



Baseline Evaluation (Pediatric)

General Instructions

The Baseline Evaluation Patient Questionnaire is to be completed by the parent/caregiver at the baseline evaluation. The questionnaire captures demographic information of both the patient and parent/caregiver.

The questionnaire is self-explanatory and the parent/caregiver should be asked to complete it without additional instructions or assistance. The clinical coordinator should not attempt to interpret, elaborate upon, or rephrase questions. If the parent/caregiver asks for assistance from the clinical coordinator, the coordinator should encourage the parent/caregiver to do his/her best to complete the form on his/her own.

The questionnaire will be available in multiple languages. For parents/caregivers not fluent in English, a translated version of the questionnaire should be used if available or the information may be obtained via interview by a certified translator. If the parent/caregiver is unable to understand the questions because of educational, cultural or language difficulties, and a trained translator is not available, help may be provided by the parent/caregiver's next of kin or friend. In these situations the person helping the parent/caregiver can read the questions to the parent/caregiver and record the answers, or supply the answers to the best of his/her knowledge.

The questionnaire is designed to be completed on-line via the HBRN web-based system. If completed on-line, the coordinator will initialize the session for the patient. The parent/caregiver will complete the questionnaire and then turn the session over to the coordinator. The coordinator will have the opportunity to review incomplete items with the parent/caregiver before exiting the session.

Specific Instructions

Patient ID: Record the Patient ID number in the top right hand corner of the page.

Date of Evaluation: Record the date (month/day/year) of the evaluation.

Form completed by: The parent/caregiver should be encouraged to provide the information without assistance. For parents/caregivers not fluent in English, translated versions of the questionnaire may be used if available or the information may be obtained via interview by a certified translator. If the parent/caregiver is unable to understand the questions because of educational, cultural or language difficulties, and a trained translator is not available, help may be provided by the next of kin or friend. In these situations the person helping the parent/caregiver can read the questions to the parent/caregiver and record the answers, or supply the answers to the best of his/her knowledge.

Check all that apply to indicate who completed the form or how the information was obtained (parent/caregiver, coordinator, interpreter, family member/friend or other).

Section I: Demographics

Gender: Check "Male" or "Female" for patient gender.

Date of birth: Record the date (month/day/year) of the patient's birth. If any part of the birth date is unknown, record "Unk" in that field and complete the remaining fields.



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- Ethnicity:** Check "Yes" or "No" to indicate if the parent/caregiver considers the patient to be Hispanic or Latino. Check "Prefer not to answer" if the parent/caregiver refuses to identify the patient's ethnicity. Hispanic or Latino is defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Race:** Check the appropriate category to indicate the race of the patient by the parent/caregiver. If the parent/caregiver identifies the patient as being of more than one race, check all that apply.
- White or Caucasian: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African-American: A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African-American".
- Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native: A person having origins in any of the original peoples of North, Central, or South America, and who maintains tribal affiliations or community attachment.
- Native Hawaiian or Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Other: If the patient's racial background is not listed, check "Other" and specify the patient's race in the space provided.
- Check "Prefer not to answer" if the patient refuses to identify race.
- Marital status:** Check the appropriate category (never married, married or living in a marriage-like relationship, widowed, divorced, or separated) to indicate the marital status of the parent/caregiver. Check "Prefer not to answer" if the parent/caregiver refuses to identify marital status.
- Total annual income:** Check the appropriate category that best represents the total annual household income, or check "Prefer not to answer" if the parent/caregiver refuses to provide the information. Total annual household income is defined as the combined gross annual income of all members of the household who contribute financially to the support of the household.