## 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. **\***Years of education
2. School status

Going to school

On vacation from school (between grades)

Neither

Unknown

1. Maternal 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. Paternal 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. Employment status(choose one):

Working now

Only temporarily laid off, sick leave, or maternity leave

Looking for work, unemployed

Retired

Disabled, permanently or temporarily

Keeping house

Student

Other, specify:

Unknown

1. Full time employment status (Works 35 hours or more per week):

Yes

No

Hours vary

Unknown

1. Disability benefits:

Yes

No

Unknown

1. Marital/partner status (choose one):

Never married

Domestic partnership

Separated

Married

Divorced

Widowed

1. Location post-acute discharge:

Own home with self care

Short term/ general hospital for inpatient care

Home under care of organized home health

Court/ law enforcement facility

Federal health care facility

Hospice- medical facility providing hospice level of care

Nursing facility certified under Medicaid but not certified under Medicare

Another type of health care institution not defined above

Another family member’s/ friend's home

Skilled nursing facility (SNF) with Medicare certification in anticipation of skilled care

Hospice- home service organization

Hospital- based Medicare approved swing bed

Medicare certified long term care hospital (LTCH)

Critical Access Hospital (CAH)

Psychiatric hospital or psychiatric distinct part unit of a hospital

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:

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. Number of people the participant/subject lives or stays with:
2. 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:

## **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.