



ChiLDReNLink: PROBE

Family Demographics PROBE

C: BIOLOGICAL PARENTS

C1	The questions below pertain to which biological parent? (Please fill out one set of questions for each.)	<input type="radio"/> Biological Mother	<input type="radio"/> Biological Father
C2	Can the person being interviewed provide information on the biological parent?	<input type="radio"/> No → go to C15	<input type="radio"/> Yes
C3	How old was the biological parent when this infant was born?	_____	
C4	What is the biological parent's current height?	_____ <input type="radio"/> cm	<input type="radio"/> feet <input type="radio"/> inches
		_____ <input type="radio"/> inches	<input type="radio"/> Not Done
C7	What is the biological parent's ethnicity?	<input type="radio"/> Hispanic, Latino, or Spanish origin (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central America, or other Spanish culture or origin, regardless of race. The term, "Spanish origin" can be used in addition to "Hispanic or Latino.") <input type="radio"/> Not Hispanic, Latino, or Spanish origin <input type="radio"/> Refused <input type="radio"/> Unknown	
C8	What is the racial background of the biological parent? (check all that apply)	<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.))	
C10	Current marital status of biological parent	<input type="radio"/> Single <input type="radio"/> Separated <input type="radio"/> Refused	<input type="radio"/> Legally Married <input type="radio"/> Divorced <input type="radio"/> Unknown <input type="radio"/> Living as Married <input type="radio"/> Widowed

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C11	Biological parent's highest completed level of education	<input type="radio"/> Less than high school <input type="radio"/> Technical trade school <input type="radio"/> College degree <input type="radio"/> Refused	<input type="radio"/> High school graduate or equivalent <input type="radio"/> Some college <input type="radio"/> Graduate degree <input type="radio"/> Unknown
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C: BIOLOGICAL PARENTS

C15	The questions below pertain to which biological parent? (Please fill out one set of questions for each.)	<input type="radio"/> Biological Mother	<input type="radio"/> Biological Father
C16	Can the person being interviewed provide information on the biological parent?	<input type="radio"/> No → go to C26	<input type="radio"/> Yes
C17	How old was the biological parent when this infant was born?	_____	
C18	What is the biological parent's current height?	_____ <input type="radio"/> cm _____ <input type="radio"/> inches	<input type="radio"/> feet <input type="radio"/> inches <input type="radio"/> Not Done
C21	What is the biological parent's ethnicity?	<input type="radio"/> Hispanic, Latino, or Spanish origin (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central America, or other Spanish culture or origin, regardless of race. The term, "Spanish origin" can be used in addition to "Hispanic or Latino.") <input type="radio"/> Not Hispanic, Latino, or Spanish origin <input type="radio"/> Refused <input type="radio"/> Unknown	
C22	What is the racial background of the biological parent? (check all that apply)	<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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C24	Current marital status of biological parent	<input type="radio"/> Single <input type="radio"/> Separated <input type="radio"/> Refused	<input type="radio"/> Legally Married <input type="radio"/> Divorced <input type="radio"/> Unknown	<input type="radio"/> Living as Married <input type="radio"/> Widowed
C25	Biological parent's highest completed level of education	<input type="radio"/> Less than high school <input type="radio"/> Technical trade school <input type="radio"/> College degree <input type="radio"/> Refused	<input type="radio"/> High school graduate or equivalent <input type="radio"/> Some college <input type="radio"/> Graduate degree <input type="radio"/> Unknown	
Geographic information				
C26	Residential zip code at the time of the infant's birth	_____		
C27	If the infant was born outside of the United States, in what country was the infant born?	_____		
C28	During the pregnancy, did the mother live in or on a: (Check all that apply)	<input type="checkbox"/> Farm <input type="checkbox"/> Urban area	<input type="checkbox"/> Rural area <input type="checkbox"/> Refused	<input type="checkbox"/> Suburban area <input type="checkbox"/> Unknown

D: CARETAKER

D1	Is the participant living with someone who is NOT a biological parent?	<input type="radio"/> No → go to D5	<input type="radio"/> Yes
D2	Who is the primary caretaker? (check only one)	<input type="radio"/> Subject's parent <input type="radio"/> Other: _____	<input type="radio"/> Subject's guardian <input type="radio"/> NA
D4	What is the highest completed level of education of the caretaker?	<input type="radio"/> Less than high school <input type="radio"/> Technical trade school <input type="radio"/> College degree <input type="radio"/> Refused	<input type="radio"/> High school graduate or equivalent <input type="radio"/> Some college <input type="radio"/> Graduate degree <input type="radio"/> Unknown
D5	Who is the second primary caretaker?	<input type="radio"/> Subject's parent <input type="radio"/> Other: _____	<input type="radio"/> Subject's guardian <input type="radio"/> NA
D7	What is the highest completed level of education of the second caretaker?	<input type="radio"/> Less than high school <input type="radio"/> Technical trade school <input type="radio"/> College degree <input type="radio"/> Refused	<input type="radio"/> High school graduate or equivalent <input type="radio"/> Some college <input type="radio"/> Graduate degree <input type="radio"/> Unknown

E: HOUSEHOLD

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

E: HOUSEHOLD

E5	What type of medical insurance does the subject have? (Check all that apply)	<ul style="list-style-type: none"><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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