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# CALEX Demographic and Health History Questionnaire

Study: _____	Date: _____
Participant Initials: _____	Randomization ID: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Group: _____	Visit: _____
Screening ID: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

The following questions ask about the parents.

16. Please check the highest grade of school the parents have completed

Father

Mother

<input type="checkbox"/> Elementary school
<input type="checkbox"/> Comprehensive school
<input type="checkbox"/> Vocational school
<input type="checkbox"/> High school
<input type="checkbox"/> Professional degree
<input type="checkbox"/> Graduate degree
<input type="checkbox"/> Post graduate degree

<input type="checkbox"/> Elementary school
<input type="checkbox"/> Comprehensive school
<input type="checkbox"/> Vocational school
<input type="checkbox"/> High school
<input type="checkbox"/> Professional degree
<input type="checkbox"/> Graduate degree
<input type="checkbox"/> Post graduate degree

17. Does your child live with (please check one)?

<input type="checkbox"/> Both natural parents
<input type="checkbox"/> Mother
<input type="checkbox"/> Father
<input type="checkbox"/> Other, specify: _____

18. How well off do you think your family is?

<input type="checkbox"/> Very well off
<input type="checkbox"/> Well off
<input type="checkbox"/> Average
<input type="checkbox"/> Not very well off
<input type="checkbox"/> Not at all well of