

#5

PARENT/GUARDIAN STUDY ID _____

DAUGHTER STUDY ID _____

TODAY'S DATE _____ / _____ / _____
MONTH DAY YEAR

The LEGACY Girls Study

Baseline Parent/Guardian Questionnaire

For parents/guardians with daughters age 6-13 years

Birth weight and length

Self-administered

YOUR DAUGHTER'S BIRTH WEIGHT AND LENGTH

We would like to know about the birth weight and length of your daughter participating in the LEGACY Girls Study. You may remember that information or find it on her birth certificate or birth announcement, or in her baby book or family records.

1. What was the birth weight of your daughter who will participate in the LEGACY Girls Study?

_____ Pounds _____ Ounces or _____ Kilograms _____ Grams

2. What is the source of the information on birth weight? **(PLEASE CHECK ONE BOX)**

- from memory
 from birth announcement
 from birth certificate
 from baby book
 other **(PLEASE SPECIFY)** _____

3. What was your daughter's length at birth?

_____ INCHES or _____ CENTIMETERS

4. What is the source of the information on birth length? **(PLEASE CHECK ONE BOX)**

- from memory
 from birth announcement
 from birth certificate
 from baby book
 other **(PLEASE SPECIFY)** _____

Thank you for completing this form

Please give the completed form to the interviewer on the appointment scheduled for you and your daughter