



Multi-Mode Visit Information Script (MMVIS)

Event Category:	Trigger-Based, Pre-Preg, PV1, PV2, Pre-Natal Father, Post-Natal Father, Secondary Residence; Time-Based, Birth, 3M, 6M, 9M, 12M, 18M, 24M, 30M, 36M, 42M, 48M, 54M, 60M
Event:	Pre-Pregnancy, PV1, PV2, Pre-Natal Father, Birth, Post-Natal Father, 3M, 6M, 9M, 12M, 18M, 24M, 30M, 36M, 42M, 48M, 54M, 60M, Secondary Residence
Administration:	Pre-Natal Father, PV1; Post-Natal Father, 9M, 18M; Secondary Residence, 36M, 48M, 60M
Instrument Target:	Pre-Pregnant Woman (Pre-Pregnancy); Pregnant Woman (PV1, PV2); Father/Father Figure (Pre-Natal, Post-Natal); Biological Mother (Birth); Primary Caregiver (3M, 6M, 9M, 12M, 18M, 24M, 30M, 36M, 42M, 48M, 54M, 60M); Secondary Residence Caregiver (Secondary Residence)
Instrument Respondent:	Pre-Pregnant Woman (Pre-Pregnancy); Pregnant Woman (PV1, PV2); Father/Father Figure (Pre-Natal, Post-Natal); Biological Mother (Birth); Primary Caregiver (3M, 6M, 9M, 12M, 18M, 24M, 30M, 36M, 42M, 48M, 54M, 60M); Secondary Residence Caregiver (Secondary Residence)
Domain:	Consent
Document Category:	Questionnaire
Method:	Data Collector Administered
Mode (for this instrument*):	In-Person, CAI; Phone, CAI
OMB Approved Modes:	In-Person, CAI; Phone, CAI; Web-Based, CAI
Estimated Administration Time:	2 minutes
Multiple Child/Sibling Consideration:	Per Event
Special Considerations:	N/A
Version:	2.0
MDES Release:	4.1

*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 2 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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TABLE OF CONTENTS

GENERAL PROGRAMMER INSTRUCTIONS:.....1

PRELOADS.....3

MULTI-MODE INTRODUCTORY VISIT INFORMATION SCRIPT.....4

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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	CHARACTER	
ZIP CODE LAST FOUR	4	CHARACTER	
CITY	50	CHARACTER	
DOB AND ALL OTHER DATE FIELDS (E.G., DT, DATE, ETC.)	10	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
NUMBER OF HOURS PER DAY	TWO-DIGIT HOUR	NUMERIC	HARD EDITS: HOURS MUST BE BETWEEN 0 AND 24
NUMBER OF DAYS PER WEEK	ONE-DIGIT	NUMERIC	HARD EDITS: DAYS PER WEEK MUST BE BETWEEN 1 AND 7

Guidelines for Instrument Target and Respondent :

IN MDES 4.0, THE INSTRUMENTS HAVE BEEN DIVIDED BASED ON INSTRUMENT TARGET AND INSTRUMENT RESPONDENT. THE INSTRUMENT TARGET AND INSTRUMENT RESPONDENT ARE PART OF THE STANDARD INSTRUMENT HEADER INFORMATION ON ALL INSTRUMENTS, AND ADDITIONAL TARGETS HAVE BEEN DEFINED, INCLUDING THE CHILD'S PRIMARY OR SECONDARY ADDRESS. REFER TO THE DATA DICTIONARY FOR A COMPLETE LIST OF ALL INSTRUMENT TARGETS AND RESPONDENTS.

PRELOADS

Preload Variable Name	Table Name	Preload Comment	Release Version	Table Type
EVENT_TYPE	EVENT		V3.5	Operational
INS_MODE	INSTRUMENT		V3.5	Operational

MULTI-MODE INTRODUCTORY VISIT INFORMATION SCRIPT

(TIME_STAMP_MIV_ST).

PROGRAMMER INSTRUCTIONS

- INSERT DATE/TIME STAMP
- PRELOAD **INS_TARGET_PID** FOR PARTICIPANT AND **INS_RESPONDENT_PID** FOR RESPONDENT.

MIV01000. Thank you for agreeing to participate in the National Children's Study.

I'm {calling/here} today to ask you some questions about you {and your child}. We realize that you are busy, and this {call/visit} should take only about {APPROXIMATE EVENT TIME} to complete. {I will ask you questions about you{, your child's health and behavior,} and your household.} To thank you for your time, we will give you \$25 for answering these questions. [If we ask you for samples, you will receive an additional token of appreciation.] Your answers are very important to us. There are no right or wrong answers. You can skip over any question or stop the interview at any time. Participating in the Study is your choice.

ONLY TO BE READ IF QA OBSERVER IS PRESENT:

[I would also like to introduce you to {name of QA observer}, who is here to observe my visit with you today. The National Children's Study has asked {him/her} to make sure that Study staff conduct visits and perform activities according to the standards set by the Study. Although {he/she} will know who you are and hear some of your private information, {he/she} will not be recording any of your personal information. {He/She} is bound by a legal agreement to keep your identity and all of your information confidential. You can let me know if you prefer that {name of QA observer} not observe today's visit.]

ONLY TO BE READ FOR TELEPHONE CONTACTS OR IF SAMPLE COLLECTION VISIT INFORMATION SHEET (SCVIS) IS NOT PROVIDED AT THIS VISIT, AS BULLETS ARE REPEATED IN SCVIS:

Finally, I would like to review a few points that were discussed with you when you first joined the Study:

Participating in the National Children's Study is your choice. The alternative to taking part in the Study is not taking part in the Study. If you and your child leave the Study, you can rejoin it later. Some of the ways we get samples may be uncomfortable. If you or your child feel uncomfortable, you can skip any part of the Study. You are in charge. If you leave the Study, we will not ask you for any new information, but we will keep using the information you have already given us. We will make every effort to protect the privacy of your and your child's information to the extent permitted by law.

This is a research study and we cannot give you or your child medical advice. None of the Study visits take the place of regular doctor or clinic visits. The Study's environmental measurements do not take the place of any other environmental testing of your home. We will not routinely report the results of tests done on any samples that we collect from you or

your child or your home.

If you have any questions about this visit or the Study, you can ask me. If I can't answer your questions I will give you the name and phone number of someone from our local office who can.

DATA COLLECTOR INSTRUCTIONS

- IF SAMPLES ARE COLLECTED AT THIS EVENT SAY, "If we ask you for samples, you will receive an additional token of appreciation."

PROGRAMMER INSTRUCTIONS

- DISPLAY APPROXIMATE EVENT TIME AS APPROPRIATE:

IF **EVENT_TYPE** = 11 (PRE-PREG), DISPLAY "20 - 45 min".

IF **EVENT_TYPE** = 13 (PV1 EVENT), DISPLAY "45 min - 1 1/4 hrs".

IF **EVENT_TYPE** = 15 (PV2 EVENT), DISPLAY "20 min - 45 min".

IF **EVENT_TYPE** = 43 (PRE-NATAL FATHER EVENT), DISPLAY "35 min".

IF **EVENT_TYPE** = 42 (POST-NATAL FATHER EVENT), DISPLAY "20 min"

IF **EVENT_TYPE** = 18 (BIRTH EVENT), DISPLAY "1 1/4 - 1 3/4 hrs".

IF **EVENT_TYPE** = 23 (3-MONTH EVENT), DISPLAY "25 min".

IF **EVENT_TYPE** = 24 (6-MONTH EVENT), DISPLAY "1 1/2 - 3 hrs".

IF **EVENT_TYPE** = 26 (9-MONTH EVENT), DISPLAY "10 min".

IF **EVENT_TYPE** = 27 (12-MONTH EVENT), DISPLAY "3/4 – 2 hrs"

IF **EVENT_TYPE** = 30 (18-MONTH EVENT), DISPLAY "45 min"

IF **EVENT_TYPE** = 31 (24-MONTH EVENT), DISPLAY "3/4 – 2 hrs".

IF **EVENT_TYPE** = 36 (30-MONTH EVENT), DISPLAY "1 hr".

IF **EVENT_TYPE** = 37 (36-MONTH EVENT), DISPLAY "1 1/2 - 3 3/4 hrs".

IF **EVENT_TYPE** = 38 (42-MONTH EVENT), DISPLAY "40 min".

IF **EVENT_TYPE** = 40 (48-MONTH EVENT), DISPLAY "1 1/2 - 3 hrs".

IF **EVENT_TYPE** = 45 (54-MONTH EVENT), DISPLAY "50 min".

IF **EVENT_TYPE** = 41 (60-MONTH EVENT), DISPLAY "1 1/2 - 4 hrs".

IF **EVENT_TYPE** = 44 (SECONDARY RESIDENCE), DISPLAY "25 - 50 min".

PROGRAMMER INSTRUCTIONS
• IF EVENT_TYPE = 18, 23, 24, 26, 27, 30, 31, 36, 37, 38, 40, 41, 42 OR 45, DISPLAY “and your child”, “I will ask you questions about you, your child’s health and behavior, and your household.” AND “, your child.” • OTHERWISE, IF EVENT_TYPE = 11, 13, 15, 43, OR 44, DISPLAY “I will ask you questions about you and your household.” • IF INS_MODE = 2 (CATI), DISPLAY “calling” AND “call”. • IF INS_MODE = 1 (CAPI), DISPLAY “here” AND “visit”.

(**TIME_STAMP_MIV_ET**).

PROGRAMMER INSTRUCTIONS
• INSERT DATE/TIME STAMP

DATA COLLECTOR INSTRUCTIONS
• IF SAMPLE COLLECTIONS OR MEASUREMENTS ARE PART OF THE PROTOCOL FOR THIS VISIT, USE THE APPROPRIATE SAMPLE COLLECTION VISIT INFORMATION SHEET.