

DAY _____ DATE _____ TIME(S) _____ AM/PM

RECORD CALL

If it's okay with you, I'd like to record this call for training purposes. (TURN ON RECORDER)

4. The recorder is on will it be OK to record this call?YES

NO (TURN OFF RECORDER/CONT)

INVITATION

SEED is one of the largest studies about child development and the causes of developmental disabilities and autism spectrum disorders. To make the study a success, we hope to enroll mothers and their children with and without developmental disabilities. We would like for everyone who is invited to participate in this study. But the first step in the process is to see if you are eligible. Thank you!

ELIGIBILITY SCREENING:

E1. Are you the biological mother of a child born January 1, 2014 – December 31, 2017? **Y** **N** (IF NO, GO TO a. / CONFIRM BELOW)

a. If not SUBJECT: How can I reach her? / What time is best to call back?

_____ (UPDATE CONTACT INFO/END CALL)

b. If no child born in that date range, thank person, END CALL.

c. If more than one child born in that date range, specify child's name, go to E2b.

E2a. What is your child's full name _____

E2b. What is <CHILD> date of birth? _____ / _____ / _____ (VERIFY/IF INELIG GO TO INELIGIBLE BLOCK A)

E3. Does <CHILD> live with you? **Y** **N** (IF NO/ GO TO INELIGILBE BLOCK B)

E4. Do you have legal guardianship of <CHILD> **Y** **N** (IF NO/ GO TO INELIGILBE BLOCK E)

E5. Have you cared for <CHILD> since birth (or since 6 months old)? **Y** **N** (IF NO/ GO TO INELIGILBE BLOCK F)

E6. What county were you living in when <CHILD> was born? _____ (IF OUT OF AREA/ GO TO INELIGILBE BLOCK D)

E7. What county do you currently live in? _____ (IF OUT OF AREA/ GO TO INELIGILBE BLOCK C)

E8. Is English [OR SPANISH – select sites] the main language spoken in your home? **Y** **N** (IF NO ASK a.) below)

a. Do you and <CHILD> understand and speak English/Spanish? **Y** **N** (IF NO/ GO TO INELIGILBE BLOCK H)

E.9. Does <CHILD> have problems seeing/hearing/or moving around by him/herself? **N** **Y** (ASK a, b, c)

Answering these questions will not benefit your family directly. Findings may help us learn more about what causes autism and other developmental problems. This may lead to better services and treatments for children with developmental disabilities.

We understand that you may have concerns about your privacy. In order to protect the privacy of all participants, <site> applied for and received a Certificate of Confidentiality. The Certificate of Confidentiality guarantees that any information that is collected that could identify you or <CHILD> will be used only for this project. It cannot be given to anyone else unless you give your written consent or otherwise required by law.

All of the responses from these questions will be kept private. The information you give will only be used for this study. Your information will remain confidential unless otherwise required by law. We will never use your name or <CHILD's> name in any report. The information you give will always be combined with information from all other participants.

You will be given a study ID. The study ID will be recorded on all study forms. Your name or other identifying information will not be on the study forms. Only the necessary study staff will have access to your personal information.

If you have any concerns about the study or how it is conducted or if you feel you have been harmed by participating in the study, you may contact <Project Coordinator> at <number>. "If you have any questions about your rights as a participant in this study, please contact <site specific at phone number>. Leave a message with your name, phone number, and refer to <site specific protocol number>, and someone will call you back."

Again, I want to remind you that your participation in this research study is voluntary; you can choose to stop at any time

Do you have any questions about the consent form? NO YES

Do you verbally consent to me asking you questions about <CHILD> development?

NO: Thank you for your time. If you change your mind please call <site main number>. **END CALL, after getting contact information to mail incentive)**

YES: Thank you. Please answer "YES" or "NO" if any of the following behaviors were present during the past 3 months. There are no right or wrong answers; our goal is to get a general idea of how <CHILD> responds in certain situations.

ADMINISTER SCQ

SCQ Score: _____ (Index child)

_____ **11 or higher (Score)** 9.0 hours - \$325

_____ **0 - 10 (Score)**

If Score < 11, what was Question E10 response on previous ASD Diagnosis?

YES 9.0 hours - \$300

NO 5.5 hours - \$175

The next step in this call is to enroll you into the study if you are interested. The Verbal Consent Form that I just read to you is also used to obtain your verbal consent for these questions.

Would you like me to re-read the verbal consent form? NO YES (REREAD CONSENT)

Do you verbally consent to me enrolling you in the study?

NO: Thank you for your time. If you change your mind please call <site main number>. **END CALL, after getting contact information to mail incentive)**

YES: Proceed with next section.

Thank you! Now I would like to ask you just a few questions about yourself, <child's> father and <child>.

Is <CHILD> Male_____ Female _____ (This may have already been ascertained)

What is your date of birth? _____ / _____ / _____

Next, I'd like to get some information on where to mail study materials and the best way to reach you for future calls. (complete BIOLOGICAL MOTHER CONTACT INFO BLOCK)

Does <CHILD'> biological father live with you and <CHILD>? Y N

IF NO: Are you able to provide the father's name and contact information? Y N
(If YES, complete BIOLOGICAL FATHER CONTACT INFO BLOCK)

We would also like the name of another person we can contact in case we need to reach someone for you during our visit with you and your child. (complete EMERGENCY CONTACT INFO BLOCK)

Twice a year we email participants a SEED newsletter informing them of the progress we're making in the study.

Are you interested in receiving the newsletter? Y N

IF YES/ What is your email address? (Record below)

IF NO (GO TO UPCOMING APPTS. below)

Email: _____

UPCOMING APPOINTMENTS

The final step in the process today is to schedule your two telephone interviews.

Follow-Up 1 Call

The first telephone interview is to obtain specific dates relating to your pregnancy with <CHILD>. This call will take approximately 15 minutes. When is the best time to call?

DAY _____ DATE _____ TIME(S) _____ AM/PM

Maternal Interview

The second interview will take approximately 60 minutes. We will ask you questions about your health before and during your pregnancy and <CHILD> development after birth. This 2nd appointment will need to be scheduled at least 2 weeks after the first call. When is the best time to call?

DAY _____ DATE _____ TIME(S) _____ AM/PM_

Thank you for your time and willingness to take part in the SEED study.

(END CALL)

INELIGIBLE – if ineligible, read only the option below that pertains to this family

Unfortunately, you are not eligible to participate. One of the requirements of the study is that....

- A. The <CHILD> must be born between 1/1/2014 - 12/31/2017
- B. The <CHILD> must currently live with biological mother to participate
- C. The <CHILD> must currently live in a participating county
- D. The biological mom must have lived in one of the participating counties when <CHILD> was born
- E. Biological mother must have Legal Guardianship of <CHILD>
- F. Biological mother must have cared for child since birth or (since 6 months old).
- G. Child must not be deaf or blind and must not have mobility restrictions that would greatly restrict participation in the developmental evaluation.
- H. The bio mom must be able to “competently” communicate orally in English [or SPANISH – select sites]
- I. Child must not have a sibling taking part in the study.

Thank you for your time today. (VERIFY CONTACT INFO BEFORE ENDING CALL – GO TO BIOLOGICAL MOTHER CONTACT INFO BLOCK)

REFUSAL

Is there any particular reason you decided not to participate?

I respect your decision! Do you mind answering a few screening questions, before hanging up?

REFUSAL/ELIGIBILITY SCREENING

- R1. Are you the bio mother of <CHILD> born between 1/1/2008 - 12/31/2011? **Y N**
- R2. Do you have legal guardianship of <CHILD>? **Y N**
- R3. Have you cared for <CHILD> since birth/6 months of age? **Y N**
- R4. Does <CHILD> live with you? **Y N**
- R5. Is <CHILD> Male _____ Female _____
- R6. What county were you living in when <CHILD> was born?

- R7. Is <CHILD> deaf or blind? **Y N**
- R8. Do you/<CHILD> currently live in <site specific counties>? **Y N**
- R9. Is English [or SPANISH select sites] the main language spoken in the home? **Y N**

R10. Does <CHILD> have an Autism Spectrum Disorder diagnosis?	Y	N
R.11 Have any of your children ever participated in SEED?	Y	N

**IF MOTHER ANSWERED ELIGIBILITY QUESTIONS,
VERIFY CONTACT INFO BEFORE ENDING CALL—GO TO BIOLOGICAL MOTHER CONTACT INFO BLOCK)**

Thank you for your time. If you change your mind please call <site main number>

(END CALL)

CONTACT INFORMATION

BIOLOGICAL MOTHER

Contact info in CIS

NAME _____
ADDRESS _____
-
PHONE NUMBER _____ Alt: _____
DAY _____ DATE _____ TIME(S) _____ AM/PM

BIOLOGICAL FATHER

Contact info in CIS

NAME _____
ADDRESS _____
-
PHONE NUMBER _____ Alt: _____
DAY _____ DATE _____ TIME(S) _____ AM/PM

EMERGENCY/ALTERNATE CONTACT

NAME _____
ADDRESS _____
-
PHONE NUMBER _____ Alt: _____
DAY _____ DATE _____ TIME(S) _____ AM/PM
RELATIONSHIP TO <CHILD> _____