## 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.