

## FATHER QUESTIONNAIRE

1 – Your date of birth: \_\_\_\_\_ 2 – Your birth weight: \_\_\_\_\_

3– Country where you were born: \_\_\_\_\_

4 – Please select your gestational age at your time of birth:

- ☐ Full Term      weeks: \_\_\_\_\_  
☐ Pre-Term      weeks: \_\_\_\_\_  
☐ Unknown

5 – Weight: \_\_\_\_\_ 6. Height \_\_\_\_\_

7 – Please select any medical conditions you have had and/or currently experiencing:

- ☐ High blood pressure  
☐ Diabetes  
☐ Thyroid  
☐ Heart Problems  
☐ Asthma  
☐ Genetic/Congenital Abnormality  
☐ Skin Conditions  
☐ Allergies  
☐ Irritable Bowel  
☐ Migraines  
☐ Stress/ Anxiety  
☐ Depression  
☐ Mental Illness  
☐ Alcohol or Drug Abuse  
☐ Nutrition disorders  
☐ Cancer      Type: \_\_\_\_\_ Date: \_\_\_\_\_  
☐ Other problems      Describe: \_\_\_\_\_  
☐ None

8 – If you follow a special diet, please select one of the following:

- ☐ Vegetarian      ☐ Vegan      ☐ Ethnic      ☐ Specialty Diet

Study Specific Number- \_\_\_\_\_

9 - Please select any of the following that you take and describe:

- ☐ None
- ☐ Other Vitamins: \_\_\_\_\_
- ☐ Herbs: \_\_\_\_\_
- ☐ Nutritional Supplements: \_\_\_\_\_
- ☐ Other dietary factors: \_\_\_\_\_

### **Social History**

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1 – Current Marital Status: (select one)

- ☐ Married      ☐ Single      ☐ Legally Separated      ☐ Divorced      ☐ Significant Other
- ☐ Widowed      ☐ Other

2 – Do you currently live with the baby's mother?      ☐ Yes      ☐ No

3 – Current Zip Code: \_\_\_\_\_

4 – Smoking Status

- ☐ Never Smoked
- ☐ Quit smoking
- ☐ Current      Packs per day \_\_\_\_\_
- ☐ Persistent exposure to second hand smoke (includes at home or work)

5 - Alcohol Consumption

- ☐ Do not consume alcohol
- ☐ Quit drinking
- ☐ Current Drinks per week \_\_\_\_\_

6 – To your knowledge have you been exposed to any hazardous chemicals?      ☐ Yes      ☐ No

6a. If yes, please indicate the date of exposure: \_\_\_\_\_

6b. If yes, please indicate the chemical(s) that you were exposed to: \_\_\_\_\_

**Family History**

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1 – Your mother's country of birth: \_\_\_\_\_ 2 – Your father's country of birth: \_\_\_\_\_

3 – What country(ies) did you grow up in (ages birth to twelve)? ☐ USA

Other(s): \_\_\_\_\_

4 – Select any medical conditions that your parents or siblings have:

Select any medical conditions that your parents or siblings have had and/or currently experiencing:

- ☐ High blood pressure
- ☐ Diabetes
- ☐ Thyroid
- ☐ Heart Problems
- ☐ Asthma
- ☐ Genetic/Congenital Abnormality
- ☐ Skin Conditions
- ☐ Allergies
- ☐ Irritable Bowel
- ☐ Migraines
- ☐ Stress/ Anxiety
- ☐ Depression
- ☐ Mental Illness
- ☐ Alcohol or Drug Abuse
- ☐ Nutrition disorders
- ☐ Cancer Type: \_\_\_\_\_
- ☐ Previous pregnancies resulting in pre-term birth
- ☐ Previous pregnancy(ies) resulting in birth of a small baby(ies) (less than 5 lbs)
- ☐ Previous pregnancy(ies) resulting in birth of a large baby(ies) (more than 9 lbs)
- ☐ Other problems Describe: \_\_\_\_\_
- ☐ None

Email \_\_\_\_\_

Participant's Initials \_\_\_\_\_

Participant's address (if different then Mother's):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**Non-Discrimination Statement**

As a recipient of federal financial assistance, Inova Health System ("Inova") does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, sex, disability, or age in admission to, participation in, or receipt of the services or benefits under any of its programs or activities, whether carried out by Inova directly or through a contractor or any other entity with which Inova arranges to carry out its programs and activities. Interpreter Services are available at no cost to you. Please let our staff know of your needs for effective communication.

S O C I O E C O N O M I C A L   S T A T U S

1- Education Level

- ☐ Completed less than the 11 grade
- ☐ High School Graduate/GED
- ☐ Some College
- ☐ Associates Degree
- ☐ Bachelors Degree
- ☐ Masters Degree
- ☐ Doctorate/Higher Level of Education

2- Occupation

- ☐ Management, Professional, and Related Occupations
- ☐ Service Occupations
- ☐ Construction, Maintenance, Repair Occupations
- ☐ Production, Transportation, Material Moving Occupations
- ☐ Agricultural Occupations
- ☐ Sales, Office Occupations
- ☐ Homemaker

3- Household Income

- ☐ Less than \$25,000
- ☐ \$25,000 - \$49,999
- ☐ \$50,000 – \$74,999
- ☐ \$75,000 - \$99,999
- ☐ \$100,000 - \$149,999
- ☐ \$150,000 - \$199,999
- ☐ \$200,000 - \$249,999
- ☐ Greater than \$250,000

R A C E ,   E T H N I C I T Y ,   G E N D E R

1- Gender:

- ☐ Male
- ☐ Female

3- Race:

- ☐ Black or African American
- ☐ White or Caucasian
- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ More than one Race
- ☐ Other: \_\_\_\_\_

2- Ethnicity:

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

☐ I decline to provide the information listed above.