

# Demo E S1 R1 E1

Record ID

\_\_\_\_\_

## Questions About You

You are the:

- ☐ Child's Biological Parent
- ☐ Child's Adoptive Parent
- ☐ Child's Custodial Parent
- ☐ Other

What is your date of birth?

\_\_\_\_\_

What sex were you assigned at birth, on the original birth certificate?

- ☐ Male
- ☐ Female
- ☐ Intersex-Male
- ☐ Intersex-Female
- ☐ Don't know

What is your current gender identity?

- ☐ Male
  - ☐ Female
  - ☐ Trans male
  - ☐ Trans female
  - ☐ Gender queer
  - ☐ Other
  - ☐ Don't know
- (If Other, please specify: \_\_\_\_\_)

What race do you consider yourself to be? Please check all that apply.

- ☐ White
  - ☐ Black/African American
  - ☐ American Indian, Native American
  - ☐ Alaska Native
  - ☐ Native Hawaiian
  - ☐ Guamanian
  - ☐ Samoan
  - ☐ Other Pacific Islander
  - ☐ Asian Indian
  - ☐ Chinese
  - ☐ Filipino
  - ☐ Japanese
  - ☐ Korean
  - ☐ Vietnamese
  - ☐ Other Asian
  - ☐ Other Race
  - ☐ Don't Know
- (If Other, please specify: \_\_\_\_\_)

Do you consider yourself Hispanic/Latino/Latina?

- ☐ Yes
- ☐ No
- ☐ Don't know

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Please choose the group that best represents your Hispanic origin or ancestry.

- ☐ Puerto Rican
- ☐ Dominican (Republic)
- ☐ Mexican
- ☐ Cuban
- ☐ Central American
- ☐ South American
- ☐ Other Latin American
- ☐ Other Hispanic
- ☐ Don't know

In which country were you born?

- ☐ USA (United States of America - including territories such as Puerto Rico)
- ☐ Afghanistan
- ☐ Albania
- ☐ Algeria
- ☐ Andorra
- ☐ Angola
- ☐ Antigua and Barbuda
- ☐ Argentina
- ☐ Armenia
- ☐ Australia
- ☐ Austria
- ☐ Azerbaijan
- ☐ Bahamas
- ☐ Bahrain
- ☐ Bangladesh
- ☐ Barbados
- ☐ Belarus
- ☐ Belgium
- ☐ Belize
- ☐ Benin
- ☐ Bhutan
- ☐ Bolivia
- ☐ Bosnia and Herzegovina
- ☐ Botswana
- ☐ Brazil
- ☐ Brunei
- ☐ Bulgaria
- ☐ Burkina Faso
- ☐ Burundi
- ☐ Cabo Verde
- ☐ Cambodia
- ☐ Cameroon
- ☐ Canada
- ☐ Central African Republic
- ☐ Chad
- ☐ Chile
- ☐ China
- ☐ Colombia
- ☐ Comoros
- ☐ Congo (Brazzaville)
- ☐ Congo (Kinshasa)
- ☐ Costa Rica
- ☐ Cote d'Ivoire
- ☐ Croatia
- ☐ Cuba
- ☐ Cyprus
- ☐ Czech Republic
- ☐ Denmark
- ☐ Djibouti
- ☐ Dominica
- ☐ Dominican Republic
- ☐ Ecuador
- ☐ Egypt
- ☐ El Salvador
- ☐ Equatorial Guinea
- ☐ Eritrea
- ☐ Estonia
- ☐ Ethiopia
- ☐ Fiji
- ☐ Finland
- ☐ France
- ☐ Gabon
- ☐ Gambia
- ☐ Georgia
- ☐ Germany
- ☐ Ghana
- ☐ Greece
- ☐ Grenada

- ☐ Guatemala
- ☐ Guinea
- ☐ Guinea-Bissau
- ☐ Guyana
- ☐ Haiti
- ☐ Honduras
- ☐ Hungary
- ☐ Iceland
- ☐ India
- ☐ Indonesia
- ☐ Iran
- ☐ Iraq
- ☐ Ireland
- ☐ Israel
- ☐ Italy
- ☐ Jamaica
- ☐ Japan
- ☐ Jordan
- ☐ Kazakhstan
- ☐ Kenya
- ☐ Kiribati
- ☐ Kosovo
- ☐ Kuwait
- ☐ Kyrgyzstan
- ☐ Laos
- ☐ Latvia
- ☐ Lebanon
- ☐ Lesotho
- ☐ Liberia
- ☐ Libya
- ☐ Liechtenstein
- ☐ Lithuania
- ☐ Luxembourg
- ☐ Macedonia
- ☐ Madagascar
- ☐ Malawi
- ☐ Malaysia
- ☐ Maldives
- ☐ Mali
- ☐ Malta
- ☐ Marshall Islands
- ☐ Mauritania
- ☐ Mauritius
- ☐ Mexico
- ☐ Micronesia
- ☐ Moldova
- ☐ Monaco
- ☐ Mongolia
- ☐ Montenegro
- ☐ Morocco
- ☐ Mozambique
- ☐ Myanmar (Burma)
- ☐ Namibia
- ☐ Nauru
- ☐ Nepal
- ☐ Netherlands
- ☐ New Zealand
- ☐ Nicaragua
- ☐ Niger
- ☐ Nigeria
- ☐ North Korea
- ☐ Norway
- ☐ Oman
- ☐ Pakistan
- ☐ Palau
- ☐ Palestine
- ☐ Panama
- ☐ Papua New Guinea
- ☐ Paraguay
- ☐ Peru
- ☐ Philippines

- ☐ Poland
- ☐ Portugal
- ☐ Qatar
- ☐ Romania
- ☐ Russia
- ☐ Rwanda
- ☐ Samoa
- ☐ San Marino
- ☐ Sao Tome and Principe
- ☐ Saudi Arabia
- ☐ Senegal
- ☐ Serbia
- ☐ Seychelles
- ☐ Sierra Leone
- ☐ Singapore
- ☐ Slovakia
- ☐ Slovenia
- ☐ Solomon Islands
- ☐ Somalia
- ☐ South Africa
- ☐ South Korea
- ☐ South Sudan
- ☐ Spain
- ☐ Sri Lanka
- ☐ St. Kitts and Nevis
- ☐ St. Lucia
- ☐ St. Vincent and The Grenadines
- ☐ Sudan
- ☐ Suriname
- ☐ Swaziland
- ☐ Sweden
- ☐ Switzerland
- ☐ Syria
- ☐ Taiwan
- ☐ Tajikistan
- ☐ Tanzania
- ☐ Thailand
- ☐ Timor-Leste
- ☐ Togo
- ☐ Tonga
- ☐ Trinidad and Tobago
- ☐ Tunisia
- ☐ Turkey
- ☐ Turkmenistan
- ☐ Tuvalu
- ☐ Uganda
- ☐ UK (United Kingdom)
- ☐ Ukraine
- ☐ United Arab Emirates
- ☐ Uruguay
- ☐ Uzbekistan
- ☐ Vanuatu
- ☐ Vatican City (Holy See)
- ☐ Venezuela
- ☐ Vietnam
- ☐ Yemen
- ☐ Zambia
- ☐ Zimbabwe
- ☐ Don't know

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How many years have you lived in the United States? \_\_\_\_\_

(Number of years.) \_\_\_\_\_

Do you have any parents/guardians born outside the US? \_\_\_\_\_

If yes, please list in which non-US country/countries: \_\_\_\_\_

Does the child have any other family members born outside the US?

- ☐ Child's other parent/guardian  
☐ Parent/guardian of the child's other parent/guardian  
☐ Someone else  
☐ None

What is your native language? In other words, what was the first language (or languages) most spoken to you by your parents or guardians after birth?

- ☐ English  
☐ Spanish  
☐ English and Spanish equally  
☐ Other  
 (If Other, please specify: \_\_\_\_\_)

Are you now married, widowed, divorced, separated, never married or living with a partner?

- ☐ Married  
☐ Widowed  
☐ Divorced  
☐ Separated  
☐ Never married  
☐ Living with partner

What is the highest grade or level of school you have completed or the highest degree you have received?

- ☐ Never attended/Kindergarten Only  
☐ Elementary/Primary School  
☐ Some Middle/High School  
☐ High School Graduate  
☐ GED or equivalent  
☐ Some College  
☐ Associate degree: Occupational  
☐ Associate degree: Academic  
☐ Bachelor's degree (ex. BA)  
☐ Master's degree (ex. MA)  
☐ Professional School degree (ex. MD)  
☐ Doctoral degree (ex. PhD)

Are you working now, looking for work, retired, stay at home parent, a student, or something else?

- ☐ Working now: full-time  
☐ Working now: part-time  
☐ Temporarily laid off  
☐ Sick leave  
☐ Maternity leave  
☐ Looking for work  
☐ Unemployed not looking for work  
☐ Retired  
☐ Disabled: permanently or temporarily  
☐ Stay at home parent  
☐ Student  
☐ Other  
 (If Other, please explain: \_\_\_\_\_)

Is there another person that helps with regular childcare responsibilities for the child? Please select all that apply.

- ☐ Child's other parent  
☐ Spouse or partner who is not the child's parent  
☐ Family member (e.g., grandparent, aunt/uncle, etc.)  
☐ Friend  
☐ Other  
 (If Other, please specify: \_\_\_\_\_)

### Questions About Your Household

What is your TOTAL COMBINED FAMILY INCOME for the past 12 months?

This should include income (before taxes and deductions) from all sources, wages, rent from properties, social security, disability and/or veteran's benefits, unemployment benefits, workman's compensation, help from relative (include child payments and alimony), and so on.

- ☐ Less than \$5,000
- ☐ \$5,000 through \$11,999
- ☐ \$12,000 through \$15,999
- ☐ \$16,000 through \$24,999
- ☐ \$25,000 through \$34,999
- ☐ \$35,000 through \$49,999
- ☐ \$50,000 through \$74,999
- ☐ \$75,000 through \$99,999
- ☐ \$100,000 through \$199,999
- ☐ \$200,000 and greater
- ☐ Don't know

How many people are living at your address (including you)? INCLUDE everyone who is living or staying at your address for more than 2 months.

\_\_\_\_\_

Is there another household in which the child spends a significant amount of time?

- ☐ Yes
- ☐ No

About how many hours per week does the child spend at this other household?

(Hours/Week (168 hours = 1 week))

### Questions About the Child

How many years old was the child at the time of adoption? \_\_\_\_\_

(Age in years.) \_\_\_\_\_

What grade is the child in? If it is summer, indicate grade the child last completed.

- ☐ Kindergarten
- ☐ 1st grade
- ☐ 2nd grade
- ☐ 3rd grade
- ☐ 4th grade
- ☐ 5th grade
- ☐ 6th grade
- ☐ 7th grade
- ☐ 8th grade
- ☐ 9th grade
- ☐ 10th grade
- ☐ 11th grade
- ☐ 12th grade

Select the child's current school setting:

(If summer, answer for last grade completed.) \_\_\_\_\_

If Other, please specify: \_\_\_\_\_

What kind of grades does the child get on average?

- ☐ A's / Excellent
- ☐ B's / Good
- ☐ C's / Average
- ☐ D's / Below Average
- ☐ F's / Struggling a lot
- ☐ Ungraded
- ☐ Not applicable

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Does the child currently have an Individualized Education Plan (IEP) or 504 Plan?

- ☐ Yes  
☐ No  
☐ Don't know
- 

Has the child ever had an Individualized Education Plan (IEP) or 504 Plan?

- ☐ Yes  
☐ No  
☐ Don't know
- 

Please indicate what grades they've repeated in the past:

- ☐ None  
☐ 1st  
☐ 2nd  
☐ 3rd  
☐ 4th  
☐ 5th  
☐ 6th  
☐ 7th  
☐ 8th  
☐ Don't know
- 

What sex was the child assigned at birth, on the original birth certificate?

- ☐ Male  
☐ Female  
☐ Intersex-Male  
☐ Intersex-Female  
☐ Don't know
- 

What is the child's current gender identity?

- ☐ Male  
☐ Female  
☐ Trans male  
☐ Trans female  
☐ Gender queer  
☐ Other  
☐ Don't know  
(If Other, please specify: \_\_\_\_\_)
- 

Would you describe the child as:

- ☐ Heterosexual (straight)  
☐ Gay or lesbian  
☐ Bisexual  
☐ Other  
☐ Unsure  
(If Other, please specify: \_\_\_\_\_)
- 

What race do you consider the child to be? Please check all that apply.

- ☐ White  
☐ Black/African American  
☐ American Indian, Native American  
☐ Alaska Native  
☐ Native Hawaiian  
☐ Guamanian  
☐ Samoan  
☐ Other Pacific Islander  
☐ Asian Indian  
☐ Chinese  
☐ Filipino  
☐ Japanese  
☐ Korean  
☐ Vietnamese  
☐ Other Asian  
☐ Other Race  
☐ Don't Know  
(If Other, please specify: \_\_\_\_\_)



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Do you consider the child Hispanic/Latino/Latina?

- ☐ Yes  
☐ No  
☐ Don't know

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Please choose the group that best represents the child's Hispanic origin or ancestry.

- ☐ Puerto Rican  
☐ Dominican (Republic)  
☐ Mexican  
☐ Cuban  
☐ Central American  
☐ South American  
☐ Other Latin American  
☐ Other Hispanic  
☐ Don't know

In which country was the child born?

- ☐ USA (United States of America - including territories such as Puerto Rico)
- ☐ Afghanistan
- ☐ Albania
- ☐ Algeria
- ☐ Andorra
- ☐ Angola
- ☐ Antigua and Barbuda
- ☐ Argentina
- ☐ Armenia
- ☐ Australia
- ☐ Austria
- ☐ Azerbaijan
- ☐ Bahamas
- ☐ Bahrain
- ☐ Bangladesh
- ☐ Barbados
- ☐ Belarus
- ☐ Belgium
- ☐ Belize
- ☐ Benin
- ☐ Bhutan
- ☐ Bolivia
- ☐ Bosnia and Herzegovina
- ☐ Botswana
- ☐ Brazil
- ☐ Brunei
- ☐ Bulgaria
- ☐ Burkina Faso
- ☐ Burundi
- ☐ Cabo Verde
- ☐ Cambodia
- ☐ Cameroon
- ☐ Canada
- ☐ Central African Republic
- ☐ Chad
- ☐ Chile
- ☐ China
- ☐ Colombia
- ☐ Comoros
- ☐ Congo (Brazzaville)
- ☐ Congo (Kinshasa)
- ☐ Costa Rica
- ☐ Cote d'Ivoire
- ☐ Croatia
- ☐ Cuba
- ☐ Cyprus
- ☐ Czech Republic
- ☐ Denmark
- ☐ Djibouti
- ☐ Dominica
- ☐ Dominican Republic
- ☐ Ecuador
- ☐ Egypt
- ☐ El Salvador
- ☐ Equatorial Guinea
- ☐ Eritrea
- ☐ Estonia
- ☐ Ethiopia
- ☐ Fiji
- ☐ Finland
- ☐ France
- ☐ Gabon
- ☐ Gambia
- ☐ Georgia
- ☐ Germany
- ☐ Ghana
- ☐ Greece
- ☐ Grenada

- ☐ Guatemala
- ☐ Guinea
- ☐ Guinea-Bissau
- ☐ Guyana
- ☐ Haiti
- ☐ Honduras
- ☐ Hungary
- ☐ Iceland
- ☐ India
- ☐ Indonesia
- ☐ Iran
- ☐ Iraq
- ☐ Ireland
- ☐ Israel
- ☐ Italy
- ☐ Jamaica
- ☐ Japan
- ☐ Jordan
- ☐ Kazakhstan
- ☐ Kenya
- ☐ Kiribati
- ☐ Kosovo
- ☐ Kuwait
- ☐ Kyrgyzstan
- ☐ Laos
- ☐ Latvia
- ☐ Lebanon
- ☐ Lesotho
- ☐ Liberia
- ☐ Libya
- ☐ Liechtenstein
- ☐ Lithuania
- ☐ Luxembourg
- ☐ Macedonia
- ☐ Madagascar
- ☐ Malawi
- ☐ Malaysia
- ☐ Maldives
- ☐ Mali
- ☐ Malta
- ☐ Marshall Islands
- ☐ Mauritania
- ☐ Mauritius
- ☐ Mexico
- ☐ Micronesia
- ☐ Moldova
- ☐ Monaco
- ☐ Mongolia
- ☐ Montenegro
- ☐ Morocco
- ☐ Mozambique
- ☐ Myanmar (Burma)
- ☐ Namibia
- ☐ Nauru
- ☐ Nepal
- ☐ Netherlands
- ☐ New Zealand
- ☐ Nicaragua
- ☐ Niger
- ☐ Nigeria
- ☐ North Korea
- ☐ Norway
- ☐ Oman
- ☐ Pakistan
- ☐ Palau
- ☐ Palestine
- ☐ Panama
- ☐ Papua New Guinea
- ☐ Paraguay
- ☐ Peru
- ☐ Philippines

- ☐ Poland
- ☐ Portugal
- ☐ Qatar
- ☐ Romania
- ☐ Russia
- ☐ Rwanda
- ☐ Samoa
- ☐ San Marino
- ☐ Sao Tome and Principe
- ☐ Saudi Arabia
- ☐ Senegal
- ☐ Serbia
- ☐ Seychelles
- ☐ Sierra Leone
- ☐ Singapore
- ☐ Slovakia
- ☐ Slovenia
- ☐ Solomon Islands
- ☐ Somalia
- ☐ South Africa
- ☐ South Korea
- ☐ South Sudan
- ☐ Spain
- ☐ Sri Lanka
- ☐ St. Kitts and Nevis
- ☐ St. Lucia
- ☐ St. Vincent and The Grenadines
- ☐ Sudan
- ☐ Suriname
- ☐ Swaziland
- ☐ Sweden
- ☐ Switzerland
- ☐ Syria
- ☐ Taiwan
- ☐ Tajikistan
- ☐ Tanzania
- ☐ Thailand
- ☐ Timor-Leste
- ☐ Togo
- ☐ Tonga
- ☐ Trinidad and Tobago
- ☐ Tunisia
- ☐ Turkey
- ☐ Turkmenistan
- ☐ Tuvalu
- ☐ Uganda
- ☐ UK (United Kingdom)
- ☐ Ukraine
- ☐ United Arab Emirates
- ☐ Uruguay
- ☐ Uzbekistan
- ☐ Vanuatu
- ☐ Vatican City (Holy See)
- ☐ Venezuela
- ☐ Vietnam
- ☐ Yemen
- ☐ Zambia
- ☐ Zimbabwe
- ☐ Don't know

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How many years has the child lived in the United States? \_\_\_\_\_

(Number of years.) \_\_\_\_\_

How many siblings does the child have?

\_\_\_\_\_

Of the children in your family, what is the age order of the child?

- ☐ First (eldest)  
☐ Second  
☐ Third  
☐ Fourth  
☐ Fifth or younger

What is the child's native language? In other words, what was the first language (or languages) most spoken to the child by their parents or guardians after birth?

- ☐ English  
☐ Spanish  
☐ English and Spanish equally  
☐ Other  
 (If Other, please specify: \_\_\_\_\_)

What is the earliest AGE that the child was regularly spoken to in ENGLISH by a parent/caregiver/relative or teacher?

\_\_\_\_\_  
 ((Age in years.))

Has the child ever been regularly spoken to in a language other than ENGLISH in the home or by a parent/caregiver/relative or teacher?

- ☐ Yes  
☐ No  
☐ Don't know  
 (If yes, which language? \_\_\_\_\_)

What is the earliest AGE that the child was regularly spoken to in the OTHER language by a parent/caregiver/relative or teacher?

\_\_\_\_\_  
 ((Age in years.))

### Questions About the Child's Birth and Health History

Did the child have any complications at birth?

- ☐ Yes  
☐ No  
☐ Don't know

If yes, please specify:

\_\_\_\_\_

Was the child ever diagnosed with a speech or language impairment, delay, or disorder?

- ☐ Yes  
☐ No  
☐ Don't know

Diagnosis 1

What was the diagnosis? \_\_\_\_\_  
 How many years old was the child when diagnosed? \_\_\_\_\_

(Age in years.)

Diagnosis 2

What was the diagnosis? \_\_\_\_\_  
 How many years old was the child when diagnosed? \_\_\_\_\_

(Age in years.)

Diagnosis 3

What was the diagnosis?

\_\_\_\_\_  
 How many years old was the child when diagnosed? \_\_\_\_\_

(Age in years.)

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Diagnosis 4

What was the diagnosis? \_\_\_\_\_

How many years old was the child when diagnosed? \_\_\_\_\_

(Age in years.) \_\_\_\_\_

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## Diagnosis 5

What was the diagnosis? \_\_\_\_\_

How many years old was the child when diagnosed? \_\_\_\_\_

(Age in years.) \_\_\_\_\_

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## Diagnosis 6

What was the diagnosis? \_\_\_\_\_

How many years old was the child when diagnosed? \_\_\_\_\_

(Age in years.) \_\_\_\_\_

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## Diagnosis 7

What was the diagnosis? \_\_\_\_\_

How many years old was the child when diagnosed? \_\_\_\_\_

(Age in years.) \_\_\_\_\_

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## Diagnosis 8

What was the diagnosis? \_\_\_\_\_

How many years old was the child when diagnosed? \_\_\_\_\_

(Age in years.) \_\_\_\_\_

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## Diagnosis 9

What was the diagnosis? \_\_\_\_\_

How many years old was the child when diagnosed? \_\_\_\_\_

(Age in years.) \_\_\_\_\_

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## Diagnosis 10

What was the diagnosis? \_\_\_\_\_

How many years old was the child when diagnosed? \_\_\_\_\_

(Age in years.) \_\_\_\_\_

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Was the child born prematurely?

- ☐ Yes  
☐ No  
☐ Don't know
- 

About how many weeks premature was the child when they were born?

\_\_\_\_\_  
((Number of weeks.))

Example:

full term = 40 weeks, born at 36 weeks = 4 weeks

premature, born at 32 weeks = 8 weeks premature

About how many months was the child breastfed?

\_\_\_\_\_  
(Number of months.) \_\_\_\_\_

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At approximately what age (number of months) was the child FIRST able to walk without assistance?

\_\_\_\_\_

(Age in months.) \_\_\_\_\_

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At approximately what age (number of months) was the child FIRST able to say their first word?

\_\_\_\_\_

(Number of months.) \_\_\_\_\_

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Would you say the child's motor development (sitting, crawling, walking) was earlier, average, or later than most other children?

- ☐ Much earlier
- ☐ Somewhat earlier
- ☐ About average
- ☐ Somewhat later
- ☐ Much later
- ☐ Don't know

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Would you say the child's speech development was earlier, average, or later than most other children?

- ☐ Much earlier
- ☐ Somewhat earlier
- ☐ About average
- ☐ Somewhat later
- ☐ Much later
- ☐ Don't know

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Has the child ever been to a doctor, nurse, the emergency room, or a clinic for any of these things? Please check all that apply.

- ☐ Hearing Problem
  - ☐ Epilepsy or Seizures
  - ☐ Very Bad Headaches
  - ☐ Head Injury
  - ☐ Knocked Unconscious
  - ☐ General Anesthesia or Sedation for any surgery or procedure
  - ☐ Other Neurological Concerns
  - ☐ None
- (If Other Neurological Concerns, please specify: \_\_\_\_\_)

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Is the child able to see the difference between blue and green?

- ☐ Yes
- ☐ No
- ☐ Don't know

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How about the difference between blue and yellow?

- ☐ Yes
- ☐ No
- ☐ Don't know