

ID						
NC						
VN						

NHLBI GROWTH AND HEALTH STUDY
FOLLOW-UP EXAMINATION FORM - C

Blood Pressure Measurements

1. Is the blood pressure being taken in the right arm?

RTARM

Yes 1

No, it is necessary to use the left arm 2

No, it is not possible to use either arm 3

If NO, explain: _____ **REMARK**

If NO, IT IS NOT POSSIBLE TO USE EITHER ARM, skip to Question 10 on Page 3.

2. Cuff size used:

CUFF

Infant (10 - 18 cm) 1

Child (> 18 - 25 cm) 2

Adult (> 25 - 34 cm) 3

Large arm (> 34 - 47 cm) 4

Thigh (> 47 - 66 cm) 5

No proper fit (< 10 cm or > 66 cm) 6

If NO PROPER FIT, skip to Question 10 on Page 3.

3. Pressure required to obliterate pulse (enter largest value if two attempts were made): PULSPRES mmHg

4. Maximum inflation level (MIL: Value in Question 3 plus 30): MAXINFLT mmHg

5. Is MIL (Question 4) 260 or higher, or did participant have pain when MIL was being determined, or were attempts to determine MIL unsatisfactory? MIL260
 YES NO

If YES, skip to Question 9.

	A	B	C
	Systolic <u> mmHg </u>	Diastolic (4th <u> phase), mmHg </u>	Diastolic (5th <u> phase), mmHg </u>
6. Blood pressure, first reading	<u> SYS1 </u>	<u> DIA41 </u>	<u> DIA51 </u>

Measure pulse on same arm as blood pressure. Answer Questions 10 and 11 before second and third blood pressure readings.

7. Blood pressure,
second reading

	<u> SYS2 </u>	<u> DIA42 </u>	<u> DIA52 </u>
--	-------------------------	--------------------------	--------------------------

8. Blood pressure,
third reading

	<u> SYS3 </u>	<u> DIA43 </u>	<u> DIA53 </u>
--	-------------------------	--------------------------	--------------------------

9. Were there any problems or special occurrences while determining the MIL or taking blood pressures? PROBLEMS
 YES NO

If YES, specify: PROBRMK

ID									
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VN				
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10. Site of pulse measurement:

	SITE	PUL
Radial	<input type="checkbox"/>	1
Brachial	<input type="checkbox"/>	2
Chest	<input type="checkbox"/>	3
Not possible to measure pulse ...	<input type="checkbox"/>	4

If NOT POSSIBLE TO MEASURE PULSE, skip to Question 12.

11. Pulse reading (number of beats counted in 30 seconds),
to be measured on same arm as blood pressure between first
and second blood pressure readings: PULSE

12. Signature of blood pressure and pulse observer: SIGN1

13. ID of blood pressure and pulse observer: - - - - -

ID							
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VN			
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Anthropometric Measurements

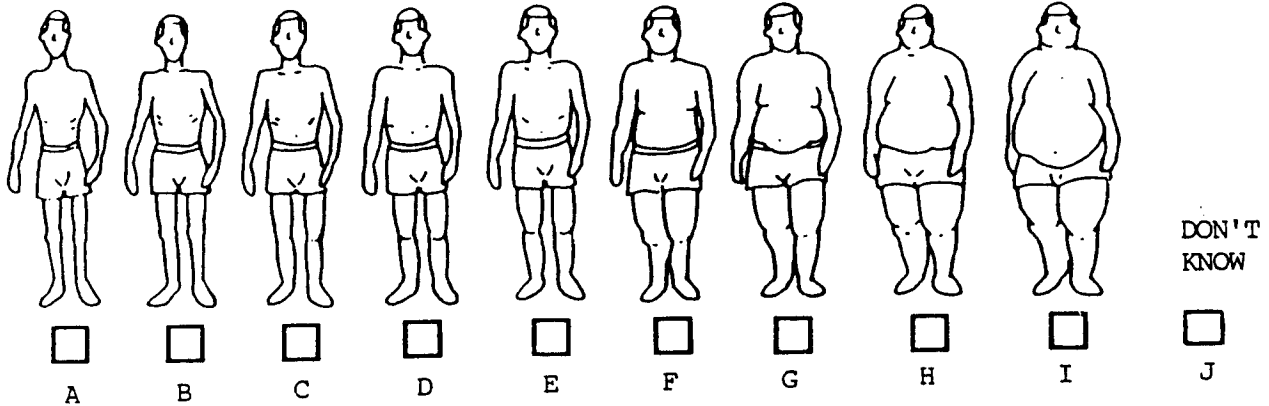
Do all of the first measurements (height through suprailiac skinfold before doing the second measurements, and all of the second measurements before doing any third measurements.

	A	B	C
	<u>First</u> <u>Measurement</u>	<u>Second</u> <u>Measurement</u>	<u>Third</u> <u>(if necessary)</u>
14. Height, cm	HT1 ____ . ____	HT2 ____ . ____	HT3 ____ . ____
15. Weight, kg	WT1 ____ . ____	WT2 ____ . ____	WT3 ____ . ____
16. Clothing weight, kg. ...	CLOTH1 ____ . ____		
17. Arm circumference (right), cm	ARMCIR1 ____ . ____	ARMCIR2 ____ . ____	ARMCIR3 ____ . ____
18. Waist circumference, cm	WAIST1 ____ . ____	WAIST2 ____ . ____	WAIST3 ____ . ____
19. Maximum circumference below waist, cm	MAXBLOW1 ____ . ____	MAXBLOW2 ____ . ____	MAXBLOW3 ____ . ____
20. Upper-thigh circumference (right), cm	UPTHIG1 ____ . ____	UPTHIG2 ____ . ____	UPTHIG3 ____ . ____
21. Triceps skinfold (right), mm	TRIC1 ____	TRIC2 ____	TRIC3 ____
22. Subscapular skinfold (right), mm	SCAP1 ____	SCAP2 ____	SCAP3 ____
23. Suprailiac skinfold (right), mm	ILIAC1 ____	ILIAC2 ____	ILIAC3 ____
24. Signature of taker of anthropometric measurements:	SIGN2 _____		
25. ID of taker of anthropometric measurements	_____		

ID									
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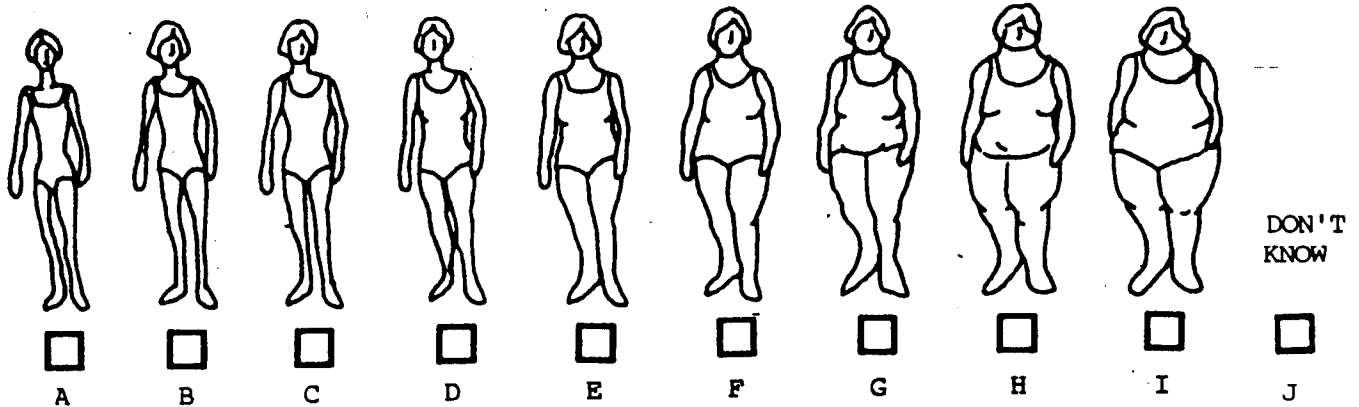
VN			
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26. Please mark the box under the figure that looks most like your natural (or real) father.



MALIMAGE

27. Please mark the box under the figure that looks most like your natural (or real) mother.

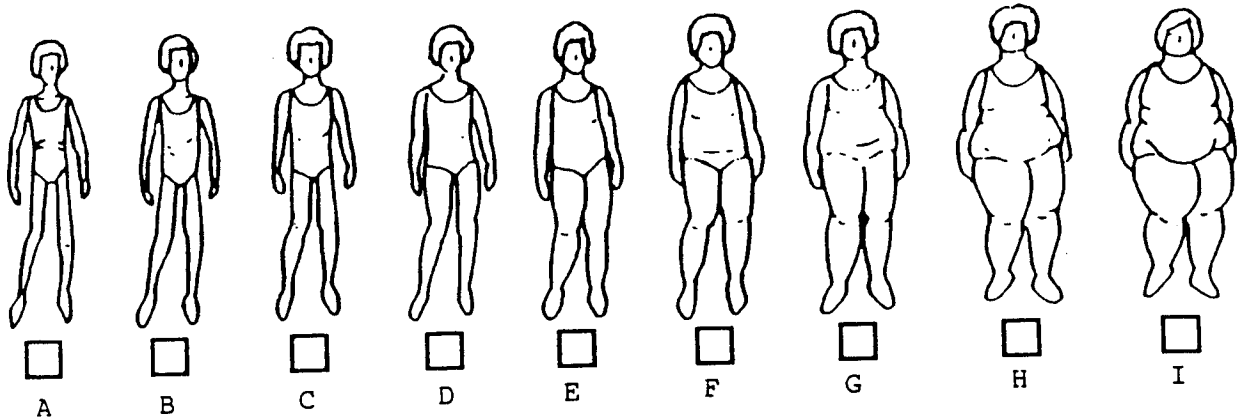


FEMIMAGE

ID					
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VN		
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28. Examiner's assessment of the body shape of examinee. Please mark the box under the figure that looks most like the child in the study.



EIMAGE

29. Signature of body shape examiner: SIGN5

30. ID of body shape examiner:

ID						
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VN		
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<u>Maturation Staging</u>	<u>Stage number</u>	Unable to record:	
		<u>Refused</u>	<u>Other</u>
31. Areolar stage	<u>AREOLR</u>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <small>NAARLR</small>	
32. Pubic hair stage	<u>PUBHR</u>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <small>NAPBHR</small>	
33. Signature of maturation stage examiner: <u>SIGN4</u>			
34. ID of maturation stage examiner:			

Bioelectrical Impedance Measurements

35. A. Resistance RESIST

B. Reactance REACT

36. Signature of impedance measurer: SIGN3

37. ID of impedance measurer:

ID						
----	--	--	--	--	--	--

VN		
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Please ask Questions 38 - 46 of the child.

38. Have you started having your periods? **PERIODS**

YES NO

If NO, skip to Question 41.

39. When did you start having your periods? **DO_STARTP**
Month - Year

40. When did your last period begin? **DO_LASTP**
Month - Day - Year

41. Are you taking birth control pills? **BIRTHPIL**

YES NO

42. Do you have a health or medical problem? **HLTHPROB**

YES NO

If YES, answer Questions A and B.

A. Do you see a doctor or go to a clinic regularly
for this health or medical problem? **DOCTOR**

YES NO

B. What is this health or medical problem?

PREMK

ID									
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VN			
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43. Are you currently taking any pills or medicines, not including vitamins?

CURMEDS

YES NO

If YES, specify:

MREMK

44. Have you smoked any cigarettes in the past year?.....

SMOKE

YES NO

If YES, complete Questions 45 and 46.

45. Was it more than 5 cigarettes?

MOR5CIG

YES NO

46. How many cigarettes did you smoke last week?

AMTSMK

Thank you for answering these questions.

ID									
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VN			
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ID						
NC						
VN						

NHLBI GROWTH AND HEALTH STUDY
 FOLLOW-UP EXAMINATION FORM - C

Blood Pressure Measurements

1. Is the blood pressure being taken in the right arm?

RTARM

- Yes 1
- No, it is necessary to use the left arm 2
- No, it is not possible to use either arm 3

If NO, explain: _____ **REMARK**

If NO, IT IS NOT POSSIBLE TO USE EITHER ARM, skip to Question 10 on Page 3.

2. Cuff size used:

CUFF

- Infant (10 - 18 cm) 1
- Child (> 18 - 25 cm) 2
- Adult (> 25 - 34 cm) 3
- Large arm (> 34 - 47 cm) 4
- Thigh (> 47 - 66 cm) 5
- No proper fit (< 10 cm or > 66 cm) 6

If NO PROPER FIT, skip to Question 10 on Page 3.

10. Site of pulse measurement:

- SITEPUL
- Radial 1
- Brachial 2
- Chest 3
- Not possible to measure pulse ... 4

If NOT POSSIBLE TO MEASURE PULSE, skip to Question 12.

11. Pulse reading (number of beats counted in 30 seconds),
to be measured on same arm as blood pressure between first
and second blood pressure readings: PULSE

12. Signature of blood pressure and pulse observer: SIGN1

13. ID of blood pressure and pulse observer: - - - -

ID									
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VN				
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Anthropometric Measurements

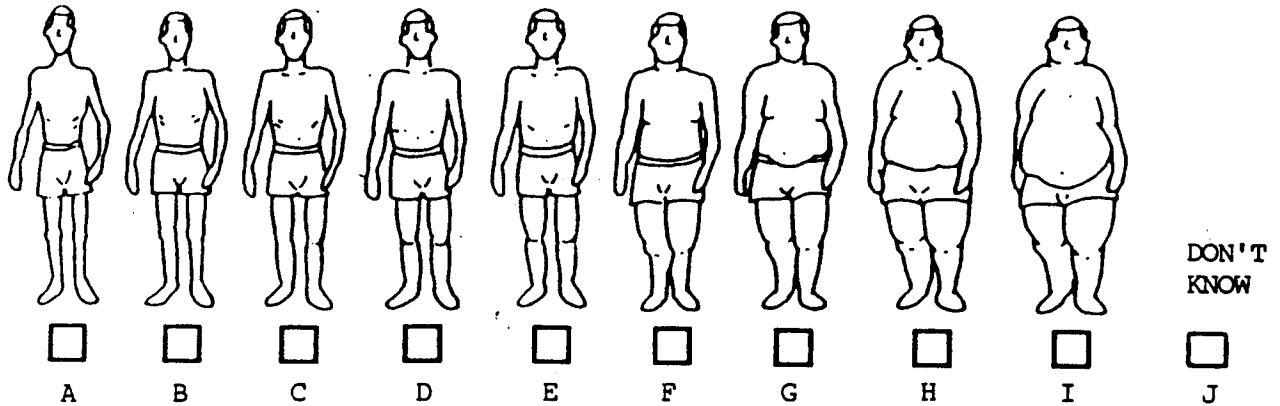
Do all of the first measurements (height through suprailiac skinfold before doing the second measurements, and all of the second measurements before doing any third measurements.

	A	B	C
	<u>First Measurement</u>	<u>Second Measurement</u>	<u>Third (if necessary)</u>
14. Height, cm	HT1 _ _ . _	HT2 _ _ . _	HT3 _ _ . _
15. Weight, kg	WT1 _ _ . _	WT2 _ _ . _	WT3 _ _ . _
16. Clothing weight, kg. ...	CLOTH1 _ _ . _		
17. Arm circumference (right), cm	ARMCIR1 _ _ . _	ARMCIR2 _ _ . _	ARMCIR3 _ _ . _
18. Waist circumference, cm	WAIST1 _ _ . _	WAIST2 _ _ . _	WAIST3 _ _ . _
19. Maximum circumference below waist, cm	MAXBLOW1 _ _ . _	MAXBLOW2 _ _ . _	MAXBLOW3 _ _ . _
20. Upper-thigh circumference (right), cm	UPTHIG1 _ _ . _	UPTHIG2 _ _ . _	UPTHIG3 _ _ . _
21. Triceps skinfold (right), mm	<u>TRIC1</u>	<u>TRIC2</u>	<u>TRIC3</u>
22. Subscapular skinfold (right), mm	<u>SCAP1</u>	<u>SCAP2</u>	<u>SCAP3</u>
23. Suprailiac skinfold (right), mm	<u>ILIAC1</u>	<u>ILIAC2</u>	<u>ILIAC3</u>
24. Signature of taker of anthropometric measurements:	SIGN2 _____		
25. ID of taker of anthropometric measurements	_ _ _ _ _		

ID									
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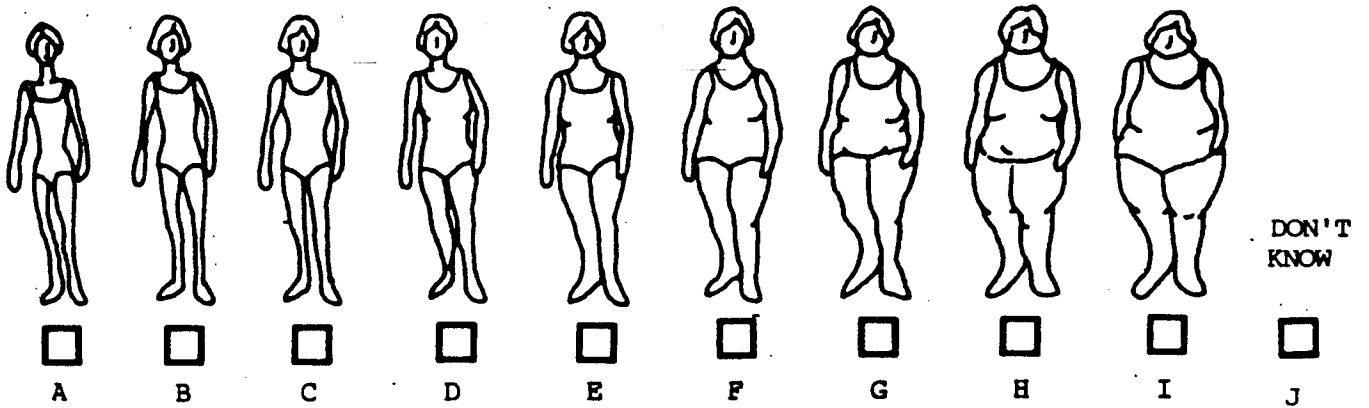
VN			
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26. Please mark the box under the figure that looks most like your natural (or real) father.



MALIMAGE

27. Please mark the box under the figure that looks most like your natural (or real) mother.

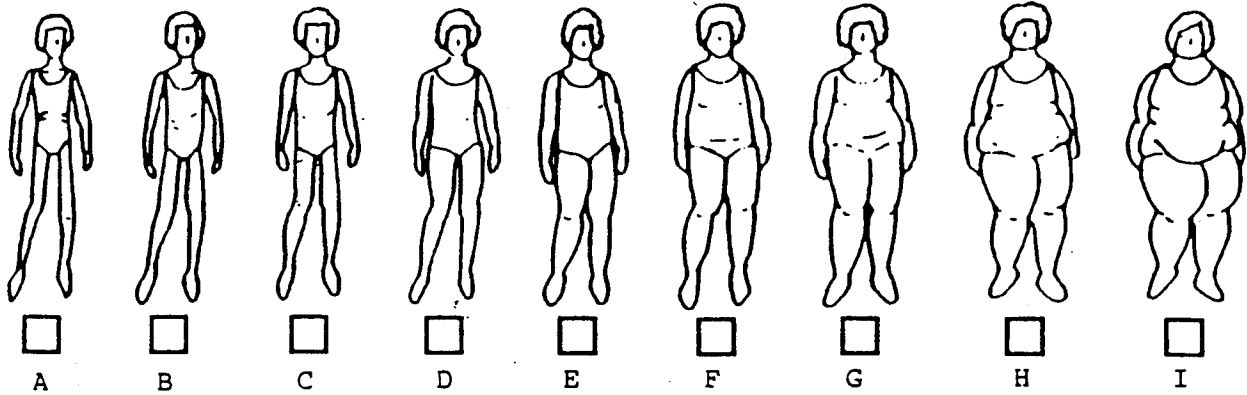


FEMIMAGE

ID						
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VN		
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28. Examiner's assessment of the body shape of examinee. Please mark the box under the figure that looks most like the child in the study.



EIMAGE

29. Signature of body shape examiner: SIGN5

30. ID of body shape examiner:

ID									
----	--	--	--	--	--	--	--	--	--

VN			
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<u>Maturation Staging</u>	<u>Stage number</u>	Unable to record:	
		<u>Refused</u>	<u>Other</u>
31. Areolar stage	<u>AREOLR</u>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	NAARLR
32. Pubic hair stage	<u>PUBHR</u>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	NAPBHR
33. Signature of maturation stage examiner: <u>SIGN4</u>			
34. ID of maturation stage examiner:			

Bioelectrical Impedance Measurements

35. A. Resistance RESIST

B. Reactance REACT

36. Signature of impedance measurer: SIGN3

37. ID of impedance measurer:

ID							
----	--	--	--	--	--	--	--

VN		
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Please ask Questions 38 - 46 of the child.

38. Have you started having your periods? **PERIODS**
 YES NO

If NO, skip to Question 42.

39. When did you start having your periods? **DO_STARP**
Month - Year

40. When did your last period begin? **DO_LASTP**
Month - Day - Year

41. Are you taking birth control pills? **BIRTHPIL**
 YES NO

42. Do you have a health or medical problem? **HLTHPROB**
 YES NO

If YES, answer Questions A and B.

A. Do you see a doctor or go to a clinic regularly for this health or medical problem? **DOCTOR**
 YES NO

B. What is this health or medical problem?

PREMK

ID | | | | | | | |

VN | | |

43. Are you currently taking any pills or medicines, not including vitamins?

CURMEDS

YES NO

If YES, specify:

MREMK

44. Have you smoked any cigarettes in the past year?.....

SMOKE

YES NO

If YES, complete Questions 45 and 46.

45. Was it more than 5 cigarettes?

MOR5CIG

YES NO

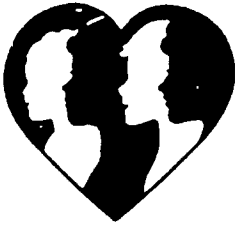
46. How many cigarettes did you smoke last week?

AMTSMK

Thank you for answering these questions.

ID									
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VN			
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**NHLBI Growth And Health Study
Follow-Up Examination Form - C**

0925-0294 exp. 12/89

NGHS FORM 18
Rev. 2 1/89
9 Pages

ID						
NC						
VN						

1. What is today's date? **DO_FORM**
Month Day Year

BLOOD PRESSURE MEASUREMENTS

2. Is the blood pressure being taken in the right arm? **RTARM**

Yes 1

No, it is necessary to use the left arm 2

No, it is not possible to use either arm 3

If NO, explain: **REMARK** _____

If NO, IT IS NOT POSSIBLE TO USE EITHER ARM, skip to Question 11 on Page 3.

3. Cuff size used: **CUFF**

Infant (10 - 18 cm) 1

Child (> 18 - 25 cm) 2

Adult (> 25 - 34 cm) 3

Large arm (> 34 - 47 cm) 4

Thigh (> 47 - 66 cm) 5

No proper fit (< 10 cm or > 66 cm) 6

If NO PROPER FIT, skip to Question 11 on Page 3.

4. Pressure required to obliterate pulse (enter largest value if two attempts were made): PULSPRES mmHg

5. Maximum inflation level (MIL: Value in Question 4 plus 30): MAXINFLT mmHg

	A	B	C
	<i>Systolic</i>	<i>Diastolic (4th</i>	<i>Diastolic (5th</i>
	<i>mmHg</i>	<i>phase), mmHg</i>	<i>phase), mmHg</i>
6. Blood pressure, first reading	<u>SYS1</u>	<u>DIA41</u>	<u>DIA51</u>

Measure pulse on same arm as blood pressure. Answer Questions 11 and 12 before second and third blood pressure readings.

7. Blood pressure, second reading SYS2 DIA42 DIA52

8. Blood pressure, third reading SYS3 DIA43 DIA53

9. Were there any problems or special occurrences while determining the MIL or taking blood pressures? **PROBLEMS**
 Yes No

If YES, answer Question 9A.

A. What was the problem?

- | | |
|--|----------------------------|
| | WHATPROB |
| 1. Background noise too loud | <input type="checkbox"/> 1 |
| 2. Needed reinforcement | <input type="checkbox"/> 2 |
| 3. K4 indistinguishable from K5 | <input type="checkbox"/> 3 |
| 4. Other problem (specify below) | <input type="checkbox"/> 4 |

PROBRMK

10. NOTIFICATION LIMITS (10 - 12 YEAR OLD)

USE MORE CONSERVATIVE FIGURE:

> 134/90 - Check with physician within 2 weeks.

> 126/82 - Check with physician within 3 months.

I have notified participant/parent of these readings.

Signature: _____

11. Site of pulse measurement:

SITE PUL

Radial 1

Brachial 2

Not possible to measure pulse 3

If NOT POSSIBLE TO MEASURE PULSE, skip to Question 13.

12. Pulse reading (number of beats counted in 30 seconds), to be measured on same arm as blood pressure between first and second blood pressure readings: PULSE

13. Signature of blood pressure and pulse observer: SIGN1

14. ID of blood pressure and pulse observer:

ANTHROPOMETRIC MEASUREMENTS

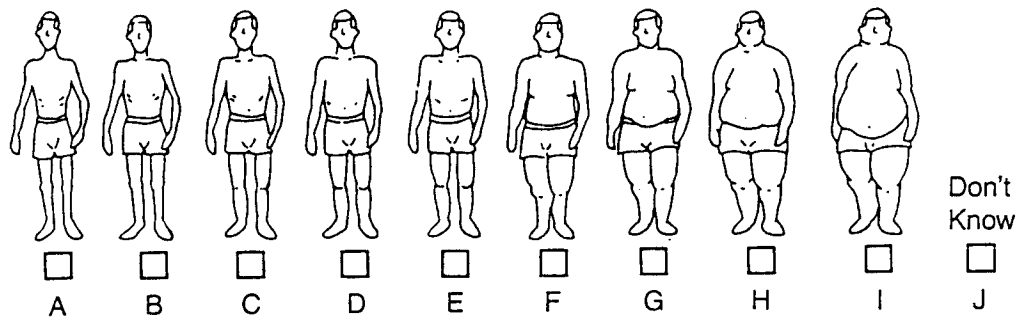
Do all of the first measurements (height through suprailiac skinfold) before doing the second measurements, and all of the second measurements before doing any third measurements.

	<i>A</i> First Measurement	<i>B</i> Second Measurement	<i>C</i> Third (if necessary)
15. Height, cm	<u>HT1</u>	<u>HT2</u>	<u>HT3</u>
16. Weight, cm	<u>WT1</u>	<u>WT2</u>	<u>WT3</u>
17. Clothing weight, kg	<u>CLOTH1</u>		
18. Arm circumference (right), cm ..	<u>ARMCIR1</u>	<u>ARMCIR2</u>	<u>ARMCIR3</u>
19. Waist circumference, cm	<u>WAIST1</u>	<u>WAIST2</u>	<u>WAIST3</u>
20. Maximum circumference below waist, cm	<u>MAXBLOW1</u>	<u>MAXBLOW2</u>	<u>MAXBLOW3</u>
21. Upper-thigh circumference (right), cm	<u>UPTHIG1</u>	<u>UPTHIG2</u>	<u>UPTHIG3</u>
22. Triceps skinfold (right), mm	<u>TRIC1</u>	<u>TRIC2</u>	<u>TRIC3</u>
Check here if ≥ 50 mm			<input type="checkbox"/> TRIC50
23. Subscapular skinfold (right), mm	<u>SCAP1</u>	<u>SCAP2</u>	<u>SCAP3</u>
Check here if ≥ 50 mm			<input type="checkbox"/> SCAP50
24. Suprailiac skinfold (right), cm ...	<u>ILIAC1</u>	<u>ILIAC2</u>	<u>ILIAC3</u>
Check here if ≥ 50 mm			<input type="checkbox"/> ILIAC50

25. Signature of taker of anthropometric measurements: SIGN2

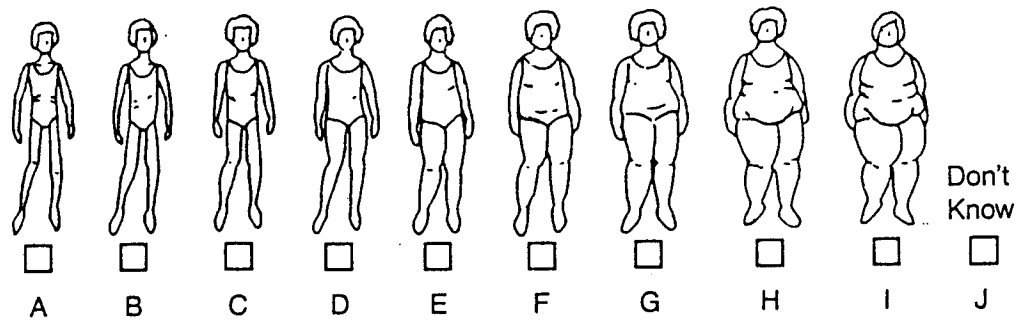
26. ID of taker of anthropometric measurements

27. Please mark the box under the figure that looks most like your natural (or real) father.



MALIMAGE

28. Please mark the box under the figure that looks most like your natural (or real) mother.



FEMIMAGE

Please ask Questions 29 - 37 of the child.

29. Have you started having your periods? **PERIODS**
 Yes No

If NO, skip to Question 33.

30. When did you start having your periods? **DO_STARP**
Month Year

31. When did your last period begin? **DO_LASTP**
Month Day Year

32. Are you taking birth control pills? **BIRTHPIL**
 Yes No

33. Do you have a health or medical problem? **HLTHPROB**
 Yes No

If YES, answer Questions A and B.

A. Do you see a doctor or go to a clinic regularly for this health or medical problem? **DOCTOR**
 Yes No

B. What is this health or medical problem?

PREMK

CURMEDS

34. Are you currently taking any pills or medicines, not including vitamins?

Yes No

If YES, specify:

MREMK

SMOKE

35. Have you smoked any cigarettes in the past year?

Yes No

If YES, complete Questions 36 and 37.

MOR5CIG

36. Was it more than 5 cigarettes?

Yes No

AMTSMK

37. How many cigarettes did you smoke last week?

MATURATION STAGING

Stage number

Unable to record:
Refused Other

38. Areolar stage

AREOLR

NAARLR
 1 2

39. Pubic hair stage

PUBHR

NAPBHR
 1 2

40. Signature of maturation stage examiner: **SIGN4** _____

41. ID of maturation stage examiner: _____

BIOELECTRICAL IMPEDANCE MEASUREMENTS

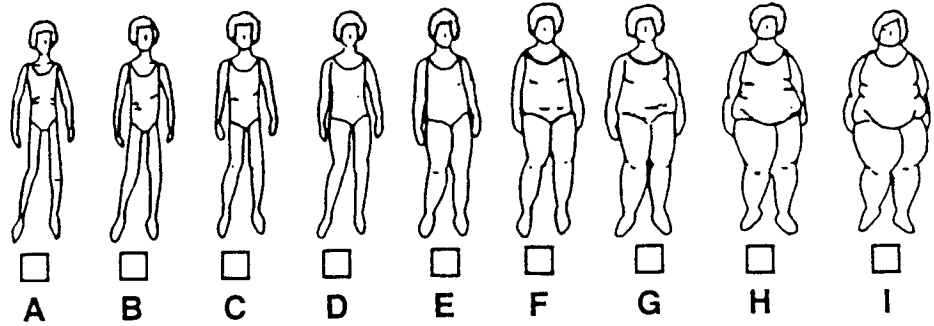
42. A. Resistance RESIST

B. Reactance REACT

43. Signature of impedance measurer: SIGN3

44. ID of impedance measurer:

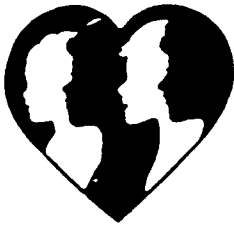
45. Examiner's assessment of the body shape of examinee. Please mark the box under the figure that looks most like the child in the study.



EIMAGE

46. Signature of body shape examiner: SIGN5

47. ID of body shape examiner:



NHLBI GROWTH AND HEALTH STUDY
FOLLOW-UP EXAMINATION FORM

0925-0294
exp. 9/92

NGHS Form 18
Rev. 3 12/89
9 Pages

ID						
NC						
VN						

BLOOD PRESSURE MEASUREMENTS

1. Is the blood pressure being taken in the right arm?

- Yes
- No, it is necessary to use the left arm
- No, it is not possible to use either arm

RTARM

1

2

3

If NO, explain: _____ **REMARK**

If NO, IT IS NOT POSSIBLE TO USE EITHER ARM, skip to Question 10 on Page 3.

2. Cuff size used:

- Infant (10-18 cm)
- Child (> 18-25 cm)
- Adult (> 25-34 cm)
- Large arm (34-47 cm)
- Thigh (> 47-66 cm)
- No proper fit (< 10 cm or > 66 cm)

CUFF

1

2

3

4

5

6

If NO PROPER FIT, skip to Question 10 on page 3.

3. Pressure required to obliterate pulse (enter largest value if two attempts were made): ---- PULSPRES mmHg
4. Maximum inflation level (MIL: Value in Question 3 plus 30): ----- MAXINFLT mmHg

Measure pulse on same arm as blood pressure. Answer Questions 10 and 11 before second and third blood pressure readings.

- | | A
Systolic
mmHg | B
Diastolic
(4th phase),
mmHg | C
Diastolic
(5th phase)
mmHg |
|---------------------------------------|-----------------------|--|---------------------------------------|
| 5. Blood pressure, first reading | <u> SYS1 </u> | <u> DIA41 </u> | <u> DIA51 </u> |
| 6. Blood pressure, second reading ... | <u> SYS2 </u> | <u> DIA42 </u> | <u> DIA52 </u> |
| 7. Blood pressure, third reading | <u> SYS3 </u> | <u> DIA43 </u> | <u> DIA53 </u> |

8. Were there any problems or special occurrences while determining the MIL or taking blood pressures? **PROBLEMS**
- | | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No |

If YES, what was the problem? _____

- | | WHATPROB |
|--|----------------------------|
| A. Background noise too loud | <input type="checkbox"/> 1 |
| B. Needed reinforcement | <input type="checkbox"/> 2 |
| C. K4 indistinguishable from K5 | <input type="checkbox"/> 3 |
| D. Other problem (specify below) | <input type="checkbox"/> 4 |

PROBRMK

9. NOTIFICATION LIMITS (12 - 13 YEAR OLD)

USE MORE CONSERVATIVE FIGURE:

> 134/90 - Check with physician within 2 weeks.

> 128/84 - Check with physician within 3 months.

I have notified participant/parent of these readings.

Signature: NOTIFY

10. Site of pulse measurement:

Radial

SITEPUL

1

Brachial

2

Not possible to measure pulse

3

If NOT POSSIBLE TO MEASURE PULSE, skip to Question 12.

11. Pulse reading (number of beats counted in 30 seconds), to be measured on same arm as blood pressure between first and second blood pressure readings: PULSE

12. Signature of blood pressure and pulse observer: SIGN1

13. ID of blood pressure and pulse observer: - - - -

ANTHROPOMETRIC MEASUREMENTS

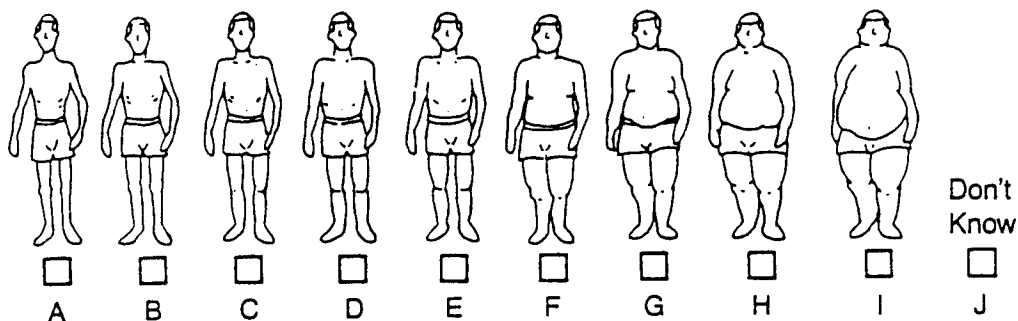
Do all of the first measurements (height through suprailiac skinfold) before doing the second measurements, and all of the second measurements before doing any third measurements.

	A First Measurement	B Second Measurement	C Third Measurement
14. Height, cm	<u>HT1</u>	<u>HT2</u>	<u>HT3</u>
15. Weight, kg	<u>WT1</u>	<u>WT2</u>	<u>WT3</u>
16. Clothing weight, kg.	<u>CLOTH1</u>		
17. Arm circumference (right), cm	<u>ARMCIR1</u>	<u>ARMCIR2</u>	<u>ARMCIR3</u>
18. Waist circumference, cm	<u>WAISTMN1</u>	<u>WAISTMN2</u>	<u>WAISTMN3</u>
19. Maximum circumference below waist, cm	<u>MAXBLOW1</u>	<u>MAXBLOW2</u>	<u>MAXBLOW3</u>
20. Upper-thigh circumference (right), cm	<u>UPTHIG1</u>	<u>UPTHIG2</u>	<u>UPTHIG3</u>
21. Triceps skinfold (right), mm	<u>TRIC1</u>	<u>TRIC2</u>	<u>TRIC3</u>
Check here if ≥ 50 mm			TRIC50 <input type="checkbox"/>
22. Subscapular skinfold (right) mm ..	<u>SCAP1</u>	<u>SCAP2</u>	<u>SCAP3</u>
Check here if ≥ 50 mm			SCAP50 <input type="checkbox"/>
23. Suprailiac skinfold (right), mm ..	<u>ILIAC1</u>	<u>ILIAC2</u>	<u>ILIAC3</u>
Check here if ≥ 50 mm			ILIAC50 <input type="checkbox"/>

24. Signature of taker of anthropometric measurements: SIGN2

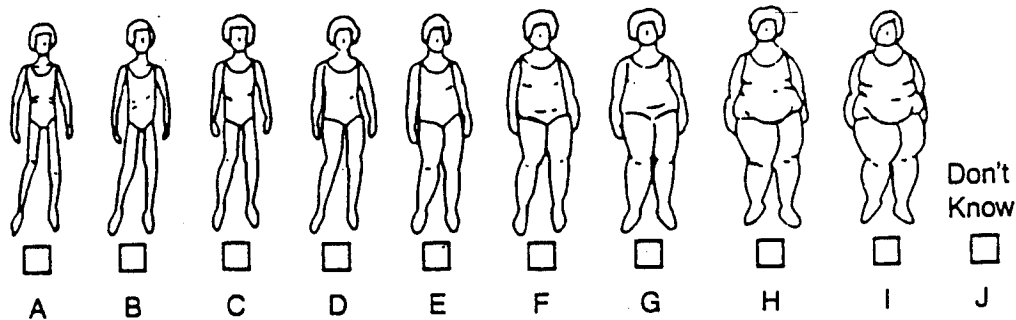
25. ID of taker of anthropometric measurements - - - - -

26. Please mark the box under the figure that looks most like your natural (or real) father.



MALIMAGE

27. Please mark the box under the figure that looks most like your natural (or real) mother.



FEMIMAGE

33. Are you currently taking any pills or medicines,
 not including vitamins?

CURMEDS

Yes No
 ↓

Specify:

MREMK

34. Have you smoked any cigarettes in the past year? ...

SMOKE

Yes No
 ↓ ↓
 ↓ ↓
 ↓ ↓

Complete Questions 35 and 36.

Skip to Question 37.

35. Was it more than 5 cigarettes?

MOR5CIG

Yes No

36. How many cigarettes did you smoke last week?

AMTSMK

MATURATION STAGING

Stage number

Unable to record:
 Refused Other

37. Areolar stage AREOLR

NAARLR

1 2

38. Pubic hair stage PUBHR

NAPBHR

1 2

39. Signature of maturation stage examiner: SIGN4

40. ID of maturation stage examiner: _____

BIOELECTRICAL IMPEDANCE MEASUREMENTS

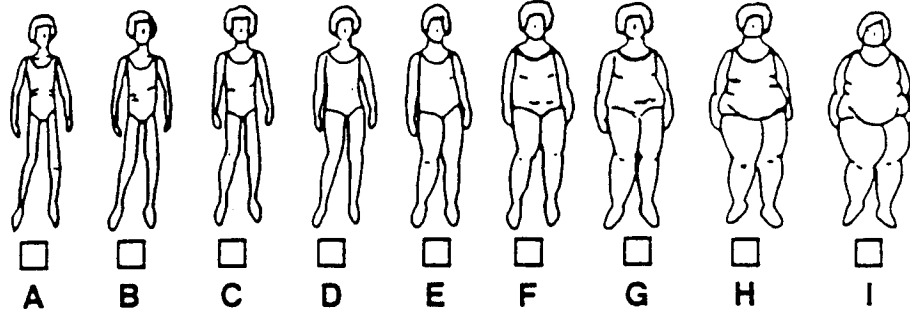
41. A. Resistance RESIST

B. Reactance REACT

42. Signature of impedance measurer: SIGN3

43. ID of impedance measurer: -

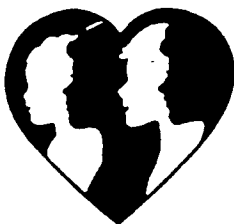
44. Examiner's assessment of the body shape of examinee. Please mark the box under the figure that looks most like the girl in the study.



EIMAGE

45. Signature of body shape examiner: SIGN5

46. ID of body shape examiner:



NHLBI GROWTH AND HEALTH STUDY
FOLLOW-UP EXAMINATION FORM

ID							
NC							
VN							

BLOOD PRESSURE MEASUREMENTS

1. Is the blood pressure being taken in the right arm?

Yes

No, it is necessary to use the left arm

No, it is not possible to use either arm

RTARM

1

2

3

If NO, explain: _____ **REMARK** _____

If NO, IT IS NOT POSSIBLE TO USE EITHER ARM, skip to Question 10 on Page 3.

2. Cuff size used:

Infant (10-18 cm)

Child (> 18-25 cm)

Adult (> 25-34 cm)

Large arm (> 34-47 cm)

Thigh (> 47-66 cm)

No proper fit (< 10 cm or > 66 cm)

CUFF

1

2

3

4

5

6

If NO PROPER FIT, skip to Question 10 on page 3.

3. Pressure required to obliterate pulse (enter largest value if two attempts were made): PULSPRES mmHg
4. Maximum inflation level (MIL: Value in Question 3 plus 30): MAXINFLT mmHg

Measure pulse on same arm as blood pressure. Answer Questions 10 and 11 before second and third blood pressure readings.

- | | A
Systolic
mmHg | B
Diastolic
(4th phase),
mmHg | C
Diastolic
(5th phase)
mmHg |
|---------------------------------------|-------------------------|--|---------------------------------------|
| 5. Blood pressure, first reading | <u> SYS1 </u> | <u> DIA41 </u> | <u> DIA51 </u> |
| 6. Blood pressure, second reading ... | <u> SYS2 </u> | <u> DIA42 </u> | <u> DIA52 </u> |
| 7. Blood pressure, third reading | <u> SYS3 </u> | <u> DIA43 </u> | <u> DIA53 </u> |

8. Were there any problems or special occurrences while determining the MIL or taking blood pressures? **PROBLEMS**
- Yes No

If YES, answer Question 8A.

A. What was the problem?

- | | WHATPROB |
|--|----------------------------|
| 1. Background noise too loud | <input type="checkbox"/> 1 |
| 2. Needed reinforcement | <input type="checkbox"/> 2 |
| 3. K4 indistinguishable from K5 | <input type="checkbox"/> 3 |
| 4. Other problem (specify below) | <input type="checkbox"/> 4 |

PROBRMK

9. NOTIFICATION LIMITS (13 - 14 YEAR OLD)

USE MORE CONSERVATIVE FIGURE:

- > 154/98 - Check with physician today.
- > 144/92 - Check with physician within 2 weeks.
- > 130/86 - Check with physician within 3 months.

I have notified participant/parent of these readings.

Signature: NOTIFY

10. Site of pulse measurement:

- Radial
- Brachial
- Not possible to measure pulse

SITEPUL

1
 2
 3

If NOT POSSIBLE TO MEASURE PULSE, skip to Question 12.

11. Pulse reading (number of beats counted in 30 seconds), to be measured on same arm as blood pressure between first and second blood pressure readings: PULSE

12. Signature of blood pressure and pulse observer: SIGN1

13. ID of blood pressure and pulse observer: - - -

ANTHROPOMETRIC MEASUREMENTS

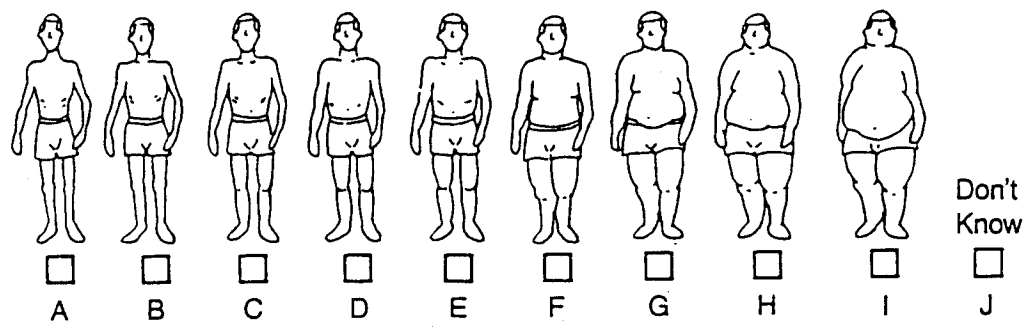
Do all of the first measurements (height through suprailiac skinfold) before doing the second measurements, and all of the second measurements before doing any third measurements.

	A First Measurement	B Second Measurement	C Third Measurement
14. Height, cm	<u>HT1</u>	<u>HT2</u>	<u>HT3</u>
15. Weight, kg	<u>WT1</u>	<u>WT2</u>	<u>WT3</u>
16. Clothing weight, kg.	<u>CLOTH1</u>		
17. Arm circumference (right), cm	<u>ARMCIR1</u>	<u>ARMCIR2</u>	<u>ARMCIR3</u>
18. Waist circumference, cm	<u>WAISTMN1</u>	<u>WAISTMN2</u>	<u>WAISTMN3</u>
19. Maximum circumference below waist, cm	<u>MAXBLOW1</u>	<u>MAXBLOW2</u>	<u>MAXBLOW3</u>
20. Upper-thigh circumference (right), cm	<u>UPTHIG1</u>	<u>UPTHIG2</u>	<u>UPTHIG3</u>
21. Triceps skinfold (right), mm	<u>TRIC1</u>	<u>TRIC2</u>	<u>TRIC3</u>
Check here if ≥ 50 mm			TRIC50 <input type="checkbox"/>
22. Subscapular skinfold (right) mm ..	<u>SCAP1</u>	<u>SCAP2</u>	<u>SCAP3</u>
Check here if ≥ 50 mm			SCAP50 <input type="checkbox"/>
23. Suprailiac skinfold (right), mm ..	<u>ILIAC1</u>	<u>ILIAC2</u>	<u>ILIAC3</u>
Check here if ≥ 50 mm			ILIAC50 <input type="checkbox"/>

24. Signature of taker of anthropometric measurements: SIGN2

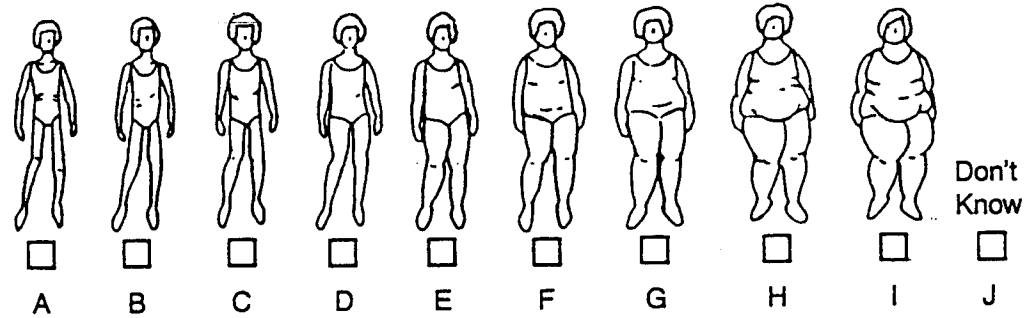
25. ID of taker of anthropometric measurements - - - - -

26. Please mark the box under the figure that looks most like your natural (or real) father.



MALIMAGE

27. Please mark the box under the figure that looks most like your natural (or real) mother.



FEMIMAGE

Please ask Questions 28-36 of the girl.

28. Have you started having your periods? **PERIODS**

Yes No

If NO, skip to Question 32.

29. When did you start having your periods? **DO_STARTP**
Month - Year

30. When did your last period begin? **DO_LASTP**
Month - Day - Year

31. Are you taking birth control pills? **BIRTHPIL**

Yes No

32. Do you have a health or medical problem? **HLTHPROB**

Yes No

If YES, answer Questions A and B.

A. Do you see a doctor or go to a clinic regularly for this health or medical problem? **DOCTOR**

Yes No

B. What is this health or medical problem?

PREMK

33. Are you currently taking any pills or medicines,
 not including vitamins?

CURMEDS

Yes No

If YES, specify:

MREMK

34. Have you smoked any cigarettes in the past year? ...

SMOKE

Yes No

If YES, complete Questions 35 and 36.

35. Was it more than 5 cigarettes?

MOR5CIG

Yes No

36. How many cigarettes did you smoke last week?

AMTSMK

MATURATION STAGING

Stage number

Unable to record:
 Refused Other

37. Areolar stage AREOLR

NAARLR

1 2

38. Pubic hair stage PUBHR

NAPBHR

1 2

39. Signature of maturation stage examiner: SIGN4

40. ID of maturation stage examiner: _____

BIOELECTRICAL IMPEDANCE MEASUREMENTS

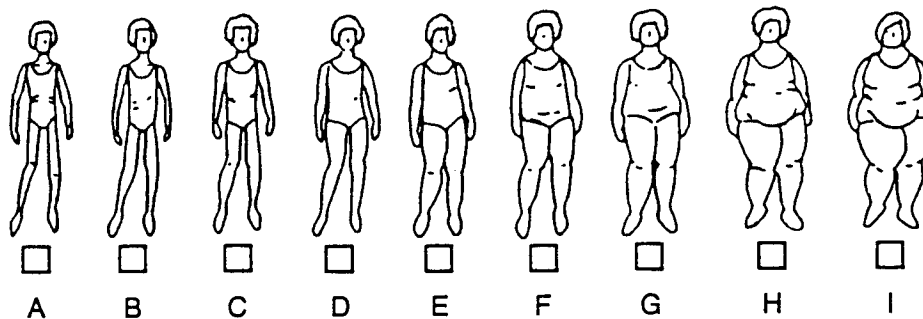
41. A. Resistance RESIST

B. Reactance REACT

42. Signature of impedance measurer: SIGN3

43. ID of impedance measurer: - - - -

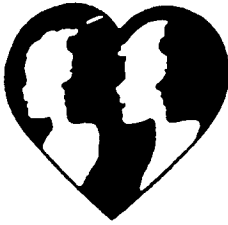
44. Examiner's assessment of the body shape of examinee. Please mark the box under the figure that looks most like the girl in the study.



EIMAGE

45. Signature of body shape examiner: SIGN5

46. ID of body shape examiner:



GROWTH AND HEALTH STUDY
FOLLOW-UP EXAMINATION FORM

ID						
NC						
VN						

BLOOD PRESSURE MEASUREMENTS

1. Is the blood pressure being taken in the right arm?

RTARM

Yes 1

No, necessary to use left arm 2

No, it is not possible to use either arm 3

If NO, explain: _____ **REMARK**

If NO, IT IS NOT POSSIBLE TO USE EITHER ARM, skip to Question 10 on Page 3.

2. Cuff size used:

CUFF

Infant (> 10-18 cm) 1

Child (> 18-25 cm) 2

Adult (> 25-34 cm) 3

Large arm (> 34-47 cm) 4

Thigh (> 47-66 cm) 5

No proper fit (< 10 cm or > 66 cm) 6

If NO PROPER FIT, skip to Question 10 on Page 3.

3. Pressure required to obliterate pulse (enter largest value if two attempts were made): . PULSPRES mmHg
4. Maximum inflation level (MIL: Value in Question 3 plus 30): MAXINFLT mmHg

Measure pulse on same arm as blood pressure. Answer Questions 10 and 11 before second and third blood pressure readings.

- | | (A)
Systolic
mmHg | (B)
Diastolic
(4th phase)
mmHg | (C)
Diastolic
(5th phase)
mmHg |
|--|-------------------------|---|---|
| 5. Blood pressure, first reading | <u> SYS1 </u> | <u> DIA41 </u> | <u> DIA51 </u> |
| 6. Blood pressure, second reading . . | <u> SYS2 </u> | <u> DIA42 </u> | <u> DIA52 </u> |
| 7. Blood pressure, third reading | <u> SYS3 </u> | <u> DIA43 </u> | <u> DIA53 </u> |
| Verified blood pressure | <u> VSYS </u> | <u> VDIA4 </u> | <u> VDIA5 </u> |

8. Were there any problems or special occurrences while determining the MIL or taking blood pressures? **PROBLEMS**
- Yes No

If YES, answer Question 8A.

A. What is the problem?

- | | WHATPROB |
|--|----------------------------|
| 1. Background noise too loud | <input type="checkbox"/> 1 |
| 2. Needed reinforcement | <input type="checkbox"/> 2 |
| 3. K4 indistinguishable from K5 | <input type="checkbox"/> 3 |
| 4. Other problem (specify below) | <input type="checkbox"/> 4 |

PROBRMK

9. NOTIFICATION LIMITS (14 - 15 YEAR OLD)
USE MORE CONSERVATIVE FIGURE:
> 154/98 - Check with physician today.
> 144/92 - Check with physician within 1 week.
> 136/86 - Check with physician within 2 months.

I have notified participant/parent of these readings.
Signature: NOTIFY

10. Site of pulse measurement:
- | | SITE | PUL |
|-------------------------------------|--------------------------|-----|
| Radial | <input type="checkbox"/> | 1 |
| Brachial | <input type="checkbox"/> | 2 |
| Not possible to measure pulse | <input type="checkbox"/> | 3 |

If *NOT POSSIBLE TO MEASURE PULSE*, skip to Question 12.

11. Pulse reading (number of beats counted in 30 seconds), to be measured on same arm as blood pressure between first and second blood pressure readings: PULSE

12. Signature of blood pressure and pulse observer: SIGN1

13. ID of blood pressure and pulse observer: - - - - -

ANTHROPOMETRIC MEASUREMENTS

Do all of the first measurements (height through suprailiac skinfold) before doing the second measurements, and all of the second measurements before doing any third measurements.

	A. First Measurement	B. Second Measurement	C. Third Measurement	Ver- ified
14. Height, cm	<u>HT1</u>	<u>HT2</u>	<u>HT3</u>	<u>VHT</u>
15. Weight, kg	<u>WT1</u>	<u>WT2</u>	<u>WT3</u>	<u>VWT</u>
16. Arm circumference (right), cm .	<u>ARMCIR1</u>	<u>ARMCIR2</u>	<u>ARMCIR3</u>	<u>VARMCIR</u>
17. Waist circumference (minimum), cm	<u>WAISTMN1</u>	<u>WAISTMN2</u>	<u>WAISTMN3</u>	<u>VWAISTMN</u>
18. Waist circumference (at level of umbilicus), cm	<u>WAIST1</u>	<u>WAIST2</u>	<u>WAIST3</u>	<u>VWAIST</u>
19. Maximum circumference below waist, cm	<u>MAXBLOW1</u>	<u>MAXBLOW2</u>	<u>MAXBLOW3</u>	<u>VMAXBLOW</u>
20. Upper-thigh circumference (right), cm	<u>UPTHIG1</u>	<u>UPTHIG2</u>	<u>UPTHIG3</u>	<u>VUPTHIG</u>
21. Triceps skinfold (right), mm ...	<u>TRIC1</u>	<u>TRIC2</u>	<u>TRIC3</u>	<u>VTRIC</u>
Check here if ≥ 50 mm			<u>TRIC50</u>	
Check here if unable to measure			<u>TRICUN</u>	
22. Subscapular skinfold (right) mm	<u>SCAP1</u>	<u>SCAP2</u>	<u>SCAP3</u>	<u>VSCAP</u>
Check here if ≥ 50 mm			<u>SCAP50</u>	
Check here if unable to measure			<u>SCAPUN</u>	
23. Suprailiac skinfold (right) mm	<u>ILIAC1</u>	<u>ILIAC2</u>	<u>ILIAC3</u>	<u>VILIAC</u>
Check here if ≥ 50 mm			<u>ILIAC50</u>	
Check here if unable to measure			<u>ILIACUN</u>	
24. Signature of taker of anthropometric measurements: <u>SIGN2</u>				
25. ID of taker of anthropometric measurements: _____				

26. Are you currently taking any pills or medicines,
not including vitamins?

CURMEDS

Yes No

If YES, specify:

MREMK

27. Do you have a health or medical problem?

HLTHPROB

Yes No

If YES, answer Questions A and B.

A. Do you see a doctor or go to a clinic
regularly for this health or medical
problem?

DOCTOR

Yes No

B. What is this health or medical problem?

PREMK

Remember that all the information you give us is confidential and will not be shared with
parents, teachers, or friends.

28. Have you started having your periods?

PERIODS

Yes No

If NO, skip to Question 34.

29. When did you start having your periods?

DO_STARTP

Month Year

30. When did your last period begin? **DO_LASTP**

 Month Day Year

31. Are you taking birth control pills now or have you taken them in the last 4 months? **BIRTHPIL**

 Yes No

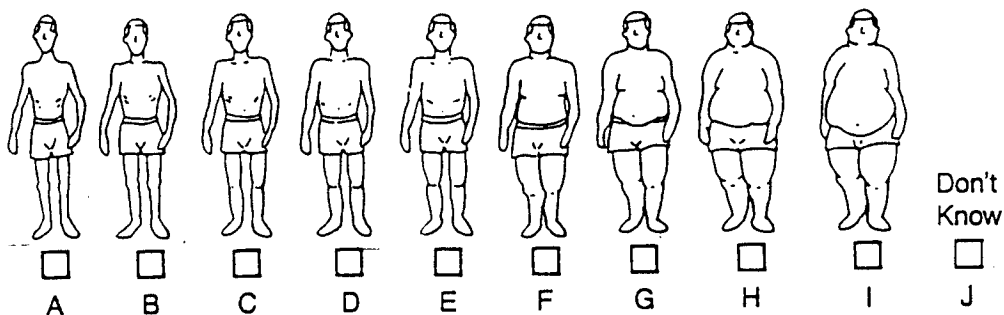
32. Have you ever been pregnant? **PREGEVER**

 Yes No

33. Are you pregnant now or have you been pregnant in the last 4 months? **PREGNOW**

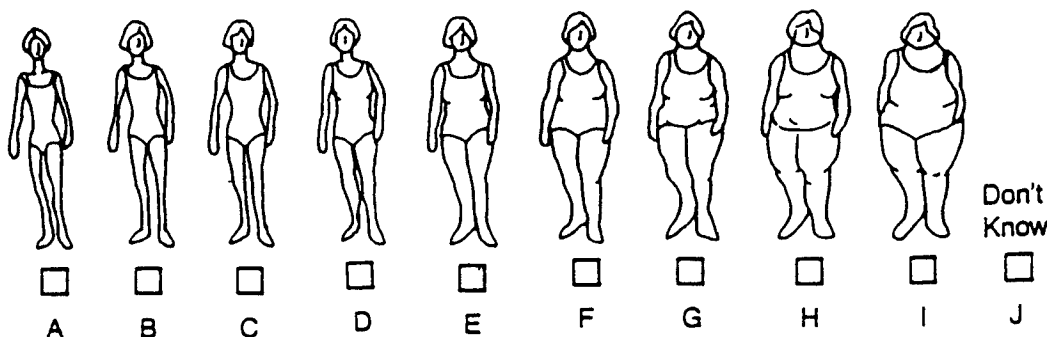
 Yes No

34. Please check the box under the figure that looks most like your natural (or real) father.

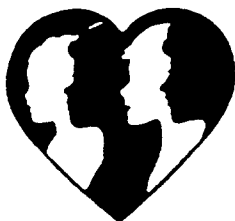


MALIMAGE

35. Please check the box under the figure that looks most like your natural (or real) mother.



FEMIMAGE



GROWTH AND HEALTH STUDY
FOLLOW-UP EXAMINATION FORM

ID						
NC						
VN						

BLOOD PRESSURE MEASUREMENTS

1. Is the blood pressure being taken in the right arm?

RTARM

- Yes 1
- No, necessary to use left arm 2
- No, it is not possible to use either arm 3

If NO, explain: _____ **REMARK**

If NO, IT IS NOT POSSIBLE TO USE EITHER ARM, skip to Question 10 on Page 3.

2. Cuff size used:

CUFF

- Infant (> 10-18 cm) 1
- Child (> 18-25 cm) 2
- Adult (> 25-34 cm) 3
- Large arm (> 34-47 cm) 4
- Thigh (> 47-66 cm) 5
- No proper fit (< 10 cm or > 66 cm) 6

If NO PROPER FIT, skip to Question 10 on Page 3.

3. Pressure required to obliterate pulse (enter largest value if two attempts were made): PULSPRES mmHg
4. Maximum inflation level (MIL: Value in Question 3 plus 30): MAXINFLT mmHg

Measure pulse on same arm as blood pressure. Answer Questions 10 and 11 before second and third blood pressure readings.

	A. Systolic	B. Diastolic (4th phase)	C. Diastolic (5th phase)
5. Blood pressure, first reading (mmHg) ..	<u>SYS1</u>	<u>DIA41</u>	<u>DIA51</u>
6. Blood pressure, second reading (mmHg)	<u>SYS2</u>	<u>DIA42</u>	<u>DIA52</u>
7. Blood pressure, third reading (mmHg) .	<u>SYS3</u>	<u>DIA43</u>	<u>DIA53</u>
8. Blood pressure, fourth reading (mmHg)	<u>SYS4</u>	<u>DIA44</u>	<u>DIA54</u>
Verified blood pressure	<u>VSYS</u>	<u>VDIA4</u>	<u>VDIA5</u>

9. Were there any problems or special occurrences while determining the MIL or taking blood pressures? **PROBLEMS**
- Yes No

If YES, answer Question 9A.

A. What is the problem?

- | | WHATPROB |
|--|----------------------------|
| 1. Background noise too loud | <input type="checkbox"/> 1 |
| 2. Needed reinforcement | <input type="checkbox"/> 2 |
| 3. K4 indistinguishable from K5 | <input type="checkbox"/> 3 |
| 4. Other problem (specify below) | <input type="checkbox"/> 4 |

PROBRMK

10. NOTIFICATION LIMITS (14 - 15 YEAR OLD)
USE MORE CONSERVATIVE FIGURE:
> 154/98 - Check with physician today.
> 144/92 - Check with physician within 1 week.
> 136/86 - Check with physician within 2 months.

I have notified participant/parent of these readings.
Signature: _____ **NOTIFY** _____

11. Site of pulse measurement:
- | | SITE | PULSE |
|-------------------------------------|--------------------------|-------|
| Radial | <input type="checkbox"/> | 1 |
| Brachial | <input type="checkbox"/> | 2 |
| Not possible to measure pulse | <input type="checkbox"/> | 3 |

If *NOT POSSIBLE TO MEASURE PULSE*, skip to Question 13.

12. Pulse reading (number of beats counted in 30 seconds), to be measured on same arm as blood pressure between first and second blood pressure readings: PULSE

13. Signature of blood pressure and pulse observer: SIGN1 _____

14. ID of blood pressure and pulse observer: _____

ANTHROPOMETRIC MEASUREMENTS

Do all of the first measurements (height through suprailiac skinfold) before doing the second measurements, and all of the second measurements before doing any third measurements.

	A. First Measurement	B. Second Measurement	C. Third Measurement	Ver- ified
15. Height, cm	<u>HT1</u>	<u>HT2</u>	<u>HT3</u>	<u>VHT</u>
16. Weight, kg	<u>WT1</u>	<u>WT2</u>	<u>WT3</u>	<u>VWT</u>
17. Arm circumference (right), cm . . .	<u>ARMCIR1</u>	<u>ARMCIR2</u>	<u>ARMCIR3</u>	<u>VARMCIR</u>
18. Waist circumference (minimum), cm	<u>WAISTMN1</u>	<u>WAISTMN2</u>	<u>WAISTMN3</u>	<u>VWAISTMN</u>
19. Waist circumference (at level of umbilicus) cm	<u>WAIST1</u>	<u>WAIST2</u>	<u>WAIST3</u>	<u>VWAIST</u>
20. Maximum circumference below waist, cm	<u>MAXBLOW1</u>	<u>MAXBLOW2</u>	<u>MAXBLOW3</u>	<u>VMAXBLOW</u>
21. Upper-thigh circumferecne (right), cm	<u>UPTHIG1</u>	<u>UPTHIG2</u>	<u>UPTHIG3</u>	<u>VUPTHIG</u>
22. Triceps skinfold (right), mm	<u>TRIC1</u>	<u>TRIC2</u>	<u>TRIC3</u>	<u>VTRIC</u>
Check here if ≥ 50 mm				<u>TRIC50</u>
Check here if unable to measure				<u>TRICUN</u>
23. Subscapular skinfold (right) mm	<u>SCAP1</u>	<u>SCAP2</u>	<u>SCAP3</u>	<u>VSCAP</u>
Check here if ≥ 50 mm				<u>SCAP50</u>
Check here if unable to measure				<u>SCAPUN</u>
24. Suprailiac skinfold (right) mm	<u>ILIA1</u>	<u>ILIA2</u>	<u>ILIA3</u>	<u>VILIA1</u>
Check here if ≥ 50 mm				<u>ILIA50</u>
Check here if unable to measure				<u>ILIAUN</u>
25. Signature of taker of anthropometric measurements: <u>SIGN2</u>				
26. ID of taker of anthropometric measurements: _____				

27. Are you currently taking any pills or medicines,
not including vitamins?

CURMEDS

Yes No

If YES, specify:

MREMK

28. Do you have a health or medical problem?

HLTHPROB

Yes No

If YES, answer Questions A and B.

A. Do you see a doctor or go to a clinic
regularly for this health or medical
problem?

DOCTOR

Yes No

B. What is this health or medical problem?

PREMK

Remember that all the information you give us is confidential and will not be shared with
parents, teachers, or friends.

29. Have you started having your periods?

PERIODS

Yes No

If NO, skip to Question 35.

30. When did you start having your periods?

DO_STARP
____ - ____
Month Year

MATURATION STAGING

37. Maturation Stage Examiner:

Has the girl previously achieved menarche
 and been classified as Stage 4?

MATUR4

 Yes No

If YES, skip to Question 42.

		Stage Number	Unable to record: Refused Other	
38.	A.S.	<u>AREOLR</u>		
			NAARLR	
			<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	

39.	P.H.S.	<u>PUBHR</u>		
			NAPBHR	
			<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	

40. Signature of maturation stage observer: SIGN4

41. ID of maturation stage examiner: - - - -

BIOELECTRICAL IMPEDANCE MEASUREMENTS

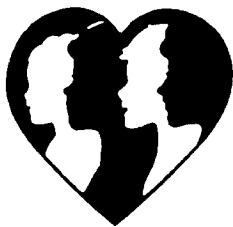
42. A. Resistance RESIST

B. Reactance REACT

43. Signature of impedance measurer: SIGN3

44. ID of impedance measurer: - - - -

Thanks for taking the time to answer these questions.



**GROWTH AND HEALTH STUDY
 FOLLOW-UP EXAMINATION FORM**

ID							
NC							
VN							

BLOOD PRESSURE MEASUREMENTS

1. Is the blood pressure being taken in the right arm?

RTARM

- Yes 1
- No, necessary to use the left arm 2
- No, it is not possible to use either arm 3

If NO, explain: _____ **REMARK**

If NO, IT IS NOT POSSIBLE TO USE EITHER ARM, skip to Question 11 on Page 3.

2. Cuff size used:

CUFF

- Infant (> 10-18 cm) 1
- Child (> 18-25 cm) 2
- Adult (> 25-34 cm) 3
- Large arm (> 34-47 cm) 4
- Thigh (> 47-66 cm) 5
- No proper fit (< 10 cm or > 66 cm) 6

If NO PROPER FIT, skip to Question 11 on Page 3.

3. Pressure required to obliterate pulse (enter largest value if two attempts were made): PULSPRES mm Hg

4. Maximum inflation level (MIL: Value in Question 3 plus 30): MAXINFLT mm Hg

Measure pulse on same arm as blood pressure. Answer Questions 11 and 12 before second and third blood pressure readings.

	A. Systolic	B. Diastolic (4th phase)	C. Diastolic (5th phase)
5. Blood pressure, first reading (mmHg)	<u> SYS1 </u>	<u> DIA41 </u>	<u> DIA51 </u>
6. Blood pressure, second reading (mmHg)	<u> SYS2 </u>	<u> DIA42 </u>	<u> DIA52 </u>
7. Blood pressure, third reading (mmHg)	<u> SYS3 </u>	<u> DIA43 </u>	<u> DIA53 </u>
8. Blood pressure, fourth reading (mmHg)	<u> SYS4 </u>	<u> DIA44 </u>	<u> DIA54 </u>
Verified blood pressure	<u> VSYS </u>	<u> VDIA4 </u>	<u> VDIA5 </u>

9. Were there any problems or special occurrences while determining the MIL or taking blood pressures?

PROBLEMS	
<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

If YES, answer Question 9A.

A. What is the problem?

	WHATPROB
1. Background noise too loud	<input type="checkbox"/> 1
2. Needed reinforcement	<input type="checkbox"/> 2
3. K4 indistinguishable from K5	<input type="checkbox"/> 3
4. Other problem (specify below)	<input type="checkbox"/> 4

PROBRMK

10. NOTIFICATION LIMITS (15 - 16 YEAR OLD)

USE MORE CONSERVATIVE FIGURE:

- > 154/98 — Check with physician today.
- > 144/92 — Check with physician within 1 week.
- > 136/86 — Check with physician within 2 months.

I have notified participant/parent of these readings.

Signature: NOTIFY

11. Site of pulse measurement:

SITEPUL

- Radial 1
- Brachial 2
- Not possible to measure pulse 3

If NOT POSSIBLE TO MEASURE PULSE, skip to Question 13.

12. Pulse reading (number of beats counted in 30 seconds) is to be measured on same arm as blood pressure between first and second blood pressure readings: PULSE

13. Signature of blood pressure and pulse observer: SIGN1

14. ID of blood pressure and pulse observer:

ANTHROPOMETRIC MEASUREMENTS

Do all of the first measurements (height through suprailiac skinfold) before doing the second measurements, and all of the second measurements before doing any third measurements.

	A. First Measurement	B. Second Measurement	C. Third Measurement	Verified
15. Height, cm	<u>HT1</u>	<u>HT2</u>	<u>HT3</u>	<u>VHT</u>
16. Weight, kg	<u>WT1</u>	<u>WT2</u>	<u>WT3</u>	<u>VWT</u>
17. Arm circumference (right), cm	<u>ARMCIR1</u>	<u>ARMCIR2</u>	<u>ARMCIR3</u>	<u>VARMCIR</u>
18. Waist circumference (minimum), cm	<u>WAISTMN1</u>	<u>WAISTMN2</u>	<u>WAISTMN3</u>	<u>VWAISTMN</u>
19. Waist circumference (at level of umbilicus), cm	<u>WAIST1</u>	<u>WAIST2</u>	<u>WAIST3</u>	<u>VWAIST</u>
20. Maximum circumference below waist, cm .	<u>MAXBLOW1</u>	<u>MAXBLOW2</u>	<u>MAXBLOW3</u>	<u>VMAXBLOW</u>
21. Upper-thigh circumference (right), cm ...	<u>UPTHIG1</u>	<u>UPTHIG2</u>	<u>UPTHIG3</u>	<u>VUPTHIG</u>
22. Triceps skinfold (right), mm	<u>TRIC1</u>	<u>TRIC2</u>	<u>TRIC3</u>	<u>VTRIC</u>
Check here if ≥ 50 mm				<u>TRIC50</u>
Check here if unable to measure				<u>TRICUN</u>
23. Subscapular skinfold (right), mm	<u>SCAP1</u>	<u>SCAP2</u>	<u>SCAP3</u>	<u>VSCAP</u>
Check here if ≥ 50 mm				<u>SCAP50</u>
Check here if unable to measure				<u>SCAPUN</u>
24. Suprailiac skinfold (right), mm	<u>ILIA1</u>	<u>ILIA2</u>	<u>ILIA3</u>	<u>VILIA</u>
Check here if ≥ 50 mm				<u>ILIA50</u>
Check here if unable to measure				<u>ILIAUN</u>
25. Signature of taker of anthropometric measurements: <u>SIGN2</u>				
26. ID of taker of anthropometric measurements:				

27. Are you currently taking any pills or medicines, not including vitamins?

CURMEDS
 Yes No

A. If YES, specify:

MREMK

28. Do you have a health or medical problem?

HLTHPROB
 Yes No

If YES, answer Questions A and B.

A. What is this health or medical problem?

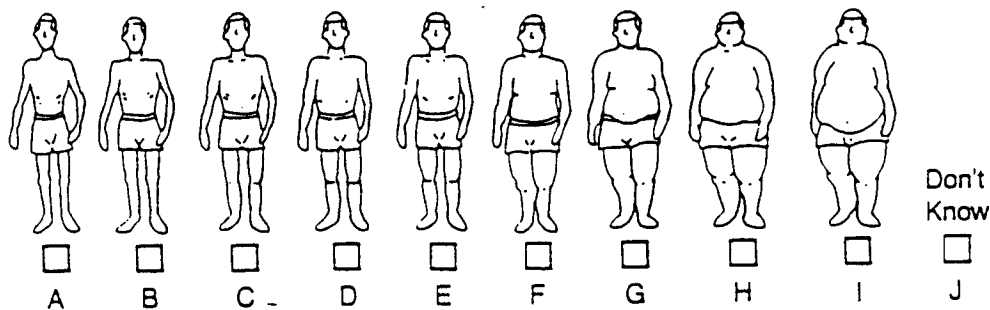
PREMK

B. Do you see a doctor or go to a clinic regularly for this health or medical problem?

DOCTOR
 Yes No

Remember that all the information you give us is confidential and will not be shared with parents, teachers, or friends.

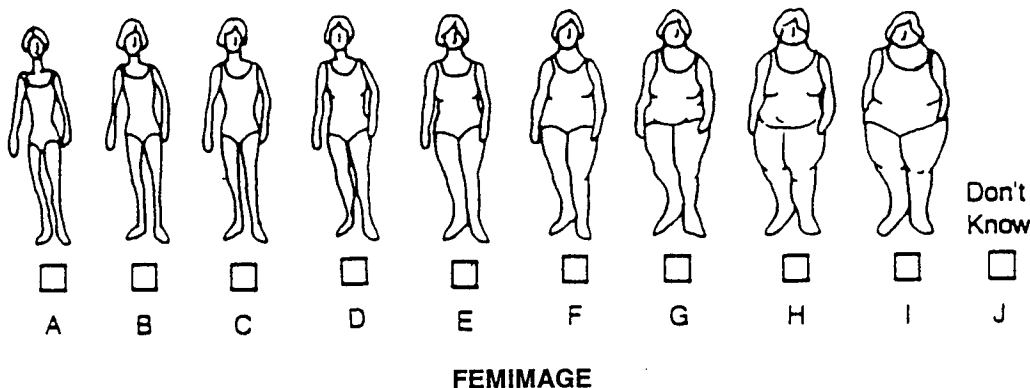
29. Please check the box under the figure that looks most like your natural (or real) father.



Don't Know
 J

MALIMAGE

30. Please check the box under the figure that looks most like your natural (or real) mother.



31. Have you started having your periods?

PERIODS

Yes No

If **NO**, go to Question 43.
 If **YES**, please continue.

32. When did you start having your periods?

DO_STARP

____ - ____
 Month Year

33. When did your last period begin?

DO_LASTP

____ - ____ - ____
 Month Day Year

34. Are you taking birth control pills now or have you taken them in the last 4 months?

BIRTHPIL

Yes No

35. Have you ever been pregnant?

PREGEVER

Yes No

If **NO**, go to Question 43.
 If **YES**, please continue.

36. How many times have you been pregnant? NPREG

37. Have you ever given birth to a baby? **GBIRTH**
 Yes No

If NO, go to Question 43.
If YES, please continue.

38. How many times have you given birth to a baby? NGBIRTH

39. Please list the birthdate(s) of your child(ren).

A. **C_BDAT1**
 Month Day Year

B. **C_BDAT2**
 Month Day Year

C. **C_BDAT3**
 Month Day Year

40. Are you currently nursing or breast feeding your baby? **NURSING**
 Yes No

41. How much weight did you gain during your last pregnancy? GWTPREG Pounds

A. What was your maximum weight during your last pregnancy MAXWTPRG Pounds

42. Are you pregnant now? **PREGNOW**
 Yes No

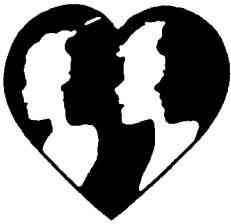
If YES, do NOT measure BIA. Form is completed.
If NO, go to Question 43.

BIOELECTRICAL IMPEDANCE MEASUREMENTS

43. A. Resistance RESIST
B. Reactance REACT

44. Signature of impedance measurer: SIGN3

45. ID of impedance measurer: -



**GROWTH AND HEALTH STUDY
 FOLLOW-UP EXAMINATION FORM**

ID							
NC							
VN							

BLOOD PRESSURE MEASUREMENTS

1. Is the blood pressure being taken in the right arm?

RTARM

- Yes 1
- No, necessary to use the left arm 2
- No, it is not possible to use either arm 3

If NO, explain: _____ **REMARK**

If NO, IT IS NOT POSSIBLE TO USE EITHER ARM, skip to Question 11 on Page 3.

2. Cuff size used:

CUFF

- Infant (> 10-18 cm) 1
- Child (> 18-25 cm) 2
- Adult (> 25-34 cm) 3
- Large arm (> 34-47 cm) 4
- Thigh (> 47-66 cm) 5
- No proper fit (< 10 cm or > 66 cm) 6

If NO PROPER FIT, skip to Question 11 on Page 3.

10. NOTIFICATION LIMITS (15 - 16 YEAR OLD)

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I have notified participant/parent of these readings.

Signature: NOTIFY

11. Site of pulse measurement:

SITEPUL

- Radial 1
- Brachial 2
- Not possible to measure pulse 3

If NOT POSSIBLE TO MEASURE PULSE, skip to Question 13.

12. Pulse reading (number of beats counted in 30 seconds) is to be measured on same arm as blood pressure between first and second blood pressure readings: PULSE

13. Signature of blood pressure and pulse observer: SIGN1

14. ID of blood pressure and pulse observer:

ANTHROPOMETRIC MEASUREMENTS

Do all of the first measurements (height through suprailiac skinfold) before doing the second measurements, and all of the second measurements before doing any third measurements.

	A. First Measurement	B. Second Measurement	C. Third Measurement	Verified
15. Height, cm	<u>HT1</u>	<u>HT2</u>	<u>HT3</u>	<u>VHT</u>
16. Weight, kg	<u>WT1</u>	<u>WT2</u>	<u>WT3</u>	<u>VWT</u>
17. Arm circumference (right), cm	<u>ARMCIR1</u>	<u>ARMCIR2</u>	<u>ARMCIR3</u>	<u>VARMCIR</u>
18. Waist circumference (minimum), cm	<u>WAISTMN1</u>	<u>WAISTMN2</u>	<u>WAISTMN3</u>	<u>VWAISTMN</u>
19. Waist circumference (at level of umbilicus), cm	<u>WAIST1</u>	<u>WAIST2</u>	<u>WAIST3</u>	<u>VWAIST</u>
20. Maximum circumference below waist, cm	<u>MAXBLOW1</u>	<u>MAXBLOW2</u>	<u>MAXBLOW3</u>	<u>VMAXBLOW</u>
21. Upper-thigh circumference (right), cm	<u>UPTHIG1</u>	<u>UPTHIG2</u>	<u>UPTHIG3</u>	<u>VUPTHIG</u>
22. Triceps skinfold (right), mm	<u>TRIC1</u>	<u>TRIC2</u>	<u>TRIC3</u>	<u>VTRIC</u>
Check here if ≥ 50 mm				<u>TRIC50</u>
Check here if unable to measure				<u>TRICUN</u>
23. Subscapular skinfold (right), mm	<u>SCAP1</u>	<u>SCAP2</u>	<u>SCAP3</u>	<u>VSCAP</u>
Check here if ≥ 50 mm				<u>SCAP50</u>
Check here if unable to measure				<u>SCAPUN</u>
24. Suprailiac skinfold (right), mm	<u>ILIAC1</u>	<u>ILIAC2</u>	<u>ILIAC3</u>	<u>VILIAC</u>
Check here if ≥ 50 mm				<u>ILIAC50</u>
Check here if unable to measure				<u>ILIACUN</u>
25. ID of anthropometric measurer for column:	A. _____	B. _____		
26. Signature of anthropometric measurer: ...	A. <u>SIGN2A</u>	B. <u>SIGN2B</u>		

27. Are you currently taking any pills or medicines, not including vitamins?

CURMEDS
 Yes No

A. If YES, specify:

MREMK

28. Do you have a health or medical problem?

HLTHPROB
 Yes No

If YES, answer Questions A and B.

A. What is this health or medical problem?

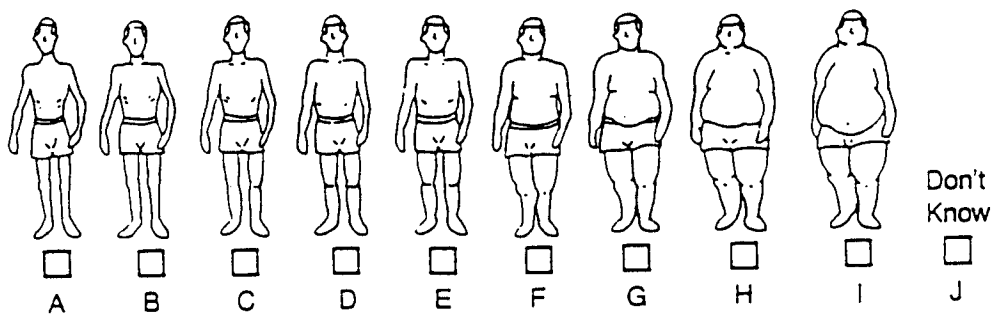
PREMK

B. Do you see a doctor or go to a clinic regularly for this health or medical problem?

DOCTOR
 Yes No

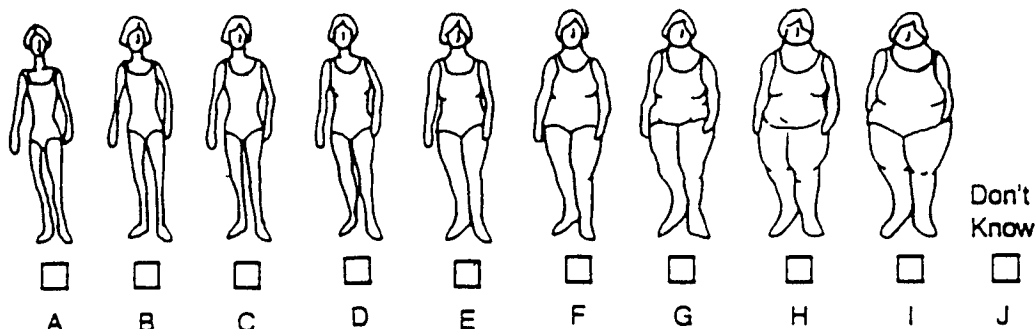
Remember that all the information you give us is **confidential** and will **not** be shared with parents, teachers, or friends.

29. Please check the box under the figure that looks most like your natural (or real) father.



MALIMAGE

30. Please check the box under the figure that looks most like your natural (or real) mother.



FEMIMAGE

31. Have you started having your periods? Yes No

If NO, go to Question 43.
 If YES, please continue.

32. When did you start having your periods? DO_STARP
 Month Year

33. When did your last period begin? DO_LASTP
 Month Day Year

34. Are you taking birth control pills now or have you taken them in the last 4 months? BIRTHPIL
 Yes No

35. Have you ever been pregnant? PREGEVER
 Yes No

If NO, go to Question 43.
 If YES, please continue.

36. How many times have you been pregnant? NPREG

37. Have you ever given birth to a baby? GBIRTH
Yes No

If NO, go to Question 42.
If YES, please continue.

38. How many times have you given birth to a baby? NGBIRTH

39. Please list the birthdate(s) of your child(ren).

A. C_BDAT1
Month Day Year
B. C_BDAT2
Month Day Year
C. C_BDAT3
Month Day Year

40. Are you currently nursing or breast feeding your baby? NURSING
Yes No

41. How much weight did you gain during your last pregnancy? GWTPREG Pounds

A. What was your maximum weight during your last pregnancy MAXWTPRG Pounds

42. Are you pregnant now? PREGNOW
Yes No

If YES, do NOT measure BIA. Form is completed.
If NO, go to Question 43.

BIOELECTRICAL IMPEDANCE MEASUREMENTS

43. A. Resistance RESIST

B. Reactance REACT

44. Signature of impedance measurer: SIGN3

45. ID of impedance measurer: -