NHLBI GROWTH AND HEALTH STUDY

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FTYPE NGHS Form 05 FREV Rev. 0 3/87

INITIAL EXAMINATION FORM - C

This form is to be completed the time of the baseline exami	by a clinical examiner for ination.	r each NGHS child at
ID number of NGHS child:		_ <u>RID</u>
Name code of NGHS child:		
Visit number:		<u>visit</u>
Please <u>PRINT</u> the child's full m	n ame:	
First Name	Middle Initial	Last Name
Name of school in Cincinnati o clinic in Washington:	r Richmond or name of Gro	up Health
	· · ·	
Date of examination:	<u>M</u> o	nth Day Year

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NHLBI GROWTH AND HEALTH STUDY

INITIAL EXAMINATION FORM - C

 $\sigma((2n+\epsilon_1+\epsilon_2)) \leq (4n)$

Blood	Pr	essure	Measur	ements

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 em)	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 obl largest value if two att	iterate pulse empts were mad	(enter de):	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	ed, or were	MIL260 YES NO
	If <u>YES</u> , skip to Questic	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 a	arm as blood p hird blood pre	ressure. Answer Que ssure readings.	stions 10 and
7.	Blood pressure, second reading		DIA42	DIA52
8.	Blood pressure, third reading	SYS3	DIA43	DIA53
9.	Were there any problems determining the MIL or	or special oc taking blood p	currences while ressures?	PROBLEMS YES NO
	If YES, specify:		PROBRMK	
I	D		VI	

A SECTION ASSESSMENT

NGHS Form 05 Rev. 0 3/87 Page 3 of 10

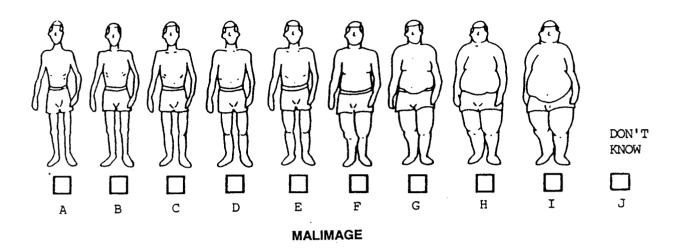
10.	Site of pulse measurement:	SITEPUL
		Radial
		Brachial
		Chest
		Not possible to measure pulse
	If NOT POSSIBLE TO MEASURE PULSE,	skip to Question 12.
11.	Pulse reading (number of beats couto be measured on same arm as bloo and second blood pressure readings	od pressure between first
12.	Signature of blood pressure and pu	ilse observer: SIGN1
13.	ID of blood pressure and pulse obs	server:
		· · · · · · · · · · · · · · · · · · ·
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Anth	ropometric Measurements			
		A	В	C
		First Measurement	Second Measurement	Third (if necessary)
14.	Height, cm	HT1	HT2·	HT3 ·
15.	Weight, kg	wr 1 ·	wt2 ·	wтз ·
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 ant	hropometric mea	asurements: SIGN2	and the second s
23.	ID of taker of anthropome	tric measuremen	its	

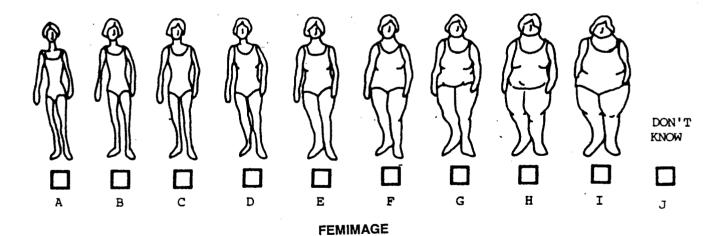
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1 10	- ;	- 11	i	÷		ii	''' !	
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24. Please mark the box under the figure that looks most like your natural (or real) father.

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

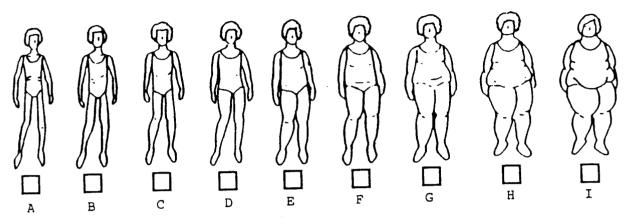


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WAS	HINGTON, DC ONLY:	
Α.	Are you of Hispanic origin (for example, Puerto Rican, Cuban, Latin American, Mexican-American, etc.)? YES	NO
В.	Which one of the following racial or ethnic groups best describes you:	
	White	
	Black	
	Asian (for example, Chinese, Japanese East Indian) or Pacific Islander	
	American Indian or Alaskan Native (for example, Eskimo)	
С.	If you feel that none of the answers above describes your race, what would you say?	
	(Record verbatim)	
	DATA FROM THIS PAGE ARE INCLUDED	
	А.	Rican, Cuban, Latin American, Mexican-American, etc.)? YES B. Which one of the following racial or ethnic groups best describes you: White Asian (for example, Chinese, Japanese East Indian) or Pacific Islander American Indian or Alaskan Native (for example, Eskimo) C. If you feel that none of the answers above describes your race, what would you say? (Record verbatim)

 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.

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	Signature of bo	- d- abasa	avaminar.	SIGN5
28.	Signature of bo	ody snape	e yamı neı .	

29. 10 of body shape examener:

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Matu	ration Staging	Stage number	Unable to record: Refused Other NAARLR
30.	Areolar stage	AREOLR	1 2
31.	Pubic hair stage	PUBHR	NAPBHR 1 2
32.	Signature of maturation stage examine	r: SIGN4	
33.	ID of maturation stage examiner:		
Bioe	lectrical Impedance Measurements		
34.	A. Resistance	• • • • • • • • • • • • • • • •	RESIST
	B. Reactance	• • • • • • • • • • • • • • • •	REACT
35.	Signature of impedance measurer: SIGN	3	
36.	ID of impedance measurer:	•••••	<u> </u>
	· .		
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II			VN

Ple	ase ask Questions 37 - 43 of the child.			
37.	Have you started having your periods?	••••	PERIODS YES	S NO
38.	If NO, skip to Question 40. When did you start having your periods?	DO_ST/	_ -	
39 .	When did your last period begin? Month	Day DO_LAS Day		
40.	Do you have a health or medical problem?	• • • • •	HLTHPRO YES	NO
	If <u>YES</u> , answer Questions A and B. A. Do you see a doctor or go to a clinic regularly for this health or medical problem?	•••••	DOCTOF	R NO
	B. What is this health or medical problem? PREMK			
		·		
ID		VN		

		Page 1	0 01 10
41.	Are you currently taking any pills or medicines?	CURI	NO NO
	If <u>YES</u> , specify:		
	MREMK		
42.	Have you smoked more than 5 cigarettes in the past year?	SMC	
		YES	NO
	If <u>YES</u> , complete Question 43.		
43.	How many eigarettes did you smoke last week?	. <u>AM</u>	SMK
	Thank you for answering these questions.		·

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NHLBI GROWTH AND HEALTH STUDY

FTYPE NGHS Form 05 FREV Rev. 1 7/87

INITIAL EXAMINATION FORM - C

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This form is to be completed by a clinical examithe time of the baseline examination.	ner for each	NGHS chil	d at
ID number of NGHS child:		RID	
Name code of NGHS child:	·····		
Visit number:		• • • • • • • •	VISIT
Please PRINT the child's full name:			
First Name Middle Initial Name of school in Cincinnati or Richmond or name clinic in Washington:	of Group Hea	Last Na	me
·			
Date of examination:	Month	DO_FORM	Year

ID						
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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	
٠	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)		l
	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 obl largest value if two att	iterate pulse empts were mad	(enter de):	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 determin	ed, or were	MIL260 YES NO
	If <u>YES</u> , skip to Questic	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 a	arm as blood p hird blood pre	ressure. Answer Que ssure 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	or special oc taking blood p	currences while ressures?	PROBLEMS YES NO
	If YES, specify:		PROBRMK	
	n		V	N
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10.	Site of pulse measurement:	SITEPUL
		Radial
		Brachial 2
		Chest
		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 bloo and second blood pressure readings	d pressure between first
12.	Signature of blood pressure and pu	lse observer: SIGN1
13.	ID of blood pressure and pulse obs	erver:
	•	
ID		VN
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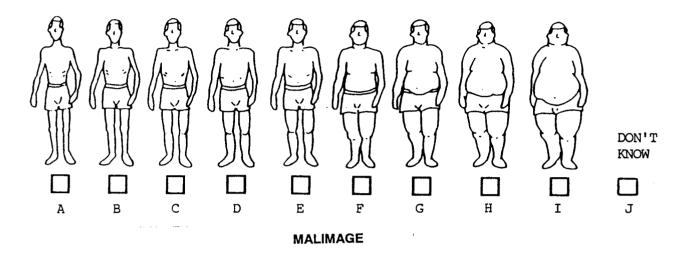
Anthropometric Measurements

		A First Measurement	B Second Measurement	C Third (if necessary)
14.	Height, cm	HT1	HT2	HT3
15.	Weight, kg	WT1	WT2	
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 ant	hropometric meas	urements: SIGN2	
23.	ID of taker of anthropome	tric measurement	s	··

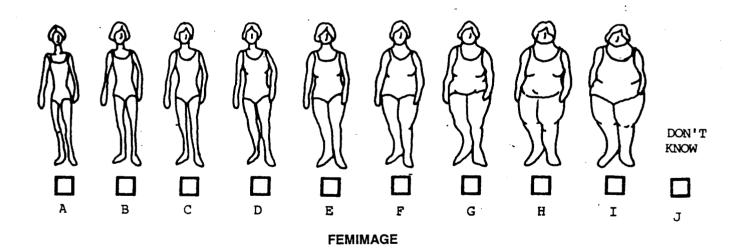
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	<u> </u>	11			11	

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

 $s_{i}(\varphi_{i}): s_{2}(\varphi_{i}) \mapsto 1_{\mathcal{F}_{i}}$



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



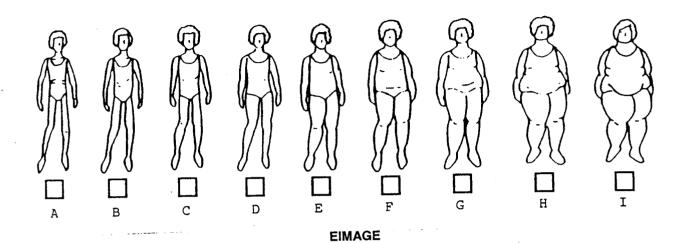
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26.	WAS	HINGTON, DC ONLY:	
	Α.	Are you of Hispanic origin (for example, Puerto Rican, Cuban, Latin American, Mexican-American, etc.)? YES	NO
	в.	Which one of the following racial or ethnic groups best describes you:	
		White	
		Black	
		Asian (for example, Chinese, Japanese East Indian) or Pacific Islander	
		American Indian or Alaskan Native (for example, Eskimo)	
	C.	If you feel that none of the answers above describes your race, what would you say? (Record verbatim)	
		DATA FROM THIS PAGE ARE INCLUDED ON THE FORM 02 DATA FILE.	

* 120 x 22 x 2 x 2 x

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.

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28.	Signature	οf	body	shape	examiner:	SIGN5

29.	ID (of	body	shape	examiner:	••••••			
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Matu	ration Staging	Stage number	Unable to record: Refused Other NAARLR
30.	Areolar stage	AREOLR	1 2
31.	Pubic hair stage	PUBHR	NAPBHR 1 2
32.	Signature of maturation stage examiner	: SIGN4	
33.	ID of maturation stage examiner:	•••••	
Bioe	lectrical Impedance Measurements		
34.	A. Resistance		RESIST
	B. Reactance	•••••	REACT
35.	Signature of impedance measurer: SIGN	3	_
36.	ID of impedance measurer:		····
			VN
ID		1	VN

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Ple	ase ask Questions 37 - 43 of the child.			
37•	Have you started having your periods?	••••	PERI YES	ODS NO
	If NO, skip to Question 40.			
38.	When did you start having your periods?	Mont	O_STAF	Year
39.	When did your last period begin?	DO_LA	STP	Year
40.	Do you have a health or medical problem?		HLTH YES	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	TOR NO
	B. What is this health or medical problem?			
	PREMK			
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* 12* 1 * 2 * 1 * 1

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VN

		Page 10 of 1
. •	Are you currently taking any pills or medicines, not including vitamins?	CURMEDS YES NO
	If YES, specify:	
	MREMK	
2.	Have you smoked more than 5 cigarettes in the past year?	SMOKE YES NO
	If YES, complete Question 43.	
3•	How many cigarettes did you smoke last week?	· AMTSMK
	Thank you for answering these questions.	

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