

ID Number: _____

Background Information Form

*We would greatly appreciate your help in answering the following questions.
All information provided here will be kept anonymous and entirely confidential.*

Date of Birth: _____ Gender: _____ Birth Order: _____ Birth Weight: _____

Was your child born on his/her due date? Yes No If not, how early/late was he/she: _____

General Background Information

Mother or Guardian 1:

Year of Birth _____

Education: Circle highest grade completed (12 = high school graduate; 16 = college graduate; 18 = advanced degree)

Elementary								High School				College				Graduate		
0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18

Occupation Title _____ Hours/week at work _____

Occupation Description _____

Father or Guardian 2:

Year of Birth _____

Education: Circle highest grade completed (12 = high school graduate; 16 = college graduate; 18 = advanced degree)

Elementary								High School				College				Graduate		
0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18

Occupation Title _____ Hours/week at work _____

Occupation Description _____

Estimated Annual Family Income:

< \$25K/yr \$25-50K/yr \$50-100K/yr \$100-150K/yr \$150-200K/yr \$200K+ /yr

Child's Ethnicity

The following information is being collected for the sole purpose of reporting to our grant-funding institute, i.e., NIH (National Institute of Health). NIH requires this information to ensure the soundness and inclusiveness of our research. Your cooperation is appreciated, but optional.

1. Is your child Hispanic/Latino? Yes No

2. My child is (check all that apply):

- ___ American Indian/Alaska Native
- ___ Asian (*Far East, Southeast Asia, Indian Sub-continent*)
- ___ Native Hawaiian or Other Pacific Islander
- ___ Black or African American
- ___ White
- ___ Other (*please specify*) _____

Please continue on the back of this sheet.

Caregiver Information

Approximately **how many waking hours** each day does your child spend with:

Parent 1: _____ Parent 2: _____

Other (e.g., nanny, family provider, grandmother) (please specify): _____

Does your child **attend daycare or preschool**? Yes No

How often? # days/week? _____ # hours/day? _____ Since what age (in mos)? _____

Language Exposure

Does your child regularly hear a **language other than English**? Yes No

If yes, what language(s)? _____ From whom? _____

How often? # days/week? _____ # hours/day? _____ Since what age (in mos)? _____

Health

Has your child experienced **chronic ear infections** (5 or more)? Yes No

If yes, has your child undergone interventions (e.g., tubes)? Please describe: _____

Is there some reason to suspect that your child may have **hearing loss**? Yes No

If yes, please describe: _____

Is there some reason to suspect that your child may have **vision problems**? Yes No

If yes, please describe: _____

Has your child had any **major illnesses, hospitalizations, or diagnosed disabilities**? Yes No

If yes, please describe: _____

Are you **worried** about your child's progress in language or communication? Yes No

If yes, please describe: _____

Have you or anyone in your extended family been diagnosed with a **language or learning disability**?

Yes No

If yes, indicate which family member and provide a description: _____

**Thank you very much for taking the time to answer our questions!
Please contact us if you have any questions or concerns.**