

## INTERVIEW

### E. 3-15 Interview

When reading the description of each question in the 3\_15, it is helpful to follow along with the completed example of a 3\_15 that is located in Appendix \*.

#### Page 1: Cover Sheet

1. Write in the Child's ID number
2. The name of the DAISY child is recorded in the designated area.
3. When initiating phone contact with the family, the interviewer should inquire regarding what time is most convenient for the family to complete interviews. This time is recorded in the space provided. This time needs to be updated for each 3 month increment. This will increase the efficiency of the interview process and facilitate a relationship with the family.
4. The date that the interview was conducted, and the initials of the interviewer are recorded in the spaces provided.
5. The family member that responds to the questions and their relationship to the DAISY child is written the designated areas.
6. If an interview does not occur on schedule(i.e. at the age of 3, 6, 9, 12, or 15 mos.), then the date that the interview was due, and the reason that the interview did not occur as scheduled, should be noted in the "Reason not done" space.

#### Page 2

This information is no longer tracked in this manner.

#### Page 3: Breast-feeding

**1a)** This question inquires whether the biological mother has breast-fed the infant in the past 3 months.

**1b)** This response indicates whether the biological mom is currently breast-feeding the DAISY child. If the mom has stopped breast-feeding, the date she **completely** stopped is noted.

If the child is still breast-feeding when the 15 mo. interview is conducted, the interviewer must record this information, and make a note on the child's Annual Update form, stating that she was still breast-feeding at the 15 month interview.

When the first Annual Update interview is conducted, the interviewer needs to obtain the breast-feeding stop date. This information is recorded on the 3\_15, and the data entry personnel are notified that this date needs to be entered into the database. Completion of a change form facilitates this process (Appendix \*\*).

#### Pages 4-5: Breast-Feeding Conditions

**1c)** This question asks if the mom had a variety of conditions (1-13) within the three month increment. This question only refers to the mother while she was breast-feeding the DAISY child. If the mom never breast-fed the DAISY child, these questions are left blank. If the mom did breast-feed then each question should be answered ‘yes’ or ‘no’.

If the mother has experienced a condition within the time increment, the interviewer checks the Y box and records the date of onset for that condition. Be sure that the date recorded falls within the period from birth to when breast feeding stopped.

### **Page 6: TapWater/Cow’s Milk Consumption**

**1d)** The first part of this question asks how many 8 oz. glasses of water the mom drank while breast-feeding. The total number should include all beverages made with water (tea, coffee, juice etc.).

When a mother states that she consumed less than 8 oz. per day, but more than 0 oz. per day, “one (8 oz) glass” should be marked. This ensures that the response of “none” actually means that none was consumed.

The second half of 1d inquires about the average number of 8 oz. glasses of cow’s milk the mom consumed on a daily basis, while she was breast-feeding. The “none” response should be utilized only when an individual consumes **no** milk on a daily basis.

### **Page 7: Diet Grid Intro**

This page provides the interviewer with a list of verbal prompts to aid in completion of the diet history without introducing bias.

### **Pages 8-9: Diet Grid**

**2)** This question refers to the infant’s diet history from birth to 15 months. Prior to contacting the family, the interviewer must prepare this page. This includes completing the following steps:

- a) The date of the child’s birth is recorded in the designated area.
- b) The date interval for each of the first 15 months of life are recorded in the space provided. The dates should be recorded through the age of 15 mos. prior to initiating contact with the family.

### **EXAMPLE: BIRTH - 3 MONTHS**

|  | DATE | BIRTH - 3 Months |    |    |
|--|------|------------------|----|----|
|  |      | <1               | -2 | -3 |

|                      |         |                |                 |                 |
|----------------------|---------|----------------|-----------------|-----------------|
|                      |         |                |                 |                 |
| <b>DATE OF BIRTH</b> | 9/25/90 | 9/25-<br>10/24 | 10/25-<br>11/24 | 11/25-<br>12/24 |

Each food item is listed with the date of initial exposure to that food item, and the amount the child consumed per day is recorded in the appropriate box. If the child consumed less than 1 serving per day, the table located in the upper left corner should be utilized to calculate the amount entered. (i.e. 1 serving of milk per week = .2 servings per day). The interviewer enters .2 in the appropriate area. When the child consumed less than 1 serving per week of a certain food item, 0.1 is utilized. A copy of a completed diet page is located within the 3\_15 in Appendix \*. Upon completion of the interview, the interviewer should look up the codes for the food items. Do not take time during the interview to complete this step. This would result in prolonging the interview and frustrating both the family and the interviewer. A complete list of the current Food and Vitamin codes is located in Appendix \*. If there is no current code, notify the supervisor. A code will be created for any unusual food/supplement items.

#### **Page 10: Formula/Food Codes**

This is a list of formula codes. If the child consumed a formula/food item that is not on this list, refer to Appendix \*. If the product is not on either list, contact the supervisor for an appropriate code.

The code for homemade formula is 50. If the child consumed a homemade formula, list all ingredients in the space provided.

#### **Page 11-19: Vitamins**

**2a)** This question investigates whether the child consumed vitamin supplements within the past three months. Prior to the interview, the interviewer should circle the appropriate time increment (i.e. 3, 6, 9, 12, 15mos.).

1. If the child consumed a vitamin supplement at all during the last 3 months, the “yes” box should be checked. When the child did not have any vitamins, this should be noted and the interviewer should skip to page 21.
2. This part of the question inquires about the type of vitamin that the child consumed. When a child is given more than one supplement, all information (2-6) is recorded on each vitamin. It is important to discuss one supplement at a time. This will avoid confusion. Next to each type of vitamin is a space to record the units given. It is often easier for the parent if they read this directly off the bottle. The “other” category indicates that the child consumed a supplement that is not listed. The parent must specify the supplement (example: fluoride). It is important to remember that the type of vitamin is a broad category (vitamin C), not a brand name (Sunkist).

3. This question refers to the brand of supplement given to the child. Do not take time during the interview to determine the code of a vitamin, this should be done after the interview is completed. This allows the interview to continue without interruption.
4. This response indicates the amount of drops/pills the child was given per dosage.
5. This response indicates the number of times **per week** the child received the vitamin.
6. The number entered should indicate the total number of weeks the child consumed the supplement within the last three months. If it was not consumed throughout the time interval then the start date and stop date should be filled in.
7. Pages 17-20 contain additional pages for recording vitamin supplements through the age of 15 mos.
- 8.

### Pages 21-22: Allergies

3) These questions are designed to provide information regarding specific allergens. Each allergen is listed separately. The interviewer must determine the following for each allergen listed;

- a) Was the child was exposed to the allergen?
- b) If the child was exposed to the allergen, did the child experience an allergic reaction?
- c) How old(in months) was the child when the reaction initially occurred?
- d) Was the allergy diagnosed by a health professional?

The following codes are utilized to indicated the appropriate response;

**Y** = The child is allergic to the substance.

**N** = The child has been **exposed** to the substance and has **not** experienced an allergic reaction.

**NE** = The child has not been exposed to the substance.

**Diag Y** = The allergy was diagnosed by a health professional.

**Diag N** = The allergy was **not** diagnosed by a health professional.

**Age** = The age of the child (months) when experienced the **initial** allergic response is recorded in this space.

The interviewer must ask the question in the same manner regarding each substance listed.

The foods listed are broad categories (i.e. All citrus fruits / Tomato based products). When inquiring regarding “other” food and non-food allergies, the interviewer indicates the specific substance that initiated the allergic reaction. It is often helpful to provide examples of ‘other’ substances (i.e. perfume/soap , antibiotics), to the parent. This may aid the parent in remembering items without introducing bias.

This section of questions has been problematic. The interviewer should inquire regarding exposure to **each** substance at **each** time increment. This will result in obtaining valid information for the database.

### **Page 23-24: Illnesses**

4) These questions ask about illnesses during a 3 month period. The interviewer indicates which three month time increment at the top of the page.

The following information should be obtained:

- A. The number of times the child has been sick within the last 3 months. “Sick” is defined as not able to participate in normal activities. If the child did not experience any illness during the time increment, check the ‘0’ box and continue to page 33.
- B. After you have determined the number of “sick” episodes, review each episode separately with the parent. The parent will need to answer each question regarding each episode. This includes placing a check in the box that correlates with the episode number and the illness/ symptom/duration/ and diagnosis;
  1. The **Type** of illness (p.23).
  2. The specific **symptoms** associated with each episode.(p.24)
  3. The **duration** (days) of the episode.
  4. Whether the child visited a **doctor** or **health professional**.

Pages 25-32 are additional Illness sections for additional time increments. The form allows space for 4 illness episodes and another for ‘constant illness.’ If the child was sick more than four times during the past three months, the interviewer should check ‘>4 or constant’. The interviewer should record information on 4 episodes. Some of the symptoms and illnesses give additional details that should be used as guidelines for whether or not the symptom or illness described by the parent fits with the study definition.

### **Page 33: Immunizations**

5) This page indicates the current status of the child’s immunization record. The interviewer should try to update this record at each scheduled time increment. After the 15-month interview we will attempt to obtain the medical record with the child’s immunization history. However, in some cases we will not be able to obtain the information from the medical record so it is important to try and gather this information from the parents during the interview. If the parent replies that the child is ‘up-to-date’ and cannot come up with any specific dates after prompting, then make a note of the response but do not write anything within the spaces for dates of immunizations. We will try and obtain the medical record at a later date. In order to obtain immunization records it is critical that we have a signed Medical Release form.

The interviewer should inquire regarding severe reactions to any immunization. The parameters for severe reactions are listed. No other reactions (i.e. rashes ) need to be recorded. If a reaction did occur, the date and type of reaction is noted in the appropriate area.

### **Page 34: Day Care**

- 6) These responses provide information regarding the child's exposure to day care.
- A. This question indicates if the child attended **any** sources of day care during the past 3 months. The interviewer should include churches, Health Clubs, and any other baby-sitters that resulted in exposure to children outside the immediate family. If the child did not attend any of these sources, the interviewer checks no and skips to page 35.
  - B. The age that the child began his primary daycare is recorded in this area. If the child's primary source of day care is a health club or church daycare then the age the child began attending is recorded.
  - C. The size of the primary day care should be recorded in this space.
  - D. The average number of days per week the child attends day care should be recorded in this space.
  - E. The number of hours per day, the child attends the daycare is entered.
  - F. The number of "other" daycare providers is entered.

"Other" daycare sources include **all** day care outside of the immediate family. (i.e. Baby-sitters, co-ops, churches, etc.).

### **Page 35: Stressful Events**

- 7) This group of questions investigates specific stressful events in the DAISY child's life. The date the stressor occurred is recorded in the designated area. It is important that the interviewer note that these may be highly personal issues for the family to discuss.
- 1) This response indicates if the DAISY child experienced a serious illness or injury that required a hospital stay.
  - 2 & 3) Did one of the parents/siblings of the DAISY child experience a serious illness, injury or operation.
  - 4) Was the DAISY child involved in a "bad" auto accident? "Bad" is defined as an accident that was a stressor to the DAISY child. This includes an accident that resulted in minimal monetary damages, but, resulted in creating stress that effected the DAISY child directly or indirectly. An example would be a fender bender that results in significant stress for the parent, which in turn, impacted the DAISY child.
  - 5) Separation or divorce of the child's parents.
  - 6) Death of the child's parents/ sibling.
  - 7) Death of friend/pet/other family member. These events 'count' as stressful events in the child's life if by the parent's assessment the child experienced stress related to the event. The death of a distant relative may or may not have caused stress in the child – the parent's assessment of whether or not it caused stress in the child determines whether or not the event is recorded.
  - 8) Whenever the family moves to a different residence it should be noted. It should also be indicated on a "change" form. This will ensure that the new address is entered into the database and will result in reducing the number of individuals lost to follow-up.

### Page 36: Pets

- 8)** This question determines whether the child had **any** contact with pets or farm animals during the first six months of life.
- A. The initial part of this question asks the parent if the child was exposed to a variety of animals. The number of each type of animal is noted by the interviewer. If the child was exposed to the animal in a location other than the child's residence the interviewer enters 0, but continues with the rest of the sections. When the child has no exposure at all the interviewer circles "no" and continues with the interview on page 37. This question is only to be asked at the 6 month time increment.
  - B. The remaining sections must be answered regarding each type of animal the child was exposed to during this time period.
  - C. The location the animal lives, amount, & type of contact the child had with the animal; is designated by circling the number that correlates with the response provided by the parent.

### Page 37: Crowding/Health Insurance

**9)** This response indicates the number of people who lived in the DAISY child's home when he was 6 months old.

This number should include the DAISY child.

**10)** The number entered represents the number of rooms in the home. This number includes the kitchen, but not the bathrooms.

**11)** The interviewer should indicate the current health insurance coverage, by placing a check by all current providers. If the family has a provider that is not listed the interviewer should specify the name in the designated space.

### Page 38: Changes

This page provides an overview of the updates that need to be completed prior to completing the interview process. This information decreases the likelihood of disenrollment of the DAISY child.

### Page 40: Health Care Provider

This page lists the health care providers of the DAISY child from birth. The name of the clinic/provider, location, phone number, and the child's age, while he was seen by the health care professional.

### Page 41: Residential History

This page provides information regarding the residential history of the DAISY child. This history includes the residence when the mother was pregnant with the DAISY child.

### **Page 42: Family Structure**

The family structure information includes the following information:

1. The name of the individual. This includes the study participant and all immediate relatives.
2. The individuals date of birth, gender, if they are diabetic, when/if they initiated treatment for their diabetes.
3. If the individual has celiac, and whether they have been on a gluten-free diet.
4. The cohort of the DAISY family and which disease the family member has experienced from the list.

### **Page 43: Diabetes Screening**

When a family member has been screened for diabetes at a location other than DAISY, the screening form should be completed for each individual that was screened for antibodies. When this section is completed it includes:

The name of the individual who was screened, their relationship to the DAISY child, where and when they were screened, and the results of the test.

### **Page 44: Alternate Contacts**

The alternate contact information provides DAISY with a resource for following individuals when they relocate. These individuals are contacted when all other venues have been exhausted.(i.e. calling information etc.).