



DIETARY INTERVENTION STUDY IN CHILDREN
REVISED STATURE-MATURITY FORM

DISC Form 29
Rev. 3 7/29/93
7 Pages

Office
Use
Only

ID	___ - ___ - ___ - ___
NC	___ - ___ - ___ - ___
VN	___ - ___ - ___ - ___

1. Date of examination: - -
Month Day Year

2. Anthropometric measurers:

CODE	SIGNATURE	DISC CERTIFICATION NO.
A	_____	___ - ___ - ___
B	_____	___ - ___ - ___
C	_____	___ - ___ - ___
	Non DISC measurer:	
D	_____	

Please use the letter code to identify the person who made each anthropometric measurement in Items 3 and 4 below.

The following measurements are to be made with the child in a hospital gown. Do both of the measurements (height and weight) once before doing the second measurement. First and second height measurements should be done by independent observers. The second measurer should be blinded to the results of the first measurement.

	(W) Not Done	(X) First Measurement	(Y) Second Measurement	(Z) Third Measurement	
		Code	Code	Code	
3. Height, cm	---	---	---	---	3. Height, cm
4. Weight, kg	---	---	---	---	4. Weight, kg

Third measurement necessary if second measurement differs from the first measurement by more than the following:

- a. Height, 0.5 cm.
- b. Weight, 0.2 kg.

5. Stadiometer used:
- Stationary 1
 - Portable 2
6. Weight scale used:
- Stationary 1
 - Portable 2

7. A. Was a brief physical exam done?
Yes No
1 2

B. If YES, were any abnormalities found?
Yes No
1 2

C. Comments: _____

ADMINISTER ITEMS 8 to 12 TO THE CHILD.

8. Are you taking any pills or medicines now?
Yes No
1 2

If YES, what are the names of these pills or medicines?

9. Are you taking any medicine now to lower the cholesterol in
your blood? (Questran, Colestid, or nicotinic acid)
Yes No
1 2

If YES, what is the name of this medicine?

10. Have you smoked more than five cigarettes in the past year?
Yes No
1 2

If YES, how many cigarettes did you smoke last week? _____

11. Have you used moist snuff or chewing tobacco more than five times in the past year?
 Yes No
 1 2

If YES, how many dips or chews have you taken in the last week? _____

12. Not counting religious services like church and temple, in the past month have you had any alcoholic beverages such as wine, beer or whiskey?
 Yes No
 1 2

If YES, how many times in the past month have you had an alcoholic beverage? _____

13. This child's gender is **GENDER**
 Male Female
 1 2

If MALE, proceed to Item 14.
 If FEMALE, skip to Item 15.

14. Male Tanner staging
 Done Not Done
 1 2

If NOT DONE, skip to Item 21.

A. Tanner stage of pubic hair **MPUB**
 1 2 3 4 5

B. Tanner stage of genitalia **GENIT**

C. Testicular volume - left **TVOLL** _____ cc

D. Testicular volume - right **TVOLR** _____ cc

E. Comments: _____

Skip to Item 21.

15. Female Tanner staging
 Done Not Done
 1 2

If NOT DONE, skip to Item 16.

	1	2	3	4	5
A. Tanner stage of pubic hair FPUB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Tanner stage of breasts BRST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Areolar diameter - left ARDIAL _____ cm					
D. Areolar diameter - right ARDIAR _____ cm					
E. Comments: _____					

16. A. Had this girl reached menarche at the time of the last annual DISC clinic visit? **MENARCHE**
 Yes No
 1 2

If YES, skip to Item 17.
 If NO, proceed to Item 16B.

B. Having a menstrual period can cause changes in the amount of cholesterol in a girl's blood. Have you had a period or any menstrual bleeding since your last DISC clinic visit?
 Yes No
 1 2

If YES, proceed to Item 16C.
 If NO, skip to Item 20.

C. When did you have your FIRST period or menstrual bleeding? _____ - _____
 Month Year

17. Is this the Year 5 (YR05) or the Year 7 (YR07) visit?
Yes No
1 2

If NO, skip to Item 20.
If YES, proceed to Item 18.

18. A. Review the DISC calendars with the girl. Be sure that the correct calendars for the preceding 6 consecutive full weeks have been used. Is Form 64, DISC Calendar Cover Sheet with calendars being submitted along with DISC Visit Summary Form to the Coordinating Center?
Yes No
1 2

- B. Were DISC Calendars for the 6 full weeks following this visit given or mailed to the female parent/guardian?
Yes No
1 2

19. If either Items 18A or 18B were answered "NO," please give the reason(s) on the lines below:

20. Now we are going to ask you about some other things that can cause changes in the amount of cholesterol in a girl's blood. These things may not all apply to you.

BCN4MOCH

- A. Are you taking birth control pills now or have you taken them in the last four months?
Yes No
1 2

- B. Some girls your age can become pregnant. Are you pregnant now or have you been pregnant in the last four months?
Yes No
1 2

21. A. During the past 30 days did you try to lose weight or keep from gaining weight?
Yes No
1 2

If NO, skip to Item 22.

B. Did you do any of the following things to lose weight or keep from gaining weight: (Check all that apply.)

- 1. Diet 1
- 2. Eat very little for one or more days 1
- 3. Exercise 1
- 4. Make yourself throw-up 1
- 5. Take diet pills 1
- 6. Use laxatives, Ipecac, or diuretics 1
- 7. Use diet drinks like Slim Fast 1
- 8. Use some other method 1

(Specify) _____

22. DISC maturity data collector:

A. Signature: _____

B. DISC certification number: - - - -

Non DISC maturity data collector

Please retain a copy of this form for your files. Mail the original to:

DISC Coordinating Center
Maryland Medical Research Institute
600 Wyndhurst Avenue
Baltimore, Maryland 21210