



## Participant Information Update Gift Incentive Later SAQ

<b>Event Category:</b>	Time-Based
<b>Event:</b>	24M, 30M, 36M, 42M, 48M, 54M, 60M
<b>Administration:</b>	N/A
<b>Instrument Target:</b>	Primary Caregiver
<b>Instrument Respondent:</b>	Primary Caregiver
<b>Domain:</b>	Questionnaire
<b>Document Category:</b>	Questionnaire
<b>Method:</b>	Self-Administered
<b>Mode (for this instrument*):</b>	In-Person, PAPI
<b>OMB Approved Modes:</b>	In-Person, PAPI; Phone, PAPI; Web-Based, CAI
<b>Estimated Administration Time:</b>	5 minutes
<b>Multiple Child/Sibling Consideration:</b>	Per Event
<b>Special Considerations:</b>	N/A
<b>Version:</b>	1.0
<b>MDES Release:</b>	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 5 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.

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## Participant Information Update Gift Incentive Later SAQ

### 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	<ul style="list-style-type: none"> <li>• Limit text to 255 characters</li> </ul>
FIRST NAME AND LAST NAME	30	CHARACTER	<ul style="list-style-type: none"> <li>• Limit text to 30 characters</li> </ul>
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	<ul style="list-style-type: none"> <li>• DISPLAY AS MM/DD/YYYY</li> <li>• STORE AS YYYY-MM-DD</li> <li>• HARD EDITS: MM MUST EQUAL 01 TO 12 DD MUST EQUAL 01 TO 31 YYYY MUST BE BETWEEN 1900 AND CURRENT YEAR.</li> </ul>
TIME VARIABLES	TWO-DIGIT HOUR AND TWO-DIGIT MINUTE, AM/PM DESIGNATION	NUMERIC	<ul style="list-style-type: none"> <li>• HARD EDITS: HOURS MUST BE BETWEEN 00 AND 12; MINUTES MUST BE BETWEEN 00 AND 59</li> </ul>

### **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.**

## PARTICIPANT INFORMATION UPDATE

**PIU01000.** Thank you for participating in the National Children's Study. To make sure we can reach you for your next Study visit please answer a few questions about how to best find you. The survey should only take about 5 minutes to complete. We have included a postage-paid envelope for you to mail it back to us.

Your participation in the Study is very important to us. As a token of our appreciation for your involvement, we will send a small gift for your child when we receive your completed survey.

There are no right or wrong answers. You can skip over any question. We will keep everything that you tell us confidential.

**PIU02000.** What is your first and last name?

<b>SOURCE</b>
National Children's Study, Legacy Phase (Modified)

(R\_FNAME) First Name: \_\_\_\_\_

(CHILD2\_AGE) Child's Age: |\_\_| |\_\_| months

(R\_LNAME) Last Name: \_\_\_\_\_

**PIU03000.** What is the first name and age of the child enrolled in the National Children's Study?

<b>SOURCE</b>
New

(CHILD1\_FNAME) Child's First Name: \_\_\_\_\_

(CHILD1\_AGE) Child's Age: |\_\_| |\_\_| months

**PIU03100.** If you have more than one child enrolled in the Study, please provide their names and ages below.

<b>SOURCE</b>
New

(CHILD2\_FNAME) Child's First Name: \_\_\_\_\_

(CHILD3\_FNAME) Child's First Name: \_\_\_\_\_

(CHILD3\_AGE) Child's Age: |\_\_| |\_\_| months

(CHILD4\_FNAME) Child's First Name: \_\_\_\_\_

(CHILD4\_AGE) Child's Age: |\_\_| |\_\_| months

PIU04000/(R\_REL\_CHILD). What is your relationship to the child? Are you his/her...

Label	Code	Go To
Mother/Father	1	
Aunt/Uncle	2	
Grandmother/Grandfather	3	
Other Relative	4	
Other Primary Caregiver	5	
Other	-5	

**SOURCE**

Saving for Education, Entrepreneurship and Down payment for Oklahoma Kids (SEED) (modified)

PIU04100/(R\_REL\_CHILD\_OTH). Please specify:

\_\_\_\_\_

**SOURCE**

Saving for Education, Entrepreneurship and Down payment for Oklahoma Kids (SEED) (modified)

PIU05000/(CELL\_NUM). What is your cell phone number?

\_\_\_\_\_

Label	Code	Go To
Do not have a cell phone	-1	

**SOURCE**

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

PIU06000/(HOME\_NUM). What is your home phone number?

\_\_\_\_\_

Label	Code	Go To
Do not have a home phone/land line	-1	

**SOURCE**

National Children's Study, Legacy Phase (Pregnancy Screener)

PIU07000/(WORK\_NUM). What is your office phone number?

\_\_\_\_\_

Label	Code	Go To
Do not have an office/work	-1	



Label	Code	Go To
phone		

SOURCE
New

PIU08000/(EMAIL\_ADD). What is your email address?

\_\_\_\_\_

Label	Code	Go To
Do not have an email address	-1	

SOURCE
National Children's Study, Legacy Phase (Pregnancy Screener)

PIU09000/(BEST\_CONTACT). What is the best way to get in touch with you?

Label	Code	Go To
Cell phone	1	
Home phone	2	
Office phone	3	
Email	4	
Text Message	5	
Social Media (such as Facebook)	6	
Other	-5	

SOURCE
New

PIU09100/(BEST\_CONTACT\_FB\_OTH). Please specify:

\_\_\_\_\_

SOURCE
New

PIU09200/(BEST\_CONTACT\_OTH). Please specify:

\_\_\_\_\_

SOURCE
New

PIU10000/(PLAN\_MOVE). Do you plan on moving from your current address in the next few months?

Label	Code	Go To
Yes	1	

Label	Code	Go To
No	2	ADULT_HH

SOURCE
National Children's Study, Legacy Phase (Pregnancy Screener)

PIU11000. What is the address of your new home?

Label	Code	Go To
Does not know address of new home	-2	ADULT_HH

SOURCE
National Children's Study, Legacy Phase (Pregnancy Screener)

(NEW\_HOME\_ST\_NUM) Street Number: \_\_\_\_\_

(NEW\_HOME\_ST\_NAME) \_\_\_\_\_ Street \_\_\_\_\_ Name: \_\_\_\_\_

(NEW\_HOME\_UNIT) Apartment/Unit Number: \_\_\_\_\_

(NEW\_HOME\_CITY) City: \_\_\_\_\_

(NEW\_HOME\_STATE) State: |\_\_|\_\_|

(NEW\_HOME\_ZIP) Zip code: |\_\_|\_\_|\_\_|\_\_|

(NEW\_HOME\_ZIP4\_1)

- |\_\_|\_\_|\_\_|\_\_|  
+4

PIU12000/(ADULT\_HH). Is there another adult who lives with you in your household?

Label	Code	Go To
Yes	1	
No	2	OTHER_CONTACT

SOURCE
Saving for Education, Entrepreneurship and Down payment for Oklahoma Kids (SEED) (modified)

PIU13000. What is his/her first and last name? If you live with more than one other adult, please choose the one who will always know how to get in touch with you.

SOURCE
Saving for Education, Entrepreneurship and Down payment for Oklahoma Kids (SEED) (modified)

(PERS\_FNAME) First Name: \_\_\_\_\_

(PERS\_LNAME) Last Name: \_\_\_\_\_

PIU14000/(PERS\_AGE). What is his/her age?

|\_|\_|\_|

Age in years

Label	Code	Go To
Don't Know	-1	

### SOURCE

Saving for Education, Entrepreneurship and Down payment for Oklahoma Kids (SEED) (modified)

PIU15000/(PERS\_REL). What is your relationship to this adult? Are you his/her...

Label	Code	Go To
Biological mother	2	
Biological father	4	
Spouse	6	
Partner/Significant Other	7	
Child	8	
Sibling	9	
Grandparent	10	
Other Relative	11	
Friend	12	
Co-Worker	14	
Caregiver	15	
Teacher	16	
Aunt	19	
Uncle	20	
Cousin	21	
Other Non-Relative	22	
Adoptive Mother	23	
Adoptive Father	24	
Social Mother	25	
Social Father	26	
Step Mother	27	
Step Father	28	
Step Brother	29	
Step Sister	30	
Adoptive Brother	31	
Adoptive Sister	32	
Grandmother	33	
Grandfather	34	

**SOURCE**

Saving for Education, Entrepreneurship and Down payment for Oklahoma Kids (SEED) (modified)

PIU16000/(PERS\_CELL\_NUM). What is his/her cell phone number?

\_\_\_\_\_

Label	Code	Go To
Does not have a cell phone	-1	

**SOURCE**

Saving for Education, Entrepreneurship and Down payment for Oklahoma Kids (SEED) (modified)

PIU17000/(PERS\_EMAIL). What is his/her email address?

\_\_\_\_\_

Label	Code	Go To
Does not have an email address	-1	

**SOURCE**

Saving for Education, Entrepreneurship and Down payment for Oklahoma Kids (SEED) (modified)

PIU18000/(OTHER\_CONTACT). Is there a relative or friend, who does not live in your household, who will always know how to reach you? We will only contact this person if we cannot find you to schedule your next Study Visit.

Label	Code	Go To
Yes	1	
No	2	PIU25000

**SOURCE**

New

PIU19000. What is his/her first and last name?

**SOURCE**

Saving for Education, Entrepreneurship and Down payment for Oklahoma Kids (SEED) (modified)

(OTHER\_CONT\_FNAME) First Name: \_\_\_\_\_

(OTHER\_CONT\_LNAME) Last Name: \_\_\_\_\_

PIU20000/(OTHER\_CONT\_AGE). What is his/her age?

|\_|\_|\_|  
Age in years

Label	Code	Go To
Don't Know	-1	

SOURCE
Saving for Education, Entrepreneurship and Down payment for Oklahoma Kids (SEED) (modified)

PIU21000/(OTHER\_CONT\_REL). What is your relationship to this person? Are you his/her...

Label	Code	Go To
Biological Mother	2	
Biological Father	4	
Spouse	6	
Partner/Significant Other	7	
Child	8	
Sibling	9	
Grandparent	10	
Other Relative	11	
Friend	12	
Co-Worker	14	
Caregiver	15	
Teacher	16	
Aunt	19	
Uncle	20	
Cousin	21	
Other Non-Relative	22	
Adoptive Mother	23	
Adoptive Father	24	
Social Mother	25	
Social Father	26	
Step Mother	27	
Step Father	28	
Step Brother	29	
Step Sister	30	
Adoptive Brother	31	
Adoptive Sister	32	
Grandmother	33	
Grandfather	34	

SOURCE
Saving for Education, Entrepreneurship and Down payment for Oklahoma Kids (SEED) (modified)

PIU22000/(OTHER\_CONT\_CELL). What is his/her cell phone number?

---

Label	Code	Go To
Does not have a cell phone	-1	

SOURCE
Saving for Education, Entrepreneurship and Down payment for Oklahoma Kids (SEED) (modified)

PIU23000/(OTHER\_CONT\_HOME). What is his/her home phone number?

---

Label	Code	Go To
Does not have a home phone/land line	-1	

SOURCE
Saving for Education, Entrepreneurship and Down payment for Oklahoma Kids (SEED) (modified)

PIU24000/(OTHER\_CONT\_EMAIL). What is his/her email address?

---

Label	Code	Go To
Does not have an email address	-1	

SOURCE
Saving for Education, Entrepreneurship and Down payment for Oklahoma Kids (SEED) (modified)

**PIU25000.** Thank you for your dedication to the National Children’s Study. Please place your completed survey in the postage-paid envelope and drop off at any mailbox.

If you have any questions or concerns about this survey or the National Children’s Study, please call us at [INSERT TOLL-FREE ROC NUMBER].

PROGRAMMER INSTRUCTIONS
• INSERT TOLL-FREE ROC NUMBER.

**FOR OFFICE USE ONLY**

**FOU01000/(P\_ID).** Participant ID: \_\_\_\_\_

**FOU02000/(R\_P\_ID).** Respondent ID: \_\_\_\_\_