



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): ___ / ___ / ___ **DOB** / **DOB** / **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!