

Appendix E-1: Abbreviated Background Questionnaire: Standard Version

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.

Where did you hear about 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

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) _____ Best way to contact you _____
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) _____ Best way to contact you _____
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

