OMB: 0925-XXXX
Expiration Date: XX/XX/XXXX

Attachment 40 Initial Questionnaire – PROXY and CHILD

Initial Questionnaire - Proxy

Thank you for participating in the NIH Toolbox Project. Prior to your child's appointment, please take a few minutes to complete this survey. Yours and your child's participation is voluntary. You may choose not to answer any questions and you may stop the survey at any time. There are no known risks or benefits to completing this survey. The survey is estimated to take 12 minutes to complete.

Please bring this completed survey with you to your child's testing appointment. If you have any questions about the study, please call the study's toll-free number, 1-xxx-xxx-xxxx.

Thank you!

(Note: Throughout the survey, instructions are printed in italics.)

Instructions: Please mark only one response per question unless otherwise noted.

[SDNormP01]
1) Today's Date:
_____/_____/_____
dd mm yyyy

[SDNormP02]
2) What is your child's date of birth?
_____/_____/_____
dd mm yyyy

[SDNormP03]
3) What is your child's gender?

☐ Male

☐ Female

[SDNormP04]
4) Is your child Spanish/Hispanic/Latino?

☐ Yes *(complete question 4a below)*

☐ No

[SDNormP04a]
4a) Is your child...?

☐ Mexican, Mexican-American, Chicano

☐ Puerto Rican

☐ Cuban, Cuban-American

☐ Other Spanish/Hispanic/Latino

[SDNormP05]

5) What is your child's race? *Mark one or more.*

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

[SDNormP06]

6) In what country was your child born?

- ☐ United States
- ☐ Other Country

[SDNormP06a]

6a) If Other Country, which?

_____

[SDNormP06b]

6b) If Other Country, in what year did your child come to the United States to stay?

_____

yyyy

[SDNormP07]

7) What was the family's total household income in 2010 before taxes? Please include income from all sources including child support, alimony, disability, SSI, unemployment. (Remember your answers are confidential.)

- ☐ Less than $5,000
- ☐ $5,000 to $9,999
- ☐ $10,000 to $19,999
- ☐ $20,000 to $39,999
- ☐ $40,000 to $74,999
- ☐ $75,000 to $99,999
- ☐ $100,000 or more
- ☐ Don't know

[SDNormP08]

8) How many children under 18 and adults in the child's household depend on this income?

_____

Number of children under 18

[SDNormP08a]

_____

Number of adults

Instructions: The following questions ask about your child's current health and health history. Please mark only one response per question unless otherwise noted.

[SDNormP09]

1) In general, would you say your child's health is…?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

[SDMC_Proxy_01]

2) Has a health professional told you that your child has any of the following?

Please mark one or more.

- ☐ A specific learning disability
- ☐ Mental retardation
- ☐ A speech or language impairment (please specify): _____
- ☐ A serious emotional disturbance
- ☐ Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD)
- ☐ Autism
- ☐ Asperger's syndrome
- ☐ Pervasive Developmental Disorder (PDD)
- ☐ Other autism spectrum disorder
- ☐ Developmental delay
- ☐ None of the above

[SDMC_Proxy_01a]

2a) If you marked any of the conditions above, please answer the following question. Otherwise go to question 3.

Does your child's condition affect his/her ability to learn?

- ☐ Yes
- ☐ No

[SDMC_Proxy_01f]

3) Does your child have or has your child had any of the following?
Please mark one or more.

- ☐ Deafness (profound hearing loss)
- ☐ Other hearing impairment (please specify): _____
- ☐ Total blindness (no light perception)
- ☐ Other visual impairment not corrected with glasses (please specify): _____
- ☐ An orthopedic impairment (please specify): _____
- ☐ Joint replacement
- ☐ Dizziness or Vertigo
- ☐ None of the above

[SDMC_Proxy_02]

4) Does your child have a history of any of the following medical conditions?
Please mark one or more.

- ☐ Hypertension/high blood pressure
- ☐ Peripheral vascular disease (problems with circulation, blocked arteries to the legs)
- ☐ Diabetes
- ☐ Cerebral palsy
- ☐ Bipolar Disorder or Schizophrenia
- ☐ Depression/anxiety/emotional problem
- ☐ Epilepsy, seizures
- ☐ Traumatic Brain Injury (TBI)
- ☐ Multiple sclerosis (MS)
- ☐ Muscular Dystrophy (MD)
- ☐ Thyroid problems, Graves' disease
- ☐ HIV/AIDS
- ☐ Alcohol abuse
- ☐ Drug abuse
- ☐ None of the above

[SDMC_Proxy_02b]

5) Does your child have, or has a health professional told you that your child has, any of the following?
Please mark one or more.

- ☐ Heart problem (heart attack, angina, other)
- ☐ Stroke problem or TIA (transient ischemic attack)
- ☐ Lung/breathing problem (such as asthma, emphysema, COPD)
- ☐ Problems with his/her hip, knee or ankle joints
- ☐ Cervical spine instability

☐ None of the above

[SDMC_Proxy_09]

6) Does your child use any of the following?
Please mark one or more.

☐ Hearing aid(s)
☐ Cochlear implant
☐ Eyeglasses or contact lenses
☐ Hand or wrist splints
☐ Cane
☐ Walker
☐ Leg or ankle braces
☐ Manual wheelchair
☐ Motorized wheelchair
☐ Scooter
☐ Special telephone
☐ Prosthetic limb (Please specify) _____
☐ Other (Please specify) _____
☐ None of the above

[SDMC_Proxy_11]

7) Can your child stand independently, without an assistive device, for at least 3 minutes?

☐ Yes
☐ No

[SDMC_Proxy_13]

8) Has your child experienced a neck injury in the last 12 months?

☐ Yes
☐ No

[SDMC_Proxy_19]

9) How many times has your child fallen in the last 6 months?

☐ No falls (*if no falls, please go to question 10*)
☐ One time
☐ More than one time

[SDMC_Proxy_19a]

9a) If your child fell one or more times, please specify the reason(s) for your child's fall(s).

_____

_____

10) Has a doctor or other medical professional ever told you that your child has an allergy or sensitivity to quinine? Quinine is sometimes used in treating malaria.

- ☐ Yes
- ☐ No

[SDMC_Proxy_16]

11) If your child is female, is she currently pregnant?

- ☐ Yes, 3 months or greater
- ☐ Yes, less than 3 months
- ☐ No

12) Does your child have a history of any of the following?
Please mark one or more.

- ☐ He/she has been hospitalized for emotional problems
- ☐ He/she has had hand surgery *in the last 3 months*
- ☐ He/she has had brain surgery
- ☐ None of the above

[SDMC_Proxy_6]

13) Is your child limited in any way in any activities because of a physical problem?

- ☐ Yes (*if yes, complete questions 13a and 13b below*)
- ☐ No

[SDMC_Proxy_06a]

13a)
What physical problem(s) limits your child's activities? Please specify.

_____

_____

[SDMC1_Self_06b]

13b) In what ways is your child limited by this (these) physical problem(s)? Please describe.

_____

_____

_____

[SDMC_Proxy_03]

14) How tall is your child without shoes?

_____ feet _____ inches

[SDMC_Proxy_04]

15) How much does your child weigh without shoes?

_____ pounds

[SDMC_Proxy_08]

16) Do you consider your child to be a person with a disability?

- ☐ Yes
- ☐ No

[SDMC_Proxy_08a]

16a) Have you or someone else ever applied for disability benefits on behalf of your child?

- ☐ Yes, disability benefits were applied for on behalf of my child and were *denied*
- ☐ Yes, disability benefits were applied for on behalf of my child and were *received*
- ☐ No, I or someone else have never applied for disability benefits on behalf of my child

[SDMC_Proxy_02c]

17) Does your child regularly exercise?

- ☐ Yes (*answer question 17a*)
- ☐ No

[SDMC_Proxy_02e]

17a) If yes, what type and how often?

_____

[SDMC_Proxy_02d]

18) Does your child regularly have problems climbing stairs?

- ☐ Yes
- ☐ No

[PTLS_01a]

Instructions: The next few questions are about the language or languages that you and your child speak. Please mark only one response per question.

[PTLS_01a]

1) What was the first language your child learned?

- ☐ English
- ☐ Spanish
- ☐ Some other language

[PTLS_02a]

2) What language do you usually speak with your child?

- ☐ Only Spanish
- ☐ Mostly Spanish
- ☐ Spanish and English equally
- ☐ Mostly English
- ☐ Only English
- ☐ Some other language

[PTLS_03]

3) How frequently does your child speak English in his/her day-to-day life?

- ☐ Never
- ☐ Rarely
- ☐ Often
- ☐ Every day

[PTLS_04]

4) How frequently does your child speak Spanish in his/her day-to-day life?

- ☐ Never
- ☐ Rarely
- ☐ Often
- ☐ Every day

[PTLS_5a]

5) Does your child go to school in the U.S.?

- ☐ Yes (*answer question 5a*)
- ☐ No

[PTLS_05b]

5a) If yes (child goes to school in the U.S.), what is your child's current level or grade?

_____

6) Was your child born outside of the U.S.?

☐ Yes (*answer question 6a*)
☐ No

[PTLS_6a]
6a) If yes (born outside of U.S.), did your child go to school in his/her country of origin?

☐ Yes (*answer question 6b*)
☐ No

[PTLS_06b]
6b) If yes (went to school in his/her country of origin), what was the highest level or grade your child completed?

_____

Initial Questionnaire - Child

If your child is age 8 years or older, please ask him/her to complete the rest of the survey. It will take him/her approximately 2 minutes.

[CTLS_01a]

Instructions: The next few questions are about the language or languages that you speak. Please mark only one response per question.

[CTLS_01]

1) What was the first language you learned?

- ☐ English
- ☐ Spanish
- ☐ Some other language
- ☐ Don't know

[CTLS_02a]

2) What language do you usually speak with your friends?

- ☐ Only Spanish
- ☐ Mostly Spanish
- ☐ Spanish and English equally
- ☐ Mostly English
- ☐ Only English
- ☐ Some other language
- ☐ Don't know

[CTLS_03]

3) How frequently do you speak English in your day-to-day life?

- ☐ Never
- ☐ Rarely
- ☐ Often
- ☐ Every day
- ☐ Don't know

[CTLS_04]
4) How frequently do you speak Spanish in your day-to-day life?

- ☐ Never
- ☐ Rarely
- ☐ Often
- ☐ Every day
- ☐ Don't know

[CTLS_5a]
5) Do you go to school in the U.S.?

- ☐ Yes (*answer question 5a*)
- ☐ No

[CTLS_05b]
5a) If yes (go to school in the U.S.), what is your current grade or level?

_____