

Date ___/___/___

Registrant Number _____

CONFIDENTIAL**Abbreviated Background Questionnaire: Standard Version**

Note: All questions are voluntary. Deciding not to answer a question does not mean you will not be entered into the registry.

Child Information

Child's full name _____ Nickname (if any) _____

Child's Birth date ____/____/____

Sex (circle one): M F

Race (check all that apply):

 African American American Indian Asian/Pacific Islander Black-Hispanic White-Hispanic White Other _____

Hearing: How would you describe your child's hearing? Good Fair Poor
Does your child use a hearing aid? Yes No Should but doesn't

Vision: How would you describe your child's vision? Good Fair Poor
Does your child wear glasses or contact lenses? Yes No Should but doesn't

Speech/Language:

How would you describe your child's language skills? Good Fair Poor
Does your child have speech/language class? Yes No Should but doesn't
Is English your child's native language? Yes No

Has your child ever been diagnosed with 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 child's developmental delay, or intellectual disability (if known)?

Birth History

While pregnant with this child,

- did mother smoke? Y N If yes, how many packs per week? _____
 did mother drink alcohol? Y N If yes, how many drinks per week? _____
 did mother take other drugs? Y N If yes, describe _____
 did mother have severe stress? Y 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/Family Information

Name of person completing this form _____
 Relation to child _____

Are there any siblings who could also participate in research studies (with or without intellectual disability)?

- Yes Birthdates (day/month/year): _____
 No

Taking into account all sources of income (wages, interest, government assistance, child support, etc.), please estimate the total family income on a yearly basis before taxes (This will be used to match families to studies that require a certain distribution of socioeconomic status).

\$_____per year

Name of Caregiver 1: _____

Home address _____ City _____ State ____ Zip _____

Telephone (Home) _____ (Work) _____ Fax _____ Email _____

Telephone (Mobile) _____ Best way to contact you _____

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) _____ Best way to contact you _____

- | | |
|--|--|
| <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 |