Initial History Questior	nnaire			
, , , , , , , , , , , , , , , , , , , ,	==	ID NUMBER	·	
FORM COMPLETED BY	DATE COMPLETED	BIRTH DATE		AGE
Household				
		Ara shara sibila	er nor fired) If an along time	
Relationship Birth Health Name to child date problems		they live.  What is the chil  Lives with ad	Are there siblings not listed? If so, please list their names, ages, and where they live.  What is the child's living situation if not with both biological parents?  Lives with adoptive parents Joint custody Single custody  Lives with foster family  If one or both parents are not living in the home, how often does the child see the parent(s) not in the home?	
Birth History Don't know birth H Birth weight Was the baby born at te Were there any prenatal or neonatal complicat Yes No Explain	rm?OR		y 🗆 Vagina! 🗆 Cesarean	If cesarean, why!
Was a NICU stay required? Yes No	Explain	Was initial feedi	ing 🗆 Formula 🗆 Breast milk	How long breastfed?
During pregnancy, did mother Use tobacco Yes No Drin Use drugs or medications Yes No		☐ Yes ☐ No	go home with mother from the Explain	•
During pregnancy, did mother  Use tobacco Yes No Drin  Use drugs or medications Yes No  What What Whe	Used prenatal vitamins	□ Yes □ No	Explain	
During pregnancy, did mother  Use tobacco Yes No Drin  Use drugs or medications Yes No What What Who  General DK = don't know  Do you consider your child to be in good heal	Used prenacal vitamins en	Yes No	Explain	
During pregnancy, did mother Use tobacco Yes No Drin Use drugs or medications Yes No What What Who	Used prenacal vitamins en	Yes No	Explain	
During pregnancy, did mother  Use tobacco Yes No Drin  Use drugs or medications Yes No  What Whe  General DK = don't know  Do you consider your child to be in good heal  Does your child have any serious illnesses or n	Used prenacal vitamins on  th?	Yes No	Explain	
During pregnancy, did mother Use tobacco Yes No Drin Use drugs or medications Yes No What Whe  General DK = don't know  Do you consider your child to be in good heal  Does your child have any serious illnesses or no  Has your child had any surgery? Yes	Used prenacal vitamins en  th? Yes No Denedical conditions? Yes	Yes No	Explain	
During pregnancy, did mother Use tobacco Yes No Drin Use drugs or medications Yes No What What	Used prenacal vitamins en  th? Yes No D  nedical conditions? Yes  No DK Explain  s No DK Explain	Yes No	Explain	
During pregnancy, did mother Use tobacco Yes No Drin Use drugs or medications Yes No What Whe  General DK = don't know  Do you consider your child to be in good heal  Does your child have any serious illnesses or n  Has your child had any surgery? Yes N  Has your child ever been hospitalized? Yes	Used prenacal vitamins  ch? Yes No D  nedical conditions? Yes  No DK Explain  S No DK Explain  Yes No DK Ex	Yes No	Explain	
During pregnancy, did mother Use tobacco Yes No Drin Use drugs or medications Yes No What Whe  General DK = don't know Do you consider your child to be in good healt  Daes your child have any serious illnesses or no Has your child had any surgery? Yes No Has your child ever been hospitalized? Yes Is your child allergic to medicine or drugs?  Do you feel your family has enough to eat?  Biological Family History DK  Have any family members had the following?	Used prenacal vitamins  ch  The Series  Check Series  Chec	Yes No	Explain	
During pregnancy, did mother Use tobacco Yes No Drin Use drugs or medications Yes No What What  General DK = don't know Do you consider your child to be in good healt Does your child have any serious illnesses or no Has your child had any surgery? Yes No Has your child ever been hospitalized? Yes Is your child allergic to medicine or drugs? Do you feel your family has enough to eat?  Biological Family History DK Have any family members had the following? Childhood hearing loss	Used prenacal vitamins  ch  The dical conditions of the conditions	Yes No  Yes No  OK Explain  No DK Explain  Explain  Explain	Comments	
During pregnancy, did mother  Use tobacco Yes No Drin  Use drugs or medications Yes No  What What Whe  General DK = don't know  Do you consider your child to be in good healt  Does your child have any serious illnesses or n  Has your child had any surgery? Yes N  Has your child ever been hospitalized? Yes  s your child allergic to medicine or drugs?  Do you feel your family has enough to eat?  Biological Family History DK  Have any family members had the following?  Childhood hearing loss  Nasal allergies	Used prenacal vitamins ch  Ch  Yes No DK  Explain  S No DK  Explain  Yes No DK  Explain	Yes No  Yes No  OK Explain  No DK Explair  Plain  Explain  Cylain  Cylain  Cylain  Cylain	CommentsComments	
During pregnancy, did mother  Use tobacco Yes No Drin  Use drugs or medications Yes No  What Whe  General DK = don't know  Do you consider your child to be in good healt  Does your child have any serious illnesses or n  Has your child had any surgery? Yes N  Has your child ever been hospitalized? Yes  Is your child allergic to medicine or drugs?  Do you feel your family has enough to eat?  Biological Family History  Have any family members had the following?  Childhood hearing loss  Nasal allergies  Asthma	ch?   Yes   No   Di   Pes   No   DK   Explain   Explain	Yes No  OK Explain  No DK Explain  In plain  Explain  C Who  C Who  C Who	Comments Comments Comments	
During pregnancy, did mother  Use tobacco Yes No Drin  Use drugs or medications Yes No  What What Whe  General DK = don't know  Do you consider your child to be in good healt  Does your child have any serious illnesses or n  Has your child had any surgery? Yes No  Has your child ever been hospitalized? Yes  s your child allergic to medicine or drugs?  Do you feel your family has enough to eat?  Biological Family History DK  Have any family members had the following?  Childhood hearing loss  Nasal allergies  Asthma  Fuberculosis	ch?   Yes   No   Di	Yes No  Yes No  No  No DK Explain  Plain  Explain  Xylain	Comments Com	
During pregnancy, did mother  Use tobacco  Yes  No  Drin  Use drugs or medications  Yes  No  What  Wha	ch?   Yes   No   Di	Yes No  Yes No  No DK Explain  Plain  Aplain  Who  Who  Who  Who  Who  Who  Who	Comments Comments Comments Comments Comments Comments Comments	
During pregnancy, did mother  Use tobacco  Yes  No  Drin  Use drugs or medications Yes  No  What  Whe  General DK = don't know  Do you consider your child to be in good healt  Does your child have any serious illnesses or n  Has your child had any surgery? Yes  Ne  Has your child ever been hospitalized? Yes  Is your child allergic to medicine or drugs? Ne  Do you feel your family has enough to eat?  Biological Family History DK  Have any family members had the following?  Childhood hearing loss  Nasal allergies  Asthma  Tuberculosis  Heart disease (before 55 years old)  High cholesterol/takes cholesterol medication	ch?   Yes   No   Di	Yes No  Yes No  No DK Explain  Plain  Explain  E	Comments	
During pregnancy, did mother  Use tobacco  Yes  No  Drin  Use drugs or medications Yes  No  What  Whe  General  DK = don't know  Do you consider your child to be in good heal  Does your child have any serious illnesses or n  Has your child had any surgery? Yes  Ne  Has your child ever been hospitalized? Yes  Is your child aflergic to medicine or drugs?	Used prenacal vitamins en  th?	PYes No  OK Explain  ONO DK Explain  Oplain  Explain  Exp	Comments Com	
During pregnancy, did mother  Use tobacco Yes No Drin  Use drugs or medications Yes No  What Whe  General DK = don't know  Do you consider your child to be in good healt  Does your child have any serious illnesses or n  Has your child had any surgery? Yes N  Has your child ever been hospitalized? Yes  Is your child allergic to medicine or drugs?  Do you feel your family has enough to eat?  Biological Family History DK  Have any family members had the following?  Childhood hearing loss  Nasal allergies  Asthma  Tuberculosis  Heart disease (before 55 years old)  High cholesterol/takes cholesterol medication  Anemia	Used prenacal vitamins en  th?	PYes No  OK Explain  ONO DK Explain  Oplain  ONO  ONO  ONO  ONO  ONO  ONO  ONO  O	Comments	

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