

Adult Urine Instrument

|  |  |
| --- | --- |
| Event Category: | Trigger-Based, Pre-Preg, PV1, PV2; Time-Based, Birth, 6M, 12M, 36M, 60M |
| Event: | Pre-Preg, PV1, PV2, Birth, 6M, 12M, 36M, 60M |
| Instrument Target: | Pre-Pregnant Woman; Pregnant Women; Biological Mother; Primary Caregiver |
| Instrument Respondent: | Pre-Pregnant Woman; Pregnant Women; Biological Mother; 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: | 11 minutes |
| Multiple Child/Sibling Consideration: | Per Event |
| 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.

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Adult Urine Instrument

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Adult 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 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 URINE COLLECTION

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP. * PRELOAD PARTICIPANT ID (**P\_ID**) AND RESPONDENT ID (**R\_P\_ID)**FOR ADULT. |

**BUC01000/(URINE\_INTRO).** You will now collect a urine sample. I will need to ask you some questions before you collect your urine sample.

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| CONTINUE | 1 | BUC05000 |
| REFUSED | -1 |  |

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

**BUC02000/(REFUSAL\_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 |
| PHYSICAL LIMITATION | 1 | BUC04000 |
| PARTICIPANT ILL/EMERGENCY | 2 | BUC04000 |
| LANGUAGE ISSUE | 3 | BUC04000 |
| NO TIME | 4 | BUC04000 |
| UNABLE TO URINATE | 5 | BUC04000 |
| UNCOMFORTABLE WITH COLLECTION PROCEDURES | 6 | BUC04000 |
| OTHER | -5 |  |
| REFUSED | -1 | BUC04000 |
| DON’T KNOW | -2 | BUC04000 |

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

**BUC03000/(REFUSAL\_REASON\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**BUC04000.** That’s fine. Thank you for your time.

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

|  |
| --- |
| DATA COLLECTOR INSTRUCTIONS |
| * GO TO**COLLECTION\_COMMENT** |

**BUC05000.** When did you 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 |

**(LT\_URINE\_MM)** LAST URINATION – DATE: MONTH

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

  M     M

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

**(LT\_URINE\_DD)** LAST URINATION – DATE: DAY

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

  M     M

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

**(LT\_URINE\_YYYY)** LAST URINATION – DATE: YEAR

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

   Y     Y     Y    Y

**(LT\_URINE\_TIME)** LAST URINATION – TIME

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

   H     H        M     M

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

**(LT\_URINE\_TIME\_UNIT)** LAST URINATION – AM/PM

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

**BUC06000.** When was the last time you had anything to eat or drink?

|  |
| --- |
| DATA COLLECTOR INSTRUCTIONS |
| * RECORD THE LAST TIME PARTICIPANT ATE OR DRANK. * 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 THE LAST TIME PARTICIPANT ATE OR DRANK WAS AT 2:05 PM RECORD “02:05” AND CHOOSE “PM”. |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (modified) |

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

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

   M    M

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

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

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

   D    D

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

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

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

   Y     Y    Y      Y

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

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

   H     H        M     M

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

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

**BUC07000/(ATE\_MEAT).** How much of what you 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 |

**BUC08000/(CREATINE\_SUPP).** Do you take creatine supplements?

|  |
| --- |
| DATA COLLECTOR INSTRUCTIONS |
| * IF THE PARTICIPANT ASKS, EXPLAIN THAT CREATINE SUPPLEMENTS ARE OFTEN TAKEN BY ATHLETES WISHING TO GAIN MUSCLE MASS. |

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

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

**BUC09000/(SPECIMEN\_STATUS).** URINE COLLECTION STATUS

|  |
| --- |
| DATA COLLECTOR INSTRUCTIONS |
| * READ URINE COLLECTION INSTRUCTIONS TO THE PARTICIPANT. * PREPARE THE WORK AREA WHILE THE PARTICIPANT IS COLLECTING SPECIMEN. * PUT ON LAB COAT AND GLOVES. * THANK THE PARTICIPANT FOR THEIR SAMPLE (OR FOR TRYING IF NO SAMPLE WAS COLLECTED). * ENTER THE STATUS OF THE URINE COLLECTION |

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **SPECIMEN\_STATUS**= 2, GO TO **SPECIMEN\_COMMENTS.** * IF **SPECIMEN\_STATUS**= 1, AND    + IF **EVENT\_TYPE**= 18 (BIRTH EVENT), GO TO **NCS\_CUP.**   + OTHERWISE, IF **EVENT\_TYPE**≠ 18 (BIRTH EVENT), GO TO **SPECIMEN\_ID.** |

**BUC10000/(SPECIMEN\_COMMENTS).** URINE COLLECTION TECHNICAL COMMENTS

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

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| PHYSICAL LIMITATION | 1 | COLLECTION\_COMMENT |
| PARTICIPANT ILL/ EMERGENCY | 2 | COLLECTION\_COMMENT |
| COLLECTION SUPPLIES MALFUNCTIONED | 3 | COLLECTION\_COMMENT |
| QUANTITY NOT SUFFICIENT | 4 | COLLECTION\_COMMENT |
| LANGUAGE ISSUE, SPANISH | 5 | COLLECTION\_COMMENT |
| LANGUAGE ISSUE, NON SPANISH | 6 | COLLECTION\_COMMENT |
| COGNITIVE DISABILITY | 7 | COLLECTION\_COMMENT |
| NO TIME | 8 | COLLECTION\_COMMENT |
| OTHER | -5 |  |
| REFUSED | -1 | COLLECTION\_COMMENT |
| DON’T KNOW | -2 | COLLECTION\_COMMENT |

**BUC11000/(SPECIMEN\_COMMENT\_OTH).** URINE COLLECTION TECHNICAL COMMENT OTHER SPECIFY

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

|  |
| --- |
| DATA COLLECTOR INSTRUCTIONS |
| * IF THERE ARE ANY OTHER URINE COLLECTION TECHNICAL COMMENTS NOT LISTED IN THE PREVIOUS QUESTION, ENTER THE REASON BELOW. |

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

**BUC12000/(NCS\_CUP).** WAS AN NCS-PROVIDED URINE CUP USED FOR THE SPECIMEN COLLECTION?

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

**BUC13000/(SPECIMEN\_ID).** SPECIMEN ID

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

|  |
| --- |
| DATA COLLECTOR INSTRUCTIONS |
| * RECORD URINE COLLECTION CUP SPECIMEN ID WHEN PARTICIPANT RETURNS WITH THE SAMPLE. * IMMEDIATELY PLACE COLLECTION CUP IN DRY ICE CHAMBER OF THE TRANSPORT COOLER PER TRANSPORT INSTRUCTIONS. |

|  |
| --- |
| 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##) |

**BUC14000.**

|  |
| --- |
| DATA COLLECTOR INSTRUCTIONS |
| * RECORD DATE AND TIME THE ADULT URINE 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 URINE SAMPLE WAS COLLECTED AT 2:05PM, RECORD “02:05” AND CHOOSE “PM”. |

**(A\_URINE\_COLL\_MM)** DATE ADULT URINE SPECIMEN WAS COLLECTED - MONTH

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

   M    M

**(A\_URINE\_COLL\_DD)** DATE ADULT URINE SPECIMEN WAS COLLECTED - DAY

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

   D    D

**(A\_URINE\_COLL\_YYYY)** DATE ADULT URINE SPECIMEN WAS COLLECTED - YEAR

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

   Y    Y     Y    Y

**(A\_URINE\_COLL\_TIME)** TIME ADULT URINE SPECIMEN COLLECTED

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

   H     H       M    M

**(A\_URINE\_COLL\_TIME\_UNIT)** TIME ADULT URINE SPECIMEN COLLECTED - AM/PM

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

**BUC15000/(COLLECTION\_LOCATION).** COLLECTION LOCATION

|  |
| --- |
| DATA COLLECTOR INSTRUCTIONS |
| * RECORD WHERE URINE COLLECTION OCCURRED. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| HOME | 1 | BUC16000 |
| CLINIC | 2 | BUC16000 |
| HOSPITAL | 3 | BUC16000 |
| OTHER LOCATION | -5 |  |

**BUC15100/(COLLECTION\_LOCATION\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BUC16000.** Thank you for your time and participation in this sample collection.

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| SOURCE |
| National Children's Study, Vanguard Phase |

**BUC17000/(COLLECTION\_COMMENT).** RECORD ANY COMMENTS ABOUT THE ADULT URINE COLLECTION.

|  |
| --- |
| DATA COLLECTOR INSTRUCTIONS |
| * DOCUMENT ANY PROBLEMS OR CONCERNS ABOUT THE ADULT URINE COLLECTION PROCEDURE. |

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

**BUC18000/(COLLECTION\_COMMENT\_OTH).** SPECIFY:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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