

ABBREVIATED FOLLOW-UP GENERAL HISTORY (F13a)

SECTION B: INFORMATION ABOUT YOU

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

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

- | | | |
|---------------------|---|----------------|
| Mother..... | 1 | → (Skip to C1) |
| Father..... | 2 | → (Skip to C1) |
| Legal Guardian..... | 3 | → (Skip to C1) |
| Self..... | 5 | → (Skip to C1) |
| Other..... | 4 | |

a. If **OTHER**, specify your relationship: _____

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

SECTION C: PARTICIPANT'S EDUCATION

The following questions are about the participant's education. Specifically, the next question asks about the highest grade or level of school the participant has completed. For example, if the participant is currently in the 12th grade, then enter "11", or if the participant is currently in the 6th grade, then enter "5". In addition, if the participant is in the 1st grade, kindergarten or pre-school/pre-K, then enter "0" or if participant is a sophomore in college, then enter "13".

C1. What is the **highest** grade or level of school that (*name of participant*) has COMPLETED?

___ ___ Grade

Don't Know..... -8

Not Applicable/child less than 5 years old
and does not attend pre-school/pre-k..... -1

C2. Does (*name of participant*) attend school (including pre-school and pre-K) outside of the home?

Yes..... 1

No..... 2 → (Skip to D1)

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

___ ___ Days

Don't Know..... -8

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The next two questions refer to service(s) the participant is currently receiving unless this form is completed during the summertime when school is not in session. If this form is completed during the summer months, please refer to the service(s) the participant received during the past school year.

- C4. Does (name of participant) have an individualized educational plan (IEP)? (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
Not Applicable/child less than 5 years old..... -1 → **(Skip to D1)**
- C5. Does (name of participant) have a 504 plan at school (or equivalent for Canadian sites)? (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: PARTICIPANT'S FAMILY AND PRIMARY HOUSEHOLD

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

- D1. What is the current relationship between (*name of participant*) 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

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The following questions ask about the participant's primary household. The primary household is the parent/guardian's home in which the participant lives at least half of the time. If the participant does not live with a parent/guardian (living independently, attending college or boarding school, emancipated, etc.), then the primary household is the parent/guardian's home where the participant used to live at least half the time prior to living independently.

D2. How many days per week does (*name of participant*) live in the primary household? Indicate a number between 4 and 7. (For participants who do not live with a parent/guardian, indicate the number of days the participant lived in parent/guardian's home prior to living independently.)

___ days

Don't Know..... -8

D3. How many people live in the primary household at least half the time?

___ ___ people

Don't Know..... -8

D4. How many adults live in the primary household at least half the time? An adult is a person at least 18 years of age. Include **all persons at least 18 years of age**, including siblings and non-relatives. Include participant if 18 years of age.

___ ___ adults

Don't Know..... -8

D5. Which of the following adults (18 years of age or older) live in the primary household at least half the time? Include the participant, if applicable. (**Circle "Yes", "No" or "Don't Know" for EACH of the following.**)

	Yes	No	Don't Know
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. Participant.....	1	2	-8
f. Other.....	1	2 (Skip to D6)	-8 (Skip to D6)
i. Specify: _____			

D6. Do any of the people, adults or children, living 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

Deleted Questions D7 and D8.

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For D9: ALLOW RESPONDENT 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 participant*) 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.....	1
\$6,001 TO \$12,000.....	\$501 TO \$1,000.....	\$116 TO \$231.....	2
\$12,001 TO \$18,000.....	\$1,001 TO \$1,500.....	\$232 TO \$346.....	3
\$18,001 TO \$24,000.....	\$1,501 TO \$2,000.....	\$347 TO \$461.....	4
\$24,001 TO \$30,000.....	\$2,001 TO \$2,500.....	\$462 TO \$577.....	5
\$30,001 TO \$36,000.....	\$2,501 TO \$3,000.....	\$578 TO \$692.....	6
\$36,001 TO \$75,000.....	\$3,001 TO \$6,250.....	\$693 TO \$1442.....	7
MORE THAN \$75,000.....	MORE THAN \$6,250.....	MORE THAN \$1442.....	8
Don't know.....			-8

D9a. What is the current employment status of (*name of participant*) MOTHER (including birth, adoptive or stepmother) in the **primary household**?

- Working full-time (35 hours or more per week)..... 1
- Working part-time (less than 35 hours per week)..... 2
- Unemployed but seeking work..... 3 → **Skip to D9b**
- Unemployed not seeking work..... 4 → **Skip to D9b**
- Student..... 5 → **Skip to D9b**
- Retired..... 6 → **Skip to D9b**
- Disability..... 7 → **Skip to D9b**
- No such person in household/Not Applicable..... -1 → **Skip to D9b**
- Don't Know..... -8 → **Skip to D9b**

i. Is (*name of participant*) MOTHER in the **primary household** self-employed?

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

D9b. What is the current employment status of (*name of participant*) FATHER (including birth, adoptive or stepfather) in the **primary household**?

- Working full-time (35 hours or more per week)..... 1
- Working part-time (less than 35 hours per week)..... 2
- Unemployed but seeking work..... 3 → **Skip to D9c**
- Unemployed not seeking work..... 4 → **Skip to D9c**
- Student..... 5 → **Skip to D9c**
- Retired..... 6 → **Skip to D9c**
- Disability..... 7 → **Skip to D9c**
- No such person in household/Not Applicable..... -1 → **Skip to D9c**
- Don't Know..... -8 → **Skip to D9c**

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i. Is (*name of participant*)'s FATHER in the **primary household** self-employed?

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

D9c. What is the current employment status of (*name of participant*)?

	Yes	No	N/A	Don't Know
Working full-time (35 hours or more per week)	1	2	-1	-8
Working part-time (less than 35 hours per week)....	1	2	-1	-8
Disability income.....	1	2	-1	-8
Student.....	1	2	-1	-8
Unemployed but seeking work.....	1 (skip to D10)	2	-1 (skip to D10)	-8 (skip to D10)
Unemployed not seeking work.....	1 (skip to D10)	2	-1 (skip to D10)	-8 (skip to D10)

i. Is (*name of participant*) self-employed?

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

D10. What is the zip code where the participant currently lives at least half of the time)?

____ _
 Don't Know..... -8

D11. Has the participant lived at the current zip code for more than 1 year?

Yes..... 1 (**Skip to D12**)
 No..... 2
 Don't Know..... -8 (**Skip to F1**)

a. Approximately how many months has the participant lived at the current zip code?

____ _ months
 Don't Know..... -8

b. What was the zip code where the participant previously lived?

____ _
 Don't Know..... -8

c. Approximately, how many years did the participant live at the previous zip code?

____ _ . ____ _ years (**Skip to F1**)
 Don't Know..... -8 (**Skip to F1**)

D12. Approximately, how many years has the participant lived at the current zip code?

____ _ . ____ _ years
 Don't Know..... -8

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- D13. Is the participant's zip code and their parents/guardians' zip code the same?
Yes..... 1 **(Skip to F1)**
No..... 2
Don't Know..... -8 **(Skip to F1)**
- D14. What is the current zip code of the parent(s)/guardian(s) (i.e., the parent(s)/guardian(s) home where the participant used to live at least half the time prior to living independently)?

Don't Know..... -8
- D15. Approximately, how long have the parent(s)/guardian(s) lived at the current zip code?
____ year(s) ____ month(s)
Don't Know..... -8

Deleted Section E.

SECTION F: PARTICIPANT'S DEVELOPMENTAL HISTORY

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

- F1. At the last CKiD study visit, was (*name of participant*) older than 5 years of age?
Yes..... 1 → **(Skip to F4)**
No..... 2
- F2. a. Is (*name of participant*) currently older than 5 years of age?
Yes..... 1 → **(Skip to F2c)**
No..... 2
- b. Is (*name of participant*) currently breast-fed?
Yes..... 1 → **(Skip to F3)**
No..... 2
Don't Know..... -8 → **(Skip to F3)**
- c. Was (*name of participant*) breast-fed?
Yes..... 1
No..... 2 → **(Skip to F3)**
Don't Know..... -8 → **(Skip to F3)**
- d. How old was (*name of participant*) 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 = year(s)
 2 = months
 3 = week(s)
 4 = days
Don't Know..... -8

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- F3. Is (*name of participant*) currently bottle-fed?
- Yes..... 1 → **(Skip to F4)**
No..... 2
Don't Know..... -8 → **(Skip to F4)**
- a. Was (*name of participant*) bottle-fed?
- Yes..... 1
No..... 2 → **(Skip to F4)**
Don't Know..... -8 → **(Skip to F4)**
- b. How old was (*name of participant*) 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 = year(s)
 2 = months
 3 = week(s)
 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 participant*) 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)**
- a. In the past year, is (*name of participant*) wet during the day?
- Yes..... 1
No..... 2
Don't Know..... -8
- b. In the past year, is (*name of participant*) wet during the night?
- Yes..... 1
No..... 2
Don't Know..... -8
- c. In the past year, has (*name of participant*) 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 participant*) catheterized through the urethra?
- Yes..... 1
No..... 2
Don't Know..... -8

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ii. In the past year, has (*name of participant*) catheterized through a stoma?

Yes..... 1

No..... 2

Don't Know..... -8

F5. At the last CKiD study visit, was (*name of participant*) toilet trained?

Yes..... 1 → **(Skip to F6)**

No..... 2

Don't Know..... -8 → **(Skip to F6)**

a. Is (*name of participant*) currently toilet trained?

Yes..... 1

No..... 2 → **(Skip to F6)**

Don't Know..... -8 → **(Skip to F6)**

b. When was (*name of participant*) 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)**

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

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- d. After toilet training, did bed-soiling occur?
- Yes..... 1
No..... 2 → (END)
Don't Know..... -8 → (END)
- i. Does bed-soiling still occur?
- Yes..... 1 → (Skip to iii)
No..... 2
Don't Know..... -8 → (END)
- 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

Deleted Questions F6, F7, F8, F9 and Section G.

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