**Note to Reader:**

**THIS IS THE BABY’S FIRST YEARS SCREENING QUESTIONNAIRE**

It is formatted to be compatible with the University of Michigan Survey Research Center’s BLAISE CAI software and has been edited for clarity.

Mothers were screen into study eligibility if they met all of the following criteria:

1. Of legal age for informed consent;
2. Household income below the federal poverty threshold in the calendar year prior to the interview, counting the newborn;
3. Infant admitted to the newborn nursery and not requiring admittance to the intensive care unit;
4. Residence in the state of recruitment;
5. Mother not "highly likely" to move to a different state or country in the next 12 months;
6. Infant to be discharged in the custody of the mother;
7. Mother English or Spanish speaking (necessary for administration of instruments used to measure some of the child outcomes)

**Baby’s First Years**

**Screener Instrument**

Version 10

Version date: 4/6/2018

Outline

Contents

[Screener 3](#_Toc506804625)

[Child Status 6](#_Toc506804626)

[Mother Eligibility 7](#_Toc506804627)

[Child Eligibility 10](#_Toc506804628)

[Income Eligibility 13](#_Toc506804629)

## Screener

**Hospital**

**/“Location”**

*[Hospital list not included to preserve participant confidentiality]*

**MotherAvailable**

**/“Mom available”**

01. Yes

05. No

**MotherAvailreas**

**/“Reason”**

01. Nurse intervention – was told not to visit

03. Mother was discharged

05. Mother refused screener

09. Other, non-interview

**LangConfirm /“Language”**

In what language would you feel MOST comfortable completing this survey?

1. English
2. Spanish
3. Both
4. Neither

**Intro**

**/”Intro”**

(Hi, my name is \_\_\_\_\_\_. Congratulations on your new baby! )

( I am an interviewer from the University of Michigan. I would like to give you some information about our research study called “Baby’s First Years” looking at family experiences and backgrounds of families with new babies. )

(First, I would just need 5 minutes of your time to determine if you would qualify to participate in our study. )

( If you qualify and complete the interview, we will give you $50 to thank you for your time. We could also schedule an appointment at a time more convenient for you. )

( Would you be interested to hear more about this opportunity? )

01. Yes

05. No

### Mother Eligibility

**Age**

**/“R’s age”**

First, I would like to ask just a few questions and, if you qualify, we can find the time that would work best to complete your our interview.

How old are you?

**DOBMonth**

**/”R Birth Month”**

Could you please tell me the month, day, and year of your birth?

**DOBDay**

**/“R Birth Day”**

(Could you please tell me the month, day, and year of your birth?)

**DOBYear**

**/”R Birth Year”**

(Could you please tell me the month, day, and year of your birth?)

**State**

**/”Resident state”**

In which state do you currently reside?

**MovePlans**

**/”Plans to move”**

In the next 12 months, how likely is it that you will make a permanent move to a different state or a different country?

Would you see it is very likely, somewhat likely, or not at all likely?

01. Very likely

05. Somewhat likely

09. Not at all likely

### Child Eligibility

**ChildNr**

**/“Number of children”**

And, how many children were born from this pregnancy?

**ChildDOBAsk**

**/“Child’s date of birth”**

And, just to confirm, your child was born (2 days ago / yesterday/ today)?

01. Today: [PREFIL TODAY MM/DD/YYYY FORMAT]

03. Yesterday: [PREFIL TODAY - 1 MM/DD/YYYY FORMAT]

05. 2 days ago: [PREFIL TODAY - 2 MM/DD/YYYY FORMAT]

09. Other day:

**ChildDOBMonth**

**/”Child Birth Month”**

Could you please tell me the month, day, and year of your child's birth?

**ChildDOBDay**

**/”Child Birth Day”**

 (Could you please tell me the month, day, and year of your child's birth?)

**ChildDOBYear**

**/”Child Birth Year”**

 (Could you please tell me the month, day, and year of your child's birth?)

**NICUBaby**

**/“Baby in NICU”**

Has your baby been admitted to the Neonatal Intensive Care Unit or NICU?

01. Yes

05. No

**GoingHome**

**/“Baby going home”**

Will baby be going home with you?

01. Yes

05. No

 **ChildFirst**

**/“First child”**

Is this your first biological child?

01. Yes

05. No

**ThreeOrMoreChildren**

**/“Three or more”**

Have you given birth to three or more children?

1. Yes

5. No

### Income Eligibility

**HHNr**

**/“Household count”**

I want to ask two questions about your household.

We are interested in people who have been living with you and are related to your baby through blood, marriage, domestic partnership, or adoption.

Including the new baby, how many people currently live in your household?

**HHIncome**

**/“Household income”**

And, what was the total combined income of all members of your household in [2017 / 2018]?

Please include money from jobs, welfare, social security payments, dividends, child support, contributions from family, friends, or partners, and any other money income received by you or any other household member in [2017 / 2018].

**HHIncomeBracket /“Income estimates”**

And, approximately, would you say your total [2017 / 2018] household income was lower or higher than …?

[IF HHNR =<2] $16,000?

[IF HHNR = 3] $20,000?

[IF HHNR = 4] $24,000?

[IF HHNR = 5] $28,000?

[IF HHNR = 6] $32,000?

[IF HHNR = 7] $36,000?

[IF HHNR = 8] $40,000?

[IF HHNR > 8] [$40,000 + ((HHNR - 8) \* $4,000)] …?

1. Higher
2. About that
3. Lower

**PovertyCheckpoint /“Poverty Check”**

[STORE POVERTY THRESHOLD AS A FUNCTION OF NUMBER OF PEOPLE IN THE HOUSEHOLD]

|  |  |
| --- | --- |
| IF HHNR = | THEN TRESHOLD VALUE = |
| 2 people | $16,240 |
| 3 people | $20,420 |
| 4 people | $24,600 |
| 5 people | $28,780 |
| 6 people | $32,960 |
| 7 people | $37,140 |
| 8 people | $41,320 |
| IF HHNR > 8 then | $41,320 + ((HHNR – 8) \* 4,180) |

Press 1 to continue.

**Eligible**

**/”Eligible”**

Based on your answers, you are eligible to participate in our study – Baby’s First Years.

The interview will take about an hour to complete. Before we proceed, you will need to review and sign a consent form which outlines the purpose of the research, the procedures we will follow, and how we will handle your data. Once the consent form has been signed, you will receive a $50 token of appreciation for your time today, and we will begin the interview.

Just give me a moment while I pull up the consent form for you to review.

01. Launch consent

05. Mom not ready to participate at the moment

09. Mom does not want to sign or participate

**ScreenerSuspend/” Screener Suspended”**

I will be around the hospital today from [Iwer’s schedule that day]. Unfortunately we are only able to interview Moms here at the hospital. Is there a better time for you today that I could stop by to finish this interview with you before you go home?

Okay. I will stop by [specify time within Iwer’s schedule] to see if you feel up to the interview then. I look forward to talking with you then!

1: Continue

**Consent**

**FutureResearch**

**ConsentSigned/”Consent Signed”**

01. Yes

05. No

**ConsentSignedConf/”Consent Signed Confirmed”**

01. Confirmed – Mom did not sign consent, will not participate. [GO TO ScrnEnd]

05. Go back and correct consent [GO TO Eligible]

**HIPAAIntro**

**/”HIPAA”**

01. Launch HIPAA form

05. Mom does not want to sign HIPAA form

**HIPAA**

"L:\projects\HHICD\03\_Questionnaire\_Development\b1\_HIPAA\BFY\_HIPAA\_V1.docx"

**HIPAASigned/”HIPAA Signed”**

01. Yes

05. No

**IneligibleConfirm/”Ineligible confirm”**

1. Yes

5. No

**IneligibleO**

**/”Ineligible confirm other”**

Thank you for your time.

**ScreenerConsentComplete/”Consent Signed MSMS”**

MSMS PULL:

IF ConsentSigned = Yes, then 1 (Yes, consent signed)

IF ConsentSigned = No AND ConsentSignedConf = Yes then 5 (No, consent declined)

**ScrnEnd/”Screener End”**

Thank you for your time.