Baseline Evaluation - Patient (Pediatric)

Patient ID __ __ - __ **ID** __ __ - __ __ __

Date of Evaluation: **DOEDATE**

Instructions: *This questionnaire asks about you and your child. Please read each question carefully and then answer each question as completely and honestly as possible.*

Form completed by *(check all that apply)*:
☐ Parent/caregiver **COMT** ☐ Coordinator **COMC** ☐ Interpreter **COMI**
☐ Family member/friend **COMF**   ☐ Other **COMO**

SECTION I: DEMOGRAPHICS

1. Gender of child: 1 ☐ Male   2 ☐ Female **SEX**

2. Child's date of birth *(mm/dd/yyyy)*: ___ / ___ / ____ **DOBM / DOBD / DOBY**

3. Do you consider your child to be Hispanic or Latino?   ☐ Yes ☐ No   ☐ Prefer not to answer   **HISP**

4. What race is your child *(check all that apply)*? **RPRACE**

   ☐ White or Caucasian   **RACEW**   ☐ American Indian or Alaska Native   **RACEI**
   ☐ Black or African-American **RACEB**   ☐ Native Hawaiian or other Pacific Islander **RACEH**
   ☐ Asian   **RACEA**   ☐ Other _____ **RACEO / RACEOS**
   ☐ Prefer not to answer   **RACER**

5. What is your current marital status?   **MARITAL**

   1 ☐ Never married
   2 ☐ Married or Living in a marriage-like relationship
   3 ☐ Widowed
   4 ☐ Divorced or Separated   ☐ Prefer not to answer

6. Which of these categories best represent your total annual household income?   **INCOME**

   1 ☐ less than $25,000
   2 ☐ $25,000 - $49,999
   3 ☐ $50,000 - $74,999
   4 ☐ $75,000 - $99,999
   5 ☐ $100,000 - $199,999
   6 ☐ more than $200,000   ☐ Prefer not to answer

Thank you for completing this questionnaire!