

Section A: KEY IDENTIFYING INFORMATION

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

A2. Study visit Study Visit 9 (age 6 year).....(9)

A3. Subject date of birth _____ / _____ / _____
M M / D D / Y Y Y Y

A4. Subject gender MALE 1 FEMALE.....2

A5. Who completed the form?
Mother1
Father2
Other primary caregiver.....3

a. If other primary caregiver, specify: _____

A6. Date of instrument completion by parent or caregiver _____ / _____ / _____
M M / D D / Y Y Y Y

A7. Was any portion of this form completed by phone?
YES1
NO2 (A8)

a. Date of phone interview _____ / _____ / _____
M M / D D / Y Y Y Y

A8. Date of Section A completion _____ / _____ / _____
M M / D D / Y Y Y Y

A9. Name of person completing Section A _____
PRINT FULL NAME INITIALS

INSTRUCTIONS TO STUDY COORDINATORS:
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1. Do not send **Section A** (pages 1 – 2) to the family with questionnaire. This section must be completed by study coordinator after receiving the completed questionnaire from the participant’s family.
 2. Affix study label to **FRONT PAGE** of the Instrument page prior to sending to participant’s family. When instrument is returned, photocopy entire packet and maintain in the study subject’s research file.
- Blacken all confidential information, if needed, before submitting the instrument to the DCC.**
3. Complete **Section A** (page 1 of 2) and re-attach it to the completed questionnaire (Vineland – II). Send the completed, original instrument to DCC with Section A attached.

INSTRUCTIONS TO FAMILIES¹:

1. This booklet contains phrases that describe many different behaviors that people show at home, school, or other settings. The behaviors range from those appropriate for infants to those appropriate for adults. Some may be too hard for young children, and some may be too easy for older children or adults. This means that the child you are rating may not show all the behaviors described in the items in this booklet.
2. Please answer all questions in each section, regardless of your child's chronological age. Read each phrase, and mark the response that best describes your child's behavior. The response that you choose should reflect how often your child performs the behavior without help, when the behavior is needed.
3. Mark your scores in the booklet by circling one response option for each item. If you want to change a response, mark an X through it, and circle your new choice.
4. If you have a question about any item, **first mark the response** that best describes your child's behavior, and then circle the question mark (?) to the right of the response options. It is important that you fill in a response to each question.
5. Before starting, be sure to read the instructions at the beginning of the booklet. **Remember, in each section, to respond to every item.**
6. 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 best you can.

¹Instructions for families are to be delivered by study coordinators.