Parent's Name (print): _____

Child's Name (print): _____

To receive email updates on the UQUEST program at the OYC, please provide your email:

_____ ___

(Names & emails removed by study team when Office Use ID assigned below)

Date: ____/____/____

A collaboration between the **University of Miami** & the **Overtown Youth Center**

OFFICE USE ID (leave blank): _____

Family Information Questionnaire

Instructions: We want to know more about your child. Please answer the following questions.

1. What is your relationship with the child? Circle one of the following answers:

a. Mother	f. Grandfather
b. Father	g. Aunt
c. Stepmother	h. Uncle
d. Stepfather	i. Guardian
e. Grandmother	j. Other (please specify): _____

2. Is the child a _____? Circle one: a. Boy b. Girl c. Prefer not to say

3. What is the child's date of birth?

☐☐ / ☐☐ / ☐☐☐☐

Month / Day / Year

4. What is the child's race/ethnicity? (Circle all that apply)

a. Black or African American	e. Native Hawaiian or Other Pacific Islander
b. White	f. More than one race
c. American Indian / Alaska Native	g. Other (please specify): _____
d. Asian	

Is the child Hispanic? _____ Yes _____ No

Is the child Haitian? _____ Yes _____ No

5. In what grade is your child? _____

6. What language do you speak at home with your child? _____

7. Does your child have food allergies? _____ Yes _____ No

8. If your child has food allergies or **other types of allergies,** please list them below:

   _____

   _____

9. Who does the child live with? (Circle all the apply)

a. Mother only	d. Grandparent(s)
b. Father only	e. If Other (please specify): _____
c. Both parents	

10. How many adults and children live in the home?

    a. Adults: ☐☐

    b. Children: ☐☐

11. How many of the children are in school (include elementary school, middle school or high school)? ☐☐

12. Circle the highest year of school completed by the **Mother** of the child. Choose one of the following options:

a. Less than 8th grade	e. Some college or graduated from college
b. 9th – 11th grade	f. Some graduate or professional school
c. Graduated from high school	g. Completed graduate or professional school
d. Graduated from trade or technical school	h. Do not know

13. Circle the highest year of school completed by the **Father** of the child. Choose one of the following options:

a. Less than 8th grade	e. Some college or graduated from college
b. 9th – 11th grade	f. Some graduate or professional school
c. Graduated from high school	g. Completed graduate or professional school
d. Graduated from trade or technical school	h. Do not know

14. Do you or anyone in your child's family work in a science or healthcare job?
    _____ Yes _____ No

    If Yes: What is the job? _____

15. What does your child want to be when your child grows up? _____

16. How interested is your child in learning about science or health?
    _____ a. a lot _____ b. a little _____ c. not interested at all

17. How important is it for your child to learn about science or health?
    _____ a. a lot _____ b. a little _____ c. not important at all