FTYPE FREV NGHS Form 28 Rev. 0 4/94



ID number of NGH	IS girl:			RID	
Name code of NG	HS girl:		·····		
Visit number:					<u>VISIT</u>
Date:				DO_FORM	
5 000			Month	Day	Year
Please <u>PRINT</u> you	r full name:				
First Na	ame	Middle Initial		Last Nan	ne



ID			
NC			
VN			

BLOOD PRESSURE ME	ASUREMENTS		
Is the blood pressure	re being taken in the right arm?		RTARM
Yes			
No, neces	sary to use the left arm		
No, it is no	ot possible to use either arm		
If NO,	explain:	REMARK	
If NO, IT IS NOT Question 11 on F	POSSIBLE TO USE EITHER AR	RM, skip to	
-2. Cuff size used:		- 	CUFF2
Child (> 1	18-25 cm)		
Adult (> 2	25-34 cm)	-	
Large arm	ı (> 34-47 cm)		
Thigh (>	47-66 cm)		
No prope	r fit (< 10 cm or > 66 cm)		5 -
If NO PROPER F	TT, skip to Question 11 on Page 3	3.	
A. Have you sm	oked a cigarette in the past 30 m	ninutes?	SMK30MN Yes No

3.	. Pressure required to obliterate pulse (enter largest value if two attempts were made): PULSPRES mm Hg						
4.	4. Maximum inflation level (MIL: Value in Question 3 plus 30):		MAXINFLT mm Hg				
	Measure pulse on same arm as blood pressure. Answer Que blood pressure readings.	stions 11 and 12 before	e second and third				
	A. S	ystolic B. Diasto (4th phas					
5.	5. Blood pressure, first reading (mmHg)S	YS1 DIA41	DIA5				
6.	6. Blood pressure, second reading (mmHg) S	YS2 DIA42	. DIA52				
7.	7. Blood pressure, third reading (mmHg) <u>S</u>	YS3 DIA43	BDIA53				
8.	8. Blood pressure, fourth reading (mmHg)S	YS4 DIA44	DIA54				
	Verified blood pressure	<u>vsys</u>	VDIA4 VDIA5				
9.	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				
	Background noise too loud		1				
	2. Needed reinforcement		2				
	3. K4 indistinguishable from K5		1				
	4. Other problem (specify below)		4				
	PROBRMK						
							

	10. NOTIFICATION LIMITS (16 - 17 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	
	Not possible to measure pulse	
	If NOT POSSIBLE TO MEASURE PULSE, skip to Question 13.	
12.	Pulse reading (number of beats counted in 30 seconds) is to be measure arm as blood pressure between first and second blood pressure	
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	HT1	HT2	HТ3 	<u>vh</u> T
16.	Weight, kg	WT1	WT2	WT3	<u>vw</u> T
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	V <u>wa</u> ist
20.	Maximum circumference below waist, cm .	MAXBLOW1	MAXBLOW2	MAXBLOW3	VM <u>AX</u> BLOW
21.	Triceps skinfold (right), mm	TRIC1	TRIC2	TRIC3	VTRIC
	Check here if <u>></u> 50 mm			TRIC	C50 CUN
22.	Subscapular skinfold (right), mm	SCAP1	SCAP2	SCAP3	V <u>SC</u> AP
	Check here if > 50 mm			<u>SC</u> A	AP50 APUN
23.	Suprailiac skinfold (right), mm	ILIAC1	ILIAC2	ILIAC3	V <u>ILIA</u> C
	Check here if \geq 50 mm			<u>ILIA</u>	C50 CUN
24.	ID of anthropometric measurer for column:	A	В		
25	Signature of anthronometric measurer	A SIGN2A	В.	SIGN2B	

26. Are you currently taking any pills or medicines, not including vitamins?	CURMEDS Yes No			
A. If YES, specify:				
MREMK	-			
	_			
	HLTHPROB			
27. Do you have a health or medical condition?	Yes No			
If YES, answer Questions A and B.				
A. What is this health or medical condition?				
PREMK				
B. Do you see a doctor or go to a clinic regularly for this health or medical condition?	DOCTOR Yes No			
•				
Remember that all the information you give us is confidential and will not be shared with	parents, teachers, or friends.			
28. Please check the box under the figure that looks most like your natural (or real) father.				
)			
	Don't			
M M M M M M M M	Know			
A B C D E F G H) 			

MALIMAGE

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

If YES, please continue.

	A B C D E F G		Don't Know J	
	FEMIMAGE			
30.	Have you started having your periods?	PERIO Yes	DDS No	
0.4		_ DO_Sì	ΓARP	
31.	When did you start having your periods?	Month	Year	-
32.	When did your last period begin?	DO_LASTE	Year	
33.	Are you taking birth control pills now or have you taken them in the last 4 months?	Yes	No	BIRTHPIL
	A. Are you taking depo-Provera (the shot) or Norplant?			NORPLANT
34.	Have you ever been pregnant?			PREGEVER
	If NO, go to Question 44.			

35.	How many times hav	e you been pregna	nt?				<u>N</u>	PREG
36.	Have you ever given	birth to a baby? .					GBIF Yes	RTH No
	If NO, go to Quest	İ						
37.	How many times hav	e you given birth to	a baby?					<u>NGBIR</u> TH
38.	Was the delivery of e	ach baby within the	e period o	f two we	eks before or a			
	A. First Child Yes C2WK1	No No	Yes	nd Child C2WK2	No	C. Thin	rd Child s C2WK3	No
39.	What was the birth	weight of each child	d?					-
		<u>C1WT</u> OZ oz		ond Chil VTLB	d <u>C2WT</u> OZ oz	C. Third Ch C3WTLI Ibs		ioz
<u>4</u> 0.	Please list the birth	ndate(s) of your chi	ld(ren).					
	A. First Child	В.	Second (Child	C	. Third Chi	ild	
	C_BDAT1		_	_BDAT	2		_BDAT3	
	Month Day	Year	Month	Day	Year	Month	-	Year
41.	Are you currently	nursing or breast fe	eding you	ır baby?			Yes	SING No

42. Hov	v much weight did you gain during your last pregnancy?	. GWTPREG Pounds
A. \	What was your maximum weight during your last pregnancy	. MAXWTPRG Pounds
43. Are	you pregnant now?	REGNOW No
If	YES, do NOT measure BIA. Form is completed.	
lf	f NO, go to Question 44.	

BIOELECTRICAL IMPEDANCE MEASUREMENTS

44.	A.	Resistance	RESIST
	В.	Reactance	REACT
45.	Sig	gnature of impedance measurer: SIGN3	
46.	ID	of impedance measurer:	

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ID number of NGHS girl:		*********		RI	D		
Name code of NGHS girl:		•••••				. 	
Visit number:					•••••	<u>VISIT</u>	
Date:			Month	DO_FO	RM 	Year	
Location:		Clinic	 Home	School	Dista] [nt Other	LOC
Stadiometer used:		••••••	-		ard	Portable	STADIO
Please PRINT your full name:					-	-	
First Name	Middle Initial			Last	Name		
Participant signature for blood pressure not	ification:						
NOTIFYSN							

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ID			
NC			
VΝ			

BLC	OOD PRESSURE MEASUREMENTS	
1.	Is the blood pressure being taken in the right arm?	RTARM
	Yes	
	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:	- CUFF2
	Child (> 18-25 cm)	1
	Aduit (> 25-34 cm)	2
	Large arm (> 34-47 cm)	3
	Thigh (> 47-66 cm)	4
-	No proper fit (< 10 cm or > 66 cm)	5
	If NO PROPER FIT, skip to Question 11 on Page 3.	
	A. Have you smoked a cigarette in the past 30 minutes? Yes	K30MN

3.	Pressure required to obliterate pulse (enter largest value	e if two attempts wer	re made): PULS	SPRES mm Hg	I
4.	Maximum inflation level (MIL: Value in Question 3 plus	30):	<u>MAX</u>	KINFLT mm Hg]
	Measure pulse on same arm as blood pressure. And blood pressure readings.	swer Questions 11 a	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	V <u>DIA5</u>	i
- 9.	Were there any problems or special occurrences while determining the MIL or taking blood pressures?	 ile 	PROB Yes	LEMS No	
	If YES, answer Question 9A.				
	A. What is the problem?			·	
	Background noise too loud			TOL	OUD
	2. Needed reinforcement			, REIN	IFOR
	3. K4 indistinguishable from K5			, INDIS	ST
	4. Other problem (specify below)			т	PRB
	PI	ROBRMK		_	
					

10. If Notification Limits are exceeded, notify the participant or parent and have the participant sign on front page:
I have notified participant/parent of these readings.
Signature: NOTIFY
11. Site of pulse measurement: SITEPUL
Radial
Brachial 2
Not possible to measure pulse
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:
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	HT1	HT2	HT3	<u>VHT</u>
16.	Weight, kg	WT1	WT2	WT3	VWT
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> TMI
19.	Waist circumference (at level of umbilicus), cm	WAIST1	WAIST2	WAIST3	VWAIST
20.	Maximum circumference below waist, cm .	MAXBLOW1	MAXBLOW2	MAXBLOW3	VM <u>AXB</u> LO
21.	Triceps skinfold (right), mm	TRIC1	TRIC2	TRIC3	VTRIC
	Check here if > 50 mm			<u>TRI</u>	C50 CUN
22.	Subscapular skinfold (right), mm	SCAP1	SCAP2	SCAPS	VSCAP
	Check here if \geq 50 mm			<u>sc</u>	AP50 APUN
23.	Suprailiac skinfold (right), mm	ILIAC1	ILIAC2	ILIAC3	VILIAC
	Check here if > 50 mm			· · · · · · · · <u> </u>	AC50 ACUN
24.	ID of anthropometric measurer for column:	A	_ В.		
25.	Signature of anthropometric measurer:	A. SIGN2A	B.	SIGN2B	

A. If YES, specify: MREMK 27. Do you have a health or medical condition? If YES, answer Questions A and B. A. What is this health or medical condition? PREMK	HLTHPROB Yes No
27. Do you have a health or medical condition? If YES, answer Questions A and B. A. What is this health or medical condition?	
27. Do you have a health or medical condition? If YES, answer Questions A and B. A. What is this health or medical condition?	
If YES, answer Questions A and B. A. What is this health or medical condition?	
If YES, answer Questions A and B. A. What is this health or medical condition?	Yes No
A. What is this health or medical condition?	
PREMK	
B. Do you see a doctor or go to a clinic regularly for this health or medical condition?	DOCTOR Yes No
emember that all the information you give us is confidential and will not be shared with	n parents, teachers, or fri
	PERIODS
8. Have you started having your periods?	Yes No
If NO, skip to Question 45.	
	DO_STARP
9. When did you start having your periods?	Month Year
[DO_LASTP
0. When did your last period begin?	Day Year

.

31.	Are you taking birth control pills now or	Yes	No	
	have you taken them in the last 4 months?			BIRTHPIL
32.	Are you taking depo-Provera (the shot)?			DPROV
33.	Do you have a Norplant implant?			NORPLNT2
34.	Are you pregnant now?			PREGNOW
35. ,	Have you ever been pregnant?			PREGEVER
	If NO, go to Question 45.			
	If YES, please continue.			
36.	How many times have you been pregnant?	<u>N</u> I	PREG	
37	Have you ever given birth to a baby?	GBIR	TH	
.	-	Yes	No	
	If NO, go to Question 45.			
	If YES, please continue.			
		•		
38.	How many times have you given birth to a baby?	<u>!</u>	NGBIRT	H
	_			
39.	Was the delivery of each baby early (that is, more than 14 days before the due date)?			
	74 That offine		h Child	
	CERLY1 CERLY2 CERLY3	CER	LY4	
	Yes No Yes No Yes No	Yes	No	

40.	What was the bi	irthweight of e	each child?		
	A. First Ch C1WTLB Ibs	nild C1WTOZ oz	B. Second Child C2WTLB C2WTOZ Ibs oz	0. 1	D. Fourth Child C4WTLB C4WTOZ Ibs oz
41.	Please list the b	oirthdate(s) of	your child(ren).		
	A. First Child		B. Second Child C_BDAT2	C. Third Child C_BDAT3	D. Fourth Child C_BDAT4
	Month Day	Year	Month Day Year	Month Day Year	Month Day Year
			-	y?	NURSING Yes No GWTPREG Pounds
	A. What was y	our maximum	weight during your last	pregnancy	Pounds
44.	Did your docto your last pregn	or/nurse/clinic nancy?	recommend a weight g	ain during	RECGAIN Yes No
	If YES, answ	ver Questions	A and B.		
	A. How much	weight did th	ey recommend that you	gain?	GAINWTLB Pounds
	B Check if the	ev did not rec	commend a specific amo	ount of weight gain	NOSPEC

BIOELECTRICAL IMPEDANCE MEASUREMENTS

-10		$ \sim$ \sim	m	mn	
_ T 1 P	-46 L	Exa	1111	1 II	1.

If participant is not pregnant, go to Question 45.

If participant is pregnant (Question 34), do NOT measure BIA. Form is completed.

1 5.	A.	Resistance	HESIS I
	В.	Reactance	REACT
1 6.	Siç	gnature of impedance measurer: SIGN3	
1 7.	ID	of impedance measurer:	

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	ID number of NGHS girl:			RID			
	Name code of NGHS girl:						
	Visit number:	· · · · · · · · · · · · · · · · · · ·				<u>Visi</u>	<u>r_</u>
	Date:		······ –	Month	DO_FORM - Day	- Year	
	Location:			Home	School Dis	stant Oth	LOC er
	Stadiometer used:					Portabl	STADIO e
	Clothing:		•••••••		Protocol	Other	CLOTHING
- All Annual	Please PRINT your full name:						
		72.1 H 1 10.1			L A NI-		_
	First Name	Middle Initial			Last Na	me	
	Participant signature for blood pressure n	otification:					
	NOTIFYSN						



ID			
NC		,	
VN			

BL	OOD 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	a
	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: Child (> 18-25 cm)	CUFF2
~	Adult (> 25-34 cm)	
	Large arm (> 34-47 cm)	
	Thigh (> 47-66 cm)	
-	No proper fit (< 10 cm or > 66 cm)	5
	If NO PROPER FIT, skip to Question 11 on Page 3.	
	SMK30M A. Have you smoked a cigarette in the past 30 minutes? Yes	
	A. Have you smoked a cigarette in the past 30 minutes? Yes	No

3.	Pressure required to obliterate pulse (enter largest valu	e if two attempts we	re made): PUL	SPRES	mm Hg
4.	Maximum inflation level (MIL: Value in Question 3 plus	30):	<u>MA</u>	XINFLT	mm Hg
	Measure pulse on same arm as blood pressure. An blood pressure readings.	swer Questions 11 a	and 12 before seco	nd and thir	rd
		A. Systolic	B. Diastolic (4th phase)	C. Dia: (5th ph	
5.	Blood pressure, first reading (mmHg)	SYS1	DIA41	DIAS	<u>51</u>
6.	Blood pressure, second reading (mmHg)	SYS2	DIA42	DIAS	52
7.	Blood pressure, third reading (mmHg)	SYS3	DIA43	DIAS	53
8.	Blood pressure, fourth reading (mmHg)	SYS4	DIA44	DIAS	54
	Verified blood pressure	vsys	VDIA4		VDIA5
9.	Were there any problems or special occurrences while determining the MIL or taking blood pressures? Yes				
	If YES, answer Question 9A.				
	A. What is the problem?				
	Background noise too loud			1	TOLOUD
	2. Needed reinforcement			1	REINFORC
	3. K4 indistinguishable from K5	1	INDIST		
	4. Other problem (specify below)	1	OTHPRB		
	PROB				
				_ ,	

0. If Notification Limits are exceeded, notify the participant or parent and have the participant sign on front page:
I have notified participant/parent of these readings.
Signature: NOTIFY
1. Site of pulse measurement: SITEPUL
Radial
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) is to be measured on same arm as blood pressure between first and second blood pressure readings:
3. Signature of blood pressure and pulse observer: SIGN1
4. 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	HT1	HT2	HT3	VHT
16.	Weight, kg		WT2	WT3	<u>vw</u> t
17.	Arm circumference (right), cm	ARMCIR1	ARMCIR2	ARMCIR3	_ VARMCIR
18.	Waist circumference (minimum), cm	WAISTMN1	WAISTMN2	WAISTMN3	VWAISTMI
19.	Waist circumference (at level of umbilicus), cm	WAIST1	WAIST2	WAIST3	V <u>wa</u> ist
20.	Maximum circumference below waist, cm .	MAXBLOW1	MAXBLOW2	MAXBLOW3	VMAXBLO
21.	Triceps skinfold (right), mm	TRIC1	TRIC2	TRIC3	VTRIC
	Check here if Model II used Check here if > 50 mm Check here if > 65 mm Check here if unable to measure		- 	TRI	CMD2 C50 C65 CUN
22.	Subscapular skinfold (right), mm	SCAP1	_ SCAP2	SCAP3	VSCAP
	Check here if Model II used			<u>sc</u>	APMD2 AP50 AP65 APUN
23.	Suprailiac skinfold (right), mm	ILIAC1	ILIAC2	ILIAC3	VILIAC
	Check here if Model II used			<u>ILI</u>	ACMD2 AC50 AC65 ACUN
24.	ID of anthropometric measurer for column:	A	В.		
25.	Signature of anthropometric measurer:	A. SIGN2A	В.	SIGN2B	

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	CURMEDS
26. Are you currently taking any pills or medicines, not including vitamins?	Yes No
A. If YES, specify:	
MREMK	
	-
	-
	-
	HLTHPROB
27. Do you have a health or medical condition?	
	Yes No
If YES, answer Questions A and B.	
A. What is this health or medical condition?	
PREMK	
	-
B. Do you see a doctor or go to a clinic regularly	DOCTOR
for this health or medical condition?	Yes No
Remember that all the information you give us is confidential and will not be shared with	parents, teachers, or friends.
Remember that all the information you give us is confidential and will not se shallou with	parome, reasoners, or member
D	O_LASTP
28. When did your last period begin?	Day Year
	Juy I Jul
A. On average, how long is it from the first day of one menstrual period until the first day of your next menstrual period?	PERDAYS
and mot day of your north months and portion	Days
B. In the past year, what is the longest length of time you did not have any	NORFRIOR
menstrual periods? Do not include times when you were pregnant	NOPERIOD Days

	Yes	No	
29. Are you taking birth control pills now or have you taken them in the last 4 months?			BIRTHPIL
A. If YES, please specify brand: PILBRAND			
30. Are you taking depo-Provera (the shot)?			DPROV
31. Do you have a Norplant implant?			NORPLNT2
32. Are you pregnant now?			PREGNOW
33. Have you ever been pregnant?			PREGEVER
If NO, go to Question 43.			
If YES, please continue.			
34. How many times have you been pregnant?			
35. Have you ever given birth to a baby?	GB Yes	No	
If NO, go to Question 43.			
If YES, please continue.			
<u></u>			
36. How many times have you given birth to a baby?	. .	NGBIRT	H
37. Was the delivery of each baby early (that is, more than 14 days before the due date)	?		
A. First Child B. Second Child C. Third Child		urth Child	
CERLY1 CERLY2 CERLY3	CI	ERLY4	
Yes No Yes No Yes No	Ye	s No	

38.	What was the b	irthweight of e	each child?						
	A. First Ch C1 <u>WTLB</u> lbs	nild C1WTOZ oz	B. Second C2WTLB Ibs	Child C2WTOZ oz	C. Third C C3WTLB Ibs	Child <u>C3WT</u> OZ oz	D. Fourth C4WTLB	Child C4WTO2 oz	Z
39.	Please list the b		•	ı). d Child	C. 1	hird Child		Fourth Ch	.:1.4
	C_BDAT1		C_BD			C_BDAT3	D.	C_BDAT	
	Month Day	Year		ay Year	Month	·	- Mo	nth Day	
40.	Are you currentl	ly nursing or b	preast feeding	your baby?			NURS Yes	ING No	
41.	How much weig	ht did you ga	in during you	r last pregna	incy?	•••••		WTPREG ounds	-
	A. What was yo	our maximum	weight during	your last pr	regnancy? .			AXWTPRG ounds	
42.	Did your doctor, your last pregna	•		• •	_		RECG Yes	AIN No	
	If YES, answe	er Questions A	and B.						
	A. How much w	veight did they	recommend	that you ga	in?		-	INWTLB ounds	
	B. Check if they	did not reco	mmend a spe	cific amount	of weight ga	in		NC	SPEC

BIOELECTRICAL IMPEDANCE MEASUREMENTS

		_		
Fiel	М	Fya	min	or.

If participant is not pregnant, go to Question 43.

If participant is pregnant (Question 32), do NOT measure BIA. Form is completed.

43.	A.	Resistance	RESIST
	В.	Reactance	REACT
44.	Sig	nature of impedance measurer: SIGN3	
45.	D	of impedance measurer:	