## **ISCOLE Demographic and Family Health Questionnaire**

## **A. GENERAL INFORMATION**

Child's Name:					
Last		First		Middle	
Name of Child's School:					
Parent's or Guardian's Name:					
Last		First		Middle	
Home Address:					
Street Address	Apt. #	Town or City	State	Postal/Zip Code	
Nearest Cross-Street to Home:					
Phone Number: ( )		E	-Mail:		
Area Code					
B. DEMOGRAPHICS OF CHI  Birth date// dd/mmm/yyyy Example: 02/Jun/2011		.geyears	Gender: M	ale	
Ethnicity:  White African American Asian American Indian, Aleutiar Pacific Islander Don't know Other		ve or Eskimo			
Are you of Hispanic origin?	] Yes	☐ No			
In what country was the child bo	rn?				
How many biological brothers an	d sisters doe	s the child have?		<u>-</u>	
What are their ages?	yr yr		yrsyrs yrsyrs		

## 1. Birth Weight: \_\_\_\_\_kg OR \_\_\_\_\_lbs &\_\_\_oz Birth Length: \_\_\_cm OR \_\_\_inches 2. Length of Pregnancy: \_\_\_\_\_weeks OR \_\_\_\_months **3.** Did mother develop gestational diabetes during pregnancy with **THIS** child? Yes No □ 4. Fed breast milk? ☐ Yes □ No If No, please skip to question 5. Age when **COMPLETELY** stopped being fed breast milk: \_\_\_\_\_months Age when **FIRST** fed formula: \_\_\_\_months **5.** Age when **COMPLETELY** stopped drinking formula: months C. FAMILY DEMOGRAPHICS AND HEALTH **6.** What is the marital status of the child's parents? ☐ Married ☐ Divorced or separated ☐ Never married ☐ Widowed parent **7.** How many people live in your household (at this address)? **7a.** Who lives with the child **at this address** (check all that apply)? ☐ Biological Mother ☐ Brother(s) or Sister(s) ☐ Grandparent(s) ☐ Biological Father ☐ Adoptive Mother ☐ Other Relative(s) ☐ Adoptive Father ☐ Friend(s) ☐ Legal Guardian(s) ☐ Step Mother ☐ Step Father OTHER 8. What is the **COMBINED** annual income for your household (before taxes)? ☐ Less than \$10,000 □ \$10,000 - \$29,999 □ \$30,000 - \$49,999 **\$50,000 - \$69,999** □ \$70,000 - \$89,999 \$90,000 - \$109,999 □ \$110,000 - \$139,999 ☐ \$140,000 and above

C. HEALTH HISTORY OF CHILD

9. Hous	ow many functioning motorized vehicles (car, truck, motorcycle, moped, etc.) are available for use at your e?  0  1  2  3  4  5 or more
10. F	low many television sets are in your household?  0
	1
	2
	3 4
	5 or more
11. V	What best describes your type of television service for the <b>primary</b> television in the house?  No television  Antenna only  Basic cable
	Cable + premium channel(s)
	Satellite dish
	Other  Den't know
Ш	Don't know
12. V	Vhat best describes your type of internet service?  No internet access  Dial-up modem  DSL modem  Cable modem  Other  Don't know
<b>13.</b> V	Vhat is the MOTHER'S highest level of education completed?
	Less than high school  Some high school
	High school diploma/GED
	Associate's degree or 1-3 years of college
	Bachelor's degree
Ш	Graduate/professional degree

14. How many hours per week does the MOTHER work <u>outside</u> the home?  None Less than 15 hours/week 15-35 hours per week Full time (36+ hours per week)
15. What is the FATHER'S highest level of education completed?  Less than high school  Some high school  High school diploma/GED  Associate's degree or 1-3 years of college  Bachelor's degree  Graduate/professional degree
16. How many hours per week does the FATHER work outside the home?  None Less than 15 hours/week 15-35 hours per week Full time (36+ hours per week)  17. Is this child adopted?  Yes No
<b>18.</b> Please answer the following questions with regard to the child's <b>BIOLOGICAL MOTHER</b> :
Current height:kg orlbs
Current Age: years
Age at child's birth: years
☐ Biological Mother's information cannot be estimated or is not known
19. Please answer the following questions with regard to the child's BIOLOGICAL FATHER:
Current height:kg orlbs
Current age: years
☐ Biological Father's information cannot be estimated or is not known