

#1

PARENT/GUARDIAN STUDY ID _____
DAUGHTER STUDY ID _____
TODAY'S DATE _____ / _____ / _____
MONTH DAY YEAR

The LEGACY Girls Study

Baseline Parent/Guardian Questionnaire

Basic demographic questions about daughter

Telephone interview

Thank you for participating with your daughter in the LEGACY Girls Study. Let me begin with a few background questions about (DAUGHTER'S NAME).

A1. How old is (DAUGHTER'S NAME) now?

_____ YEARS

A2. What is (DAUGHTER'S NAME) date of birth?

_____/_____/_____
MONTH DAY YEAR

A3. What grade is (DAUGHTER'S NAME) in now? If she is currently not in school, what grade will she enter in the fall?

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> 5th grade |
| <input type="checkbox"/> 1st grade | <input type="checkbox"/> 6th grade |
| <input type="checkbox"/> 2nd grade | <input type="checkbox"/> 7th grade |
| <input type="checkbox"/> 3rd grade | <input type="checkbox"/> 8th grade |
| <input type="checkbox"/> 4th grade | |
| <input type="checkbox"/> Other (SPECIFY) _____ | |

A4. What is your relationship to (DAUGHTER'S NAME)? (**READ CHOICES**)

- | | |
|---|--|
| <input type="checkbox"/> Biological or birth mother | <input type="checkbox"/> Biological father |
| <input type="checkbox"/> Stepmother | <input type="checkbox"/> Stepfather |
| <input type="checkbox"/> Adoptive mother | <input type="checkbox"/> Adoptive father |
| <input type="checkbox"/> Foster mother | <input type="checkbox"/> Foster father |
| <input type="checkbox"/> Female legal guardian | <input type="checkbox"/> Male legal guardian |
| <input type="checkbox"/> Other (SPECIFY) _____ | |

A5. What is (DAUGHTER'S NAME) race/ethnicity? (**READ CHOICES AND CHECK ALL THAT APPLY**)

- White Hispanic or Latina
- Black Hispanic or Latina
- White non-Hispanic
- Black, African-American, African-Canadian or African
- Asian-American or Asian
- American Indian or Alaskan Native
- Aboriginal (First Nations, Inuit, or Metis)
- Native Hawaiian or Pacific Islander
- Other race/ethnicity (**SPECIFY**) _____
- REFUSED
- DON'T KNOW

A6. Does (DAUGHTER'S NAME) currently live in more than one home?

- YES → GO TO QUESTION A7
- NO



A7. How much time does (DAUGHTER'S NAME) spend in the primary home?

_____ DAYS PER

- WEEK
- MONTH
- YEAR
- REFUSED
- DON'T KNOW

Thank you for your time and participation

PROCEED WITH SCHEDULING THE CLINIC OR HOME VISIT