

## 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

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

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

### **Social History**

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**

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 than 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/Highest 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

## 2- Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

## 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: \_\_\_\_\_

- I decline to provide the information listed above.