**Bayley Short Form Telephone Screener**

Thank you for your interest in The Bayley Child Development Study. It is because of the interest of parents like you that makes it possible for us to conduct this kind of research.

1. First, I’d like to obtain some basic information to see whether your child is eligible for the study.

Your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Are you the child’s parent or legally authorized representative?

Yes

No 🡪 IF NO, THEN: We need the permission of the parent/legal guardian. Can you

please provide that person’s name and phone number so that we can call: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Parent/Guardian’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Parent/Guardian/s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Child’s gender: Male or Female (circle one)

7. Child’s Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_

8. What is the primary language used in your home? (circle one):

English Spanish Chinese Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Do you consider your child to be Hispanic or Latino/a?

Yes 1

No 2

Refused -1

Don’t know -2

10. Do you consider your child to be (READ LIST). You may select one or more:

White, 1

Black or African American, 2

American Indian or Alaska Native, 3

Asian 4

Native Hawaiian or other Pacific Islander 5

Multi-racial 6

SOME OTHER RACE (Specify:\_\_\_\_\_\_) -5

REFUSED -1

DON’T KNOW -2

**INTERVIEWER INSTRUCTION.**

* CODE “OTHER” ONLY IF VOLUNTEERED.

11. Does your child have any medical conditions? (circle one) Yes No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. What is the highest level of education that you completed? (circle one)

 1 Less than high school

 2 High school or GED

 3 Some college

 4 Bachelor’s degree BA/BS

 5 Some graduate school

 6 Graduate or professional degree

13. Of these income groups, which category best represents your combined family income during the last calendar year?

 1 Less than $4,999

 2 $5,000-$9,999

 3 $10,000-$19,999

 4 $20,000-$29,999

 5 $30,000-$39,999

 6 $40,000-$49,999

 7 $50,000-$74,999

 8 $75,000-$99,999

 9 $100,000-$199,000

 10 $200,000 or more

 11 Refused

 12 Don’t know

Thank you.

[OPTION ONE:] I will forward this information to our study staff. They will contact you at the number you provided if your child is eligible to participate.

[OPTION TWO:] Your child is eligible to participate in this study. I will forward this information to our study coordinator who will call you to set up a time to come in that is convenient for you. What are the best times of day to reach you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[OPTION THREE:]I’m sorry, but your child is not eligible to participate in this study. However, if you are interested, I will keep your name and contact you if this changes or if we have any other studies that you may be interested in.