

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

A4. This form is to be completed by interview with a subject's parent(s) or guardian(s). Please indicate below the primary source(s) of information for this form (check all that apply) :

- a.  Biological Mother      d.  Mother, not biological  
 b.  Biological Father      e.  Father, not biological  
 c.  Guardian(s)      f.  Medical Record      g.  Other (Specify: \_\_\_\_\_)

- A5. The primary source speaks English adequately      1.  No      2.  Yes → **Go to B1**  
 a. There was a translator who interpreted      1.  No      2.  Yes

### SECTION B: INFANT DEMOGRAPHICS

B1. What is *the infant's* date of birth?      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month      Day      Year

B2. What is *the infant's* gender?      1.  Male      2.  Female

B3. Is *the infant* Hispanic or Latino?      1.  No      2.  Yes      3.  DK      9.  Refused

B4. What is *the infant's* racial background (check all that apply)?

- a.  American Indian or Alaska Native  
 b.  Asian  
 c.  Black or African American  
 d.  Native Hawaiian or Other Pacific Islander  
 e.  White  
 f.  Other (Specify: \_\_\_\_\_)  
 g.  DK  
 h.  Refused
- i. *If more than one response was chosen for B4a-B4g: What would you say is the infant's primary racial background? (choose only one)*
1.  American Indian or Alaska Native  
 2.  Asian  
 3.  Black or African American  
 4.  Native Hawaiian or Other Pacific Islander  
 5.  White  
 6.  Other (Specify: \_\_\_\_\_)  
 9.  Refused

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## SECTION C: BIOLOGICAL PARENTS DEMOGRAPHICS

	Biological Mother	Biological Father
C1. <i>The person being interviewed is the biological parent herself or himself?</i>	1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes → <b>Go to C3</b>	1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes → <b>Go to C3</b>
C2. <i>If not, can the person being interviewed provide information on the biological parent? (If yes, ask C3-C13 with respect to the biological parent)</i>	1. <input type="checkbox"/> No → <b>Go to D1</b> 2. <input type="checkbox"/> Yes	1. <input type="checkbox"/> No → <b>Go to D1</b> 2. <input type="checkbox"/> Yes
C3. How old were you when this infant was born?	____ Years	____ Years
C4. What is your current height?	____ feet ____ inches <u>OR</u> ____ cm	____ feet ____ inches <u>OR</u> ____ cm
C5. What is your current weight?	____ lbs <u>OR</u> ____ kg	____ lbs <u>OR</u> ____ kg
C6. Are you Hispanic or Latino?	1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes 3. <input type="checkbox"/> DK 9. <input type="checkbox"/> Refused	1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes 3. <input type="checkbox"/> DK 9. <input type="checkbox"/> Refused
C7. What is your racial background (check all that apply)?	a. <input type="checkbox"/> American Indian or Alaska Native b. <input type="checkbox"/> Asian c. <input type="checkbox"/> Black or African American d. <input type="checkbox"/> Native Hawaiian or Other Pacific Islander e. <input type="checkbox"/> White f. <input type="checkbox"/> Other (Specify _____) g. <input type="checkbox"/> DK h. <input type="checkbox"/> Refused	a. <input type="checkbox"/> American Indian or Alaska Native b. <input type="checkbox"/> Asian c. <input type="checkbox"/> Black or African American d. <input type="checkbox"/> Native Hawaiian or Other Pacific Islander e. <input type="checkbox"/> White f. <input type="checkbox"/> Other (Specify _____) g. <input type="checkbox"/> DK h. <input type="checkbox"/> Refused
i. (If more than one option is chosen in C7, ask What is your <u>primary</u> racial background?)	1. <input type="checkbox"/> American Indian or Alaska Native 2. <input type="checkbox"/> Asian 3. <input type="checkbox"/> Black or African American 4. <input type="checkbox"/> Native Hawaiian or Other Pacific Islander 5. <input type="checkbox"/> White 6. <input type="checkbox"/> Other (Specify _____) 9. <input type="checkbox"/> Refused	1. <input type="checkbox"/> American Indian or Alaska Native 2. <input type="checkbox"/> Asian 3. <input type="checkbox"/> Black or African American 4. <input type="checkbox"/> Native Hawaiian or Other Pacific Islander 5. <input type="checkbox"/> White 6. <input type="checkbox"/> Other (Specify _____) 9. <input type="checkbox"/> Refused

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- C8. What is your marital status? (*Check only one*)
- |    | <b>Biological Mother</b>                   | <b>Biological Father</b>                   |
|----|--|--|
| 1. | <input type="checkbox"/> Single            | <input type="checkbox"/> Single            |
| 2. | <input type="checkbox"/> Legally married   | <input type="checkbox"/> Legally married   |
| 3. | <input type="checkbox"/> Living as married | <input type="checkbox"/> Living as married |
| 4. | <input type="checkbox"/> Separated         | <input type="checkbox"/> Separated         |
| 5. | <input type="checkbox"/> Divorced          | <input type="checkbox"/> Divorced          |
| 6. | <input type="checkbox"/> Widowed           | <input type="checkbox"/> Widowed           |
| 9. | <input type="checkbox"/> Refused           | <input type="checkbox"/> Refused           |
- C9. What is your highest completed level of education? (*Check only one*)
- |    |   |   |
|----|---|---|
| 1. | <input type="checkbox"/> Less than high school              | <input type="checkbox"/> Less than high school              |
| 2. | <input type="checkbox"/> High school graduate or equivalent | <input type="checkbox"/> High school graduate or equivalent |
| 3. | <input type="checkbox"/> Some college                       | <input type="checkbox"/> Some college                       |
| 4. | <input type="checkbox"/> College degree                     | <input type="checkbox"/> College degree                     |
| 5. | <input type="checkbox"/> Graduate degree                    | <input type="checkbox"/> Graduate degree                    |
| 9. | <input type="checkbox"/> Refused                            | <input type="checkbox"/> Refused                            |
- C10. What was your residential zip code at the time of your infant's birth? \_\_\_\_\_
1.  Foreign      2.  DK
- a. (*If the infant was born outside of the United States*) In what country was the infant born? \_\_\_\_\_
- C11. During the pregnancy, did you (*the intent is the mother*) live in or on: (*Check all that apply*)
- a.  a farm
- b.  a rural area
- c.  a suburban area
- d.  an urban area
- e.  Refused
- C12. Do you (*the intent is the infant*) currently live in or on: (*Check only one*)
1.  a farm      2.  a rural area      3.  a suburban area
4.  an urban area      9.  Refused
- a. How many years have you lived at this location? \_\_\_\_\_ Years    OR    \_\_\_\_\_ Months
- C13. What is your household's annual income?
1.  ≤ \$25,000      2.  \$25,001 to \$50,000      3.  \$50,001 to \$75,000
4.  \$75,001 to \$100,000      5.  More than \$100,000      6.  DK      9.  Refused

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**SECTION D: Complete this section ONLY if the infant is not living with a BIOLOGICAL parent(s). Otherwise, go to SECTION E.**

	Caretaker 1	Caretaker 2
D1. Who is the primary caretaker?	1. <input type="checkbox"/> Infant's parent 2. <input type="checkbox"/> Infant's guardian 3. <input type="checkbox"/> Other: _____ 8. <input type="checkbox"/> NA → Go to E1	1. <input type="checkbox"/> Infant's parent 2. <input type="checkbox"/> Infant's guardian 3. <input type="checkbox"/> Other: _____ 8. <input type="checkbox"/> NA → Go to E1
D2. Sex of caretaker:	1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female	1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female
D3. What is the highest completed level of education of the caretaker? (Check only one)	1. <input type="checkbox"/> Less than high school 2. <input type="checkbox"/> High school graduate or equivalent 3. <input type="checkbox"/> Some college 4. <input type="checkbox"/> College degree 5. <input type="checkbox"/> Graduate degree 9. <input type="checkbox"/> Refused	1. <input type="checkbox"/> Less than high school 2. <input type="checkbox"/> High school graduate or equivalent 3. <input type="checkbox"/> Some college 4. <input type="checkbox"/> College degree 5. <input type="checkbox"/> Graduate degree 9. <input type="checkbox"/> Refused
D4. Does the infant currently live in or on: (Check only one)		
1. <input type="checkbox"/> a farm                      2. <input type="checkbox"/> a rural area                      3. <input type="checkbox"/> a suburban area 4. <input type="checkbox"/> an urban area                      9. <input type="checkbox"/> Refused		
a. How long has the infant lived at this location? _____ Months		
1. <input type="checkbox"/> Entire life		
D5. What is the household's annual income where the infant lives?		
1. <input type="checkbox"/> ≤ \$25,000                      2. <input type="checkbox"/> \$25,001 to \$50,000                      3. <input type="checkbox"/> \$50,001 to \$75,000 4. <input type="checkbox"/> \$75,001 to \$100,000                      5. <input type="checkbox"/> More than \$100,000                      6. <input type="checkbox"/> DK                      9. <input type="checkbox"/> Refused		

**SECTION E: INSURANCE**

E1. What type of medical insurance does the infant have (check all that apply)? (This information may be extracted from the medical record.)

- |   |   |
|---|---|
| a. <input type="checkbox"/> Medicaid          | f. <input type="checkbox"/> Both private and public assistance (e.g. Medicaid; CHIPS) |
| b. <input type="checkbox"/> Medicaid HMO      | g. <input type="checkbox"/> No insurance upon admission/referral                      |
| c. <input type="checkbox"/> Private insurance | h. <input type="checkbox"/> Other (Specify: _____)                                    |
| d. <input type="checkbox"/> Other HMO         | i. <input type="checkbox"/> DK  |
| e. <input type="checkbox"/> Self pay          |   |