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|-----------------------------------------------|
| Section A: KEY IDENTIFYING INFORMATION |
|-----------------------------------------------|

A1. Study Identification Number _____ - _____ - _____

Replaced by blinded subject ID

| | |
|----------|------------|
| blind_id | Blinded ID |
|----------|------------|

A2. Acrostic Identifier _____

Removed to protect privacy

A3. Study visit Study Visit 4 (14 months)..... 4

| | |
|-------|-----------------|
| VISIT | A3. Study visit |
|-------|-----------------|

A4. Date of form completion _____ / _____ / _____

M M / D D / Y Y Y Y

Replaced by age (days) at R116 completion

| | |
|----------|-----------------------------------------------------------------|
| R116_age | <created var>Age at date form completed, days. (A4. COMP_D-DOB) |
|----------|-----------------------------------------------------------------|

A5. Name of person completing form _____

PRINT FULL NAME INITIALS

Removed to protect privacy

| |
|--------------------------------------|
| Section B: PARENT INFORMATION |
|--------------------------------------|

B1. How many people live in (CHILD'S NAME)'s home, including (CHILD'S NAME)? _____

| | |
|-----------|---------------------------------------------------|
| NUMHSEHLD | B1. How many people live in home, including child |
|-----------|---------------------------------------------------|

B2. How many adults live in (CHILD'S NAME)'s home? _____

| | |
|-----------|----------------------------------|
| NUMADULTS | B2. How many adults live in home |
|-----------|----------------------------------|

Please list the adults who live in the home:

a. **PARENT 1**
(RECORD MOTHER IF SHE LIVES IN HOME)

| | |
|---------|---------------|
| PARENT1 | B2a. Parent 1 |
|---------|---------------|

b. **PARENT 2** _____

| | |
|---------|---------------|
| PARENT2 | B2b. Parent 2 |
|---------|---------------|

c. **OTHER(S)** _____

| | |
|----------|-------------------|
| OTHADLTS | B2c. Other adults |
|----------|-------------------|

B3. Does (CHILD'S NAME)'s mother live in the home? YES 1 NO2

| | |
|----------|------------------------------------------|
| MOMHOUSE | B3. Does child's mother live in the home |
|----------|------------------------------------------|

B4. PARENT 1

What is the highest level of education completed by (MOTHER/PARENT 1)?

- ELEMENTARY SCHOOL (<7th GRADE) 1
- JUNIOR HIGH SCHOOL (7th, 8th, OR 9th GRADE)2
- PARTIAL HIGH SCHOOL3
- GRADUATED HIGH SCHOOL (12th GRADE)4
- PARTIAL COLLEGE OR TRADE SCHOOL5
- COLLEGE GRADUATE6
- POST GRADUATE DEGREE7

| | |
|----------|--------------------------------|
| PRNT1EDU | B4. PARENT 1 EDUCATIONAL SCORE |
|----------|--------------------------------|

B5. Does (CHILD'S NAME)'s father live in the home? YES..... 1 NO..... 2

| | |
|----------|------------------------------------------|
| DADHOUSE | B5. Does child's father live in the home |
|----------|------------------------------------------|

B6. **PARENT 2** (RECORD FOR SECOND PARENT)
What is the highest level of education completed by (PARENT 2)?

- ELEMENTARY SCHOOL (<7th GRADE).....1
- JUNIOR HIGH SCHOOL (7th, 8th, OR 9th GRADE)2
- PARTIAL HIGH SCHOOL3
- GRADUATED HIGH SCHOOL (12th GRADE)4
- PARTIAL COLLEGE OR TRADE SCHOOL5
- COLLEGE GRADUATE6
- POST GRADUATE DEGREE7

| | |
|----------|--------------------------------|
| PRNT2EDU | B6. PARENT 2 EDUCATIONAL SCORE |
|----------|--------------------------------|

B7. **PARENT 1** YES.....1 NO.....2 **(B8)**
Is (MOTHER/PARENT 1) employed **or** unemployed and receiving public assistance?

| | |
|--------------|-----------------------------------------------------------|
| PRNT1EMPLYMT | B7. Is parent 1 employed/unemployed and public assistance |
|--------------|-----------------------------------------------------------|

a. What kind of work does s/he do? _____

| | |
|-------------|-----------------------------------------------|
| PRNT1WKTYPT | B7a. Parent 1: What kind of work does s/he do |
|-------------|-----------------------------------------------|

b. What is her/his job title? _____

| | |
|------------|--------------------------------------|
| PRNT1TITLE | B7b. Parent 1: What is her/his title |
|------------|--------------------------------------|

c. OCCUPATIONAL CODE ___ ___

| | |
|------------|-----------------------------------|
| PRNT1OSCRE | B7c. Parent 1: Occupational score |
|------------|-----------------------------------|

B8. **PARENT 2** YES.....1 NO.....2 **(END)**
Is (PARENT 2) employed or unemployed **and** receiving public assistance?

| | |
|--------------|-----------------------------------------------------------|
| PRNT2EMPLYMT | B8. Is parent 2 employed/unemployed and public assistance |
|--------------|-----------------------------------------------------------|

a. What kind of work does s/he do? _____

| | |
|--------------|-----------------------------------------------|
| PRNT2WKTYTYP | B8a. Parent 2: What kind of work does s/he do |
|--------------|-----------------------------------------------|

b. What is his/her job title? _____

| | |
|------------|------------------------------------------|
| PRNT2TITLE | B8b. Parent 1: What is his/her job title |
|------------|------------------------------------------|

c. OCCUPATIONAL CODE _____

| | |
|------------|-----------------------------------|
| PRNT2OSCRE | B8c. Parent 2: Occupational score |
|------------|-----------------------------------|

| | |
|---------|--------------------|
| hhscore | Hollingshead Score |
|---------|--------------------|