

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 _____
Telephone (Home) _____ Work _____ Cell _____
Email address _____

Where did you hear about the registry? _____

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? NO YES: What is your job? _____

Is it a PAID job? ___ Yes ___ No
___ Full-time ___ Part-time

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
- ___ Tuberous 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? ___ 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/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 _____

Are you willing to travel to the University of Alabama campus to participate in a research study?

Depends

No

Name of Caregiver 1: _____
Home address _____ City _____ State _____ Zip _____
Telephone (Home) _____ (Work) _____ Fax _____ Email _____
Telephone (Mobile) _____
Mother's 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

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

