

Section A: KEY IDENTIFYING INFORMATION

A1. Study Identification Number _____ - _____ - _____ - _____

Replaced by blinded subject ID

blind_id	Blinded ID
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A2. Acrostic Identifier _____

Removed to protect privacy

A3. Study visit Study Visit 4 (age 14 mo) **4**

VISIT	A3. Study visit
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A4. Patient date of birth _____ / _____ / _____ - _____ - _____

M M / D D / Y Y Y Y

Removed to protect privacy

A5. Patient gender MALE 1 FEMALE 2

GENERS113	A5. Patient gender
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A6. Date of form completion _____ / _____ / _____ - _____ - _____

M M / D D / Y Y Y Y

Replaced by age (days) at R113 completion

R113_age	<created var>Age at date form completed, days. (A6. COMP_D-DOB)
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A7. Name of person completing form _____

PRINT FULL NAME INITIALS

Removed to protect privacy

INSTRUCTIONS:

1. Please read each question carefully and select the response that you feel most accurately represents your answer.
2. In some cases, the answer you choose may allow you to skip the next question, or the next several questions. In these situations, you will be given a directive either in bold type in parenthesis or with an arrow. If you do not see a directive next to your answer choice, *simply continue to the very next question.*
3. It is important for accurate study results that *when asked for only one answer, you give only one answer.* We understand that sometimes it is hard to choose just one, but try to decide which is closer. If you mark more than one answer, we will not be able to use either one.

4. All information is strictly confidential, and your name will not be used in any reports. This questionnaire is completely voluntary and will not affect your medical care. Please answer each question as accurately as you can.

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Section B: BEHAVIOR

Here are some statements that mothers have made to describe their children. Please think about your child during the last 2 weeks, and choose the response that most accurately describes him or her.

B1. Over the last two weeks, did your child...

a. Eat well?	Never or rarely <input type="checkbox"/> ₁	} →	i. Was this due to illness?	Fully <input type="checkbox"/>
	Some of the time <input type="checkbox"/> ₂		Partly <input type="checkbox"/>	1
	Almost always <input type="checkbox"/> ₃ (Go to B1b)		Not at all <input type="checkbox"/>	2 3

EATWEL	B1a. Eat well
EATWEL_I	B1ai. Was this due to illness

b. Sleep well?	Never or rarely <input type="checkbox"/> ₁	} →	i. Was this due to illness?	Fully <input type="checkbox"/>
	Some of the time <input type="checkbox"/> ₂		Partly <input type="checkbox"/>	1
	Almost always <input type="checkbox"/> ₃ (Go to B1c)		Not at all <input type="checkbox"/>	2 3

SLEEP	B1b. Sleep well
SLEEP_I	B1bi. Was this due to illness

c. Seem contented and cheerful?	Never or rarely <input type="checkbox"/> ₁	} →	i. Was this due to illness?	Fully <input type="checkbox"/>
	Some of the time <input type="checkbox"/> ₂		Partly <input type="checkbox"/>	1
	Almost always <input type="checkbox"/> ₃ (Go to B1d)		Not at all <input type="checkbox"/>	2 3

CONTNT	B1c. Seem contented and cheerful
CONTNT_I	B1ci. Was this due to illness

d. Act moody?	Never or rarely <input type="checkbox"/> ₁ (Go to B1e)	} →	i. Was this due to illness?	Fully <input type="checkbox"/>
	Some of the time <input type="checkbox"/> ₂		Partly <input type="checkbox"/>	1
	Almost always <input type="checkbox"/> ₃		Not at all <input type="checkbox"/>	2 3

MOODY	B1d. Act moody
MOODY_I	B1di. Was this due to illness

e. Communicate what (he/she) wanted?	Never or rarely	<input type="checkbox"/> ₁	i. Was this due to illness?	Fully	<input type="checkbox"/>
	Some of the time	<input type="checkbox"/> ₂		Partly	<input type="checkbox"/>
	Almost always	<input type="checkbox"/> ₃ (Go to B1f)		Not at all	<input type="checkbox"/>

COMMUN	B1e. Communicate what he/she wanted
COMMUN_I	B1ei. Was this due to illness

f. Seem to feel sick and tired?	Never or rarely	<input type="checkbox"/> ₁ (Go to B1g)	i. Was this due to illness?	Fully	<input type="checkbox"/>
	Some of the time	<input type="checkbox"/> ₂		Partly	<input type="checkbox"/>
	Almost always	<input type="checkbox"/> ₃		Not at all	<input type="checkbox"/>

FLSICK	B1f. Seem to feel sick and tired
FLSICK_I	B1fi. Was this due to illness

g. Occupy (him/herself)?	Never or rarely	<input type="checkbox"/> ₁	i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂		Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃ (Go to B1h)		Not at all	<input type="checkbox"/> ₃

OCCUPY	B1g. Occupy him/herself
OCCUPY_I	B1gi. Was this due to illness

h. Seem lively and energetic?	Never or rarely	<input type="checkbox"/> ₁	i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂		Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃ (Go to B1i)		Not at all	<input type="checkbox"/> ₃

LIVELY	B1h. Seem lively and energetic
LIVELY_I	B1hi. Was this due to illness

i. Seem unusually irritable or cross?	Never or rarely	<input type="checkbox"/> ₁ (Go to B1j)	i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂		Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃		Not at all	<input type="checkbox"/> ₃

IRRIT	B1i. Seem unusually irritable or cross
IRRIT_I	B1ii. Was this due to illness

j. Sleep through the night?	Never or rarely	<input type="checkbox"/> ₁	i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂		Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃ (Go to B1k)		Not at all	<input type="checkbox"/> ₃

SLEEPN	B1j. Sleep through the night
SLEEPN_I	B1ji. Was this due to illness

k. Respond to your attention?	Never or rarely	<input type="checkbox"/> ₁	i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂		Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃ (Go to B1l)		Not at all	<input type="checkbox"/> ₃

RESPND	B1k. Respond to your attention
RESPND_I	B1ki. Was this due to illness

l. Seem unusually difficult?	Never or rarely	<input type="checkbox"/> ₁ (Go to B1m)	i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂		Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃		Not at all	<input type="checkbox"/> ₃

DIFFIC	B1l. Seem unusually difficult
DIFFIC_I	B1li. Was this due to illness

m. Seem interested in what was going on around (him/her)?	Never or rarely	<input type="checkbox"/> ₁	i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂		Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃ (Go to B1n)		Not at all	<input type="checkbox"/> ₃

INTRST	B1m. Seem interested in what was going on around him/her
INTRST_I	B1mi. Was this due to illness

n. React to little things by crying?	Never or rarely	<input type="checkbox"/> ₁ (Go to B1o)	i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂		Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃		Not at all	<input type="checkbox"/> ₃

CRYING	B1n. React to little things by crying
CRYING_I	B1ni. Was this due to illness

o. Does your child depend on any special medical equipment or appliance in daily living?	Yes	<input type="checkbox"/> ₁	i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	No	<input type="checkbox"/> ₂ (Go to C1a)		Partly	<input type="checkbox"/> ₂
				Not at all	<input type="checkbox"/> ₃

EQUIP	B1o. Does your child depend on special medical equipment
EQUIP_I	B1oi. Was this due to illness

Section C: STIMULI

C1. Over the last 2 weeks, did your child...

a. Smile and coo?	Never or rarely	<input type="checkbox"/> ₁	i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂		Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃ (Go to C1b)		Not at all	<input type="checkbox"/> ₃

SMILE	C1a. Smile and coo
SMILE_I	C1ai. Was this due to illness

b. Babble or use other sounds?	Never or rarely	<input type="checkbox"/> ₁	i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂		Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃		Not at all	<input type="checkbox"/> ₃
(Go to C1c)					

BABBLE	C1b. Babble or use other sounds
BABBLE_I	C1bi. Was this due to illness

c. Try to get objects that were near but beyond (his/her) reach?	Never or rarely	<input type="checkbox"/> ₁	i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂		Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃		Not at all	<input type="checkbox"/> ₃
(Go to C1d)					

GETOBJ	C1c. Try to get objects that were near but beyond his/her reach
GETOBJ_I	C1ci. Was this due to illness

d. Hear and turn to sound?	Never or rarely	<input type="checkbox"/> ₁	i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂		Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃		Not at all	<input type="checkbox"/> ₃
(Go to C1e)					

HEAR	C1d. Hear and turn to sound
HEAR_I	C1di. Was this due to illness

e. Seem to look at things?	Never or rarely	<input type="checkbox"/> ₁	i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂		Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃		Not at all	<input type="checkbox"/> ₃
(Go to D1a)					

LOOK	C1e. Seem to look at things
LOOK_I	C1ei. Was this due to illness

Section D: TRIGGERS

D1. Over the last two weeks, did your child...

a. Act afraid of new situations?	Never or rarely	<input type="checkbox"/> ₁	} → Was this due to illness?	Fully	<input type="checkbox"/>
	Some of the time	<input type="checkbox"/> ₂		Partly	<input type="checkbox"/>
	Almost always	<input type="checkbox"/> ₃		Not at all	<input type="checkbox"/>
					1 2 3

AFRAID	D1a. Act afraid of new situations
AFRAID_I	D1a.i.. Was this due to illness

b. Get around the house without assistance?	Never or rarely	<input type="checkbox"/> ₁	} → i. Was this due to illness?	Fully	<input type="checkbox"/>
	Some of the time	<input type="checkbox"/> ₂		Partly	<input type="checkbox"/>
	Almost always	<input type="checkbox"/> ₃		Not at all	<input type="checkbox"/>
					1 2 3

GETAROUND	D1b. Get around the house without assistance
GETAROUND_I	D1b.i.. Was this due to illness

c. Have frequent temper tantrums?	Never or rarely	<input type="checkbox"/> ₁	} → i. Was this due to illness?	Fully	<input type="checkbox"/>
	Some of the time	<input type="checkbox"/> ₂		Partly	<input type="checkbox"/>
	Almost always	<input type="checkbox"/> ₃		Not at all	<input type="checkbox"/>
					1 2 3

TANTRUM	D1c. Have frequent temper tantrums
TANTRUM_I	D1c.i.. Was this due to illness

d. Cut down on (his/her) usual level of play activity?	Never or rarely	<input type="checkbox"/> ₁	} → i. Was this due to illness?	Fully	<input type="checkbox"/>
	Some of the time	<input type="checkbox"/> ₂		Partly	<input type="checkbox"/>
	Almost always	<input type="checkbox"/> ₃		Not at all	<input type="checkbox"/>
					1 2 3

Form R113: Functional Status II (R)

CUTPLAY	D1d. Cut down on (his/her) usual level of play activity
CUTPLAY_I	D1d.i.. Was this due to illness

e. Have trouble doing things for (him/her) self that you thought (he/she) could do?	Never or rarely	<input type="checkbox"/> ₁	i. Was this due to illness?	Fully	<input type="checkbox"/>
	Some of the time	<input type="checkbox"/> ₂		Partly	<input type="checkbox"/>
	Almost always	<input type="checkbox"/> ₃		Not at all	<input type="checkbox"/>
					1 2 3

TROUBLE	D1e. Having trouble doing things for (him/her) self that you...
TROUBLE_I	D1e.i.. Was this due to illness

f. Pick up and throw a ball or other object (in the intended direction)?	Never or rarely	<input type="checkbox"/> ₁	i. Was this due to illness?	Fully	<input type="checkbox"/>
	Some of the time	<input type="checkbox"/> ₂		Partly	<input type="checkbox"/>
	Almost always	<input type="checkbox"/> ₃		Not at all	<input type="checkbox"/>
					1 2 3

THROW_Q	D1f. Pick up and throw a ball or other object...
THROW_I	D1f.i.. Was this due to illness

g. Act timid or shy?	Never or rarely	<input type="checkbox"/> ₁	i. Was this due to illness?	Fully	<input type="checkbox"/>
	Some of the time	<input type="checkbox"/> ₂		Partly	<input type="checkbox"/>
	Almost always	<input type="checkbox"/> ₃		Not at all	<input type="checkbox"/>
					1 2 3

TIMID	D1g. Act timid or shy
TIMID_I	D1g.i.. Was this due to illness

h. Need more help with eating than other children (his/her) age?	Never or rarely	<input type="checkbox"/> ₁	i. Was this due to illness?	Fully	<input type="checkbox"/>
	Some of the time	<input type="checkbox"/> ₂		Partly	<input type="checkbox"/>
	Almost always	<input type="checkbox"/> ₃		Not at all	<input type="checkbox"/>
					1 2 3

HELPEAT	D1h. Need more help with eating than other children...
HELPEAT_I	D1h.i.. Was this due to illness

i. Act restless or fidgety?	Never or rarely	<input type="checkbox"/> ₁ (Go to D1j)	i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂		Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃		Not at all	<input type="checkbox"/> ₃

RESTLESS	D1i. Act restless or fidgety
RESTLESS_I	D1i.i.. Was this due to illness

j. Concentrate or pay attention for a period of time?	Never or rarely	<input type="checkbox"/> ₁	i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂		Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃ (Go to D1k)		Not at all	<input type="checkbox"/> ₃

PAYATTN	D1j. Concentrate or pay attention for a period of time
PAYATTN_I	D1j.i.. Was this due to illness

k. Act nervous or tense?	Never or rarely	<input type="checkbox"/> ₁ (Go to D1l)	i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂		Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃		Not at all	<input type="checkbox"/> ₃

NERVOUS	D1k. Act nervous or tense
NERVOUS_I	D1k.i.. Was this due to illness

l. Cut down on things (he/she) usually does?	Never or rarely	<input type="checkbox"/> ₁ (Go to D1m)	i. Was this due to illness?	Fully	<input type="checkbox"/> ₁
	Some of the time	<input type="checkbox"/> ₂		Partly	<input type="checkbox"/> ₂
	Almost always	<input type="checkbox"/> ₃		Not at all	<input type="checkbox"/> ₃

CUTDOWN	D1l. Cut down on things (he/she) usually does
CUTDOWN_I	D1l.i.. Was this due to illness

m. Get involved in games and other play?	Never or rarely <input type="checkbox"/> ₁ Some of the time <input type="checkbox"/> ₂ Almost always <input type="checkbox"/> ₃ (Go to E1)	i. Was this due to illness? <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">_____ Fully</td> <td style="width:50%; border: none;"><input type="checkbox"/>₁</td> </tr> <tr> <td style="border: none;">_____ Partly</td> <td style="border: none;"><input type="checkbox"/>₂</td> </tr> <tr> <td style="border: none;">_____ Not at all</td> <td style="border: none;"><input type="checkbox"/>₃</td> </tr> </table>	_____ Fully	<input type="checkbox"/> ₁	_____ Partly	<input type="checkbox"/> ₂	_____ Not at all	<input type="checkbox"/> ₃
_____ Fully	<input type="checkbox"/> ₁							
_____ Partly	<input type="checkbox"/> ₂							
_____ Not at all	<input type="checkbox"/> ₃							

INVOLVED	D1m. Get involved in games and other play
INVOLVED_I	D1m.i.. Was this due to illness

Section E: HOSPITALIZATION

These questions ask about your child's hospitalization in the last 6 months.

E1. Has your child been hospitalized in the last 6 months?
 YES..... 1 NO.....2 (E1)

HOSPITAL	E1. Has your child been hospitalized in the last 6 months
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E2. How many times was he/she hospitalized? ___ ___ Number of Times

HOSPTIME	E2. How many times was he/she hospitalized
----------	--

E3. For how many days was he/she hospitalized?
 ___ ___ Total number of days

HOSPDAYS	E3. For how many days was he/she hospitalized
----------	---

Section F: GENERAL INFORMATION

This set of questions asks some general information about you and your child. Please remember, all information is confidential.

F1. What is your child's date of birth? / / / / / / /

Removed to protect privacy

F2. Which of the following best describes your relationship to your child?

BIOLOGICAL PARENT 1
 STEP PARENT 2
 FOSTER PARENT 3
 ADOPTIVE PARENT 4
 GUARDIAN 5
 OTHER..... 99

a. IF OTHER, please explain _____

RELATN	F2. Which best describes your relationship to your child
RELAT_SP	F2a. If other, please explain

F3. What is the highest grade of school that you have completed?

- SOME HIGH SCHOOL OR LESS..... 1
- HIGH SCHOOL GRADUATE/G.E.D. 2
- SOME COLLEGE OR 2-YEAR DEGREE 3
- 4-YEAR COLLEGE GRADUATE 4
- GRADUATE DEGREE..... 5

GRADE	F3. What is the highest grade of school you have completed
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F4. Which of the following categories best represents the combined income for all family members in your household added together for the past 12 months?

- < \$20,000 1
- \$20,000 - \$39,999 2
- \$40, 000 - \$59,999 3
- \$60,000 - \$79,999 4
- \$80,000 - \$99,999 5
- ≥\$100,000 6
- Do not wish to provide -7

INCOME	F4. Which best describes the combined income for your household
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THANK YOU FOR YOUR PARTICIPATION

END OF FORM

totalall	<created var> Total score for all age
total	<created var> Total score for 1-<2yr
genhealth	<created var> General Health for 1-<2yr
response	<created var> Responsiveness for 1-<2yr