ANTHROPOMETRICS DATA COLLECTION FORM

To be completed by COPTR staff:

Index Child ID: _(indexchildid)__   Form Code: **ANT**   Version: (antformver)

Scale #: _(scalenum)_   Caliper #: _(calipnum)_   Stadiometer#: _(stadnum)__

Is 10% Quality Control (QC) record: 0 ☐ No 1 ☐ Yes (isqc)

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1. DOB: ___ / ___ / ____ (dob)
   mm dd yyyy

2. Sex: 1 ☐ Male   2 ☐ Female (sex)

3. *If adult woman only:* Pregnant 1 ☐ Yes 0 ☐ No (preg)

4. Code for index child (C1), other children (C2-C8) or other adults (A1-A8): __ __ (personcode)

5. Visit: __ __ (e.g. 0 for baseline, 12 for 12 months, 24 for 24 months, 36 for 36 months) (visit)

	6. Weight (kg) To nearest 0.1 kg Date: ___ / ___ / ___ mm dd yyyy (wgtdate) Measured by:_ _ _ Recorded by: _ _ _	**7. Height (cm)** To nearest 0.1 cm Date: ___ / ___ / ___ mm dd yyyy (hgtdate) Measured by:_ _ _ Recorded by: _ _ _	**8. Waist (cm)** To nearest 0.1 cm Date: ___ / ___ / ___ mm dd yyyy (wstdate) Measured by:_ _ _ Recorded by: _ _ _	**9. Triceps (mm)** To nearest mm Date: ___ / ___ / ___ mm dd yyyy (skindate) Measured by:_ _ _ Recorded by: _ _ _
Scale 1* __ __ __.__ **Scale 2*** __ __ __.__ **Measure 1**	(wgta)__.__	(hgta)__.__	(wsta)__.__	(skina) __
Scale 1* __ __ __.__ **Scale 2*** __ __ __.__ **Measure 2**	(wgtb)__.__	(hgtb)__.__	(wstb)__.__	(skinb)__
Scale 1* __ __ __.__ **Scale 2*** __ __ __.__ **Measure 3**	*Measure if weight 1 & 2 differ by ≥ 0.3 kg* (wgtc)__.__	*Measure if height 1 & 2 differ by ≥ 0.5 cm* (hgtc)__.__	*Measure if waist 1 & 2 differ by ≥ 1 cm* (wstc)__.__	*Measure if triceps 1 & 2 differ by ≥ 2 mm if either <20mm or ≥10% if both ≥20mm* (skinc) __
Average	*Use the closest 2 values or all 3 values if appropriate* (weight)__.__	*Use the closest 2 values or all 3 values if appropriate* (height)__.__	*Use the closest 2 values or all 3 values if appropriate* (waist)__.__	*Use the closest 2 values or all 3 values if appropriate* (skin)__.__
Comments:	☐ Out of range- valid (validwgt) ☐ Refusal (wgtrefuse) ☐ Cast (wgtcast) ☐ Measurement exceeds capacity (wgtexceed) ☐ Unreliable (wgtunrel) Why: _____ (wgtunrelwhy)	☐ Out of range- valid (validhgt) ☐ Refusal (hgtrefuse) ☐ Cast (hgtcast) ☐ Measurement exceeds capacity (hgtexceed) ☐ Unreliable (hgtunrel) Why: _____ (hgtunrelwhy)	☐ Out of range- valid (validwst) ☐ Refusal (wstrefuse) ☐ Cast (wstcast) ☐ Measurement exceeds capacity (wstexceed) ☐ Unreliable (wstunrel) Why: _____ (wstunrelwhy)	☐ Out of range-valid (validskin) ☐ Refusal (skinrefuse) ☐ Cast (skincast) ☐ Measurement exceeds capacity (skinexceed) ☐ Unreliable (skinunrel) Why: _____ (skinunrelwhy)

☐ Inflexible hairdo
(+ 15.2 cm)
(hairdo)

☐ Triceps taken on left
side
(leftside)

Why:_____
(whyleft)

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* Only filled in when weight exceeds the capacity of one scale and two scales are used. Measure 1, measure 2 and measure 3 are then the sum of the respective scale 1 and scale 2 measurements.

BIOMEDICAL MEASURES DATA COLLECTION FORM

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1. Today's Date: ___ / ___ / ____ (bmdate)
   mm   dd   yyyy

2.   Visit: _(visit)_ (e.g. 0 for baseline, 12 for 12 months, 36 for 36 months)

3. Time: ___: ___   (24-hr format, eg 15:35, 09:15)
       hh   mm (bmtime)

4. When was the last time you ate or drank anything except water:
   Day last consumed: 1 ☐ Today   (lastcons)
                          2 ☐ Yesterday

   Time last consumed: Time: ___: ___   (24-hr format, eg 15:35, 09:15)
                                 hh   mm   (constime)

5. Computed fasting time: _____ hours (see attached table if not calculated automatically)
   (fasttime)

BIOMEDICAL LAB MEASURES

6. Hemogloblin A1c (HbA1c) (hba1c)   __ __ . __ %
7. Glucose   (glucose)   __ __ __ __ __ mg/dL
8. Total Cholesterol   (totchol)   __ __ __ __ mg/dL
9. VLDL Cholesterol-Estimated (Trig/5)   (vldlchol)   __ __ __ __ mg/dL
10. LDL-cholesterol-derived   (ldlchol)   __ __ __ __ mg/dL
11. HDL-cholesterol   (hdlchol)   __ __ __ __ mg/dL
12. Triglycerides   (trigly)   __ __ __ __ mg/dL
13. high-sensitivity C-reactive protein (hs-CRP) (hscrp)   __ __ __ . __ __ __ mg/L
14. Insulin   (insulin)   __ __ __ __ . __ uU/mL
15. Alanine Aminotransferase (ALT)   (alt)   __ __ __ __ . __U/L

16. Was LD-cholesterol directly measured? 1 ☐ Yes (ldldirect)

BLOOD PRESSURE DATA COLLECTION FORM

To be completed by COPTR staff:
Index Child ID: _____(indexchildid)_____
Form Code: **BP**   Version: (bpformver)
Device #: ___(bpdevice)_____

1. Today's Date: ___ / ___ / ____ (bpdate)
               mm   dd   yyyy

2. Visit: _(visit)_ __ __ (e.g. 0 for baseline, 12 for 12 months, 24 for 24 months, 36 for 36 months)

3. Extremity (mark one) (bparm)
__ (1) Right Arm (preferred)
__ (2) Left Arm - reason: _(leftreason)_____

4. Arm circumference

__ __ . __ inches (armcirc)

5. Cuff size (mark one) (cuffsize)
__ (1) Omron Small
__ (2) Omron Medium
__ (3) Omron Large
__ (4) Arm Circumference ≥ 17" - Omron Large

	6. Systolic blood pressure (mmHg) Measured by:_ _ _ Recorded by: _ _ _	7. Diastolic blood pressure (mmHg) Measured by:_ _ _ Recorded by: _ _ _	8. Pulse (bpm) Measured by:_ _ _ Recorded by: _ _ _
Measure 1	_(syst1)__ mmHg	_(dias1) __ mmHg	_(pulse1)__ bpm
Measure 2	_(syst2)__ mmHg	_(dias2)__ mmHg	_(pulse2)__ bpm
Measure 3	_(syst3) __ mmHg	_(dias3)__ mmHg	_(pulse3)__ bpm
Measure 4	_(syst4) __ mmHg	_(dias4)__ mmHg	_(pulse4)__ bpm
Average (calculated by computer)	*2nd & 3rd values* _(systolic) __ mmHg	*2nd & 3rd values* _(diastolic)__ mmHg	*2nd & 3rd values* _(pulse)__ bpm

QUESTIONNAIRE DATA COLLECTION FORM

1. Today's Date: ___ / ___ / ____   (demdate)

2.   Visit: (visit) (e.g. 0 for baseline, 12 for 12 months, 24 for 24 months, 36 for 36 months)

3. Child's DOB: ___ / ___ / ____   (cdob)

                mm   dd   yyyy

4. What is <u>this child</u> sex? (Choose one answer): (csex)

    1 ☐ Male

    2 ☐ Female

5. Is <u>this child</u> Hispanic, Latino/a or of Spanish origin? (Choose all that apply):

    1, missing ☐   No, not of Hispanic, Latino/a or Spanish origin (cnothisp)

    1, missing ☐   Yes, Mexican, Mexican American, Chicano/a (cmexican)

    1, missing ☐   Yes, Puerto Rican (cprican)

    1, missing ☐   Yes, Cuban (ccuban)

    1, missing ☐   Yes, Another Hispanic, Latino/a or Spanish origin (cohisp)

6.   Which of the following best describes <u>this child</u>? (Choose all that apply):

    1, missing ☐   American Indian or Alaskan Native (camerind)

    1, missing ☐   Asian (casian)

    1, missing ☐   Black or African American (cafam)

    1, missing ☐   Native Hawaiian or Pacific Islander (cpacific)

    1, missing ☐   White (cwhite)

    1, missing ☐ (coraceck) _____Other (please describe): (corace)

7. Are <u>you</u> Hispanic, Latino/a or of Spanish origin? (Choose all that apply):

1, missing ☐   No, not of Hispanic, Latino/a or Spanish origin   (pnothisp)

1, missing ☐   Yes, Mexican, Mexican American, Chicano/a   (pmexican)

1, missing ☐   Yes, Puerto Rican   (pprican)

1, missing ☐   Yes, Cuban   (pcuban)

1, missing ☐   Yes, Another Hispanic, Latino/a or Spanish origin   (pohisp)

8. Which of the following best describes <u>you</u>? (Choose all that apply):

1, missing ☐   American Indian or Alaskan Native   (pamerind)

1, missing ☐   Asian   (pasian)

1, missing ☐   Black or African American   (pafam)

1, missing ☐   Native Hawaiian or Pacific Islander   (ppacific)

1, missing ☐   White   (pwhite)

1, missing ☐ (poraceck) _____ Other (please describe):   (porace)

9. In what country were <u>you</u> born?   (pctry)

1 ☐ USA

2 ☐ Mexico

3 ☐ Somalia

4 ☐ Laos/Thailand/Vietnam

5 ☐ Other (please describe): _____ (poctry)

10. In what country was <<u>this child</u>> born?   (cctry)

1 ☐ USA

2 ☐ Mexico

3 ☐ Somalia

4 ☐ Laos/Thailand/Vietnam

5 ☐ Other (please describe): _____ (coctry)

11. How many years total have you lived in the United States?   __ __ (pyearsus)

12. What is your employment status? (employ)

1 ☐ Working full time

2 ☐ Working part time

3 ☐ Not working for pay

13. What is your current marital status? (marital)

1 ☐ Married or living as married

2 ☐ Single

14. Is there a car that you can use whenever you need to? (car)

1 ☐ Yes and I drive

2 ☐ Yes but I don't drive

0 ☐ No

15. How often do you speak English at home with your family? (penglish)

1 ☐ Never

2 ☐ Sometimes

3 ☐ About ½ the time

4 ☐ Most of the time

5 ☐ Always

16. If you do not always speak in English at home with your family, what languages do you speak the rest of the time? (polangs)

_____

17. Do you participate in WIC? WIC stands for Women, Infants, and Children, a Federal assistance program. (wic)

1 ☐ Yes

0 ☐ No

99 ☐ Don't know

18. Does anyone in your household receive food stamps or SNAP? SNAP stands for Supplemental Nutrition Assistance Program   (snap)

1 ☐ Yes

0 ☐ No

99 ☐ Don't know

19. Does anyone in your household receive Unemployment, Social Security, or Disability Benefits?   (gvtaid)

1 ☐ Yes

0 ☐ No

99 ☐ Don't know

20. What is the highest degree or level of school that you have completed? (Choose one answer)   (p1educ)

1 ☐ 6th grade (elementary school) or less

2 ☐ 7th - 8th grade (attended some middle school/junior high

3 ☐ 9th - 12th grade (attended some high school)

4 ☐ High school graduate (received diploma or the equivalent, GED for example)

5 ☐ Completed some college credit, (or technical school) but no degree

6 ☐ Technical degree

7 ☐ Associate's degree

8 ☐ Bachelor's degree

9 ☐ Master's, Professional, or Doctoral degree

21. What is the highest degree or level of school that <u><this child's> other parent living in the household</u> or <u>adult caregiver</u> living in the household has completed? (Choose one answer) (p2educ)

0 ☐ No other parent lives in the household or no other adult caregiver lives in the household

1 ☐ 6th grade (elementary school) or less

2 ☐ 7th - 8th grade (attended some middle school/junior high

3 ☐ 9th - 12th grade (attended some high school)

4 ☐ High school graduate (received diploma or the equivalent, GED for example)

5 ☐ Completed some college credit, (or technical school) but no degree

6 ☐ Technical degree

7 ☐ Associate's degree

8 ☐ Bachelor's degree

9 ☐ Master's, Professional, or Doctoral degree

In a usual week, how much time does <u><this child></u> spend being cared for by someone other than the parent/guardian …

22. …in your own home? (careown)

0 ☐ 0 Hours

1 ☐ 1-10 Hours

2 ☐ 11-20 Hours

3 ☐ 21-30 Hours

4 ☐ 31-40 Hours

5 ☐ 41+ Hours

23. … in someone else's home? (careoth)

0 ☐ 0 Hours

1 ☐ 1-10 Hours

2 ☐ 11-20 Hours

3 ☐ 21-30 Hours

4 ☐ 31-40 Hours

5 ☐ 41+ Hours

24. … in child care center/after school program? (carecenter)

0 ☐ 0 Hours

1 ☐ 1-10 Hours

2 ☐ 11-20 Hours

3 ☐ 21-30 Hours

4 ☐ 31-40 Hours

5 ☐ 41+ Hours

25. What was your total household income from all sources before taxes last year? By "household", we mean that you should report the combined income of everyone in your home. (income)

1 ☐ $14,999 or less

2 ☐ $15,000 - $24,999

3 ☐ $25,000 - $34,999

4 ☐ $35,000 - $49,999

5 ☐ $50,000 - $74,999

6 ☐ $75,000 - $149,999

7 ☐ $150,000 - $199,999

8 ☐ $200,000 or more

99 ☐ Don't know

88 ☐ I prefer not to answer

26. Is your child covered by a health insurance plan? (cins)

1 ☐ Yes, Go to Question 26

0 ☐ No , Go to Question 27

99 ☐ Don't know

27. Which type of plan are they covered by? (Choose all that apply)

1, missing ☐ Medicaid, Medicare, CHIP, state funded or other federally funded (cinsmedcar)

1, missing ☐ Private – through work or purchased individually (cinspriv)

1, missing ☐ Military (cinsmilit)

1, missing ☐ (cinsothck) Other _____(cinsoth)_____

1, missing ☐ Don't know (cinsdk)

28. Does <u>any child</u> in your household receive free or reduced price breakfast or lunch at school?? (schfood)

   1 ☐ Yes

   0 ☐ No

 99 ☐ Don't know

29. Has your daughter started having her menstrual period? (menstr)

   1 ☐ Yes, Go to Question 30

   0 ☐ No

 99 ☐ Don't know

30. When did she have her first menstrual period? (menstmo) __ __ / _ _ _ _ (menstyr)

                                                                mm   yyyy

31. Did <u>this child</u> breastfeed for more than a month? (bfeed)

   1 ☐ Yes

   0 ☐ No, Skip to Question 33

32. How old was <u>this child</u> in months when he/she first received a bottle of formula, cow's milk, water, juice, tea, or cereal at least once a day"? __ __ months (ageexclact)

33. How much did this child weigh at birth? (birthlbs)_ lbs _(birthoz) oz or __ .__ kg (birthkg)

34. Did a doctor say that <you/the birth mother> had diabetes when pregnant with <this child>? (gestdiab)

   1 ☐ Yes

   0 ☐ No

 99 ☐ Don't know

35. Did a doctor say that <you/the birth mother> had hypertension (high blood pressure) when pregnant with <this child>? (gesthyp)

   1 ☐ Yes

   0 ☐ No

 99 ☐ Don't know

I'm going to read you two statements that people have made about their food situation. Please tell me whether the statement was OFTEN, SOMETIMES, or NEVER true for (you/you and the other members of your household) in the last 12 months.

36. The first statement is, "The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more." Was that often, sometimes, or never true for (you/your household) in the last 12 months? (lowfood)

   1 ☐ Often true

   2 ☐ Sometimes true

   3 ☐ Never true

  99 ☐ Don't know

  88 ☐ Refused

37. "I/we couldn't afford to eat balanced meals." Was that often, sometimes, or never true for (you/your household) in the last 12 months? (balmeals)

   1 ☐ Often true

   2 ☐ Sometimes true

   3 ☐ Never true

  99 ☐ Don't know

  88 ☐ Refused

38. In the last 12 months, since (date 12 months ago) did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food? (skipmeal)

   1 ☐ Yes

   0 ☐ No (GO TO 39)

  99 ☐ Don't know (GO TO 39)

  88 ☐ Refused (GO TO 39)

39. How often did this happen --almost every month, some months but not every month, or in only 1 or 2 months? (skipfreq)

1 ☐ Almost every month

2 ☐ Some months but not every month

3 ☐ Only 1 or 2 months

99 ☐ Don't know

88 ☐ Refused

4 ☐ Not asked

40. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food? (eatless)

1 ☐ Yes

0 ☐ No

99 ☐ Don't know

88 ☐ Refused

41. In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?. (hungry)

1 ☐ Yes

0 ☐ No

99 ☐ Don't know

88 ☐ Refused

42. How many working TVs do you have in your home? __ __ (tvs)

43. Is there a working TV in the room where <this child> sleeps? (ctv)

1 ☐ Yes

0 ☐ No

44. Is there a computer in your home?   (homecomp)

1 ☐ Yes

0 ☐ No

45. Is there a computer in the room where <this child> sleeps? (ccomp)

1 ☐ Yes

0 ☐ No

46. Is there a video game player in your home?   (vidgame)

1 ☐ Yes

0 ☐ No

47. Is there a video game player in the room where <this child> sleeps? (cvidgame)

1 ☐ Yes

0 ☐ No

48. Do you have Internet access in your home? (internet)

1 ☐ Yes

0 ☐ No

99 ☐ Don't know

49. On an average WEEK day, how many hours does <this child> watch TV? (cwkdaytv)

0 ☐ None

1 ☐ Less than 1 hour per day

2 ☐ 1 hour per day

3 ☐ 2 hours per day

4 ☐ 3 hours per day

5 ☐ 4 hours per day

6 ☐ 5 or more hours per day

50. On an average WEEKEND day, how many hours does<this child> watch TV? (cwkendtv)

0 ☐ None

1 ☐ Less than 1 hour per day

2 ☐ 1 hour per day

3 ☐ 2 hours per day

4 ☐ 3 hours per day

5 ☐ 4 hours per day

6 ☐ 5 or more hours per day

51. On an average day, how many hours does <this child> play video or computer games, or use a computer for something that is not school work? (Include activities such as Play Station, Xbox, hand held video games, computer games, and the Internet.) (chrscomp)

0 ☐ None
1 ☐ Less than 1 hour per day
2 ☐ 1 hour per day
3 ☐ 2 hours per day
4 ☐ 3 hours per day
5 ☐ 4 hours per day
6 ☐ 5 or more hours per day

52. During the past seven days, how often did your family eat breakfast together? (eatbfast)

0 ☐ 0 times
1 ☐ 1-2 times
2 ☐ 3-4 times
3 ☐ 5-6 times
4 ☐ 7 times

53. During the past seven days, how often did your family eat lunch together? (eatlunch)

0 ☐ 0 times
1 ☐ 1-2 times
2 ☐ 3-4 times
3 ☐ 5-6 times
4 ☐ 7 times

54. During the past seven days, how often did your family eat dinner together? (eatdinner)

0 ☐ 0 times
1 ☐ 1-2 times
2 ☐ 3-4 times
3 ☐ 5-6 times
4 ☐ 7 times

55. How would you classify your own weight? (pwgt)
    1 ☐ Very Underweight
    2 ☐ Underweight
    3 ☐ Normal
    4 ☐ Overweight
    5 ☐ Very Overweight

56. How would you classify <this child>'s current weight? (cwgt)
    1 ☐ Very Underweight
    2 ☐ Underweight
    3 ☐ Normal
    4 ☐ Overweight
    5 ☐ Very Overweight

Now we would like to know about your household family structure

Please tell me the names, sex and ages of all children and adults living in your household

57. Adult 1 (Respondent)
    Relationship to Participant: (a1rltn)
    1 ☐ Mother   2 ☐ Father
    3 ☐ Stepmother   4 ☐ Stepfather
    5 ☐ Grandmother   6 ☐ Grandfather
    7 ☐ Aunt   8 ☐ Uncle
    9 ☐ Cousin
    10 ☐ Other relative ____(a1orel)_____
    11 ☐ Other non-relative ___(a1onrel)_____
    DOB: ___ /__ / ____(a1dob)   Sex: 1 ☐ Male   2 ☐ Female (a1sex)
          mm   dd   yyyy

    Age: ___ ____ years   (a1age)

58. Adult 2
    Relationship to Participant: (a2rltn)
    1 ☐ Mother   2 ☐ Father
    3 ☐ Stepmother   4 ☐ Stepfather
    5 ☐ Grandmother   6 ☐ Grandfather
    7 ☐ Aunt   8 ☐ Uncle
    9 ☐ Cousin
    10 ☐ Other relative _____(a2orel)_____
    11 ☐ Other non-relative ___(a2onrel)_____

    Age: ___ ____ years (a2age)   Sex: 1 ☐ Male   2 ☐ Female (a2sex)

59. Adult 3
    Relationship to Participant: (a3rltn)
    1 ☐ Mother   2 ☐ Father
    3 ☐ Stepmother   4 ☐ Stepfather
    5 ☐ Grandmother   6 ☐ Grandfather
    7 ☐ Aunt   8 ☐ Uncle
    9 ☐ Cousin
    10 ☐ Other relative ___(a3orel)_____
    11 ☐ Other non-relative ___(a3onrel)_____

    Age: ___ ____ years (a3age)   Sex: 1 ☐ Male   2 ☐ Female (a3sex)

60. Adult 4
    Relationship to Participant: (a4rltn)
    1 ☐ Mother   2 ☐ Father
    3 ☐ Stepmother   4 ☐ Stepfather
    5 ☐ Grandmother   6 ☐ Grandfather
    7 ☐ Aunt   8 ☐ Uncle
    9 ☐ Cousin
    10 ☐ Other relative ___(a4orel)_____
    11 ☐ Other non-relative __(a4onrel)_____

    Age: ___ ____ years (a4age)   Sex: 1 ☐ Male   2 ☐ Female (a4sex)

61. Adult 5 (Respondent)
Relationship to Participant: (a5rltn)

1 ☐ Mother 2 ☐ Father

3 ☐ Stepmother 4 ☐ Stepfather

5 ☐ Grandmother 6 ☐ Grandfather

7 ☐ Aunt 8 ☐ Uncle

9 ☐ Cousin

10 ☐ Other relative __(a5orel)_____

11 ☐ Other non-relative __(a5onrel)_____

Age: ___ ____ years (a5age)   Sex: 1 ☐ Male 2 ☐ Female (a5sex)

62. Adult 6
Relationship to Participant: (a6rltn)

1 ☐ Mother 2 ☐ Father

3 ☐ Stepmother 4 ☐ Stepfather

5 ☐ Grandmother 6 ☐ Grandfather

7 ☐ Aunt 8 ☐ Uncle

9 ☐ Cousin

10 ☐ Other relative ___(a6orel)_____

11 ☐ Other non-relative __(a6onrel)_____

Age: ___ ____ years (a6age)   Sex: 1 ☐ Male 2 ☐ Female (a6sex)

63. Adult 7
Relationship to Participant: (a7rltn)

1 ☐ Mother 2 ☐ Father

3 ☐ Stepmother 4 ☐ Stepfather

5 ☐ Grandmother 6 ☐ Grandfather

7 ☐ Aunt 8 ☐ Uncle

9 ☐ Cousin

10 ☐ Other relative ___(a7orel)_____

11 ☐ Other non-relative __(a7onrel)_____

Age: ___ ____ years (a7age)   Sex: 1 ☐ Male 2 ☐ Female (a7sex)

64. Adult 8
   Relationship to Participant:　　　(a8rltn)

   1 ☐ Mother　　　　　　　　　　2 ☐ Father

   3 ☐ Stepmother　　　　　　　　4 ☐ Stepfather

   5 ☐ Grandmother　　　　　　　6 ☐ Grandfather

   7 ☐ Aunt　　　　　　　　　　　8 ☐ Uncle

   9 ☐ Cousin

   10 ☐ Other relative ___(a8orel)_____

   11 ☐ Other non-relative __(a8onrel)_____

   Age: ___ ____ years (a8age)　　　　　　　Sex: 1 ☐ Male　2 ☐ Female (a8sex)

65. Child 2
   Relationship to Participant:　　　(c2rltn)
   1 ☐ Sibling

   2 ☐ Stepsibling

   3 ☐ Cousin

   4 ☐ Other___(c2orltn)_____

   Age: ___ ____ years (c2age)　　　　Sex: 1 ☐ Male　　2 ☐ Female (c2sex)

66. Child 3
   Relationship to Participant: (c3rltn)
   1 ☐ Sibling

   2 ☐ Stepsibling

   3 ☐ Cousin

   4 ☐ Other___(c3orltn)_____

   Age: ___ ____ years (c3age)　　　　　　　Sex: 1 ☐ Male　　2 ☐ Female (c3sex)

67. Child 4
   Relationship to Participant: (c4rltn)
   1 ☐ Sibling

   2 ☐ Stepsibling

   3 ☐ Cousin

   4 ☐ Other__(c4orltn)_____

   Age: ___ ____ years (c4age)　　　　　　　Sex: 1 ☐ Male　　2 ☐ Female (c4sex)

68. Child 5
    Relationship to Participant: (c5rltn)
    1 ☐ Sibling

    2 ☐ Stepsibling

    3 ☐ Cousin

    4 ☐ Other___(c5orltn)_____

    Age: ___ ____ years (c5age)   Sex: 1 ☐ Male   2 ☐ Female (c5sex)

69. Child 6
    Relationship to Participant: (c6rltn)
    1 ☐ Sibling

    2 ☐ Stepsibling

    3 ☐ Cousin

    4 ☐ Other__(c6orltn)_____

    Age: ___ ____ years (c6age)   Sex: 1 ☐ Male 2 ☐ Female (c6sex)

70. Child 7
    Relationship to Participant: (c7rltn)
    1 ☐ Sibling

    2 ☐ Stepsibling

    3 ☐ Cousin

    4 ☐ Other__(c7orltn)_____

    Age: ___ ____ years (c7age)   Sex: 1 ☐ Male   2 ☐ Female (c7sex)

71. Child 8
    Relationship to Participant: (c8rltn)
    1 ☐ Sibling

    2 ☐ Stepsibling

    3 ☐ Cousin

    4 ☐ Other__(c8orltn)_____

    Age: ___ ____ years (c8age)   Sex: 1 ☐ Male   2 ☐ Female (c8sex)

APPENDIX 3. PHYSICAL ACTIVITY MONITOR (PAM) FORM

To be completed by COPTR staff:
Index Child ID: ___**(indexchildid)**_____
Form Code: **PAM** Version: _**(pamformver)**_ Series #: _**(series)**_

Physical Activity Monitor Form

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1. Visit or Data collection timeframe: __(visit)_____
   (e.g. Integer - 0 for baseline; 12 for 12 months, 24 for 24 mos, 36 for 36 mos)

2. Person Code: _(personcode)_____ (c=child; a=adult)

3. SeqNo: __(seqno)___
   (sequence number for wear, if multiple wears for this person at this timeframe)

   (wearstartdt)
4. Wear Start Date: ___ / ___ / ____ (date the activity monitor put on the participant)
   mm   dd   yyyy

   (wearstarttime)
5. Wear Start Time: _____ AM / PM (time monitor is put on the participant)

6. ActiGraph Serial Number: NEO ___(serialnum)__ ___ ___ ___ ___ ___ ___

   MAT ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

   (startdate)
7. Start date: ___ / ___ / ____ at 12:00 am (date configured to start recording)
   mm   dd   yyyy

   (wearenddt)
8. Wear End Date: ___ / ___ / ____ (date the monitor was taken off the participant)
   mm   dd   yyyy

9. Wear End Time: _(wearendtime)__ AM / PM (time participant takes monitor off)

10. Reason for re-wear (select one, if applicable) (reason)
    1 ☐ Monitor Failure   2 ☐ Battery Failure   3 ☐ Incomplete Data

    4 ☐ Lost Device   5 ☐ Staff Error

11. Comments?

(comments) _____