

PARENT/GUARDIAN INFORMATION FORM

ID						
NC						
VN						

1. What is today's date? - -
Month Day Year

2. What is your relationship to the child? (Mark one answer.)

- Mother or father () 1
- Step-mother or step-father () 2
- Legal guardian other than parent () 3
- Other relationship () 4

(If so, what is this other relationship?

_____)
Other Relationship

Please provide information in Items 3 and 4 for your child's biologic or natural parents.

3. Does the child's biologic mother have any history of the problems listed below?

- | | 1 | 2 | 3 |
|--|-----|-----|---------|
| | Yes | No | Unknown |
| A. Heart attacks, angina, or strokes FHRT () | () | () | () |
| B. Coronary bypass surgery or angioplasty FBYPASS () | () | () | () |
| C. High blood pressure or hypertension FHIBP () | () | () | () |
| D. High cholesterol FHIGH () | () | () | () |
| E. Diabetes or high blood sugar FDIAB () | () | () | () |

4. Does the child's biologic father have any history of the problems listed below, occurring under 60 years of age?

- | | 1 | 2 | 3 |
|--|-----|-----|---------|
| | Yes | No | Unknown |
| A. Heart attacks, angina, or strokes MHRT | () | () | () |
| B. Coronary bypass surgery or angioplasty MBYPASS | () | () | () |
| C. High blood pressure or hypertension MHIBP | () | () | () |
| D. High cholesterol MHICH | () | () | () |
| E. Diabetes or high blood sugar MDIAB | () | () | () |

5. Is there any history in your child's related aunts or uncles or grandparents of any of the problems listed below, occurring under 60 years of age?

- | | 1 | 2 | 3 |
|---|-----|-----|---------|
| | Yes | No | Unknown |
| A. Heart attacks, angina, or strokes () | () | () | () |
| B. Coronary bypass surgery or angioplasty () | () | () | () |
| C. High blood pressure or hypertension () | () | () | () |
| D. High cholesterol () | () | () | () |
| E. Diabetes or high blood sugar () | () | () | () |

6. How many people, including yourself and all other adults and children now live in your household?

 Total number
 of people in
 household

7. Does the child who is in the study have a mother (or female guardian) living at home with her/him? () () **FEMALE**
 Yes No
 1 2

If the child has a mother (or female guardian) living in her/his home, answer Item 8 below.
 If she/he does not, please go to Item 9 on page 9.

8. What is the name of the mother (or female guardian) living with the child? (Please PRINT.)

First Name	Middle Initial	Last Name
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The following questions apply to the person named in Item 8 above.

- A. How old is the mother or female guardian? **FAGE**
 Age
- B. What is her relationship to the child? (Mark one answer.)
- | | |
|--------------------------------------|---------------|
| Natural or biologic mother ... () 1 | FRELAT |
| Adoptive or step-mother () 2 | |
| Grandmother () 3 | |
| Aunt () 4 | |
| Other (specify) () 5 | |
-
- C. Is the child's mother or female guardian: (Mark one answer.)
- | | |
|-------------------------------|---------------|
| Married () 1 | FMARRY |
| Living as married () 2 | |
| Widowed () 3 | |
| Divorced () 4 | |
| Separated () 5 | |
| Never married () 6 | |

8. (Mother or female guardian name on page 3) (Continued):

D. What is the highest grade of school completed by
the mother or female guardian? (Mark one answer.)

- Grade 6 or less ()01
- Grade 7, 8, or 9 ()02
- Grade 10 or 11 ()03
- High school diploma or equivalency ()04
- High school and other formal training
such as business school, technical
school, barber/beauty school, etc. ()05
- Some college or university education ()06
- Bachelor's or other 4-year degree from
a college or university ()07
- Masters, doctoral, or other post-
graduate degree ()08

**F
G
R
A
D
E**

8. (Mother or female guardian named on page 3) (Continued):

E. What was the child's mother or female guardian doing most of the last 12 months? (Mark as many as apply.)

- 1. Employed full-time (35 or more hours) **FFULL**) 1
- 2. Employed part-time (less than 35 hours) **FPART** () 1
- 3. Retired or disabled **FRETIRE** () 1
- 4. Out of work **FOUTWRK** () 1
- 5. Keeping house **FKPHSE** () 1
- 6. Attending school full-time ... **FSCFUL** () 1
- 7. Attending school part-time ... **FSCPRT** () 1
- 8. Never worked **FNEVWRK** () 1

F. Has the child's mother or female guardian worked within the last five years? **FWRK5YR**
Yes No
1 2

If SHE HAS WORKED, answer Items 8F1 thru 8F5.
If SHE HAS NOT WORKED, skip to Item 8G.

1. What is/was the most recent occupation or complete job title of the child's mother or female guardian?

Occupation or job title

2. What are/were her most important activities or duties?

8. (Mother or female guardian named on page 3) (Continued):

F. (Continued)

3. What kind of business or industry is/was her employer in, that is, what does the company or her part of the company, do or make?

4. Is/was the business or industry mainly:
(Mark one answer)

- a. Manufacturing ()1
- b. Wholesale trade ()2
- c. Retail trade ()3
- d. Other ()4

(If other business or industry, what was the business or industry?

)

5. Is/was she: (Mark one answer)

- a. Employed by a private company, business or individual for wages, salary or commissions ()01
- b. Employed by the Federal government ()02
- c. Employed by the state government ()03
- d. Employed by the local government (city, county, etc.) .. ()04
- e. Self-employed in own business, professional practice or farm -- own business not incorporated ()05
- f. Self-employed in own business, professional practice or farm -- own business incorporated ()06
- g. Working without pay in family business or farm ()07

8. (Mother or female guardian named on page 3) (Continued):

G. Which one of the following racial or ethnic groups best describes the child's mother or female guardian?

- White () 1
 - Black () 2
 - Asian (for example, Chinese, Japanese, East Indian)
or Pacific Islander () 3
 - American Indian or Alaskan native (for example, Eskimo) ... () 4
 - Other () 5
- (What is this other racial/ethnic group?
 _____)

RACE

H. Is she also Hispanic (for example, Puerto Rican, Cuban, Latin American, Mexican-American, etc.)? () ()
 Yes No
 1 2

I. Has the mother or female guardian smoked more than five cigarettes during her life? () ()
 Yes No
 1 2

FSMK

If YES, answer Items 1 thru 3.
 If NO, skip to Item 8J.

1. What was her age when she started smoking? _____
 Age

2. How many cigarettes a day was the most she ever smoked? _____

3. Does she currently smoke cigarettes? **FCURSM** () ()
 Yes No
 1 2

If NO, what was her age when she stopped? _____
 Age

If YES, how many cigarettes a day does she currently smoke? _____

8. (Mother or female guardian named on page 3) (Continued):

J. On the average, how many days a week does the mother or female guardian drink alcoholic beverages, that is, beer, wine, or liquor? (Mark one answer)

- Never () 01
- Less than once a month () 02
- Less than 1 day a week, but at least once a month () 03
- 1 day a week () 04
- 2 to 3 days a week () 05
- 4 to 6 days a week () 06
- 7 days a week () 07

FALCOH

K. On the days that the mother or female guardian drinks, about how many drinks does she usually have?

FAMTDR
Number of
drinks

NOTE: A typical drink is 1 1/2 oz. of spirits (a shot or mixed drink) or 6 oz. of wine (a glass of wine) or 12 oz. of beer (a can of beer).

If the child lives with her/his natural mother, please skip to Item 10.
If the child does NOT live with her/his natural mother, please answer Item 9.

9. Is the child's natural mother:

- Living () 1
Deceased () 2
Unknown () 3

If the mother is LIVING, answer Item 9A.
If the mother is DECEASED, answer Item 9B.
If UNKNOWN, skip to Item 10.

- A. If the child's natural mother is living, how old is she? FLIVE
Years
B. If the child's natural mother is deceased, what was her age at time of death?
Years

10. Does the child who is in the study have a father (or male guardian) living at home with her/him? () ()
Yes No
1 2

If the child has a father (or male guardian) living in her/his home, answer Item 11.
If she/he does not, please go to Item 12 on page 15.

11. What is the name of the father (or male guardian) living with the child? (Please PRINT.)

First Name

Middle Initial

Last Name

The following questions apply to the person named in Item 11 above.

- A. How old is the father or male guardian: MAGE
Age

11. (Father or male guardian name on page 9) (Continued):

B. What is his relationship to the child? (Mark one answer.)

- Natural or biologic father ... () 1
- Adoptive or step-father () 2
- Grandfather () 3
- Uncle () 4
- Other (specify) () 5

MRELAT

C. Is the child's father or male guardian: (Mark one answer.)

- Married () 1
- Living as married () 2
- Widowed () 3
- Divorced () 4
- Separated () 5
- Never married () 6

MMARRY

D. What is the highest grade of school completed by the father or male guardian? (Mark one answer.)

- Grade 6 or less () 01
- Grade 7, 8, or 9 () 02
- Grade 10 or 11 () 03
- High school diploma or equivalency () 04
- High school and other formal training such as business school, technical school, barber/beauty school, etc. () 05
- Some college or university education () 06
- Bachelor's or other 4-year degree from a college or university () 07
- Masters, doctoral, or other post-graduate degree () 08

MGRADE

11. (Father or male guardian named on page 9) (Continued):

E. What was the child's father or male guardian doing most of the last 12 months? (Mark as many as apply.)

- 1. Employed full-time (35 or more hours) **MFULL** () 1
- 2. Employed part-time (less than 35 hours) **MPART** () 1
- 3. Retired or disabled .. **MRETIRE** () 1
- 4. Out of work **MOUTWRK** () 1
- 5. Keeping house **MKPHSE** () 1
- 6. Attending school full-time ... **MSCFUL** () 1
- 7. Attending school part-time ... **MSCPRT** () 1
- 8. Never worked **MNEVWRK** () 1

F. Has the child's father or male guardian worked within the last five years? **MWRK5YR**
Yes No
1 2

If HE HAS WORKED, answer Items 11F1 thru 11F5.
If HE HAS NOT WORKED, skip to Item 11G.

1. What is/was the most recent occupation or complete job title of the child's father or male guardian?

Occupation or job title

2. What are/were his most important activities or duties?

11. (Father or male guardian named on page 9) (Continued):

F. (Continued)

3. What kind of business or industry is/was his employer in, that is, what does the company or his part of the company, do or make?

4. Is/was the business or industry mainly: (Mark one answer)

- a. Manufacturing () 1
- b. Wholesale trade () 2
- c. Retail trade () 3
- d. Other () 4

(If other business or industry, what was the business or industry?

5. Is/was he: (Mark one answer)

- a. Employed by a private company, business or individual for wages, salary or commissions () 01
- b. Employed by the Federal government () 02
- c. Employed by the state government () 03
- d. Employed by the local government (city, county, etc.) .. () 04
- e. Self-employed in own business, professional practice or farm -- own business not incorporated () 05
- f. Self-employed in own business, professional practice or farm -- own business incorporated () 06
- g. Working without pay in family business or farm () 07

11. (Father or male guardian named on page 9) (Continued)

G. Which one of the following racial or ethnic groups best describes the child's father or male guardian?

- White () 1
- Black () 2
- Asian (for example, Chinese, Japanese, East Indian)
 or Pacific Islander () 3
- American Indian or Alaskan native (for example, Eskimo) ... () 4
- Other () 5
- (What is this other racial/ethnic group?
 _____)

MRACE

H. Is he also Hispanic (for example, Puerto Rican, Cuban, Latin American, Mexican-American, etc.)? () ()
 Yes No
 1 2

I. Has the father or male guardian smoked more than five cigarettes during his life? () ()
MSMK
 Yes No
 1 2

If YES, answer Items 1 thru 3.
 If NO, skip to Item 11J.

1. What was his age when he started smoking? _____
 Age

2. How many cigarettes a day was the most he ever smoked? _____

3. Does he currently smoke cigarettes? **MCURSM** () ()
 Yes No
 1 2

If NO, what was his age when he stopped? _____
 Age

If YES, how many cigarettes a day does he currently smoke? _____

11. (Father or male guardian named on page 9) (Continued)

J. On the average, how many days a week does the father or male guardian drink alcoholic beverages, that is, beer, wine, or liquor? (Mark one answer.)

- Never () 01
- Less than once a month () 02
- Less than 1 day a week, but at least once a month () 03
- 1 day a week () 04
- 2 to 3 days a week () 05
- 4 to 6 days a week () 06
- 7 days a week () 07

MALCOH

K. On the days that the father or male guardian drinks, about how many drinks does he usually have?

MAMTDR
Number of
drinks

NOTE: A typical drink is 1 1/2 oz. of spirits (a shot or mixed drink) or 6 oz. of wine (a glass of wine) or 12 oz. of beer (a can of beer).

If the child lives with her/his natural father, please skip to Item 13.
If the child does NOT live with her/his natural father, please answer Item 12.

12. Is the child's natural father:

- Living () 1
- Deceased () 2
- Unknown () 3

If the father is LIVING, answer Item 12A.
If the father is DECEASED, answer Item 12B.
If UNKNOWN, skip to Item 13.

- A. If the child's natural father is living, how old is he? MLIVE
Years
- B. If the child's natural father is deceased, what was his age at time of death? _____
Years

13. Are there any other people living in your household besides the child participating in this study and his/her parents or guardian? () ()
 Yes No
 1 2

IF YES, PLEASE GIVE THE INITIALS, SEX, AGE AND RELATIONSHIP OF EACH OF THESE OTHER HOUSEHOLD MEMBERS TO THE CHILD IN THE STUDY. (INCLUDE PEOPLE WHO USUALLY LIVE IN YOUR HOME WITH THE CHILD, BUT ARE NOW AWAY FROM HOME FOR A WHILE.)

(1) Initials	(2) Sex	(3) Age	(4) Relationship to child in study
A. _____ Initials	Male () 1 Female () 2	_____ Age	Brother or sister ... () 1 Other relative () 2 Non-relative () 3
B. _____ Initials	Male () 1 Female () 2	_____ Age	Brother or sister ... () 1 Other relative () 2 Non-relative () 3
C. _____ Initials	Male () 1 Female () 2	_____ Age	Brother or sister ... () 1 Other relative () 2 Non-relative () 3
D. _____ Initials	Male () 1 Female () 2	_____ Age	Brother or sister ... () 1 Other relative () 2 Non-relative () 3

13. (Continued)

(1) Initials	(2) Sex	(3) Age	(4) Relationship to child in study
E. <hr/> Initials	Male () 1 Female () 2	<hr/> Age	Brother or sister ... () 1 Other relative () 2 Non-relative () 3
F. <hr/> Initials	Male () 1 Female () 2	<hr/> Age	Brother or sister ... () 1 Other relative () 2 Non-relative () 3
G. <hr/> Initials	Male () 1 Female () 2	<hr/> Age	Brother or sister ... () 1 Other relative () 2 Non-relative () 3
H. <hr/> Initials	Male () 1 Female () 2	<hr/> Age	Brother or sister ... () 1 Other relative () 2 Non-relative () 3

The answer to the following question is completely confidential and will NOT be released in a form that will individually identify you, except as required by law.

14. What was the approximate total income, before taxes, of your household in the past year? (Please include wages, salaries, social security, interest, AFDC, unemployment compensation, rent from property and all other income.) (Mark one answer.)

- | | |
|-----------------------------|---|
| Less than \$ 5,000 ... () | 1 |
| \$ 5,000 - \$ 9,999 ... () | 2 |
| \$10,000 - \$19,999 ... () | 3 |
| \$20,000 - \$29,999 ... () | 4 |
| \$30,000 - \$49,999 ... () | 5 |
| \$50,000 or more () | 6 |
- INCOME*