

A1. Site/Study ID #: \_\_\_\_\_ / G \_\_\_\_\_ A2. Date of Interview: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year A3. Staff Initials: \_\_\_\_\_  
 To DCC

A5. This form is to be completed by interview with the participant, participant's parent(s) or guardian(s). Please indicate below the source(s) of information for this form (check all that apply).

- a.  Biological Mother DMG3AA5A V2(2)
- b.  Mother, not biological DMG3AA5B V2(2)
- c.  Biological Father DMG3AA5C V2(2)
- d.  Father, not biological DMG3AA5D V2(2)
- e.  Guardian DMG3AA5E V2(2)
- f.  Medical Record DMG3AA5F V2(2)
- g.  Participant DMG3AA5G V2(2)
- h.  Other (Specify: \_\_\_\_\_ DMG3AA5H V2(2) DMG3AA5HSPV2(300) \_\_\_\_\_)

A6. This source speaks English adequately: 1.  Yes 2.  No DMG3AA06 V2(3)

A7. There was a translator who interpreted: 1.  Yes 2.  No DMG3AA07 V2(3)

**SECTION B: PARTICIPANT'S DEMOGRAPHICS**

B1. What is the participant's place of birth? City \_\_\_\_\_ DMG3AB1C V2(30) \_\_\_\_\_  
 State \_\_\_\_\_ DMG3AB1ST V2(2) \_\_\_\_\_  
 Zip Code \_\_\_\_\_ DMG3AB1ZC V2(10) \_\_\_\_\_  
 Country \_\_\_\_\_ DMG3AB1CO V2(30) \_\_\_\_\_

B2. What is the participant's gender? 1.  Male 2.  Female DMG3AB02 V2(3)

B3. What is the participant's ethnicity? DMG3AB03 V2(3)

- 1.  Hispanic, Latino, or Spanish origin
- 2.  Not Hispanic, Latino, or Spanish origin
- 66.  Unknown or not reported
- 9.  Refused

B4. What is the participant's racial background?

- a.  American Indian or Alaska Native DMG3AB04A V2(2)
- b.  Asian DMG3AB04B V2(2)
- c.  Black or African American DMG3AB04C V2(2)
- d.  Native Hawaiian or Other Pacific Islander DMG3AB04D V2(2)
- e.  White DMG3AB04E V2(2)
- 66.  Unknown or not reported DMG3AB04F V2(2)
- 9.  Refused DMG3AB04G V2(2)

DMG3ACMNT V2(800)