## School

1. Education level: (select the highest level attained)

Never attended/ Kindergarten only

1st Grade

2nd Grade

3rd Grade

4th Grade

5th Grade

6th Grade

7th Grade

8th Grade

9th Grade

10th Grade

11th Grade

12th Grade, no diploma

High school graduate

GED or equivalent

Some college, no degree

Associate degree: occupational/technical/vocational program

Associate degree: academic program

Bachelor's degree (e.g., BA, AB, BS, BBA)

Master's degree (e.g., MA, MS, MEng, MEd, MBA)

Professional school degree (e.g., MD, DDS, DVM, JD)

Doctoral degree (e.g., PhD, EdD)

Unknown

1. School status

Going to school

On vacation from school (between grades)

Neither

Unknown

Graduated

1. Has participant repeated a grade in the past (choose one)?

Yes

No

Unknown

1. Has participant had special education services?

Yes

No

Unknown

1. Parent 1 education level: (select the highest level attained)

Mother  Father

Never attended/ Kindergarten only

1st Grade

2nd Grade

3rd Grade

4th Grade

5th Grade

6th Grade

7th Grade

8th Grade

9th Grade

10th Grade

11th Grade

12th Grade, no diploma

High school graduate

GED or equivalent

Some college, no degree

Associate degree: occupational/technical/vocational program

Associate degree: academic program

Bachelor's degree (e.g., BA, AB, BS, BBA)

Master's degree (e.g., MA, MS, MEng, MEd, MBA)

Professional school degree (e.g., MD, DDS, DVM, JD)

Doctoral degree (e.g., PhD, EdD)

Unknown

1. Parent 2 education level:(select the highest level attained)

Mother  Father

Never attended/ Kindergarten only

1st Grade

2nd Grade

3rd Grade

4th Grade

5th Grade

6th Grade

7th Grade

8th Grade

9th Grade

10th Grade

11th Grade

12th Grade, no diploma

High school graduate

GED or equivalent

Some college, no degree

Associate degree: occupational/technical/vocational program

Associate degree: academic program

Bachelor's degree (e.g., BA, AB, BS, BBA)

Master's degree (e.g., MA, MS, MEng, MEd, MBA)

Professional school degree (e.g., MD, DDS, DVM, JD)

Doctoral degree (e.g., PhD, EdD)

Unknown

1. Disability benefits:

Yes

No

Unknown

Not applicable

1. Marital/partner status (choose one):

Never married

Domestic partnership

Separated

Married

Divorced

Widowed

1. Are you a citizen of (country)?

Yes

No

Unknown

1. Birth country name through corresponding ISO 3166 1 alpha 2 code

Unknown

1. Type of health insurance:

Medicaid

Medicare

Employer-sponsored disability insurance

Private or group health insurance

National Health Insurance

Veterans Affairs/Military

No Insurance (a.k.a. self-pay)

Unknown

Other, specify:

1. Health insurance private or group type (U.S. Specific):

Traditional indemnity plan, often called fee-for-service plan

Health Maintenance Organization (HMO)

Individual Practice Association (IPA)

Preferred Provider Organization (PPO)

Point of Service (POS)

Other, specify:

1. Primary caregiver for the participant/ subject:

Self

Spouse or partner

Parent or legal guardian

Child

Sibling

Home aide

Long-term care/nursing facility staff

Other, specify

1. Primary caregiver’s level of education:

What is the highest grade or level of school the participant’s/subject’s primary caregiver has completed or the highest degree obtained? (Choose one):

Never attended/ Kindergarten only

1st Grade

2nd Grade

3rd Grade

4th Grade

5th Grade

6th Grade

7th Grade

8th Grade

9th Grade

10th Grade

11th Grade

12th Grade, no diploma

High school graduate

GED or equivalent

Some college, no degree

Associate degree: occupational, technical, or vocational program

Associate degree: academic program

Bachelor's degree (e.g., BA, AB, BS, BBA)

Master's degree (e.g., MA, MS, MEng, MEd, MBA)

Professional school degree (e.g., MD, DDS, DVM, JD)

Doctoral degree (e.g., PhD, EdD)

Unknow

1. Caregiver marital/partner status (choose one):

Never married

Married

Domestic partnership

Divorced

Separated

Widowed

Unspecified/Unknown

1. Number of people the participant/subject lives or stays with:
2. Type of housing (choose one):

Apartment

Single family house

Multifamily house

Shelter

Dormitory

Homeless

1. Persons living with (Choose all that apply):

Husband or wife

Biological son or daughter

Adopted son or daughter

Stepson or stepdaughter

Brother or sister

Father or mother

Stepfather or stepmother

Grandchild

Grandparent

Parent-in-law

Son-in-law or daughter-in-law

Other relative

Roomer or boarder

Housemate or roommate

Unmarried partner

Foster child

Other patient/ resident in care facility

Personal care attendant

Military unit member

Other nonrelative

N/A – Homeless

N/A – Alone

Unknown

1. Total annual gross income of a household including the participant/ subject.

(This includes the total income before taxes in the past year by all family members living with you. Please include money from jobs, net income from business, farm or rent, pensions, dividends, welfare, social security payments and any other money received by you or any other family member living with you.)

Under $15,000

$15,000 to $24,999

$25,000 to $34,999

$35,000 to $49,999

$50,000 to $74,999

$75,000 to $99,999

$100,000 and over

Refused

Unknown

1. Number of people supported by this income, including you:
2. \*\*\*Family income range (applicable for participants in the USA)

Under $15,000

$15,000 to $24,999

$25,000 to $34,999

$35,000 to $49,999

$50,000 to $74,999

$75,000 to $99,999

$100,000 and over

Refused

Unknown

1. \*\*\*How well do you manage with your current household income?

Very well

Rather well

Adequately (neither well nor poorly)

Rather poorly

Very poorly

Refused to answer

Unknown

Not Applicable

1. Participant Household Status

Head of Household

Not Head of Household (if participant lives on their own (or with a roommate/significant other/family members) and is responsible for finances (rent/utilities), please select Head of Household

If participant is not responsible for finances (e.g. living with parents), please select Not Head of Household if living in dorms, please indicate permanent living situation - e.g. where you live during the summer)

1. How many members are there in your household[[1]](#footnote-1) (including yourself): <enter value here, if known>

Unknown

1. Area of residence:

A big city (population>250,000)

A town/small city (population 10,000-250,000)

A small town/village (500-10,000)

Rural area (population<500)

Unknown

## **General Instructions**

This form contains data elements, beyond the basic demographic information, that are collected to describe the study population. The study team should decide if it make sense to collect these data elements once (i.e., at baseline) or at multiple time points.

## **Specific Instructions**

Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.

* Education level – Choose the highest level attained by the participant/subject.
* School status – Choose one.
* Maternal education level – Choose one. This is a pediatric-specific element.
* Paternal education level – Choose one. This is a pediatric-specific element.
* Employment status – Choose one.
* Full-time employment status – Choose one.
* Disability benefits – Choose one.
* Marital/partner status – Choose the current marital status of the participant/subject.
* Location post-acute discharge: Choose one for the participant’s/subject’s current location post-acute discharge.
* Health insurance – Choose all that apply.
* Health insurance private or group type – Choose all that apply.
* Primary caregiver type – Choose all that apply.
* Number of people living in the same house - Include everyone who is living or staying here for more than 2 months. Include participant/subject if they are living here for more than 2 months. Include anyone else staying here who does not have another place to stay even if they are here for 2 months or less. Do not include anyone who is living somewhere else for more than 2 months, such as college student living away or someone in the Armed Forces on deployment.
* Individual(s) participant/subject lives with – Choose all that apply.
* Family income – Choose one. This includes pre-tax cash income earned by persons, money wages and salaries, self-employment income, property income (dividends, interest and rents), money transfer payments from a variety of government and private welfare and social insurance schemes (such as social security, unemployment and workers’ compensation, and public assistance), private and government retirement income, interpersonal transfers (such as alimony and child support) and other periodic income. This excludes certain lump sum payments and capital gains.

1. Household members are members who share in the home’s expenses. This is not related to those living in group homes, extended care or assisted-living facilities. [↑](#footnote-ref-1)