine. Thank you for your time.

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| GO TO **COLLECTION\_COMMENT**. |

**BCM14000/(TAKEN\_MED\_CHILD).** In the past month, has {C\_FNAME/the child} taken, used or received any of the following?

|  |
| --- |
| DATA COLLECTOR INSTRUCTIONS |
| * READ THE CHOICES BELOW TO THE PARTICIPANT AND RECORD THE RESPONSE FOR EACH. * SELECT ALL THAT APPLY |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Antibiotics (such as penicillin, Amoxil, Z-pak or other similar medicines) | 1 |  |
| Antifungals (such as Lotrimin, Micatin, or similar medicated creams or capsules) | 2 |  |
| Nasally-delivered live, attenuated influenza vaccine (flu shot given as a nose spray, such as Flu Mist) | 3 |  |
| None | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| New |

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| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **TAKEN\_MED**= 4, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES. |

**BCM15000/(TAKEN\_PROBIOTIC\_CHILD).** In the past month, has {C\_FNAME/the child} taken any probiotic supplements (such as Culturelle) or had yogurt (such as Activia) in their diet at least once a week?

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

|  |
| --- |
| SOURCE |
| New |

**BCM16000/(SWAB\_STATUS).** MICROBIOME {**SWAB\_TYPE**} COLLECTION STATUS

|  |
| --- |
| DATA COLLECTOR INSTRUCTIONS |
| * ENTER STATUS OF EACH MICROBIOME SWAB. * SELECT “COLLECTED” TO INDICATE THAT THE SWAB WAS SUCCESSFULLY COLLECTED. * SELECT “NOT COLLECTED” TO INDICATE THAT THE SWAB WAS NOT COLLECTED. |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * LOOP THROUGH **SWAB\_STATUS, SPECIMEN\_ID, SWAB\_COMMENTS**AND **SWAB\_COMMENTS\_OTH**(IF NEEDED) FOR ALL 3 SWAB TYPES. * DISPLAY CORRECT SWAB\_TYPE FOR EACH LOOP:   + IF FIRST CYCLE OF THE LOOP, SET **SWAB\_TYPE**=1, AND DISPLAY “MOUTH SWAB”   + IF SECOND CYCLE OF THE LOOP, SET **SWAB\_TYPE**=2, AND DISPLAY ”NARES SWAB”   + IF THIRD CYCLE OF THE LOOP, SET **SWAB\_TYPE**=3, AND DISPLAY “RECTAL SWAB” |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| COLLECTED | 1 |  |
| NOT COLLECTED | 2 | SWAB\_COMMENTS |

**BCM17000/(SPECIMEN\_ID).** ASSIGN SPECIMEN ID FOR {**SWAB\_TYPE**}

|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_| - |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

|  |
| --- |
| DATA COLLECTOR INSTRUCTIONS |
| * SCAN **SWAB\_TYPE** BARCODE. * IF THE BARCODE SCANNER IS NOT WORKING, MANUALLY ENTER THE INFORMATION. |

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| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY CORRECT **SWAB\_TYPE**:    + IF **SWAB\_TYPE**=1, DISPLAY “MOUTH SWAB”, AND FORMAT    AA# # # # # # # - MM20   + IF **SWAB\_TYPE**=2,  DISPLAY ”NARES SWAB”, AND FORMAT    AA# # # # # # # - MN20   + IF **SWAB\_TYPE**=3,  DISPLAY “RECTAL SWAB”, AND FORMAT   AA# # # # # # # - MR20 |

|  |
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| PROGRAMMER INSTRUCTIONS |
| * IF **SWAB\_STATUS**= 1 AND TOTAL LOOPS = 3, GO TO **COLLECTION\_LOCATION.** * OTHERWISE, GO TO **SWAB\_STATUS**AND BEGIN NEXT LOOP. |

**BCM18000/(SWAB\_COMMENTS).** REASON MICROBIOME {**SWAB\_TYPE**} WAS NOT COLLECTED

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| --- |
| DATA COLLECTOR INSTRUCTIONS |
| * ENTER REASONS **SWAB\_TYPE** WAS NOT COLLECTED. * SELECT ALL THAT APPLY. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| CHILD UNHAPPY | 1 |  |
| CHILD SLEEPY | 2 |  |
| PHYSICAL LIMITATION | 3 |  |
| ADULT CAREGIVER ILL/EMERGENCY | 4 |  |
| CHILD ILL/EMERGENCY | 5 |  |
| COLLECTION SUPPLIES MALFUNCTIONED | 6 |  |
| NO TIME | 7 |  |
| UNCOMFORTABLE WITH COLLECTION PROCEDURES | 8 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY CORRECT SWAB\_TYPE AS REFERENCE FOR LOOP:   + IF**SWAB\_TYPE**=1  DISPLAY “MOUTH SWAB”   + IF **SWAB\_TYPE**=2,   DISPLAY ”NARES SWAB”   + IF **SWAB\_TYPE**=3  DISPLAY  “RECTAL SWAB” * IF **SWAB\_COMMENTS**= ANY COMBINATION OF 1 THROUGH 8, AND    + IF FIRST OR SECOND LOOP, GO TO **SPECIMEN\_ID**TO LOOP THROUGH REMAINING MICROBIOME SPECIMENS.   + IF THIRD LOOP, GO TO **COLLECTION\_LOCATION.** * IF **SWAB\_COMMENTS**= -5 OR ANY COMBINATION OF 1 THROUGH 8 AND -5 SELECTED, GO TO **SWAB\_COMMENTS\_OTH**. * IF**SWAB\_COMMENTS** = -1 OR -2, DO NOT ALLOW ANY OTHER RESPONSES AND, * IF FIRST OR SECOND LOOP, GO TO **SPECIMEN\_ID**TO LOOP THROUGH REMAINING MICROBIOME SPECIMENS. * IF THIRD LOOP, GO TO **COLLECTION\_LOCATION**. |

**BCM19000/(SWAB\_COMMENTS\_OTH).**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| DATA COLLECTOR INSTRUCTIONS |
| * IF THERE ARE ANY OTHER REASONS THE MICROBIOME SWAB WAS NOT COLLECTED OTHER THAN THOSE LISTED IN THE PREVIOUS QUESTION, ENTER THEM BELOW. |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF FIRST OR SECOND LOOP, GO TO **SWAB\_STATUS** TO LOOP THROUGH REMAINING MICROBIOME SPECIMENS. * OTHERWISE, GO TO **COLLECTION\_LOCATION.** |

**BCM20000/(COLLECTION\_LOCATION).** WHERE DID THE MICROBIOME SWAB SPECIMEN COLLECTION OCCUR?

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| --- |
| DATA COLLECTOR INSTRUCTIONS |
| * RECORD WHERE MICROBIOME SWAB SPECIMEN COLLECTION OCCURRED OR WAS ATTEMPTED. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| HOME | 1 | BCM22000 |
| CLINIC | 2 | BCM22000 |
| OTHER LOCATION | -5 |  |

**BCM21000/(COLLECTION\_LOCATION\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BCM22000.** DATE AND TIME CHILD MICROBIOME SWAB SPECIMENS WERE COLLECTED

|  |
| --- |
| DATA COLLECTOR INSTRUCTIONS |
| * RECORD THE DATE AS TWO-DIGIT MONTH, TWO-DIGIT DAY, AND FOUR-DIGIT YEAR. |

**(MICROB\_SWAB\_COLLECT\_MM)** |\_\_\_|\_\_\_|

  M     M

**(MICROB\_SWAB\_COLLECT\_DD)** |\_\_\_|\_\_\_|

   D    D

**(MICROB\_SWAB\_COLLECT\_YYYY)** |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

   Y     Y     Y    Y

**(MICROB\_SWAB\_COLLECT\_TIME)** TIME CHILD MICROBIOME SWAB SPECIMENS WERE COLLECTED

|\_\_\_|\_\_\_| : |\_\_\_|\_\_\_|

    H     H        M     M

**(MICROB\_SWAB\_COLLECT\_TIME\_UNIT)** TIME CHILD MICROBIOME SWAB SPECIMENS WERE COLLECTED – AM/PM

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

**BCM25000/(COLLECTION\_DONE\_BY).** WHO COLLECTED THE CHILD MICROBIOME SWAB SPECIMENS?

|  |
| --- |
| DATA COLLECTOR INSTRUCTIONS |
| * RECORD WHO COLLECTED THE CHILD MICROBIOME SWAB SPECIMENS. * IF OTHER THAN DATA COLLECTOR OR ADULT CAREGIVER, SPECIFY. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| DATA COLLECTOR | 1 | BCM27000 |
| MOTHER | 2 | BCM27000 |
| FATHER | 3 | BCM27000 |
| OTHER | -5 |  |

**BCM26000/(COLLECTION\_DONE\_BY\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BCM27000.** Thank you for the child’s participation in this sample collection.

**BCM28000/(COLLECTION\_COMMENT).** RECORD ANY PROBLEMS OR CONCERNS ABOUT THE COLLECTION.

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| --- |
| DATA COLLECTOR INSTRUCTIONS |
| * DOCUMENT ANY PROBLEMS OR CONCERNS ABOUT THE CHILD MICROBIOME SWAB SPECIMEN COLLECTION PROCEDURE. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NO COMMENTS | 1 | TIME\_STAMP\_BCM\_ET |
| COMMENTS | 2 |  |

**BCM29000/(COLLECTION\_COMMENT\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(TIME\_STAMP\_BCM\_ET).**

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