



# FOLLOW-UP GENERAL HISTORY (F13)

## SECTION B: INFORMATION ABOUT YOU

The following questions are about your relationship to the child who is participating in the study.

B1. What is your relationship to (*name of child*)?

- Mother..... 1 → (Skip to C1)
- Father..... 2 → (Skip to C1)
- Legal Guardian..... 3 → (Skip to C1)
- Other..... 4

a. If **OTHER**, specify your relationship: \_\_\_\_\_

(Such as: grandmother, stepfather, uncle, etc.)

## SECTION C: CHILD'S EDUCATION

The following questions are about the child's education. Specifically, the next question asks about the highest grade the child has completed. For example, if the child is currently in the 12<sup>th</sup> grade, then enter "11", or if the child is currently in the 6<sup>th</sup> grade, then enter "5". In addition, if the child is in the 1<sup>st</sup> grade, kindergarten or not yet in school, then enter "0".

C1. In the past year, what is the **highest** grade that (*name of child*) has COMPLETED?

\_\_\_ \_\_\_ Grade

Don't Know..... -8

C2. Does (*name of child*) attend school outside of the home?

- Yes..... 1
- No..... 2 → (Skip to D1)

C3. During the past school year, approximately how many days has (*name of child*) missed from school because of not feeling well?

\_\_\_ \_\_\_ Days

Don't Know..... -8

C4. Does (*name of child*) have an individualized educational plan? (An individualized educational plan includes special education and related services designed to address specific educational needs of children with disabilities. REFER TO QXQ FOR DETAILED DESCRIPTION.)

- Yes..... 1
- No..... 2
- Don't Know..... -8

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C5. Does (name of child) have a 504 plan at school? (A 504 plan is a program designed to assist students with physical or emotional disabilities or other special needs in a regular school environment. REFER TO QXQ FOR DETAILED DESCRIPTION.)

Yes..... 1  
No..... 2  
Don't Know..... -8

### SECTION D: CHILD'S FAMILY AND PRIMARY HOUSEHOLD

The following questions are to learn more about the child's home and with whom he or she lives.

D1. What is the current relationship between (*name of child*) **biological parents**?

Not married, living together..... 1  
Married, living together..... 2  
Married, separated..... 3  
Widowed..... 4  
Divorced..... 5  
Never married, not living together ..... 6  
Refuse to answer..... -7  
Don't Know..... -8

The following questions ask about the child's primary household. The primary household is the home in which the child lives at least half of the time.

D2. How many days per week does (*name of child*) live in the primary household?  
Indicate a number between 4 and 7.

\_\_\_ days  
Don't Know..... -8

D3. How many adults live in the primary household? Include **all persons at least 18 years of age**, including siblings and non-relatives.

\_\_\_ \_\_\_ adults  
Don't Know..... -8

D4. Which of the following adults (18 years or older) live in the primary household? (**Circle "Yes", "No" or "Don't Know" for EACH of the following.**)

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
a. Birth Mother.....	1	2	-8
b. Birth Father.....	1	2	-8
c. Step Mother/ Adoptive Mother.....	1	2	-8
d. Step Father/ Adoptive Father.....	1	2	-8
e. Other.....	1	2	-8

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D5. How many people under the age of 18 (including this child), live in the primary household (at least half the time)? Include **all persons under the age of 18**, including siblings and non-relatives.

\_\_\_ \_\_\_ people

Don't Know..... -8

D6. Do any of the people that live in the primary household (at least half the time) routinely smoke cigarettes, cigars, cigarillos or little cigars?

Yes..... 1

No..... 2

Don't Know..... -8

**The following questions are about the education level of the child's parents in the primary household. Remember, primary household is defined as the home in which the child lives at least half of the time.**

D7. What is the highest grade or level of school that (*name of child*) MOTHER (including birth, adoptive or stepmother) in the **primary household** has COMPLETED? For example, if completed high school enter "12 years", if completed 4-year college degree enter "16 years", and if completed doctoral degree enter "20 years."

\_\_\_ \_\_\_ Years

Don't Know..... -8

No Such Person..... -1

D8. What is the highest grade or level of school that (*name of child*) FATHER (including birth, adoptive or stepfather) in the **primary household** has COMPLETED? For example, if completed high school enter "12 years", if completed 4-year college degree enter "16 years", and if completed doctoral degree enter "20 years."

\_\_\_ \_\_\_ Years

Don't Know..... -8

No Such Person..... -1

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**For D9: ALLOW PARENT TO CIRCLE THE NUMBER IN THE FAR RIGHT COLUMN THAT CORRESPONDS TO THEIR TOTAL INCOME.**

D9. Please estimate the total income (before taxes) of all members of the **primary household**. Include **total income from wages, business, or investments** for all members of (*name of child*) primary household, by year, month, or week. Do **NOT** include social security, disability insurance, or other governmental assistance. **Circle** the number in the FAR RIGHT COLUMN that corresponds to the total income.

<u>YEAR</u>	<u>MONTH</u>	<u>WEEK</u>	
\$6,000 OR LESS.....	\$500 OR LESS.....	\$115 OR LESS.....	<b>1</b>
\$6,001 TO \$12,000.....	\$501 TO \$1,000.....	\$116 TO \$231 .....	<b>2</b>
\$12,001 TO \$18,000.....	\$1,001 TO \$1,500.....	\$232 TO \$346 .....	<b>3</b>
\$18,001 TO \$24,000.....	\$1,501 TO \$2,000.....	\$347 TO \$461 .....	<b>4</b>
\$24,001 TO \$30,000.....	\$2,001 TO \$2,500.....	\$462 TO \$577 .....	<b>5</b>
\$30,001 TO \$36,000.....	\$2,501 TO \$3,000.....	\$578 TO \$692 .....	<b>6</b>
\$36,001 TO \$75,000.....	\$3,001 TO \$6,250.....	\$693 TO \$1442 .....	<b>7</b>
MORE THAN \$75,000.....	MORE THAN \$6,250.....	MORE THAN \$1442.....	<b>8</b>

### SECTION E: CHILD'S FAMILY HISTORY

The health conditions and illnesses experienced by close family members can provide important information about the child's health. The following questions ask about the medical history of the child's biological family. The child's biological family includes his or her birth mother, birth father, grandparents, aunts, uncles, full brothers, full sisters and cousins. (This does not include great aunts, great uncles and great grandparents.) *Full brothers and full sisters are defined as siblings who have the same birth mother and birth father as the child.*

Some people who lost their parents at an early age, or who were adopted, may not have information on their birth family. If you are familiar with the health history of any of the members of the child's biological or birth family, please answer the following questions about these relatives' health to the extent that you are able. If you are uncertain of the answer to any question, please select "Don't Know." If you have trouble understanding anything I say, stop me and I will re-read the question.

E1. Do you have knowledge of the health history of any members of (*name of child*) birth family (i.e. parents, grandparents, aunts, uncles, siblings and cousins)?

Yes..... 1

No..... 2 → (Skip to F1)

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E2. How many **full** siblings does (*name of child*) have? (Full siblings are defined as brothers and sisters, who have the same birth mother and birth father as the child. Include deceased siblings.)

\_\_\_ \_\_\_ full (living and deceased) siblings → (If "0", skip to E5)

Don't Know ..... -8 → (Skip to E5)

E3. How many **living** full siblings does (*name of child*) have?

\_\_\_ \_\_\_ full (living) siblings

Don't Know ..... -8 → (Skip to E5)

E4. Please provide the date of birth for each of (*name of child*) full siblings (brothers & sisters).

**START F07s1**

a. Sibling 1      **Date of Birth**  
 \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_  
 M M D D Y Y Y Y  
 Don't Know..... -8

b. Sibling 2      \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_  
 M M D D Y Y Y Y  
 Don't Know..... -8

c. Sibling 3      \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_  
 M M D D Y Y Y Y  
 Don't Know..... -8

d. Sibling 4      \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_  
 M M D D Y Y Y Y  
 Don't Know..... -8

e. Sibling 5      **Date of Birth**  
 \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_  
 M M D D Y Y Y Y  
 Don't Know..... -8

f. Sibling 6      \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_  
 M M D D Y Y Y Y  
 Don't Know..... -8

g. Sibling 7      \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_  
 M M D D Y Y Y Y  
 Don't Know..... -8

h. Sibling 8      \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_  
 M M D D Y Y Y Y  
 Don't Know..... -8

**END F07s1**

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The next questions ask about the family members who were told they had kidney disease and the type of kidney disease they had.

- E5. a. In the past year, have any of **(name of child)** living or deceased biological family members been told by a health care professional that they had kidney disease in the past year?
- Yes..... 1  
 No..... 2 → **(Skip to E8)**  
 Don't know..... -8 → **(Skip to E8)**

**b. Which family members?**

**c. What type of kidney disease?**

	<u>Yes</u>	<u>No</u>	Alport's Hereditary Nephritis	Polycystic Kidney Disease	Focal Segmental Glomerulosclerosis	Reflux Nephropathy (Kidney/bladder Reflux)	Other	Don't Know
1 Mother.....	1	2 (#2)	1	2	3	4	5 (specify)	-8
							Specify: _____	
2 Father.....	1	2 (#3)	1	2	3	4	5 (specify)	-8
							Specify: _____	
3 Sibling (full brother or sister)...	1	2 (#4)	1	2	3	4	5 (specify)	-8
							Specify: _____	
4 Grandparents...	1	2 (#5)	1	2	3	4	5 (specify)	-8
							Specify: _____	
5 Aunts/Uncles....	1	2 (#6)	1	2	3	4	5 (specify)	-8
							Specify: _____	
6 Cousins.....	1	2 (E6)	1	2	3	4	5 (specify)	-8
							Specify: _____	

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Next, I am going to ask you some more questions about (*name of child*) biological family members.

- E6. a. In the past year, have any of (*name of child*) living or deceased biological family members been told by a health care professional that they had the SAME kidney disease?
- Yes..... 1
- No..... 2 → (Skip to E7)
- Don't know..... -8 → (Skip to E7)
- b. Which biological family members? Yes No  
(Circle "Yes" or "No" for EACH of the following.)
- |  |   |   |
|--|---|---|
| 1. Mother.....                         | 1 | 2 |
| 2. Father.....                         | 1 | 2 |
| 3. Sibling (full brother or sister)... | 1 | 2 |
| 4. Grandparents.....                   | 1 | 2 |
| 5. Aunts/Uncles.....                   | 1 | 2 |
| 6. Cousins.....                        | 1 | 2 |
- E7. a. In the past year, have any of (*name of child*) living or deceased biological family members had a kidney biopsy?
- Yes..... 1
- No..... 2 → (Skip to E8)
- Don't know..... -8 → (Skip to E8)
- b. Which biological family members? Yes No  
(Circle "Yes" or "No" for EACH of the following.)
- |   |   |   |
|---|---|---|
| 1. Mother.....                          | 1 | 2 |
| 2. Father.....                          | 1 | 2 |
| 3. Sibling (full brother or sister).... | 1 | 2 |
| 4. Grandparents.....                    | 1 | 2 |
| 5. Aunts/Uncles.....                    | 1 | 2 |
| 6. Cousins.....                         | 1 | 2 |



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- E8. a. In the past year, have any of (*name of child*) **living or deceased biological family members** been told by a health care professional (any doctor, nurse, physician assistant or nurse practitioner) that they had...
- b. Which **biological family members?** (Circle "Yes", "No", or "Don't Know" for EACH of the following)

		<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
1. High Blood Pressure or Hypertension				
Yes.....	1			
No.....	2 → (Skip to 2)			
Don't know.....	-8 → (Skip to 2)			
Mother.....	1	2	-8	
Father.....	1	2	-8	
Sibling (full brother or sister).....	1	2	-8	
Grandparents.....	1	2	-8	
Aunts/Uncles.....	1	2	-8	
Cousins.....	1	2	-8	

		<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
2. High Cholesterol				
Yes.....	1			
No.....	2 → (Skip to 3)			
Don't know.....	-8 → (Skip to 3)			
Mother.....	1	2	-8	
Father.....	1	2	-8	
Sibling (full brother or sister).....	1	2	-8	
Grandparents.....	1	2	-8	
Aunts/Uncles.....	1	2	-8	
Cousins.....	1	2	-8	

		<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
3. Diabetes (high blood sugar or sugar diabetes)				
Yes.....	1			
No.....	2 → (Skip to 4)			
Don't know.....	-8 → (Skip to 4)			
Mother.....	1	2	-8	
Father.....	1	2	-8	
Sibling (full brother or sister).....	1	2	-8	
Grandparents.....	1	2	-8	
Aunts/Uncles.....	1	2	-8	
Cousins.....	1	2	-8	

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(Circle “Yes”, “No” or “Don’t Know” for EACH of the following)

4.	Stroke before the age of 50	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
	Yes..... 1	Mother..... 1	2	-8
	No..... 2 → <b>(Skip to 5)</b>	Father..... 1	2	-8
	Don't know..... -8 → <b>(Skip to 5)</b>	Sibling (full brother or sister)..... 1	2	-8
		Grandparents..... 1	2	-8
		Aunts/Uncles..... 1	2	-8
		Cousins..... 1	2	-8
5.	Heart Attack before the age of 50	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
	Yes..... 1	Mother..... 1	2	-8
	No..... 2 → <b>(Skip to E9)</b>	Father..... 1	2	-8
	Don't know..... -8 → <b>(Skip to E9)</b>	Sibling (full brother or sister)..... 1	2	-8
		Grandparents..... 1	2	-8
		Aunts/Uncles..... 1	2	-8
		Cousins..... 1	2	-8

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- E9. a. In the past year, have any of (***name of child***) living or deceased **biological family members** had **dialysis** as treatment for kidney disease?
- Yes..... 1  
 No..... 2 → **(Skip to E10)**  
 Don't Know... -8 → **(Skip to E10)**
- b. Which **biological family members**?  
 (Circle "Yes", "No", or "Don't Know" for EACH of the following)
1. Mother \_\_\_\_\_ yrs old  
 Yes..... 1 Don't Know..... -8  
 No..... 2 → **(skip to 2)**  
 Don't Know..... -8
2. Father \_\_\_\_\_ yrs old  
 Yes..... 1 Don't Know..... -8  
 No..... 2 → **(skip to 3)**  
 Don't Know..... -8
3. Sibling (full brother or sister) \_\_\_\_\_ yrs old  
 Yes..... 1 Don't Know..... -8  
 No..... 2 → **(skip to 4)**  
 Don't Know..... -8
4. Grandparents \_\_\_\_\_ yrs old  
 Yes..... 1 Don't Know..... -8  
 No..... 2 → **(skip to 5)**  
 Don't Know..... -8
5. Aunts/Uncles \_\_\_\_\_ yrs old  
 Yes..... 1 Don't Know..... -8  
 No..... 2 → **(skip to 6)**  
 Don't Know..... -8
6. Cousins \_\_\_\_\_ yrs old  
 Yes..... 1 Don't Know..... -8  
 No..... 2 → **(skip to E10)**  
 Don't Know..... -8
- c. At what age was treatment started?  
 \_\_\_\_\_ yrs old  
 Don't Know..... -8

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- E10. a. In the past year, have any of (***name of child***) living or deceased biological family members had a kidney transplant as treatment for kidney disease?
- Yes..... 1  
 No..... 2 → (Skip to E11)  
 Don't Know... -8 → (Skip to E11)
- b. Which biological family members?  
 (Circle "Yes", "No", or "Don't Know" for EACH of the following)
1. Mother \_\_\_\_\_ yrs old  
 Yes..... 1 Don't Know..... -8  
 No..... 2 → (skip to 2)  
 Don't Know..... -8
2. Father \_\_\_\_\_ yrs old  
 Yes..... 1 Don't Know..... -8  
 No..... 2 → (skip to 3)  
 Don't Know..... -8
3. Sibling (full brother or sister) \_\_\_\_\_ yrs old  
 Yes..... 1 Don't Know..... -8  
 No..... 2 → (skip to 4)  
 Don't Know..... -8
4. Grandparents \_\_\_\_\_ yrs old  
 Yes..... 1 Don't Know..... -8  
 No..... 2 → (skip to 5)  
 Don't Know..... -8
5. Aunts/Uncles \_\_\_\_\_ yrs old  
 Yes..... 1 Don't Know..... -8  
 No..... 2 → (skip to 6)  
 Don't Know..... -8
6. Cousins \_\_\_\_\_ yrs old  
 Yes..... 1 Don't Know..... -8  
 No..... 2 → (skip to E11)  
 Don't Know..... -8
- c. At what age was transplant performed?

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- E11. In the past year, has the birth mother been pregnant?  
Yes..... 1  
No..... 2 **(skip to E13)**
- E12. In the past year, have any of the birth mother's pregnancies resulted in the following?  
**(Circle "Yes", "No" or "Don't Know" for EACH of the following)**
- |                                       | <u>Yes</u> | <u>No</u> | <u>Don't Know</u> |
|---------------------------------------|------------|-----------|-------------------|
| Stillbirth (fetus died at birth)..... | 1          | 2         | -8                |
| Miscarriage.....                      | 1          | 2         | -8                |
- E13. In the past year, has (*name of child*) birth mother had recurrent Urinary Tract Infections (UTI)?  
Yes..... 1  
No..... 2  
Don't Know..... -8
- E14. In the past year, has (*name of child*) birth father had recurrent Urinary Tract Infections (UTI)?  
Yes..... 1  
No..... 2  
Don't Know..... -8
- E15. In the past year, have any of (*name of child*) siblings had recurrent Urinary Tract Infections (UTI)?  
Yes..... 1  
No..... 2  
Don't Know..... -8  
N/A, child does not have any siblings..... -1

**SOME OF THE FOLLOWING QUESTIONS MAY BE EMBARRASSING TO THE CHILD. ASK THIS SECTION OF QUESTIONS WHEN THE CHILD IS NOT IN THE ROOM.**

### SECTION F: CHILD'S DEVELOPMENTAL HISTORY

The following questions are to learn more about the child's development.

- F1. At the first CKiD study visit, was (*name of child*) older than 5 years of age?  
Yes..... 1 → **(Skip to F4)**  
No..... 2
- F2. a. Is (*name of child*) currently older than 5 years of age?  
Yes..... 1 → **(Skip to F2c)**  
No..... 2

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- b. Is (*name of child*) currently breast-fed?
- Yes..... 1 → **(Skip to F3)**  
No..... 2  
Don't Know..... -8 → **(Skip to F3)**
- c. Was (*name of child*) breast-fed?
- Yes..... 1  
No..... 2 → **(Skip to F3)**  
Don't Know..... -8 → **(Skip to F3)**
- d. How old was (*name of child*) when he/she was weaned from breast feeding?  
**(Please circle "1" for years, "2" for months, "3" for weeks or "4" for days.)**
- Age \_\_\_ \_\_\_ 1 = years  
                  2 = months  
                  3 = weeks  
                  4 = days
- Don't Know..... -8

- F3. Is (*name of child*) currently bottle-fed?
- Yes..... 1 → **(Skip to F4)**  
No..... 2  
Don't Know..... -8 → **(Skip to F4)**
- a. Was (*name of child*) bottle-fed?
- Yes..... 1  
No..... 2 → **(Skip to F4)**  
Don't Know..... -8 → **(Skip to F4)**
- b. How old was (*name of child*) when he/she was weaned from bottle feeding?  
**(Please circle "1" for years, "2" for months, "3" for weeks or "4" for days)**
- Age \_\_\_ \_\_\_ 1 = years  
                  2 = months  
                  3 = weeks  
                  4 = days
- Don't Know ..... -8

**FOR QUESTION F4 – F5, PLEASE PAY CLOSE ATTENTION TO THE SKIP PATTERNS.  
FOLLOW EACH SKIP PATTERN CAREFULLY. IT IS IMPORTANT TO ANSWER EACH QUESTION  
ACCORDING TO THE SKIP PATTERN.**

- F4. In the past year, has (*name of child*) had any wetness or leakage of urine (accidents) during the day or night?
- Yes..... 1  
No..... 2 → **(Skip to c)**  
Don't Know..... -8 → **(Skip to c)**

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- a. In the past year, is (*name of child*) wet during the day?  
Yes..... 1  
No..... 2  
Don't Know..... -8
- b. In the past year, is (*name of child*) wet during the night?  
Yes..... 1  
No..... 2  
Don't Know..... -8
- c. In the past year, has (*name of child*) catheterized the bladder (i.e., put a tube in the bladder)?  
Yes..... 1  
No..... 2 → **(Skip to F5)**  
Don't Know..... -8 → **(Skip to F5)**
- i. In the past year, has (*name of child*) catheterized through the urethra?  
    Yes..... 1  
    No..... 2  
    Don't Know..... -8
- ii. In the past year, has (*name of child*) catheterized through a stoma?  
    Yes..... 1  
    No..... 2  
    Don't Know..... -8
- F5. At the first CKiD study visit, was (*name of child*) toilet trained?  
Yes..... 1 → **(Skip to F6)**  
No..... 2  
Don't Know..... -8 → **(Skip to F6)**
- a. Is (*name of child*) currently toilet trained?  
Yes..... 1  
No..... 2 → **(Skip to F6)**  
Don't Know..... -8 → **(Skip to F6)**
- b. When was (*name of child*) toilet trained?  
Age \_\_\_ \_\_\_ years
- c. After toilet training, did bed-wetting occur?  
Yes..... 1  
No..... 2 → **(Skip to d)**  
Don't Know..... -8 → **(Skip to d)**

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- i. Does bed-wetting still occur?
- Yes..... 1 → **(Skip to iii)**
- No..... 2
- Don't Know..... -8 → **(Skip to c)**
- ii. At what age did bed-wetting stop?  
**(Please circle "1" for years and "2" for months)**
- Age \_\_\_\_ 1 = years  
          2 = months
- Don't Know..... -8
- iii. Were medical reasons the cause of bed-wetting?
- Yes..... 1
- No..... 2
- Don't Know..... -8
- d. After toilet training, did bed-soiling occur?
- Yes..... 1
- No..... 2 → **(Skip to F6)**
- Don't Know..... -8 → **(Skip to F6)**
- i. Does bed-soiling still occur?
- Yes..... 1 → **(Skip to iii)**
- No..... 2
- Don't Know..... -8 → **(Skip to F6)**
- ii. At what age did bed-soiling stop?  
**(Please circle "1" for years and "2" for months)**
- Age \_\_\_\_ 1 = years  
          2 = months
- Don't Know..... -8
- iii. Were medical reasons the cause of bed-soiling?
- Yes..... 1
- No..... 2
- Don't Know..... -8



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F6. In the past year, has (*name of child*) experienced any of the following problems?  
**(Circle “Yes”, “No” or “Don’t Know” for EACH of the following)**

	Yes	No	Don’t Know
a. Feeding problem.....	1	2	-8
b. Eating disorder.....	1	2	-8
c. Underweight problem.....	1	2	-8
d. Overweight problem.....	1	2	-8
e. Walking difficulty.....	1	2	-8
f. Unclear speech.....	1	2	-8
g. Sleep problem.....	1	2	-8
h. Colic.....	1	2	-8

F7. Which hand does (*name of child*) primarily use to write?

- Primarily right ..... 1  
 Primarily left ..... 2

F8. At the first CKiD study visit, was (*name of child*) 4 years of age or older?

- Yes..... 1 → **(END)**  
 No..... 2  
 Don’t Know..... -8

a. Is (*name of child*) currently 4 years of age or older?

- Yes..... 1  
 No..... 2 → **(END)**  
 Don’t Know..... -8 → **(END)**

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F9. During (*name of child*) first 4 years, were any problems noted in the areas listed below? Indicate yes, no or don't know for each of the following.

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
a. Eating.....	1	2	-8
b. Excessive crying.....	1	2	-8
c. Failure to thrive.....	1	2	-8
d. Motor skills.....	1	2	-8
e. Separating from parents.....	1	2	-8
f. Sleeping too little.....	1	2	-8
g. Sleeping too much.....	1	2	-8
h. Temper tantrums.....	1	2	-8

**TO BE COMPLETED BY CLINICAL SITE:**

**DATE:**    \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_  
                   M M / D D / Y Y Y Y

**INITIALS:**    \_\_\_ \_\_\_

**ADMINISTRATION:**            1 = Interviewer Assisted  
 (Circle "1", "2" or "3")        2 = Self-Administered  
   3 = Both