# NHLBI GROWTH AND HEALTH STUDY

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FTYPE NGHS Form 18 FREV Rev. 0 2/18/88

# FOLLOW-UP EXAMINATION FORM - C

This form is to be completed by a clinical examiner for each the time of each annual examination.	NGHS child	at
ID number of NGHS child:	RID	
Name code of NGHS child:		VISIT
Visit number:		
Please PRINT the child's full name:		
First Name Middle Initial	Last Nan	ne
· -	DO_FORM	
Date of examination: Month	Day	Year

OMB: 0925-0294 Expires 12/89 NGHS Form 18

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VN	<u> </u>	! !			

Rev. 0 2/18/88 9 Pages

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 $\frac{\text{NO, IT IS NOT POSSIBLE TO USE EITHER ARM,}}{\text{Page 3.}}$	
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.

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3.	Pressure required to obl largest value if two att	iterate pulse empts were mad	(enter e):	PULSPRES mmHg
4.	Maximum inflation level (MIL: Value in Question	3 plus 30):	••••••	MAXINFLT mmHg
5.	Is MIL (Question 4) 260 have pain when MIL was battempts to determine MI	eing determine	d, or were	MIL260 YES NO
	If YES, skip to Questio	n 9.		
		A	В	С
		Systolic mmHg	Diastolic (4th phase), mmHg	Diastolic (5th phase), mmHg
6.	Blood pressure, first reading	SYS1	DIA41	DIA51
	Measure pulse on same a	arm as blood pr nird blood pres	essure. Answer Que sure readings.	stions 10 and
7.	Blood pressure, second reading	SYS2	DIA42	DIA52
8.	Blood pressure, third reading	SYS3	DIA43	DIA53
9•	Were there any problems determining the MIL or t	or special occ taking blood pr	currences while ressures?	PROBLEMS YES NO
	If YES, specify:	F	PROBRMK	
	· · · · · · · · · · · · · · · · · · ·			
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10.	Site of pulse measurement:	Radial	SITEPUL
		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 couto be measured on same arm as bloom and second blood pressure readings	d pressure between first	PULSE
12.	Signature of blood pressure and pu	lse observer: SIGN1	
13.	ID of blood pressure and pulse obs	erver:	
I	D	VN	
<u> </u>			

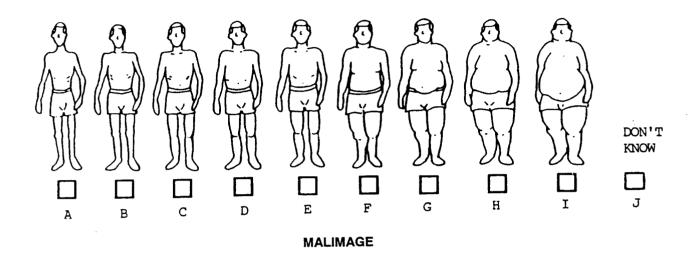
Andrew Service

#### Anthropometric Measurements

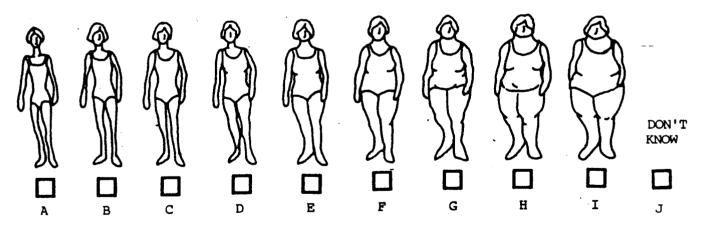
Do all of the first measurements (height through suprailiac skinfold before doing the second measurements, and all of the second measurements before doing any third measurements.

L				
		A First	B Second	C Third
		Measurement	Measurement	(if necessary)
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,	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 ant	hropometric meas	surements: SIGN2	
25.	ID of taker of anthropome	tric measurement	S	
ID			VN	

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



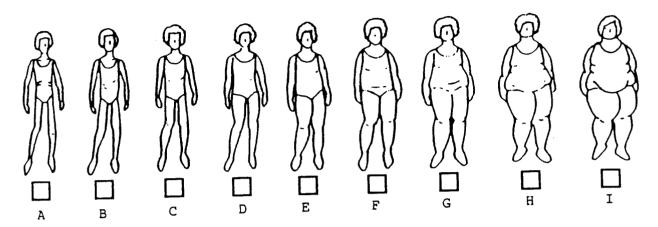
27. Please mark the box under the figure that looks most like your natural (or real) mother.



**FEMIMAGE** 

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ID			1	:	1	11	VN	1	!

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	
---	--

ID

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	ecord: Other
Maturation Staging Stage Humber NAARLR	
31. Areolar stage	2
NAPBHR 32. Pubic hair stage	2
33. Signature of maturation stage examiner: SIGN4	
34. ID of maturation stage examiner:	
Bioelectrical Impedance Measurements	
35. A. Resistance Resistance Resistance	SIST
B. Reactance RI	EACT
36. Signature of impedance measurer: SIGN3	
37. ID of impedance measurer:	
ID VN	

Angel Speak and En-

Ple	ase a	ask Questions 38 - 46 of the child.			
38.	Have	e you started having your periods?		PERI	ODS
	If	NO, skip to Question 41.			
			DC	_STAR	(P
39•	Wher	n did you start having your periods?	Month		Year
ÄО	Wher	n did your last period begin?	_DO_LAS	STP	
40.	MIICI	Month	Day		Year
41.	Are	you taking birth control pills?		BIRT YES	NO NO
42.	Do :	you have a health or medical problem?	• • • • •	HLTH YES	NO
	Tf	YES, answer Questions A and B.			
	A.	Do you see a doctor or go to a clinic regularly for this health or medical problem?	••••	YES	TOR NO
	в.	What is this health or medical problem?			
		PREMK			
				·	
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43.	Are you currently taking any pills or medicines, not including vitamins?	CURM	NO
	If YES, specify:		
	MREMK		
44.	Have you smoked any cigarettes in the past year?	YES	NO NO
	The County of th		
	If YES, complete Questions 45 and 46.		
45.	Was it more than 5 cigarettes?	MOR YES	SCIG NO
46.	How many cigarettes did you smoke last week?	AM	rsmk
	Thank you for answering these questions.		
		1	<del></del>
II	O		

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OMB: 0925-0294

Expires 12/89

#### NHLBI GROWTH AND HEALTH STUDY FTYPE NGHS Form 18

FREV Rev. 1 7/1/88

FOLLOW-UP EXAMINATION FORM - C

We think this questionnaire will take about thirty minutes for you to complete including listening to or reviewing instructions and collecting information. If you have comments about this time estimate or any part of the questionnaires, including suggestions for reducing the time required, please send them to NGHS Project Office, DECA, NHLBI, Room 220 Federal Building Bethesda, Maryland 20892; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

OMB: 0925-0294 Expires 12/89 NGHS Form 18 Rev. 1 7/1/88 9 Pages

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VN !		<del>-  </del>		

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)	. Ц	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 ob largest value if two at			PULSPRES mmHg
4.	Maximum inflation level (MIL: Value in Question			MAXINFLT mmHg
5.	Is MIL (Question 4) 260 have pain when MIL was attempts to determine M	being determin	ed, or were	MIL260  YES NO
	If <u>YES</u> , skip to Questi	on 9.		
		A	В	С
		Systolic mmHg	Diastolic (4th phase), mmHg	Diastolic (5th phase), mmHg
6.	Blood pressure, first reading	SYS1	DIA41	DIA51
	Measure pulse on same			tions 10 and
7.	Blood pressure, second reading	<u>SYS2</u>	DIA42	DIA52
8.	Blood pressure, third reading	SYS3	DIA43	DIA53
9•	Were there any problems determining the MIL or			PROBLEMS  YES NO
	If YES, specify:		PROBRMK	
		·2000 - 100		

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	÷	
3.	ID of blood pressure and pulse obs	erver:
2.	Signature of blood pressure and pu	lse observer: SIGN1
	and second blood pressure readings	
1.	Pulse reading (number of beats cou to be measured on same arm as bloom	d pressure between first
	If NOT POSSIBLE TO MEASURE PULSE,	skip to Question 12.
	•	Not possible to measure pulse
		Chest
		brachiai
		Brachial
		Radial
	Site of pulse measurement:	<del></del>

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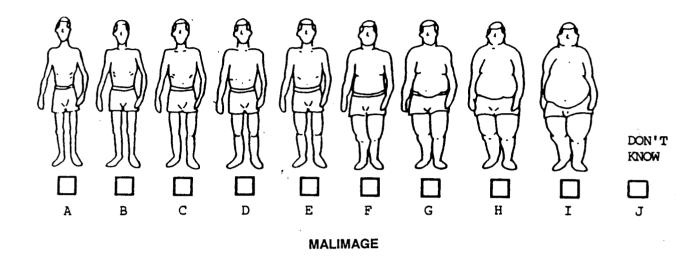
## Anthropometric Measurements

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.

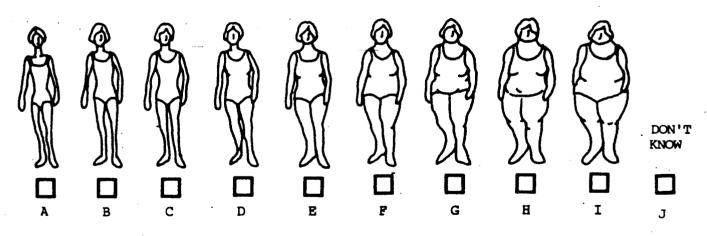
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		A	В	C
		First Measurement	Second Measurement	Third (if necessary)
14.	Height, cm		HT2 ·	HT3
15.	Weight, kg	WT1	WT2 ·	wt3
16.	Clothing weight, kg	CLOTH1		
17.	Arm circumference (right), cm	ARMCIR1	ARMCIR2	ARMCIR3
18.	Waist circumference,	WAIST1	WAIST2	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 ant	thropometric meas	urements: SIGN2	
25.	ID of taker of anthropome	etric measurement	s	
II	)		VN	

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



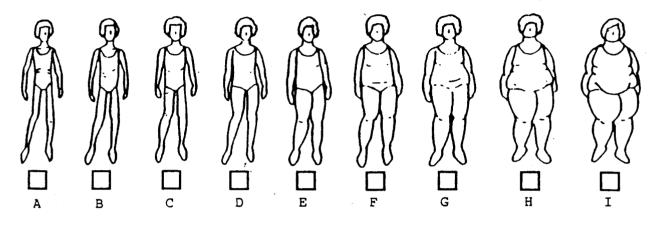
27. Please mark the box under the figure that looks most like your natural (or real) mother.



FEMIMAGE

ID	1	11		 1	11
	1		- 1	 - 1	11

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

ID | | | | |

VN

Matu	ration Staging	Stage number	Unable to record: Refused Other NAARLR
31.	Areolar stage	AREOLR	1 2
32.	Pubic hair stage	PUBHR	NAPBHR 1 2
33.	Signature of maturation stage examiner	: SIGN4	
34.	ID of maturation stage examiner:	• • • • • • • • • • • • • • • • • • • •	··
Bioe:	lectrical Impedance Measurements		
35.	A. Resistance		RESIST
	B. Reactance		REACT
36.	Signature of impedance measurer: SIGN3		
37.	ID of impedance measurer:	••••••	
	,		
ID			VN

 $(x_1, y_2, \dots, y_n) \in \mathbb{R}^{n \times n}$ 

Ple	ase a	ask Questions 38 - 46 of the child.			
38.	Have	e you started having your periods?		PERI YES	ODS NO
	If	NO, skip to Question 42.			
39•	Wher	n did you start having your periods?	Mo	DO_STAI	RP Year
40.	Wher	n did your last period begin?		ASTP 	Year
41.	Are	you taking birth control pills?		BIRT	THPIL NO
42.	Do :	you have a health or medical problem?		HLTH YES	IPROB NO
	If	YES, answer Questions A and B.  Do you see a doctor or go to a clinic regularly for this health or medical problem?	•••••	DOC YES	CTOR NO
	В.	What is this health or medical problem?  PREMK		_	
				_	
II	) !		VN		

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		=
43.	Are you currently taking any pills or medicines, not including vitamins?	
	If YES, specify:	
	MREMK	
44.	Have you smoked any cigarettes in the past year? YES	
	If YES, complete Questions 45 and 46.	
45.	Was it more than 5 cigarettes?YES	]
46.	How many cigarettes did you smoke last week? AMTSME	_
-		
	Thank you for answering these questions.	
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NGHS FORM 18 Rev. 2 1/89

First Name	Middle Initial	Last Name
Please <i>PRINT</i> the child's full nam	ne:	
Visit number:		 VISIT
Name code of NGHS child:		
ID number of NGHS child:		 

We think this questionnaire will take about 30-35 minutes for you to complete including listening to or reviewing instructions and collecting information. If you have comments about this time estimate or any part of the questionnaires, including suggestions for reducing the time required, please send them to Reports Clearance Officer, PHS, 721-8 Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201; and to Office of Management and Budget, Paper Work Reduction Project (0925-0294), Washington, D.C. 20503.



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

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	VN			
			DO_FORM	
<ol> <li>What is today's da</li> </ol>	tte?	Month	Day	Year
BLOOD PRESSURE I	MEASUREMENTS			
2. Is the blood press	sure being taken in the right arm?		. <b>R</b>	TARM
-	Yes			1
	No, it is necessary to use the left arm			2
	No, it is not possible to use either arm			3
If <i>NO</i> , explain: _	REMARK			
If NO, IT IS NOT Pon Page 3.	OSSIBLE TO USE EITHER ARM, skip to Question 11			
3. Cuff size used:				CUFF
	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)			

ID NC

4.	Pressure required to obliterate pulse (enter largest if two attempts were made):	value	<u>P</u> U	LSPRES mmHg
5.	Maximum inflation level (MIL: Value in Question 4 p	plus 30):	<u>MA</u>	XINFLT mmHg
6.	Blood pressure, first reading	A Systolic mmHg SYS1	B Diastolic (4th phase), mmHg DIA41	C Diastolic (5th phase), mmHgDIA51
	Measure pulse on same arm as blood pressure. An third blood pressure readings.	swer Questions	11 and 12 before sec	ond and
7.	Blood pressure, second reading	SYS2	DIA42	DIA52
8.	Blood pressure, third reading	SYS3	DIA43	DIA53
9.	Were there any problems or special occurrences we the MIL or taking blood pressures?	hile determining	l	PROBLEMS Yes No
	If YES, answer Question 9A.	• .		
	A. What was the problem?			WHATPROB
	Background noise too loud			1
	2. Needed reinforcement			2
	3. K4 indistinguishable from K	(5		з
	4. Other problem (specify belo	ow)		4
		PROBRMK		

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	1
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:	SITEPUL
Radial	1
Brachial	2
Not possible to measure pulse	з
If NOT POSSIBLE TO MEASURE PULSE, skip to Question	13.
<ol> <li>Pulse reading (number of beats counted in 30 seconds), arm as blood pressure between first and second blood</li> </ol>	to be measured on same pressure readings:
13. Signature of blood pressure and pulse observer: SIGN1	
14. ID of blood pressure and pulse observer:	<del> </del>

Anger Legels Control

## ANTHROPOMETRIC MEASUREMENTS

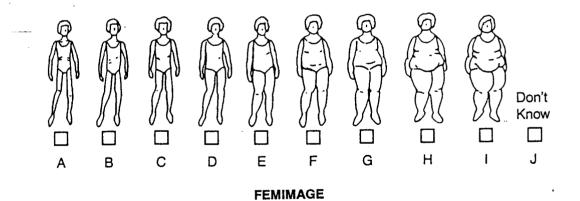
Do all of the first measurements (height through suprailiac skinfold) before doing the second measurements, and all of the second measurements before doing any third measurements.

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

	SIGN2
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.
	Don't Know  A B C D E F G H I J  MALIMAGE

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



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 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	

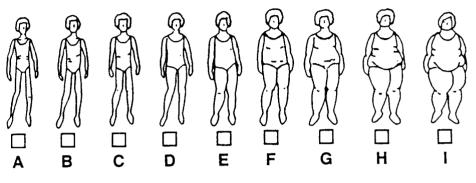
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34.	Are you currently taking any pills or medicines, not including vitamins?	CURMEDS Yes No
	If YES, specify:	
	MREMK	
		SMOKE
35.	Have you smoked any cigarettes in the past year?	Yes No
I	f YES, complete Questions 36 and 37.	
36.	Was it more than 5 cigarettes?	MOR5CIG Yes No
37.	How many cigarettes did you smoke last week?	<u>AMTSMK</u>
MA	TURATION STAGING Ur Stage number Refu	· · <del>-</del>
38.	Areolar stage AREOLR	
39.	Pubic hair stage	<b>NAPBHR</b> 1 2
40.	Signature of maturation stage examiner: SIGN4	
41.	ID of maturation stage examiner:	

BIC	ELECTRICAL 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:	





FTYPE FREV

NGHS Form 18 Rev. 3 12/89

# NHLBI GROWTH AND HEALTH STUDY FOLLOW-UP EXAMINATION FORM

ID number of NGHS girl:		- RID		
Name code of NGHS gir	l:			
Visit number:	***************************************		. VISIT	
Date:	Month	Day	Year	
Please <u>PRINT</u> your full n	ame:			
First Name	Middle Initial	Last	Name	

We think this questionnaire will take about 34 minutes for you to complete including listening to or reviewing instructions and collecting information. If you have comments about this time estimate or any part of the questionnaires, including suggestions for reducing the time required, please send them to Reports Clearance Officer, PHS, 721-H Herbert H. Humphrey Building, 200 Independence Avenue S.W., Washington D.C. 20201; and to Office of Management and Budget, Paper Work Reduction Project (0925-0294), Washington DC 20503.



# NHLBI GROWTH AND HEALTH STUDY FOLLOW-UP EXAMINATION FORM

 $(\mathbf{x}, \mathbf{x}_2^{\mathbf{x}_2}, \mathbf{x}, \mathbf{x}_2^{\mathbf{x}_2}, \mathbf{x}, \mathbf{x}_1^{\mathbf{x}_2}, \mathbf{x}_2^{\mathbf{x}_2}) )$ 

0925-0294 exp. 9/92

NGHS Form 18 Rev. 3 12/89 9 Pages

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	D PRESSURE MEASUREMENTS	
1.	Is the blood pressure being taken in the right arm?	RTARM
	Yes	L
	No, it is necessary to use the left arm	
	No, it is not possible to use either arm	
	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)	$\Box$ ,
		-
	Child (> 18-25 cm)	
	Child (> 18-25 cm)	
	,	
	Adult (> 25-34 cm)	
	Adult (> 25-34 cm)	

3.	Pressure required to obliterate pulse (enter largest value if two attempts were made): PULSPRES mmH	g
4.	Maximum inflation level (MIL: Value in Question 3 plus 30): MAXINFLT mmH	g
	Measure pulse on same arm as blood pressure. Answer Questions 10 and 11 before second and third blood pressure readings.	
	A B Systolic Diastolic Di mmHg (4th phase), (5 mmHg	C astolic ith phase) mmHg
5.	Blood pressure, first reading SYS1 DIA41	DIA51
6.	Blood pressure, second reading SYS2 DIA42	DIA52
7.	Blood pressure, third reading SYS3 DIA43	DIA53
8.	Were there any problems or special occurrences while determining the MIL or taking blood pressures?  Yes No  If YES, what was the problem?	]
		DOP
	A. Background noise too loud	HOB  1  2  3  4

+ 124 - 1214 - 134

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.	
	have notified participant/parent of these readings.  ignature: NOTIFY	
10.	Site of pulse measurement:	SITEPUL
	Radial	1
	Brachial	
	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:	DIII 05
12.	Signature of blood pressure and pulse observer: SIGN1	
13.	ID of blood pressure and pulse observer:	

#### ANTHROPOMETRIC MEASUREMENTS

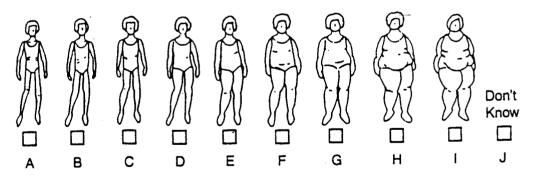
Do all of the first measurements (height through suprailiac skinfold) before doing the second measurements, and all of the second measurements before doing any third measurements.

		A First Measurement	B Second Measurement	C Third Measurement
14.	Height, cm	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	WAISTMN1	WAISTMN2	WAISTMN3
19.	Maximum circumference below waist, cm	MAXBLOW1	MAXBLOW2 ————·——	MAXBLOW3
20.	Upper-thigh circumference (right), cm	UPTHIG1	UPTHIG2	UPTHIG3
21.	Triceps skinfold (right), mm  Check here if ≥ 50 mm		TRIC2_	TRIC3
22.	Subscapular skinfold (right) mm  Check here if $\geq$ 50 mm		SCAP2	SCAP3
23.	Suprailiac skinfold (right), mm  Check here if > 50 mm		ILIAC2	

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.
	Don't Know  A B C D E F G H I J

\* 120 - 121 s - 1 - 1

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



MALIMAGE

**FEMIMAGE** 

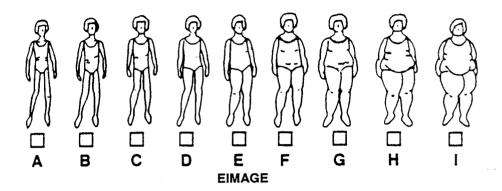
P1	ease a	sk Questions 28 -36 of the girl.		
28.	Have .	you started having your periods?Skip to Q	PERIO Yes	No 1
29.	When	did you start having your periods?	DO_STA	
30.	When	did your last period begin?	ASTP ay	Year
31.	Are y	ou taking birth control pills?	BIRTI Yes	HPIL No
32.	Do yo	u have_a health or medical problems?	HLTHF Yes	PROB No
		A. Do you see a doctor or go to a clinic regularly for this health or medical problem?	DOC <sup>-</sup> Yes	FOR 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	
	Specify: MREMK		
34.	Have you smoked any cigarettes in the past year?	SMOKE  Yes No	
	Complete Questions 35 and  Skip to Q	uestion 37.	
35.	Was it more than 5 cigarettes?	MOR5CIG  Yes No	
36.	How many cigarettes did you smoke last week?	AMTSMK	
MATU	RATION STAGING		
	Stage number	Unable to Refused	
37.	Areolar stage	NAARI	-R
38.	Pubic hair stage PUBHR	NAPBI	HR 
39.	Signature of maturation stage examiner: SIGN4		<del></del>
40.	ID of maturation stage examiner:		

## BIOELECTRICAL IMPEDANCE MEASUREMENTS

41.	Α.	Resistance	RESIST
	В.	Reactance	REACT
42.	Sign	ature of impedance measurer: SIGN3	
43.	ID o	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.



45.	Signature	of	body	shape	examiner:	SIGN5
-----	-----------	----	------	-------	-----------	-------

46	ID of	hody	shane	eyaminer.	 <u> </u>	
40.	וט טו	Doug	Silabe	evaminiei.		

FTYPE FREV NGHS Form 18 Rev. 4 10/90



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

ID number of NGHS girl:		RID	<del>-</del>
Name code of NGHS girl:	:		
Visit number:			VISIT
Date:		_ DO_FORM _	
	Month	Day	Year
Please PRINT the girl'	s full name:		

We think this questionnaire will take about 30-35 minutes for you to complete including listening to or reviewing instructions and collecting information. If you have comments about this time estimate or any part of the questionnaire, including suggestions for reducing the time required, please send them to Reports Clearance Officer, PHS, 721-H Herbert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201; and to Office of Management and Budget, Paper Work Reduction Project (0925-0294), Washington, D.C. 20503.

NGHS Form 18 Rev. 4 10/90 9 Pages



# NHLBI GROWTH AND HEALTH STUDY FOLLOW-UP EXAMINATION FORM

ID				
NC				
VN				

. Is	the blood pressure being taken in the right arm?	RTAR
	Yes	
	No, it is necessary to use the left arm	
	No, it is not possible to use either arm	
	If NO, explain: REMARK	
	f NO, IT IS NOT POSSIBLE TO USE EITHER ARM, skip to uestion 10 on Page 3.	
Q		CUF
Q	uestion 10 on Page 3.	CUF
Q	f size used:	CUF
Q	f size used:  Infant (10-18 cm)	CUF
Q	restion 10 on Page 3.  If size used:  Infant (10-18 cm)	CUF
Q	restion 10 on Page 3.  If size used:  Infant (10-18 cm)	CUF

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):
	Measure pulse on same arm as blood pressure. Answer Questions 10 and 11 before second and third blood pressure readings.
	A B C Systolic Diastolic Diastolic mmHg (4th phase), (5th phase) mmHg mmHg
5.	Blood pressure, first reading SYS1 DIA41 DIA51
6.	Blood pressure, second reading SYS2 DIA42 DIA52
7.	Blood pressure, third reading SYS3 DIA43 DIA53
8.	Were there any problems or special occurrences while determining the MIL or taking blood pressures?  Yes No
	If YES, answer Question 8A.
	A. What was the problem?
	WHATPROB
	1. Background noise too loud
	2. Needed reinforcement
	3. K4 indistinguishable from K5
	4. Other problem (specify below)
	PROBRMK

i		
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.	
	have notified participant/parent of these readings.	
10.	Site of pulse measurement:	SITEPUL
	Radial	
	Brachial	
	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), measured on same arm as blood pressure between first and second blood pressure readings:	1
12.	Signature of blood pressure and pulse observer: SIGN1	
13.	ID of blood pressure and pulse observer:	··

4 124 A 14 A 14 A

#### ANTHROPOMETRIC MEASUREMENTS

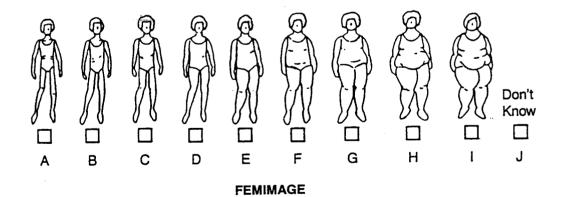
Do all of the first measurements (height through suprailiac skinfold) before doing the second measurements, and all of the second measurements before doing any third measurements.

14	Height, cm	A First Measurement <b>HT1</b>	B Second Measurement HT2	C Third Measurement <b>HT3</b>
	Weight, kg		WT2	WT3
	Clothing weight, kg	CLOTH1		
	Arm circumference (right), cm	ARMCIR1	ARMCIR2	ARMCIR3
	Waist circumference, cm	WAISTMN1	WAISTMN2	WAISTMN3
19.	Maximum circumference below waist, cm	MAXBLOW1	MAXBLOW2	MAXBLOW3
20.	Upper-thigh circumference (right), cm	UPTHIG1	UPTHIG2	UPTHIG3
21.		TRIC1	TRIC2	TRIC3
	Check here if $\geq$ 50 mm	•••••	• • • • • • • • • • • • • • • • • • • •	TRJC50
22.	Subscapular skinfold (right) mm	SCAP1	SCAP2	SCAP3
	Check here if $\geq$ 50 mm			SCAP50
23.	Suprailiac skinfold (right), mm	ILIAC1	ILIAC2	ILIAC3
	Check here if ≥ 50 mm			LIAC50

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.
	Don't Know  A B C D E F G H I J

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

MALIMAGE



Pl	ease ask Questions 28-36 of the girl.		
28.	Have you started having your periods?	PERI Tes	ODS No
	If NO, skip to Question 32.		
29.	When did you start having your periods?	DO_ST	ARP Year
30.	When did your last period begin? Month	_ <b>LASTP</b> Day	Year
31.	Are you taking birth control pills?	BIRT Yes	HPIL No
32.	Do you have a health or medical problem?	HLTH Tes	PROB 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?	DOC Yes	TOR No
	B. What is this health or medical problem? PREMK		

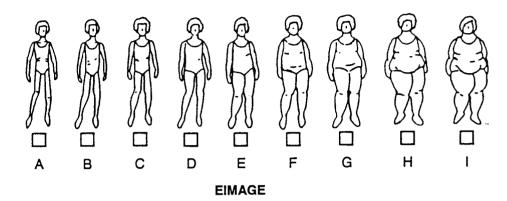
33.	Are you currently taking any pills or medicines, not including vitamins?	CURMEDS  Yes No
	If YES, specify:	
	MREMK	
34.	Have you smoked any cigarettes in the past year?	SMOKE  Yes No
	If YES, complete Questions 35 and 36.	
35.	Was it more than 5 cigarettes?	MOR5CIG  Yes No
36.	How many cigarettes did you smoke last week?	AMTSMK
MATU	RATION STAGING	
	Stage number	Unable to record: Refused Other
37.	Areolar stage AREOLR	NAARLR 2
38.	Pubic hair stage PUBHR	NAPBHR 2
39.	Signature of maturation stage examiner: SIGN4	16 (100)
40.	ID of maturation stage examiner:	

Anger Ages Compa

BIOELECTRICAL IMPEDANCE	MEASUREMENTS
-------------------------	--------------

41.	Α.	Resistance	RESIST
	В.	Reactance	REACT
42.	Sign	ature of impedance measurer: SIGN3	
43	ID o	f 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.



45. Signature of body shape examiner: SIGN5

46. ID of body shape examiner: ..... \_\_\_\_\_ \_\_ \_\_\_



# GROWTH AND HEALTH STUDY FOLLOW-UP EXAMINATION FORM

	ID number of NGHS girl:	- RID		
	Name code of NGHS girl:	· · · · · · · · · · · · · · · · · · ·		
	Visit number:		. VISIT	
	Date:	Month Day	- Year	
- Control of the Cont	Please <b>PRINT</b> your full I	name:		
	<u></u>		-	
	First Name	Middle Initial	Last Name	



### 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	
	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)	
	Child (> 18-25 cm)	
	Adult (> 25-34 cm)	3
	Large arm (> 34-47 cm)	
	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.		red to obliterate pulse (e two attempts were made		SPRES	mmHg
4.	Maximum inflat Question 3 plu	ion level (MIL: Value in s 30):	<u>MA</u>	XINFLT	mmHg
	Measure pu 10 and 11 b	se on same arm as bloce efore second and third be	od pressure. plood pressur	Answer Core readings	Questions s.
			(A) Systolic mmHg	(B) Diasto (4th pha mmH	olic Diastolic ase) (5th phase)
5.	Blood pressure	e, first reading	SYS1	DIA41	1DIA51
6.	Blood pressure	e, second reading	SYS2_	DIA42	2 <u>DIA52</u>
7.	Blood pressure	e, third reading	SYS3	DIA43	3DIA53
	Verified blood	oressure	VSYS	V <u>DIA</u> 4	V <u>DIA</u> 5
8.	-	r problems or special oc e MIL or taking blood pr		[	PROBLEMS Yes No
	If YES, ansv	ver Question 8A.			N-
	A. What is the	problem?			WHATPROB
	1.	Background noise too	loud		
	2.	Needed reinforcement			2
	3.	K4 indistinguishable fro	m K5		з
	4.	Other problem (specify	below)	. <b></b>	4
		P	ROBRMK		

+ 124 + 124 + 1 - 1

	9. NOTIFICATION LIMITS (14 - 15 YEAR OLD)  USE MORE CONSERVATIVE FIGURE:  > 154/98 - Check with physician today.	
	<ul><li>&gt; 144/92 - Check with physician within 1 week.</li><li>&gt; 136/86 - Check with physician within 2 months.</li></ul>	
	I have notified participant/parent of these readings.  Signature: NOTIFY	
10.	Site of pulse measurement:	SITEPUL 1
	Radial	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.

Antonia special and a

		A. First Measurement	B. Second Measurement	C. Third Measurement	Ver- ified
14.	Height, cm	HT1	HT2	HT3	VHT
15.	Weight, kg	WT1	WT2	WT3	vwT
16.	Arm circumference (right), cm .	ARMCIR1	ARMCIR2	ARMCIR3	VARMCIR
17.	Waist circumference (minimum), cm	WAISTMN1	WAISTMN2	WAISTMN3	VWAISTMN
18.	Waist circumference (at level of umbilicus), cm	WAIST1	WAIST2	WAIST3	VWAIST
19.	Maximum circumference below waist, cm	MAXBLOW1	MAXBLOW2	MAXBLOW3	VMAXBLOW
20.	Upper-thigh circumference (right), cm	UPTHIG1	UPTHIG2	UPTHIG3	VUPTHIG
21.	Triceps skinfold (right), mm	TRIC1	TRIC2	TRIC3	VTRIC
	Check here if ≥ 50 mm Check here if unable to measure			TRIC	
22.	Subscapular skinfold (right) mm	SCAP1	SCAP2	SCAP3	V <u>SCA</u> P
	Check here if $\geq$ 50 mm Check here if unable to measure			SCAP	-
23.	Suprailiac skinfold (right) mm	ILIAC1	ILIAC2	ILIACS	VILIAC
	Check here if > 50 mm Check here if unable to measure			ILIAC	<del></del>
24.	Signature of taker of anthropomet	ric measurements:	SIGN2		<u>-</u>
25.	ID of taker of anthropometric mea	surements:			_

26.	Are you currently taking any pills or medicines, not including vitamins?	Yes No
	If YES, specify:	
	мпемк	
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	
	ember that all the information you give us is <u>confidential</u> and votes, teachers, or friends.	will <u>not</u> be shared with
28.	Have you started having your periods?	PERIODS  Yes No
29.	When did you start having your periods?	DO_STARP  Month Year

	14th	DC	_LASTP	
30.	When did your last period begin?	Month	Day	Year
31.	Are you taking birth control pills now or have you taken them in the last 4 months?		BIRTH Yes	IPIL No
32.	Have you ever been pregnant?		PREGE Yes	EVER No
33.	Are you pregnant now or have you been pregnant in the last 4 months?		PREG Yes	NOW No
34.	Please check the box under the figure that looks father.	most like y	our natu	ral (or real)
35.	MALIMAGE Please check the box under the figure that looks (or real) mother.	most like y	our natu	Don't Know J
				Don't Know
	A B C D E F	G	Н	ı J
	FEMIMAGE			

+ 124 x +24 x 10 x 1

### MATURATION STAGING

36.

36.	Maturation Stage Examiner:		
	Has the girl previously achieved menarand been classified as Stage 4?  If <u>YES</u> , skip to Question 41.		MATUR4 Yes No
		Stage Number	Unable to record: Refused Other
37.	A.S	AREOLR	NAARLR 1 2
38.	P.H.S	PUBHR	NAPBHR 1 2
39.	Signature of maturation stage observer	: SIGN4	
40.	ID of maturation stage examiner:		
BIOE	LECTRICAL IMPEDANCE MEASUREME	:NTS	
41.	A. Resistance		RESIST
	B. Reactance		REACT
42.	Signature of impedance measurer: SIG	N3	
43.	ID of impedance measurer:		. <del>-</del>

Thanks for taking the time to answer these questions.



# GROWTH AND HEALTH STUDY FOLLOW-UP EXAMINATION FORM

ID number of NGHS gi	ri:	RID -	
Name code of NGHS o	girl:		
Visit number:		VISIT	
Date:	DO_FOF  Month Day		
Please <u>PRINT</u> your f	ull name:		
•		_	
First Name	Middle Initial	Last Name	



### 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)	
	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.	

Measure	flation level (MIL: Value in olus 30):	essure. Answer (		11 before
second a	nd third blood pressure reading	). 		
		A. Systolic	B. Diastolic (4th phase)	C. Diastol (5th phas
Blood press	sure, first reading (mmHg)	SYS1	DIA41	DIA51
Blood press	sure, second reading (mmHg)	SYS2	DIA42	DIA52
Blood press	sure, third reading (mmHg) .	SYS3	DIA43	DIA53
Blood press	sure, fourth reading (mmHg)	SYS4	DIA44	DIA54
	sule, louisi roading (min. g)			
Verified bloo	any problems or special occurre	vsys ences while	VDIA4	V <u>D</u> PROBLEMS
Verified bloo Were there determining		ences while		
Verified bloo Were there determining If YES, a	any problems or special occurre the MIL or taking blood pressu	ences while		PROBLEMS
Verified bloo Were there determining If YES, a	any problems or special occurred the MIL or taking blood pressurenswer Question 9A.	ences while res?		PROBLEMS Yes No
Verified bloo Were there determining If YES, a	any problems or special occurred the MIL or taking blood pressurenswer Question 9A.	ences while res?		PROBLEMS Yes No
Verified bloo Were there determining If YES, a	any problems or special occurred the MIL or taking blood pressurenswer Question 9A.  the problem?  1. Background noise too loud	ences while res?		PROBLEMS Yes No

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	
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.	
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
Signature of blood pressure and pulse observer: SIGN1	
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	HT1	HT2	HT3	VHT
16.	Weight, kg	<u>WT1</u>	WT2	WT3	vwt
17.	Arm circumference (right), cm	ARMCIR1	ARMCIR2	ARMCIR3	VARMCIR
18.	Waist circumference (minimum), cm	WAISTMN1	WAISTMN2	WAISTMN3	VWAISTMN
19.	Waist circumference (at level of umbilicus) cm	WAIST1	WAIST2	WAIST3	VWAIST
20.	Maximum circumference below waist, cm	MAXBLOW1	MAXBLOW2	MAXBLOW3	VMAXBLOW
21.	Upper-thigh circumferecne (right), cm	UPTHIG1	UPTHIG2	UPTHIG3	VUPTHIG
22.	Triceps skinfold (right), mm	TRIC1	TRIC2	TRIC3	VTRIC
	Check here if $\geq$ 50 mm Check here if unable to measure			<u>TRI</u>	C50 CUN
23.	Subscapular skinfold (right) mm	SCAP1	SCAP2	SCAP3	V <u>SCA</u> P
	Check here if > 50 mm			<u>sc</u>	AP50 APUN
24.	Suprailiac skinfold (right) mm	ILIAC1	ILIAC2	<u>ILIAC3</u>	VILIAC
	Check here if $\geq$ 50 mm Check here if unable to measure				AC50 ACUN
25.	Signature of taker of anthropometric	measurements: S	IGN2		
26.	ID of taker of anthropometric measu	rements:			

		CURMEDS
27.	Are you currently taking any pills or medicines,	
	not including vitamins?	Yes No
	If YES, specify:	
	MREMK	
		HLTHPROB
28.	Do you have a health or medical problem?	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	
		w
	ember that all the information you give us is confidential and nts, teachers, or friends.	will <u>not</u> be shared with
		PERIODS
29.	Have you started having your periods?	Yes No
	If NO, skip to Question 35.	
		DO_STARP
30.	When did you start having your periods?	Month Year

Andrew Agreement of the

·		DO_LASTP
31.	When did your last period begin?	nth Day Year
32.	Are you taking birth control pills now or have you taken them in the last 4 months?	BIRTHPIL Yes No
33.	Have you ever been pregnant?	PREGEVER Yes No
34.	Are you pregnant now or have you been pregnant in the last 4 months?	PREGNOW Yes No
35.	Please check the box under the figure that looks mos father.	t like your natural (or real)
	A B C D E F G MALIMAGE	Don't Know
36.	Please check the box under the figure that looks mos (or real) mother.	t like your natural
	A B C D E F	Don't Know  G H I J

**FEMIMAGE** 

### MATURATION STAGING

Maturation Stage Examiner:

37.

	Has the girl previously achieved menarc	he	MATUR4
	and been classified as Stage 4?		Yes No
	If <u>YES</u> , skip to Question 42.		100 110
		Stage Number	Unable to record: Refused Other NAARLR
38.	A.S	AREOLR	1 2
39.	P.H.S	PUBHR	NAPBHR 1 2
40.	Signature of maturation stage observer:	SIGN4	
41.	ID of maturation stage examiner:		<del>-</del>
BIOE	ELECTRICAL IMPEDANCE MEASUREMEN	NTS	
42.	A. Resistance		RESIST
	B. Reactance		REACT
43.	Signature of impedance measurer: SIGN	13	
44.	ID of impedance measurer:		

Thanks for taking the time to answer these questions.



# GROWTH AND HEALTH STUDY FOLLOW-UP EXAMINATION FORM

This form is to be completed by the NGHS girl.

ID number of NGHS girl:		<u> </u>	RID	
Name code of NGHS girl:				
Visit number:		•••••		VISIT
			DO_FORM	
Date:		Month	Day	Year
Please PRINT your full name:				
	one one			
First Name	Middle Initial		Last Nar	ne



## GROWTH AND HEALTH STUDY FOLLOW-UP EXAMINATION FORM

ID			
NC			
VN			

1.	Is the blood pressure being taken in the right arm?
	Yes 1
	No, necessary to use the left arm 2
	No, it is not possible to use either arm
	If NO, explain: REMARK
	A CAR THE ACCOUNT E TO LIGH FITUED ADMI. 12. A.
	If NO, IT IS NOT POSSIBLE TO USE EITHER ARM, skip to Question 11 on Page 3.
2.	1 ' '
2.	Question 11 on Page 3.
2.	Question 11 on Page 3.  Cuff size used:
2.	Question 11 on Page 3.         Cuff size used:       CUFF         Infant (> 10-18 cm)       1
2.	Question 11 on Page 3.         Cuff size used:       CUFF         Infant (> 10-18 cm)       1         Child (> 18-25 cm)       2
2.	Question 11 on Page 3.         Cuff size used:         Infant (> 10-18 cm)       1         Child (> 18-25 cm)       2         Adult (> 25-34 cm)       3

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

3.	Pressure required to obliterate pulse (enter largest value	if two attempts wer	e made): PUL	SPRES 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)	SYS1	DIA41	DIA51			
6.	Blood pressure, second reading (mmHg)	SYS2	DIA42	DIA52			
7.	Blood pressure, third reading (mmHg)	SYS3	DIA43	DIA53			
8.	Blood pressure, fourth reading (mmHg)	SYS4	DIA44	DIA54			
	Verified blood pressure	<u>vsys</u>	VDIA4	VDIA5			
9.	Were there any problems or special occurrences while determining the MIL or taking blood pressures?	) 		No			
	If YES, answer Question 9A.						
	A. What is the problem?			<b>**</b> ******************************			
	Background noise too loud		,	WHATPROB  ·			
	Needed reinforcement						
	3. K4 indistinguishable from K5			з			
	4. Other problem (specify below)			4			
	PRO	BRMK		<del></del>			
				_			

· Property of

	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	
	Brachial	2
	Not possible to measure pulse	з
	If NOT POSSIBLE TO MEASURE PULSE, skip to Question 13.	
12.	Pulse reading (number of beats counted in 30 seconds) is to be me same arm as blood pressure between first and second blood press	easured on ure readings:
13.	Signature of blood pressure and pulse observer: SIGN1	
14.	ID of blood pressure and pulse observer:	<u>-</u>

\* 124 x 124 x 14 x 14

### 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	HT1	HT2	<u>— НТ3</u>	<u>vht</u>
16. Weight, kg	WT1	WT2	WT3	<u>vw</u> T
17. Arm circumference (right), cm	ARMCIR1	ARMCIR2	ARMCIR3	VA <u>RM</u> CIR
18. Waist circumference (minimum), cm	WAISTMN1	WAISTMN2	WAISTMN3	VW <u>AIS</u> TMN
19. Waist circumference (at level of umbilicus), cm	WAIST1	WAIST2	WAIST3	VWAIST
20. Maximum circumference below waist, cm .	MAXBLOW1	MAXBLOW2	MAXBLOW3	VM <u>AX</u> BLO\
21. Upper-thigh circumference (right), cm	UPTHIG1	UPTHIG2	UPTHIG3	V <u>UP</u> THIG
22. Triceps skinfold (right), mm	TRIC1	TRIC2	TRIC3	VTRIC
Check here if > 50 mm			TRI	C50 CUN
23. Subscapular skinfold (right), mm	SCAP1	SCAP2	SCAP3	VSCAP
Check here if > 50 mm				AP50 APUN
24. Suprailiac skinfold (right), mm	ILIAC1	ILIAC2	ILIAC3	V <u>ILI</u> AC
Check here if > 50 mm			<u>ILI</u> .	AC50 ACUN
25. Signature of taker of anthropometric measurer	ments: SIGN2			
26. ID of taker of anthropometric measurements: .			<u> </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.					
	Don't Know J				

MALIMAGE

30.	Please check the box under the figure that looks most like your natural (or real) mother	r.	
	FEMIMAGE	Don't Know	
31.	Have you started having your periods?  If NO, go to Question 43.  If YES, please continue.		No
32.		DO_STAI	Year
33.	. When did your last period begin?	D_LASTP Day	Year
34.	. Are you taking birth control pills now or have you taken them in the last 4 months?	BIRTHP Yes PREGEV	No
35.	. Have you ever been pregnant?		□ Na
	If NO, go to Question 43.  If YES, please continue.	Yes	No

eranical contract

36. How many times have you been pregnant?	<u>NPREG</u>
37. Have you ever given birth to a baby?	GBIRTHYes No
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
40. Are you currently harsing or broads receiving your saw,	Yes No
41. How much weight did you gain during your last pregnancy?	Yes No
	Yes No
41. How much weight did you gain during your last pregnancy?	Yes NoGWTPREG Pounds MAXWTPRG Pounds PREGNOW
41. How much weight did you gain during your last pregnancy?	Yes No GWTPREG Pounds MAXWTPRG Pounds  PREGNOW

BIOELECTRICAL IMPEDANCE MEASUREMENTS	
43. A. Resistance	SIST
B. Reactance	ACT
44. Signature of impedance measurer: SIGN3	
45. ID of impedance measurer:	



## GROWTH AND HEALTH STUDY FOLLOW-UP EXAMINATION FORM

This form is to be completed by the NGHS girl.

ID number of NGHS girl:		········ <u> </u>	RID	
Name code of NGHS girl:		<u> </u>		
Visit number:				VISIT
_			DO_FORM	_
Date:		Month	Day	Year
Please <u>PRINT</u> your full name:			-	<u>, , , , , , , , , , , , , , , , , , , </u>
First Name	Middle Initial		Last Nar	me



## GROWTH AND HEALTH STUDY FOLLOW-UP EXAMINATION FORM

ID			
NC			
VN			

BLOC	DD PRESSURE MEASUREMENTS
1. Is	s the blood pressure being taken in the right arm?
	Yes
	No, necessary to use the left arm2
	No, it is not possible to use either arm
	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:
	Infant (> 10-18 cm) 1
	Child (> 18-25 cm)
	Adult (> 25-34 cm) 3
	Large arm (> 34-47 cm)
	Thigh (> 47-66 cm)
	No proper fit (< 10 cm or > 66 cm) a
	If NO PROPER FIT, skip to Question 11 on Page 3.

3.	Pressure required to obliterate pulse (enter largest value	if two attempts wer	e made): PUL	SPRES mm Hg
4.	Maximum inflation level (MIL: Value in Question 3 plus 3	0):	<u>MAX</u>	INFLT mm Hg
	Measure pulse on same arm as blood pressure. Ansy blood pressure readings.	ver Questions 11 ar	nd 12 before secon	d and third
		A. Systolic	B. Diastolic (4th phase)	C. Diastolic (5th phase)
5.	Blood pressure, first reading (mmHg)	SYS1	DIA41	DIA51
6.	Blood pressure, second reading (mmHg)	SYS2	DIA42	DIA52
7.	Blood pressure, third reading (mmHg)	SYS3	DIA43	DIA53
8.	Blood pressure, fourth reading (mmHg)	SYS4	DIA44	DIA54
	Verified blood pressure	VSYS	VDIA4	VDIA5
9.	Were there any problems or special occurrences while determining the MIL or taking blood pressures?	) 		BLEMS No
	If YES, answer Question 9A.			
	A. What is the problem?			
	Background noise too loud		-	VHATPROB
	Needed reinforcement			
	K4 indistinguishable from K5			
	At indistinguishable from (S			
		BRMK		<b></b>
				<del></del>
				<del></del>

	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:	
	Radial	SITEPUL
	Brachial	
	Not possible to measure pulse	
	Not possible to measure pulse	l
	If NOT POSSIBLE TO MEASURE PULSE, skip to Question 13.	
		l
12.	Pulse reading (number of beats counted in 30 seconds) is to be me same arm as blood pressure between first and second blood press	easured on ure readings: <u>PULSE</u>
13.	Signature of blood pressure and pulse observer: SIGN1	· · · · · · · · · · · · · · · · · · ·
14.	ID of blood pressure and pulse observer:	<u> </u>

## 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	HT1	HT2	HT3	<u>VHT</u>
16.	Weight, kg	WT1	WT2	<u>wt3</u>	<u>vw</u> T
17.	Arm circumference (right), cm	ARMCIR1	ARMCIR2	ARMCIR3	VA <u>RM</u> CIR
18.	Waist circumference (minimum), cm	WAISTMN1	WAISTMN2	WAISTMN3	VWAISTMN
19.	Waist circumference (at level of umbilicus), cm	WAIST1	WAIST2	WAIST3	VWAIST
20.	Maximum circumference below waist, cm .	MAXBLOW1	MAXBLOW2	MAXBLOW3	VMAXBLOV
21.	Upper-thigh circumference (right), cm	UPTHIG1	UPTHIG2	UPTHIG3	VUPTHIG
22.	Triceps skinfold (right), mm	TRIC1	TRIC2	TRIC3	VTRIC
	Check here if > 50 mm			<u>TRI</u>	C50 CUN
23.	Subscapular skinfold (right), mm	SCAP1	SCAP2	SCAP3	VSCAP
	Check here if > 50 mm			<u>sc</u> <u>sc</u> .	AP50 APUN
24.	Suprailiac skinfold (right), mm	ILIAC1	ILIAC2	<u>ILIAC3</u>	VILIAC
	Check here if ≥ 50 mm				AC50 ACUN
25.	ID of anthropometric measurer for column:	A	В.		
26.	Signature of anthropometric measurer:	A. SIGN2A	В.	SIGN2B	

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?	
PREWIN	
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	n parents, teachers, or friends.
29. Please check the box under the figure that looks most like your natural (or real) father	ır.
	Don't Know

MALIMAGE

30. Please check the box under the figure that looks most like your natural (or real) mother. Don't Know G Н J В **FEMIMAGE PERIODS** 31. Have you started having your periods? ..... Yes If NO, go to Question 43. If YES, please continue. DO\_STARP Month DO\_LASTP Month Day BIRTHPIL 34. Are you taking birth control pills now or have you taken them in the last 4 months? ..... Yes **PREGEVER** 35. Have you ever been pregnant? ..... Yes No If NO, go to Question 43. If YES, please continue.

36. How many times have you been pregnant?	REG
GBIR 37. Have you ever given birth to a baby?	ГН П No
If YES, please continue.	
38. How many times have you given birth to a baby?	IGBIRTH
39. Please list the birthdate(s) of your child(ren).	
A. C_BDAT1 B. C_BDAT2 C. C_BDAT3 On Month Day Year C. Month Day	Year
40. Are you currently nursing or breast feeding your baby? Yes	ING No
41. How much weight did you gain during your last pregnancy? GWTPREG Pou	nds
A. What was your maximum weight during your last pregnancy MAXWTPRG Pou	nds
42. Are you pregnant now?	No
If YES, do NOT measure BIA. Form is completed.  If NO, go to Question 43.	

## BIOELECTRICAL IMPEDANCE MEASUREMENTS

43.	A.	Resistance	RESIST
		Reactance	
44.	Sig	gnature of impedance measurer: SIGN3	
15	חו	of impedance measurer:	