THE NATIONAL
CHILDREN'S STUDY

HEALTH   GROWTH   ENVIRONMENT

Physical Activity Monitor SAQ

Event Category:	Time-Based
Event:	36M, 48M, 60M
Administration:	N/A
Instrument Target:	Child
Instrument Respondent:	Primary Caregiver
Domain:	Environmental
Document Category:	Sample Collection
Method:	Self-Administered
Mode (for this instrument*):	In-Person, PAPI
OMB Approved Modes:	In-Person, PAPI; Phone, PAPI; Web-Based, CAI
Estimated Administration Time:	9 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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Physical Activity Monitor SAQ

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Physical Activity Monitor 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	• 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.**

INSTRUCTIONS

INS00000. Please use a black or blue pen to complete this form. Do not use a felt-tip pen or pencil.

Mark X to indicate your answer.

To change your answer, draw a line through the box next to the answer you wish to change, and put an 'X' in the box next to the answer options you wish to select.

Your answers are important. Please print clearly using uppercase, block letters (for example, "WEDNESDAY").

Please follow the instructions in your booklet when completing this questionnaire.

PROGRAMMER INSTRUCTIONS
INSERT DATE/TIME STAMP

GPS MONITOR (TO BE COMPLETED BY THE DATA COLLECTOR)

GPS01000. Monitoring period:
Start Date (Day of):

(GPS_START_MM) |___|___|
  M   M

(GPS_START_DD) |___|___|
  D   D

(GPS_START_YYYY) 20 |___|___|
 Y Y   Y   Y

GPS01100/(GPS_START_DAY). Start Day:

Label	Code	Go To
Monday	1	
Tuesday	2	
Wednesday	3	
Thursday	4	
Friday	5	
Saturday	6	
Sunday	7	

GPS02000. End Date (Evening of):

(GPS_END_MM) |___|___|
  M   M

(GPS_END_DD) |___|___|
  D   D

(GPS_END_YYYY) 20|___|___|
YY Y   Y

GPS03000/(GPS_END_DAY). End Day:

Label	Code	Go To
Monday	1	
Tuesday	2	
Wednesday	3	
Thursday	4	
Friday	5	
Saturday	6	
Sunday	7	

SOURCE
New

PHYSICAL ACTIVITY MONITORING SAQ

PAS01000. The GPS monitor should be removed from the child's waist in the evening of the last day of the monitoring period. Enter the date the GPS monitor was last worn by the child.

(GPS_REMOVE_MM) |___|___|
  M   M

(GPS_REMOVE_DD) |___|___|
  D   D

(GPS_REMOVE_YYYY) 20|___|___|
YY Y   Y

PAS02000/(GPS_LAST_WORN_DAY). Mark the day of the week the GPS monitor was last worn by the child.

Label	Code	Go To
Monday	1	
Tuesday	2	
Wednesday	3	
Thursday	4	
Friday	5	
Saturday	6	
Sunday	7	

PAS03000. Enter the time the GPS monitor was last worn by the child.

(GPS_LAST_WORN_TIME) TIME: |___|___|:|___|___|
     H   H   M   M

(GPS_LAST_WORN_TIME_UNIT)

Label	Code	Go To
AM	1	
PM	2	

PAS04000/(GPS_PROBLEMS). Were there any problems with the GPS monitor? Please check all that apply.

Label	Code	Go To
No problems	1	
Problems with charging	2	
Not able to turn on	3	
Waistband/Pouch damaged	4	
Monitor damaged	5	
Other	-5	

PARTICIPANT INSTRUCTIONS
- If you selected "Other" and any other response, go to **PAS05000.**
- If you did not select "Other," go to **PAS06000.**

PAS05000/(GPS_PROBLEMS_OTH).   SPECIFY:

_____

PAS06000/(GPS_COMMENTS). Enter any comments about the GPS monitoring of your child

_____
_____
_____
_____

PHYSICAL ACTIVITY MONITOR (TO BE COMPLETED BY THE DATA COLLECTOR)

PAM01000. Monitoring period:
Start Date (Day of):

(PA_START_MM) |___|___|
 M   M

(PA_START_DD) |___|___|
  D   D

(PA_START_YYYY) 20|___|___|
YY   Y   Y

PAM02000/(PA_START_DAY). Start Day:

Label	Code	Go To
Monday	1	
Tuesday	2	
Wednesday	3	
Thursday	4	
Friday	5	
Saturday	6	
Sunday	7	

PAM03000. End Date (Morning of):

(PA_END_MM) |___|___|
  M   M

(PA_END_DD) |___|___|
  D   D

(PA_END_YYYY) 20|___|___|
YY   Y   Y

PAM04000/(PA_END_DAY). End Day:

Label	Code	Go To
Monday	1	

Label	Code	Go To
Tuesday	2	
Wednesday	3	
Thursday	4	
Friday	5	
Saturday	6	
Sunday	7	

SOURCE
New

WEAR LOG AND SHIPPING

WLA01000. The physical activity monitor should be removed from the child's wrist on the morning after the last day of the monitoring period. Enter the date the physical activity monitor was removed.

DATE:

(PA_REMOVE_MM) |___|___|
  M   M

(PA_REMOVE_DD) |___|___|
  D   D

(PA_REMOVE_YYYY) 20|___|___|
YY Y   Y

WLA02000/(PA_LAST_WORN_DAY). Mark the day of the week the physical activity monitor was removed from the child's wrist.

Label	Code	Go To
Monday	1	
Tuesday	2	
Wednesday	3	
Thursday	4	
Friday	5	
Saturday	6	
Sunday	7	

WLA03000. Enter the time the physical activity monitor was removed from the child's wrist.

(PA_LAST_WORN_TIME) TIME: |___|___|:|___|___|
     H H   M M

(PA_LAST_WORN_TIME_UNIT)

Label	Code	Go To
AM	1	
PM	2	

WLA04000/(PA_PROBLEMS). Were there any problems with the physical activity monitor? Please check all that apply.

Label	Code	Go To
No problems	1	
Wrist band damaged	2	
Monitor damaged	3	
Other	-5	

PARTICIPANT INSTRUCTIONS
• If you selected "Other" and any other response, go to **WLA05000.** • Otherwise, if you did not select "Other," go to **?WLA06000.**

WLA05000/(PA_PROBLEMS_OTH). SPECIFY:

_____

WLA06000/(PA_COMMENTS). Enter any comments about the physical activity monitor worn by your child.

_____
_____
_____
_____

WLA07000/(LOG_COMPLETED). Is the wear log completed?

Label	Code	Go To
Yes	1	PACK_MONITORS_PROB
No	2	

WLA08000/(LOG_INCOMPLETE_REASON). Why is the wear log not completed?

Label	Code	Go To
Wear log missing	1	PACK_MONITORS_PROB
Instructions not clear	2	PACK_MONITORS_PROB
Ran out of time	3	PACK_MONITORS_PROB
Other	-5	

WLA09000/(LOG_INCOMPLETE_REASON_OTH).   SPECIFY:

_____

WLA10000/(PACK_MONITORS_PROB). Were there any problems packing up the monitors for shipping? Please check all that apply.

Label	Code	Go To
No problems	1	
Shipping supplies missing	2	
Other	-5	

PARTICIPANT INSTRUCTIONS
• If you selected "Other" and any other response, go to **WLA11000.**   • Otherwise, if you did not select "Other," go to **?WLA12000.**

WLA11000/(PACK_MONITORS_PROB_OTH).   SPECIFY:

_____

WLA12000. Thank you very much for completing this questionnaire! All of your answers are very important.

Please help us by looking at each question again to make sure you:
- Did not incorrectly skip any questions, and
- Drew a line through the answer options you wished to change and put an 'X' next to the answer options you wished to select

Place this questionnaire in a resealable plastic bag and ship it with the physical activity monitor, GPS monitor and wear log to the following address: [Include the shipping address here.]
If you have any questions about your child's activity monitoring or shipping the monitors, please contact us at: [Include ROC contact information (phone number, email address, etc.) here.]

FOR DATA COLLECTOR USE ONLY:

FDC01000/(GPS_EQUIP_ID). Equipment ID of the GPS monitor
Equipment ID: _____

FDC02000/(PA_EQUIP_ID). Equipment ID of the physical activity monitor
Equipment ID: _____

FDC03000/(SHIP_TRACK_NUM). Shipment tracking number: _____

FDC04000/(STAFF_ID). Staff ID: _____

FDC05000/(R_P_ID). Respondent ID: _____

FDC06000/(P_ID). Participant ID: _____