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NGHS Form 05
Rev. 0 3/87
10 Pages

NHLBI GROWTH AND HEALTH STUDY
INITIAL 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:

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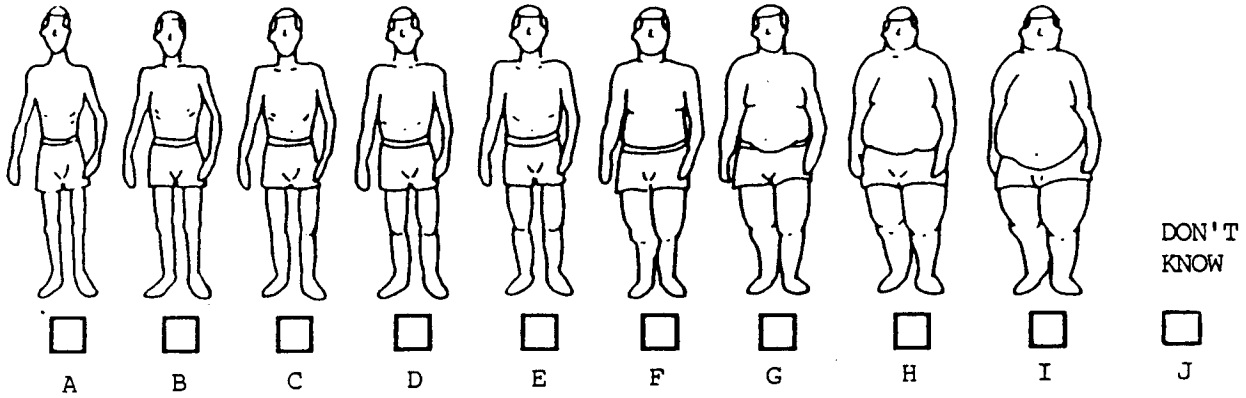
Anthropometric Measurements

	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. Upper-thigh circumference (right), cm	UPTHIG1 ____ . ____	UPTHIG2 ____ . ____	UPTHIG3 ____ . ____
19. Triceps skinfold (right), mm	TRIC1 ____	TRIC2 ____	TRIC3 ____
20. Subscapular skinfold (right), mm	SCAP1 ____	SCAP2 ____	SCAP3 ____
21. Suprailiac skinfold (right), mm	ILIAC1 ____	ILIAC2 ____	ILIAC3 ____
22. Signature of taker of anthropometric measurements:	SIGN2 _____		
23. ID of taker of anthropometric measurements	_____		

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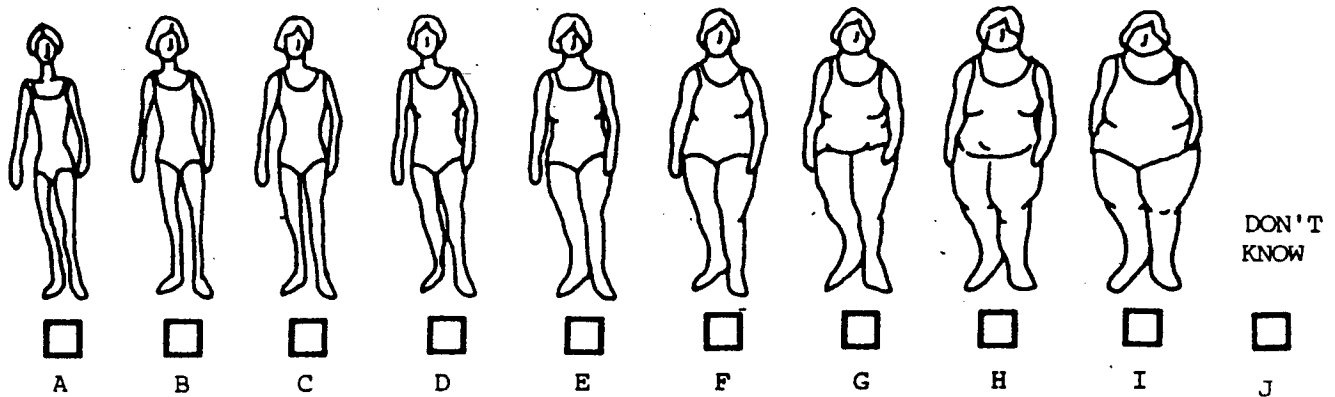
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24. Please mark the box under the figure that looks most like your natural (or real) father.



MALIMAGE

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



FEMIMAGE

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26. WASHINGTON, DC ONLY:

A. Are you of Hispanic origin (for example, Puerto Rican, Cuban, Latin American, Mexican-American, etc.)? .. YES NO

B. Which one of the following racial or ethnic groups best describes you:

- White 1
- Black 2
- Asian (for example, Chinese, Japanese East Indian) or Pacific Islander 3
- American Indian or Alaskan Native (for example, Eskimo) ... 4

C. If you feel that none of the answers above describes your race, what would you say?

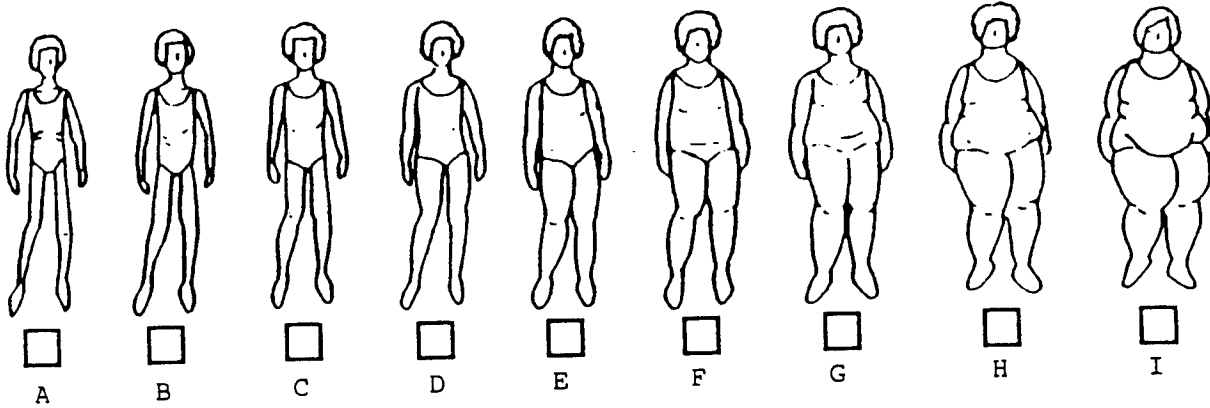
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27. Examiner's assessment of the body shape of examinee. Please mark the box under the figure that looks most like the child in the study.



EIMAGE

28. Signature of body shape examiner: SIGN5

29. ID of body shape examiner:

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Maturation Staging

Stage number

Unable to record:
Refused Other

NAARLR

30. Areolar stage

AREOLR

<input type="checkbox"/>	1	<input type="checkbox"/>	2
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NAPBHR

31. Pubic hair stage

PUBHR

<input type="checkbox"/>	1	<input type="checkbox"/>	2
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32. Signature of maturation stage examiner: SIGN4

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

Bioelectrical Impedance Measurements

34. A. Resistance RESIST

B. Reactance REACT

35. Signature of impedance measurer: SIGN3

36. ID of impedance measurer: - - - -

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Please ask Questions 37 - 43 of the child.

37. Have you started having your periods?
YES NO

If NO, skip to Question 40.

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

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

40. 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?
YES NO

B. What is this health or medical problem?

PREMK

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41. Are you currently taking any pills or medicines? **CURMEDS**
 YES NO

If YES, specify:

MREMK

42. Have you smoked more than 5 cigarettes in the past year? **SMOKE**
 YES NO

If YES, complete Question 43.

43. How many cigarettes did you smoke last week? **AMTSMK**

Thank you for answering these questions.

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NHLBI GROWTH AND HEALTH STUDY
INITIAL 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</u>), mmHg	Diastolic (5th <u>phase</u>), mmHg
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>
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8. Blood pressure,
third reading

	<u>SYS3</u>	<u>DIA43</u>	<u>DIA53</u>
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9. Were there any problems or special occurrences while determining the MIL or taking blood pressures?
PROBLEMS
YES NO

If YES, specify: PROBRMK

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10. Site of pulse measurement:

- | | SITEPUL |
|-----------------------------------|----------------------------|
| 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

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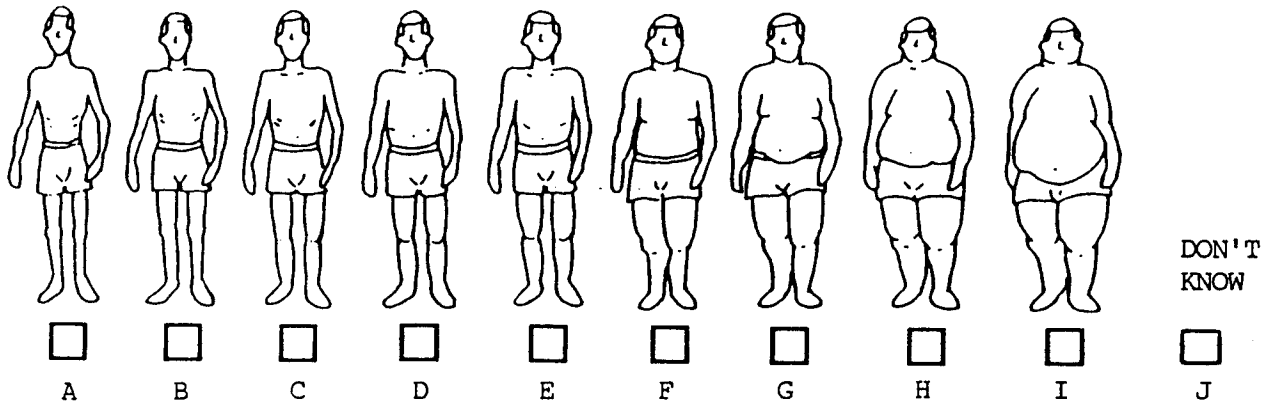
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	A	B	C
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19. Triceps skinfold (right), mm	<u>TRIC1</u>	<u>TRIC2</u>	<u>TRIC3</u>
20. Subscapular skinfold (right), mm	<u>SCAP1</u>	<u>SCAP2</u>	<u>SCAP3</u>
21. Suprailiac skinfold (right), mm	<u>ILIAC1</u>	<u>ILIAC2</u>	<u>ILIAC3</u>
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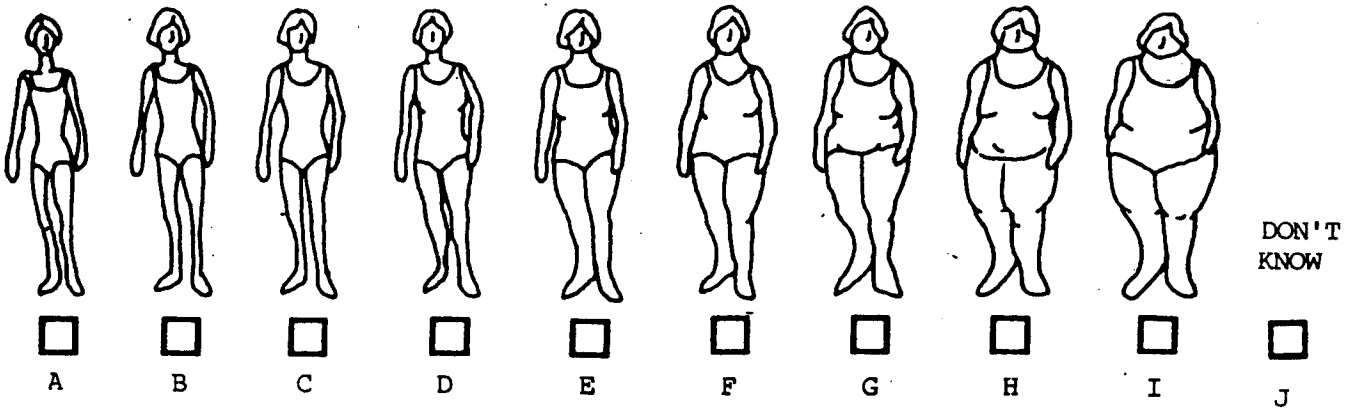
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MALIMAGE

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



FEMIMAGE

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Asian (for example, Chinese, Japanese East Indian) or Pacific Islander 3

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C. If you feel that none of the answers above describes your race, what would you say?

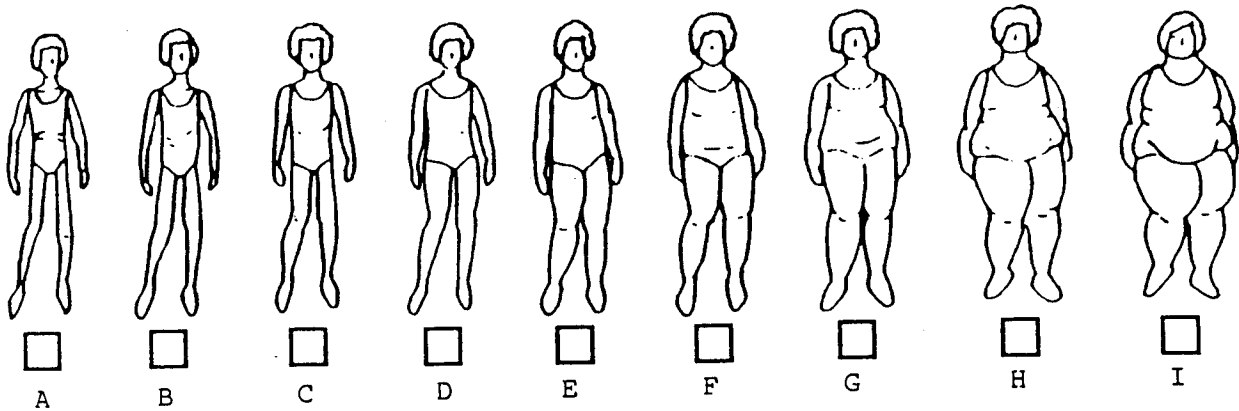
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EIMAGE

28. Signature of body shape examiner: SIGN5

29. ID of body shape examiner:

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

Bioelectrical Impedance Measurements

34. A. Resistance	<u>RESIST</u>
B. Reactance	<u>REACT</u>
35. Signature of impedance measurer:	<u>SIGN3</u>
36. ID of impedance measurer:	_____ - _____

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Please ask Questions 37 - 43 of the child.

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

If NO, skip to Question 40.

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

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

40. 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 | |

41. Are you currently taking any pills or medicines, not including vitamins? **CURMEDS**
 YES NO

If YES, specify:

_____ **MREMK** _____

42. Have you smoked more than 5 cigarettes in the past year? **SMOKE**
 YES NO

If YES, complete Question 43.

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Thank you for answering these questions.

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