

CHILDHOOD ADENOTONSILLECTOMY STUDY
Child Demographic Information
BASELINE

[Parent / Guardian Completed]

Participant ID: _____
Participant Initials: _____
Site: _____
Date: ____ / ____ / ____
RC ID: ____ - ____

1. What is your child's Date of Birth?

__ __ / __ __ / __ __ __ __
M M D D Y Y Y Y

1a. What is your child's age?

child_age

__ __ Years __ __ Months

2. What is your child's gender?

chi2

1 Male 2 Female

3. What is your child's ethnicity?

chi3

1 Hispanic or Latino
 2 Not Hispanic or Latino

4. What is your child's race?

race3

1 American Indian / Native Alaskan
 2 Asian
 3 Native Hawaiian / Other Pacific Islander
 4 Black / African American
 5 White / Caucasian
 6 Multiracial
 98 Other, specify: _____

5. What is your child's current or most recently completed grade in school?

chi5

__ __ Grade
 99 Not attending

chi5_na

5a. If your child is not attending, please provide a reason:

chi5a

1 Summer Vacation
 2 Child is home schooled
 3 Other, specify: _____