

CONFIDENTIAL
Abbreviated Background Questionnaire: Adult Version

Thank you for joining the participant registry! Please fill out this form the best you can. You may have someone who knows you help with it. This can be a parent, family member, supervisor, caseworker, etc. If you do not know an answer, it you may leave it blank. All questions are voluntary. Deciding not to answer a question does not mean you will not be entered into the registry.

Your First name _____ Last name _____ Nickname (if any) _____

Birth date ____/____/____

Sex (circle one): M F

Address _____ State _____ Zip _____

Phone number: Home _____ Work _____ Cell _____

Email address _____

Race (check all that apply):

African American

American Indian

Asian/Pacific Islander

Black-Hispanic

White-Hispanic

White

Other _____

Hearing: How would you describe your hearing?

Good Fair Poor

Do you use a hearing aid?

Yes No Should but don't

Vision: How would you describe your vision?

Good Fair Poor

Do you wear glasses or contact lenses?

Yes No Should but don't

Speech/Language:

How would you describe your language skills?

Good Fair Poor

Do you have speech/language lessons?

Yes No Should but don't

Is English your native language?

Yes No

Do you have a job? YES:

What is your job? _____

Is it a PAID job? Yes No

Full-time Part-time

NO

Have you ever been told by a doctor that you have any of the following? (check all that apply)

- Intellectual Disability*
 Asperger's Disorder
 Pervasive Developmental Disability- Not Otherwise Specified (PDD-NOS)
 Attention Deficit/Hyperactivity Disorder (ADHD)
 Specific Language Impairment
 Learning Disability
 Dyslexia
 Developmental Delay*
 Autism Spectrum Disorder (ASD)
 Cerebral Palsy
 Epilepsy/seizures
 Tourette's/Tic Disorder
 Down Syndrome
 Fetal Alcohol Syndrome
 Tuberos Sclerosis
 Perinatal Asphyxia (low oxygen at birth)
 Postnatal Asphyxia (suffocation or near drowning during infancy or childhood)
 Severe Lead Poisoning
 Severe Head Injury
 Williams syndrome
 Fragile X Syndrome
 Prader-Willi Syndrome
 Depression
 Bipolar Disorder
 Anxiety Disorder
 Other syndrome or condition _____
 None of the above

*What is the cause of your developmental delay, or intellectual disability (if known)?

Birth History

While pregnant with you,

- | | | | |
|--------------------------------|----------------------------|----------------------------|---|
| did mother smoke? | <input type="checkbox"/> Y | <input type="checkbox"/> N | If yes, how many packs per week? _____ |
| did mother drink alcohol? | <input type="checkbox"/> Y | <input type="checkbox"/> N | If yes, how many drinks per week? _____ |
| did mother take other drugs? | <input type="checkbox"/> Y | <input type="checkbox"/> N | If yes, describe _____ |
| did mother have severe stress? | <input type="checkbox"/> Y | <input type="checkbox"/> N | If yes, describe _____ |

During birth, did any of the following occur?

- premature birth If yes, how many weeks early? _____
 small for gestational age If yes, what was the birth weight? _____
 prolonged labor If yes, how many hours? _____
 forceps used
 cord around neck
 baby had difficulty breathing
 baby had jaundice
 meconium in amniotic fluid
 baby had to stay in an incubator
 other problems at birth _____
 none of the above

Parent/Guardian/Other Information

Name of person helping to complete this form _____
 Relation to participant _____

If you have a court appointed guardian:

Name of court appointed guardian: _____
 Address _____
 Telephone _____ Fax _____ Email _____
 Best way to contact _____

If you DO NOT have a court appointed guardian:

Name of person who signed your consent form: _____
 Address _____
 Telephone _____ Fax _____ Email _____
 Best way to contact _____

Name of Caregiver 1: _____			
Home address _____	City _____	State _____	Zip _____
Telephone (Home) _____	(Work) _____	Fax _____	Email _____
Telephone (Mobile) _____			
Mother's Education (check highest level):			
<input type="checkbox"/> Completed 8 th grade	<input type="checkbox"/> Graduated college		
<input type="checkbox"/> Graduated high school	<input type="checkbox"/> Completed some graduate/professional school		
<input type="checkbox"/> Completed some college	<input type="checkbox"/> Graduated with graduate/professional degree		

Name of Caregiver 2: _____
Home address _____ City _____ State _____ Zip _____
Telephone (Home) _____ (Work) _____ Fax _____ Email _____
Telephone (Mobile) _____
Father or male caregiver education (check highest level):
 Completed 8th grade Graduated college
 Graduated high school Completed some graduate/professional school
 Completed some college Graduated with graduate/professional degree