

CONTACT INFORMATION FORM

Please complete the following information sheet and retain it in a secure place. This information should be collected via interview with the parent/caregiver. This information is collected solely for use in follow-up.

Parent/caregiver1 First Name: _____ Parent/caregiver1 Last Name: _____

Parent/caregiver1 Street Address: _____

Parent/caregiver1 City, State: _____ Parent/caregiver1 Zip Code: _____

Parent/caregiver1 Home Phone: () _____ - _____ Parent/caregiver1 Cell Phone: () _____ - _____

Parent/caregiver1 Phone 3: () _____ - _____ Parent/caregiver1 Phone 4: () _____ - _____

Parent/caregiver1 Email address: _____

Parent/caregiver2 First Name: _____ Parent/caregiver2 Last Name: _____

Parent/caregiver2 Street Address: _____

Parent/caregiver2 City, State: _____ Parent/caregiver2 Zip Code: _____

Parent/caregiver2 Home Phone: () _____ - _____ Parent/caregiver2 Cell Phone: () _____ - _____

Parent/caregiver2 Phone 3: () _____ - _____ Parent/caregiver2 Phone 4: () _____ - _____

Parent/caregiver2 Email address: _____

Friend/Relative Name: _____

Friend/Relative Phone: () _____ - _____

Friend/Relative Email address: _____

Primary Care MD Name: _____

Primary Care MD Phone: () _____ - _____

Primary Care MD Practice Name: _____

Please indicate here how you would like to be contacted for updates: ____email ____phone

Parental/Caregiver in PICU Questionnaire

This should be performed in the PICU after enrollment. This information should be collected via an interview with the parent or guardian enrolled in the study.

What is your age? _____

Has your child ever been admitted to the hospital? Yes No

When was your child's last hospital admission? _____

Has your child ever been admitted to an intensive care unit (PICU or NICU)? Yes No

If yes which one: PICU NICU

When was your child's last ICU admission? _____

Have you or any other close family member ever been admitted to an intensive care unit? Yes No

Was your child premature? Yes No

Was your child ever enrolled in a head start program? Yes No

Has your child's education been delayed for any reason? Yes No

Does your child suffer from any chronic diseases? Yes No

If yes, which one _____

Do you have any medical problems?

Are you a war veteran? Yes No

Have you ever been physically or sexually assaulted or abused? Yes No

Have you ever been in a major accident or disaster (natural or unnatural)? Yes No

DEMOGRAPHIC & SES INFORMATION FORM

This information should be collected in the PICU after enrollment. This information should be collected via an interview with the parent or guardian enrolled in the study or by parent self-report and then reviewed by research personnel with parent in case clarification is needed.

1) Gender:

___Male ___Female

2) Ethnicity:

___ Hispanic or Latino ___ Non-Hispanic or Latino

3) Race:

- ☐ American Indian or Alaskan Native
- ☐ White
- ☐ Black African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Asian
- ☐ Other: Please state _____

4) What is your relationship to the child?

- ☐ Biologic Mother
- ☐ Biologic Father
- ☐ Non biological Mother
- ☐ Non biological Father
- ☐ Legal Guardian
- ☐ Other (please specify) _____

5) Do you live with the child?

___Always ___Sometimes ___Never

6) Do you consider yourself a primary caregiver for the patient? Yes No

7) How would you describe your relationship status (Check all that apply)?

- ☐ Never in relationship
- ☐ Strained relationship-please circle with one below
- marriage / relationship
- ☐ Married/partnered
- ☐ Marital/partner therapy
- ☐ Separated
- ☐ Divorced
- ☐ Spouse or partner deceased
- ☐ Other (please specify) _____

8) If married, is it to the other biological parent?

9) Highest grade of schooling completed?

- ☐ 8th grade or less
☐ Some high school but did not graduate
☐ Graduated high school
☐ GED
☐ Some college or technical school but did not graduate
☐ Graduated college _Graduated technical school
☐ Some graduate or professional school
☐ Graduated graduate or professional school
☐ Other (please state) _____

10) Which describes your current main daily activity (select all that apply):

- ☐ Part time student
- ☐ Full time student
- ☐ Full time at home
- ☐ Working part time
- ☐ Working full time
- ☐ Unemployed
- ☐ Retired
- ☐ Other: _____

11) Which best describes your home or apartment?

- ☐ Rented
☐ Occupied without payment of money or rent
☐ Owned
☐ Other (please specify below) _____

12) Zip code of child's primary residence: _____

13) Including yourself how many members are there in your household currently?

How many children < 18 _____ How many adults >/= 18? _____

- 14) “I’m going to give you some annual household income numbers. I know this may be sensitive, but we feel strongly that accurate data here will be important. The information you provide is highly confidential. Please indicate a range that your household income currently falls *within* (Choose the row based on the number of total persons from question above and ask “Does your family earn between \$XX, XXX and \$XX, XXX amount?”): Choose the number in household and then circle the levels that income falls between, use under 1FPL and over 10 FPL as first and last range. If greater than 10 FPL just indicate that with an arrow.

Number of persons in family/household				
	FPL	2 FPL	5 FPL	10 FPL
1	11,880	\$23,760	\$59,400	\$118,800
2	16,020	\$32,040	\$80,100	\$160,200
3	20,160	\$40,320	\$100,800	\$201,600
4	24,300	\$48,600	\$121,500	\$243,000
5	28,440	\$56,880	\$142,200	\$284,400
6	32,580	\$65,160	\$162,900	\$325,800
7	36,730	\$73,460	\$183,650	\$367,300
8	40,890	\$81,780	\$204,450	\$408,900
<i>Each Additional person</i>	<i>4,160</i>	<i>\$8,320</i>	<i>\$20,800</i>	<i>\$41,600</i>