



## CHILDRENLink: LOGIC

## Family Demographics LOGIC G1

## C: BIOLOGICAL PARENTS

C8	<p>What is the racial background of the biological parent? (check all that apply)</p>	<input type="checkbox"/> American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.) <input type="checkbox"/> Asian (includes Indian sub-continent) (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.) <input type="checkbox"/> Black or African American (A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American.") <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.) <input type="checkbox"/> White (includes Middle Eastern) (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.) <input type="checkbox"/> Refused <input type="checkbox"/> Unknown (This category should be used when a subject denies reporting these or when the subject is unable to answer this and the investigator deems it appropriate to use this category instead of other means of data collection (e.g. medical records, family members, etc.))
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## E: HOUSEHOLD

E1	<p>Does the subject currently live in or on a:</p>	<input type="radio"/> Farm <input type="radio"/> Suburban area <input type="radio"/> Refused	<input type="radio"/> Rural area <input type="radio"/> Urban area <input type="radio"/> Unknown
E2	<p>How long has the subject lived at this location?</p>	<p>_____ <input type="radio"/> Months  <input type="radio"/> Entire life</p>	<p><input type="radio"/> Years  <input type="radio"/> Unknown</p>
E3	<p>What is the household's annual income where the subject lives?</p>	<input type="radio"/> ≤ \$25,000 <input type="radio"/> \$50,001 to \$75,000 <input type="radio"/> More than \$100,000 <input type="radio"/> Unknown	<input type="radio"/> \$25,001 to \$50,000 <input type="radio"/> \$75,001 to \$100,000 <input type="radio"/> Refused
E4	<p>How many persons live in the subject's household?</p>	_____	

**E: HOUSEHOLD**

E5	What type of medical insurance does the subject have? (Check all that apply)	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicaid HMO <input type="checkbox"/> Private Insurance <input type="checkbox"/> Other HMO <input type="checkbox"/> Self-pay <input type="checkbox"/> Both private & public assistance (e.g. Medicaid, CHIPS) <input type="checkbox"/> No insurance upon admission/referral <input type="checkbox"/> OHIP (applicable to Canadian participants only) <input type="checkbox"/> OHIP and private (applicable to Canadian participants only) <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
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