DISC FORM 01
Rev. 1 9/14/88
6 Pages

Dietary Intervention Study In Children
Screening Visit 1 Form

Office Use Only

ID ___-___ ___ ___ ___-___

NC ___ ___ ___ ___ ___ ___

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PART I: Demographic Information

1. What is today's date? . . . . . ___ ___-___ ___-___ ___
Month Day Year

2. What is your relationship to your child? (MARK ONE ANSWER)

Mother or father	☐	1
Step mother or step father	☐	2
Legal guardian other than parent	☐	3
Other relationship	☐	4

(What is this relationship?

_____)
Relationship

3. Please answer *both* Item A and Item B below.

A. Which *one* of the following racial or ethnic groups best describes your child?

RACE

White	☐	1
Black	☐	2
Asian (for example, Chinese, Japanese, East Indian) or Pacific Islander	☐	3
American Indian or Alaskan native (for example, Eskimo)	☐	4
Other	☐	5

(What is this other racial/ethnic group?

_____)

B. Is your child of Hispanic origin (for example, Puerto Rican, Cuban, Latin American, Mexican-American, etc.)? . . . . .

Yes	No
☐	☐
1	2

PART II: Child's Medical History

4. Has a doctor ever told you that your child had any of the following medical conditions?

	1 Yes	2 No
A. Hypothyroidism (or underactive thyroid)	☐	☐
B. Liver disease (such as jaundice within the last 5 years or hepatitis)	☐	☐
C. Diabetes	☐	☐
D. Severe long-term intestinal disease (such as colitis requiring long-term medication)	☐	☐
E. Kidney disease (such as nephrotic syndrome, nephritis or kidney failure)	☐	☐
F. Hemophilia	☐	☐
G. Anorexia (extreme undereating leading to weight loss)	☐	☐
H. Bulimia (binge eating, self-induced vomiting)	☐	☐
I. Cancer or other serious disease (describe below)	☐	☐

_____

_____

5. This study will be monitoring your child's growth and development including physical maturation. Only children who have *not* begun to enter puberty will be eligible for inclusion in this study. The way we measure puberty is by looking at breast and pubic hair development in girls and pubic hair and testicle development in boys. Please answer the following questions about your child's maturation (pubertal development).

A. For *GIRLS,* please answer the following items:

	1 Yes	2 No	3 Unsure
1. Have your daughter's breasts begun to develop?	☐	☐	☐
2. Has your daughter developed any pubic hair?	☐	☐	☐

B. For *BOYS,* please answer the following item:

1. Has your son developed any pubic hair?	☐	☐	☐

6. Has your child ever intentionally gained or lost seven pounds or more over a period of two weeks or less?

	Yes 1	No 2
	☐	☐

7. Has your child been admitted to a hospital since birth? . . . . . ☐ Yes 1 ☐ No 2

> If *YES,* answer Items 7A and 7B.
> If *NO,* skip to Item 8.

A. List dates and reasons for hospitalization(s):

_____

_____

B. Has your child had any operations? . . . . . ☐ Yes 1 ☐ No 2

> If *YES,* answer Item 7C.
> If *NO,* skip to Item 8.

C. List dates and names of operations:

_____

_____

8. Does your child who is in the study have a mother (or female guardian) living at home with her/him? . . . . . ☐ Yes 1 ☐ No 2

> If your child has a mother (or female guardian) living in her/his home, answer Items 8A through 8E.
>
> If she/he does not, please skip to Item 9 on page 5.

8. Mother or female guardian (continued)

A. What is the height of the mother or female guardian? ..... *HTFT1* feet *HTIN1* inches

B. What is the weight of the mother or female guardian? ..... *WTLB1* pounds

C. Has the mother or female guardian smoked more than five cigarettes during her life? ..... ☐ Yes 1 ☐ No 2

> If *YES,* answer Items 1 through 3.
> If *NO,* skip to Item 8D.

1. What was her age when she started smoking? ..... ___ ___ Age

2. How many cigarettes a day was the *most* she ever smoked? ..... ___ ___ ___

3. Does she currently smoke cigarettes? ..... ☐ Yes 1 ☐ No 2

If *NO,* what was her age when she stopped? ..... ___ ___ Age

If *YES,* how many cigarettes a day does she currently smoke? ..... ___ ___ ___

D. On the average, how many days a week does the mother or female guardian drink alcoholic beverages, that is, beer, wine or liquor? (MARK ONE ANSWER).

Never	☐	01
Less than once a month	☐	02
Less than 1 day a week, but at least once a month	☐	03
1 day a week	☐	04
2 to 3 days a week	☐	05
4 to 6 days a week	☐	06
7 days a week	☐	07

8. Mother or female guardian (continued)

E. On the days that the mother or female guardian drinks, about how many drinks does she *usually* have? . . . . . ___ ___
Number of drinks

NOTE: A typical drink is 1½ oz. of spirits (a shot or mixed drink) or 6 oz. of wine (a glass of wine) or 12 oz. of beer (a can of beer).

9. Does your child who is in the study have a father (or male guardian) living at home with her/him? . . . . . ☐ Yes 1 ☐ No 2

If your child has a father (or male guardian) living in her/his home, answer Items 9A through 9E.

If she/he does not, stop.

A. What is the height of the father or male guardian? . . . . . *HTFT2* feet *HTIN2* inches

B. What is the weight of the father or male guardian? . . . . . *WTLB2* pounds

C. Has the father or male guardian smoked more than five cigarettes during his life? . . . . . ☐ Yes 1 ☐ No 2

If *YES,* answer Items 1 through 3.
If *NO,* skip to Item 9D.

1. What was his age when he started smoking? . . . . . ___ ___
Age

2. How many cigarettes a day was the *most* he ever smoked? . . . . . ___ ___ ___

9. C. Father or male guardian (continued)

3. Does he currently smoke cigarettes? ☐ Yes 1 ☐ No 2

If *NO,* what was his age when he stopped? ____ Age

If *YES,* how many cigarettes a day does he currently smoke? ____

D. On the average, how many days a week does the father or male guardian drink alcoholic beverages, that is, beer, wine or liquor? (MARK ONE ANSWER).

Never	☐ 01
Less than once a month	☐ 02
Less than 1 day a week, but at least once a month	☐ 03
1 day a week	☐ 04
2 to 3 days a week	☐ 05
4 to 6 days a week	☐ 06
7 days a week	☐ 07

E. On the days that the father or male guardian drinks, about how many drinks does he *usually* have? ____ Number of drinks

NOTE: A typical drink is 1½ oz. of spirits (a shot or mixed drink) or 6 oz. of wine (a glass of wine) or 12 oz. of beer (a can of beer).

Thank you very much for taking the time to complete this questionnaire. Please bring it with you when you bring your child to the DISC Clinical Center.