

Adult Saliva Instrument

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| --- | --- |
| Event Category: | Time-Based |
| Event: | 36M, 60M |
| Administration: | N/A |
| Instrument Target: | Primary Caregiver |
| 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: | 9 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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Adult Saliva Instrument

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Adult Saliva 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 ADULT SALIVA INSTRUMENT

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP * DERIVE VARIABLE ‘**CURRENT\_YEAR**’ BASED ON THE CURRENT YEAR AND USE THROUGHOUT INSTRUMENT. * PRELOAD PARTICIPANT ID (**P\_ID**). |

**BAS01000/(SALIVA\_INTRO\_COLLECTOR).** I would like to collect a sample of your saliva. Before I do so, I will explain this collection and ask you some questions.

|  |
| --- |
| DATA COLLECTOR INSTRUCTIONS |
| * EXPLAIN THE SALIVA COLLECTION PROCEDURES TO THE PARTICIPANT. * IF THE PARTICIPANT REFUSES THE COLLECTION, SELECT REFUSED.  OTHERWISE, SELECT CONTINUE. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| CONTINUE | 1 | BAS05000 |
| REFUSED | -1 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase |

**BAS02000/(COLL\_REFUSAL\_REASON).** I am sorry that you have chosen not to participate in this collection. Can you tell me why?

|  |
| --- |
| DATA COLLECTOR INSTRUCTIONS |
| * SELECT REASON FOR REFUSAL. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NO TIME | 1 | BAS04000 |
| REFUSED | -1 | BAS04000 |
| DON’T KNOW | -2 | BAS04000 |
| OTHER | -5 |  |

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

**BAS03000/(COLL\_REFUSAL\_REASON\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**BAS04000.** That’s fine.  Thank you for your time.

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

**BAS05000.** When was the last time you had anything to eat or drink?

|  |
| --- |
| DATA COLLECTOR INSTRUCTIONS |
| * RECORD THE LAST TIME PARTICIPANT ATE OR DRANK ANYTHING. * 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 THE LAST TIME ATE OR DRANK WAS AT 2:05PM, RECORD “02:05” AND CHOOSE “PM”. * RECORD THE DATE AS TWO-DIGIT MONTH, TWO-DIGIT DAY, AND FOUR-DIGIT YEAR. |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase |

**(LAST\_EAT\_TIME)** LAST TIME ATE OR DRANK – TIME

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

  H      H      M     M

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

**(LAST \_EAT\_TIME\_UNIT)** LAST TIME ATE OR DRANK – AM/PM

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

**(LAST\_EAT\_MM)** LAST TIME ATE OR DRANK – DATE: MONTH

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

   M    M

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

**(LAST\_EAT\_DD)** LAST TIME ATE OR DRANK – DATE: DAY

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

   D    D

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

**(LAST\_EAT\_YYYY)** LAST TIME ATE OR DRANK – DATE: YEAR

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

   Y    Y     Y     Y

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

**BAS06000/(SPECIMEN\_STATUS).** STATUS OF THE SALIVA COLLECTION

|  |
| --- |
| DATA COLLECTOR INSTRUCTIONS |
| * ENTER THE STATUS OF THE SPECIMEN COLLECTION. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| COLLECTED | 1 | SPECIMEN\_ID |
| NOT COLLECTED | 2 |  |

**BAS07000/(NO\_SPECIMEN\_REASON).**

|  |
| --- |
| DATA COLLECTOR INSTRUCTIONS |
| * ENTER THE PRIMARY REASON WHY SPECIMEN WAS NOT COLLECTED. * SELECT ONLY ONE RESPONSE. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| PHYSICAL LIMITATION | 1 | COLLECTION\_COMMENT |
| PARENT/CAREGIVER ILL/EMERGENCY | 2 | COLLECTION\_COMMENT |
| CHILD ILL/EMERGENCY | 3 | COLLECTION\_COMMENT |
| COLLECTION SUPPLIES MALFUNCTIONED | 4 | COLLECTION\_COMMENT |
| NO TIME | 5 | COLLECTION\_COMMENT |
| OTHER | -5 |  |
| REFUSED | -1 | COLLECTION\_COMMENT |
| DON’T KNOW | -2 | COLLECTION\_COMMENT |

**BAS08000/(NO\_SPECIMEN\_REASON\_OTH).** SPECIFY:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**BAS09000/(SPECIMEN\_ID).** RECORD THE SPECIMEN ID

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

|  |
| --- |
| DATA COLLECTOR INSTRUCTIONS |
| * RECORD SALIVA COLLECTION SPECIMEN ID. |

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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##). |

**BAS10000.**

|  |
| --- |
| DATA COLLECTOR INSTRUCTIONS |
| * RECORD DATE AND TIME THE ADULT SALIVA SPECIMEN WAS COLLECTED. * RECORD THE DATE AS TWO-DIGIT MONTH, TWO-DIGIT DAY, AND 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 ADULT SALIVA SAMPLE WAS COLLECTED AT 2:05PM, RECORD “02:05” AND CHOOSE “PM”. |

**(C\_SALIVA\_COLL\_MM)** DATE ADULT SALIVA SPECIMEN WAS COLLECTED - MONTH

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

   M    M

**(C\_SALIVA\_COLL\_DD)** DATE ADULT SALIVA SPECIMEN WAS COLLECTED - DAY

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

   D    D

**(C\_SALIVA\_COLL\_YYYY)** DATE ADULT SALIVA SPECIMEN WAS COLLECTED - YEAR

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

   Y    Y      Y     Y

**(C\_SALIVA\_COLL\_TIME)** TIME ADULT SALIVA SPECIMEN COLLECTED

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

 H     H        M    M

**(C\_SALIVA\_COLL\_TIME\_UNIT)** AM/PM ADULT SALIVA SPECIMEN COLLECTED

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

**BAS11000.** Thank you for providing your saliva sample.

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase |

**BAS12000/(COLLECTION\_COMMENT).** RECORD ANY COMMENTS ABOUT THE ADULT SALIVA COLLECTION PROCEDURE.

|  |
| --- |
| DATA COLLECTOR INSTRUCTIONS |
| * DOCUMENT ANY COMMENTS ABOUT THE SALIVA COLLECTION PROCEDURE. |

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

**BAS13000/(COLLECTION\_COMMENT\_OTH).** SPECIFY:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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