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## HCHS/SOL- Family Lifestyle Outcomes Research

Demographic Information Form (DEMB)

QXQ

7/1/2019

#### **General Instructions**

Use this bilingual form to confirm and obtain child and family member demographic data.

#### **QxQ Instructions**

#### **Administrative Information**

0a. and 0b: Enter the date you are completing the form as well as your Staff ID code.

### A. Child Demographics

Questions 1 through 2 are pre-filled by CDART. Confirm the information and only make changes to the pre-filled fields if necessary.

Question 1: Child gender

Answer choices are: 1=Male 2=Female

Question 2: Child's birth date

If change is needed, enter in MM/DD/YYYY format

Question 3: Child's social security number

Note: Children are not required to have a social security number until age 12. Enter a Notelog if child does not have a SSN.

Question 4: To be sure we have the right information, under what name is your child's medical record listed?

Enter the child's full name or name under which they are known at the clinic.

a.	First name
b.	Second name
c.	Paternal last name
d.	Maternal last name

#### B. About the Child's Father

Now we would like to know something about the child's father.

Question 5: Is the father of the child a HCHS/SOL participant?

0=No [Go to Question 6]

1=Yes [If Yes, enter Father's HCHS/SOL ID number]

a. Father ID Number (8 characters).

Investigator would like site staff to look up the father's HCHS/SOL ID from site records and enter the subject ID here.

Question 6: Do you know the child's father's approximate weight?

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	0=No [Go to Question 7] 1=Yes
	a. Father's weight b. Lb or Kg (select one)
C.	About the Child's Mother  Now we would like to know something about you.
	Question 7: Counting the income of all the members of your <b>family</b> , was your total <b>family</b> income for the year (Include all money received from all sources)
	1=Less than \$30,000 [Go to Question 6] 2=\$30,000 or more [Go to Question 7]
	Question 8: Is that income
	1=Less than \$10,000 2=\$10,001-\$15,000 3=\$15,001-\$20,000 4=\$20,001-\$25,000 5=\$25,001-\$29,999
	Question 9: Is that income
	1=\$30,000-\$40,000 2=\$40,001-\$50,000 3=\$50,001-\$75,000 4=\$75,001-\$100,000 5=More than \$100,000
	Question 10: How many people in your family, including yourself, were supported by this income during the year?
	Number of people
	Question 11: Marital status (Mark only one)
	1=Single 2=Married 3=Separated 4=Divorced 5=Widow 6=Living with partner

Question 12: Are you a...?

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Answer choices are: 0=No 1=Yes
<ul><li>a. Homemaker</li><li>b. Student</li></ul>
Question 13: Please indicate your current employment status (Mark only one):
1=Employed full-time (30 or more hours/week in one or more jobs) 2=Employed part-time (less than 30 hours/week) [Go to Question 15] 3=Retired [Go to Question 17] 4=Not currently employed (not retired) [Go to Question 17]
Question 14: When you were working <b>during the past 12 months</b> , in an average month, how many full-time jobs (30 hours or more hours/week) did you have?
Number of full-time job(s)
Question 14a: On average, how many hours per week did you work in those full-time jobs?
Total average hours per week in full-time job(s)
Question 15: When you were working <b>during the past 12 months</b> , in an average month, how many part-time jobs (less than 30 hours/week) did you have?
Number of part-time job(s)
Question 15a: On average, how many hours per week did you work in those part time jobs?
Total average hours per week in part-time jobs
Question 16: Which of the following best describes your <u>usual</u> work schedule?
1=Day shift 2=Afternoon shift 3=Night shift 4=Split shift 5=Irregular shift/on-call 6=Rotating shift

## D. Child Wellness Visit Records

Question 17: Did you bring your child's weight and height records?

0=No **[END]** 

1=Yes [Go to CWVE form to enter data for each wellness visit]



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[Complete one occurrence of Child Wellness Visits Form (CWVE) to record information for each wellness visit (date, height, and weight)]