NHLBI GROWTH AND HEALTH STUDY

FOLLOW-UP EXAMINATION FORM - C

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

This form is to be completed by a clinical examiner for each NGHS child at the time of each annual examination.

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 Last Name

Date of examination: ..... ___ ___ - ___ ___ - ___ ___ **DO_FORM**
Month Day Year

OMB: 0925-0294
Expires 12/89

NGHS Form 18
Rev. 0 2/18/88
9 Pages

ID								
NC								
VN								

NHLBI GROWTH AND HEALTH STUDY

FOLLOW-UP EXAMINATION FORM - C

Blood Pressure Measurements

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

RTARM

Yes ..... ☐ 1

No, it is necessary to use the left arm ..... ☐ 2

No, it is not possible to use either arm ..... ☐ 3

If NO, explain: _____ **REMARK**

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

2. Cuff size used:

CUFF

Infant (10 - 18 cm) ..... ☐ 1

Child (> 18 - 25 cm) ..... ☐ 2

Adult (> 25 - 34 cm) ..... ☐ 3

Large arm (> 34 - 47 cm) ..... ☐ 4

Thigh (> 47 - 66 cm) ..... ☐ 5

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

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

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

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

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

If YES, skip to Question 9.

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

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	SYS2 ___ ___ ___	DIA42 ___ ___ ___	DIA52 ___ ___ ___
8. Blood pressure, third reading	SYS3 ___ ___ ___	DIA43 ___ ___ ___	DIA53 ___ ___ ___

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

If YES, specify: PROBRMK ________________________________

____

ID | | | | | | | VN | | |

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: ..... ___ - ___ ___ ___

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.

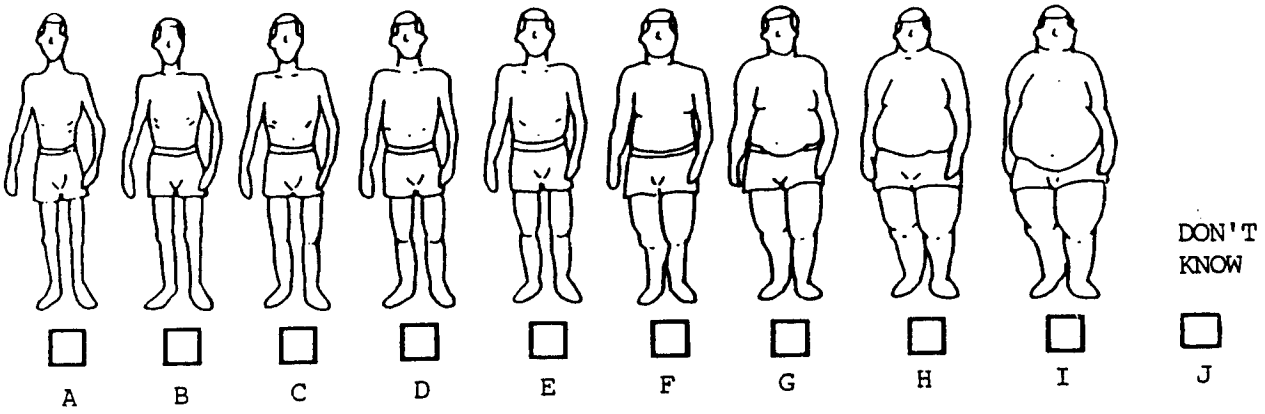
		A First Measurement	B Second Measurement	C Third (if necessary)
14.	Height, cm	HT1 ___.__	HT2 ___.__	HT3 ___.__
15.	Weight, kg	WT1 ___.__	WT2 ___.__	WT3 ___.__
16.	Clothing weight, kg. ...	CLOTH1 ___.__		
17.	Arm circumference (right), cm	ARMCIR1 __.__	ARMCIR2 __.__	ARMCIR3 __.__
18.	Waist circumference,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

24. Signature of taker of anthropometric measurements: SIGN2 _____

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

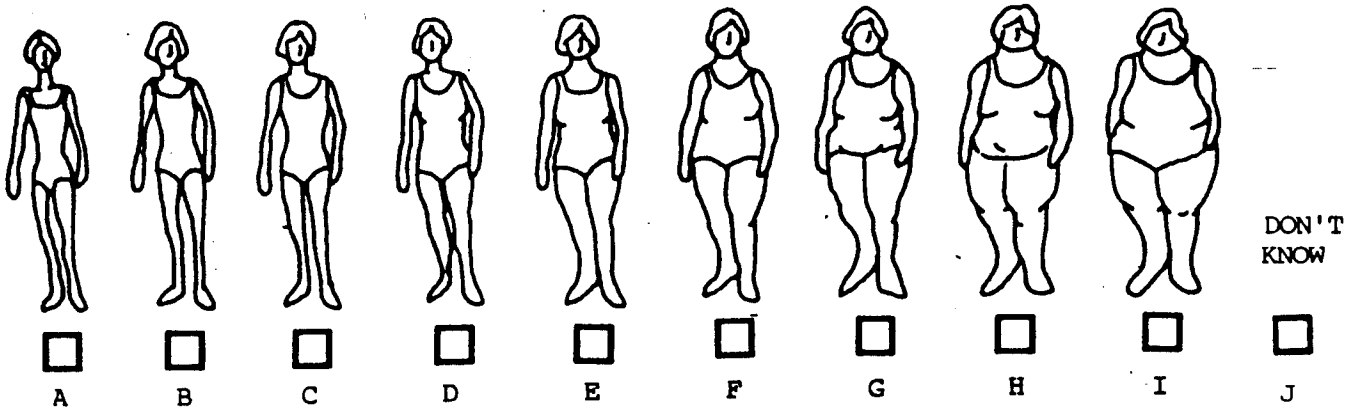
ID								VN		

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



MALIMAGE

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

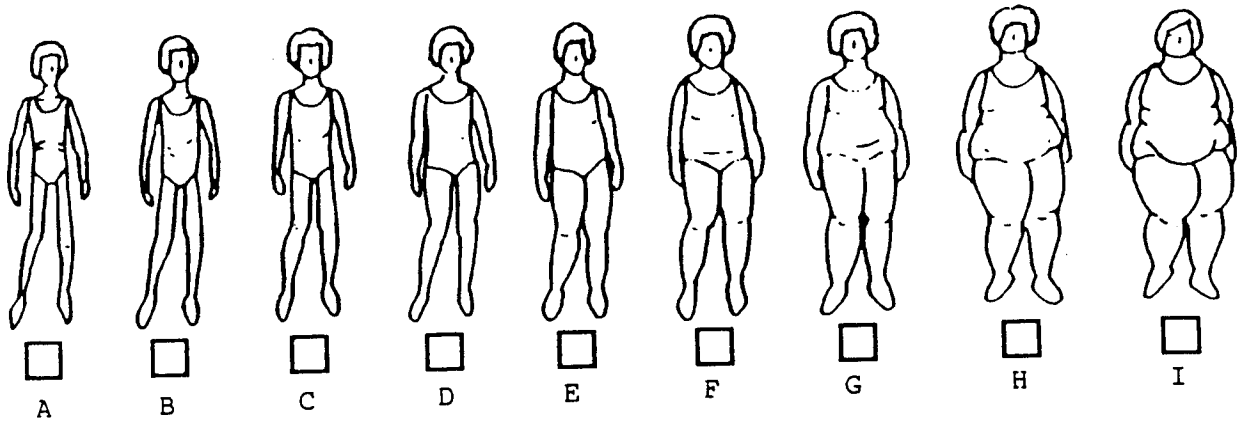


FEMIMAGE

ID

VN

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



EIMAGE

29. Signature of body shape examiner: SIGN5 _____

30. ID of body shape examiner: ..... ___ - ___ ___ ___

Maturation Staging	Stage number	Unable to record: Refused	Other
31. Areolar stage	AREOLR	NAARLR ☐ 1	☐ 2
32. Pubic hair stage	PUBHR	NAPBHR ☐ 1	☐ 2

33. Signature of maturation stage examiner: SIGN4 _____

34. ID of maturation stage examiner: ..... ___ - ___ ___ ___

Bioelectrical Impedance Measurements

35. A. Resistance ..... ___ RESIST ___

B. Reactance ..... ___ REACT ___

36. Signature of impedance measurer: SIGN3 _____

37. ID of impedance measurer: ..... ___ - ___ ___ ___

ID | | | | | | | | | |

VN | | | |

Please ask Questions 38 - 46 of the child.

PERIODS

38. Have you started having your periods? .... ☐ YES ☐ NO

If NO, skip to Question 41.

DO_STARP

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

DO_LASTP

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

BIRTHPIL

41. Are you taking birth control pills? .... ☐ YES ☐ NO

HLTHPROB

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

If YES, answer Questions A and B.

DOCTOR

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

____

____

ID								

VN		

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

If YES, specify:

MREMK _____

_____

44. Have you smoked any cigarettes in the past year?..... SMOKE ☐ YES ☐ NO

If YES, complete Questions 45 and 46.

45. Was it more than 5 cigarettes? ..... MOR5CIG ☐ YES ☐ NO

46. How many cigarettes did you smoke last week? ..... AMTSMK ___

Thank you for answering these questions.

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

This form is to be completed by a clinical examiner for each NGHS child at the time of each annual examination.

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 Last Name

Date of examination: ..... ___ ___ - **DO_FORM** - ___ ___
Month Day Year

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

ID	
NC	
VN	

NHLBI GROWTH AND HEALTH STUDY

FOLLOW-UP EXAMINATION FORM - C

Blood Pressure Measurements

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

RTARM

Yes ..... ☐ 1

No, it is necessary to use the left arm ..... ☐ 2

No, it is not possible to use either arm ..... ☐ 3

If NO, explain: REMARK _____

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

2. Cuff size used:

CUFF

Infant (10 - 18 cm) ..... ☐ 1

Child (> 18 - 25 cm) ..... ☐ 2

Adult (> 25 - 34 cm) ..... ☐ 3

Large arm (> 34 - 47 cm) ..... ☐ 4

Thigh (> 47 - 66 cm) ..... ☐ 5

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

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

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

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

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

If YES, skip to Question 9.

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

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	SYS2	DIA42	DIA52
8. Blood pressure, third reading	SYS3	DIA43	DIA53

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

If YES, specify: PROBRMK

ID								VN		

10. Site of pulse measurement: **SITEPUL**

Radial .... ☐ 1

Brachial .... ☐ 2

Chest .... ☐ 3

Not possible to measure pulse ... ☐ 4

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

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

12. Signature of blood pressure and pulse observer: **SIGN1** ____________________

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

ID								VN		

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.

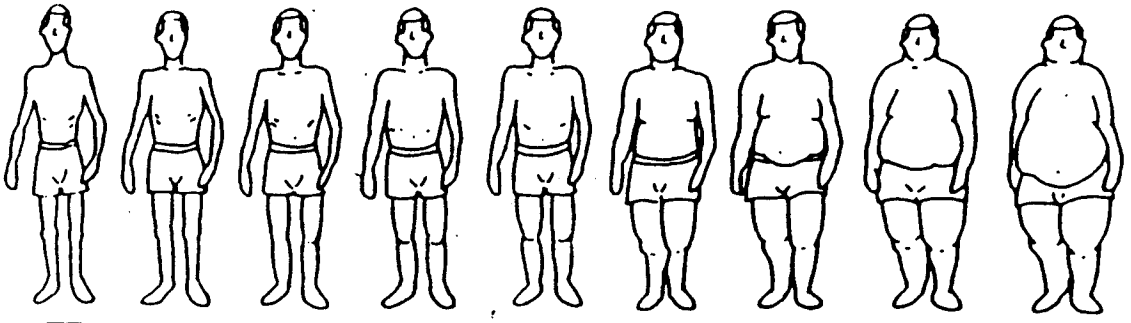
	A First Measurement	B Second Measurement	C Third (if necessary)
14. Height, cm	HT1 ___.__	HT2 ___.__	HT3 ___.__
15. Weight, kg	WT1 ___.__	WT2 ___.__	WT3 ___.__
16. Clothing weight, kg. ...	CLOTH1 ___.__		
17. Arm circumference (right), cm	ARMCIR1 __.__	ARMCIR2 __.__	ARMCIR3 __.__
18. Waist circumference,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

24. Signature of taker of anthropometric measurements: SIGN2 _____

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

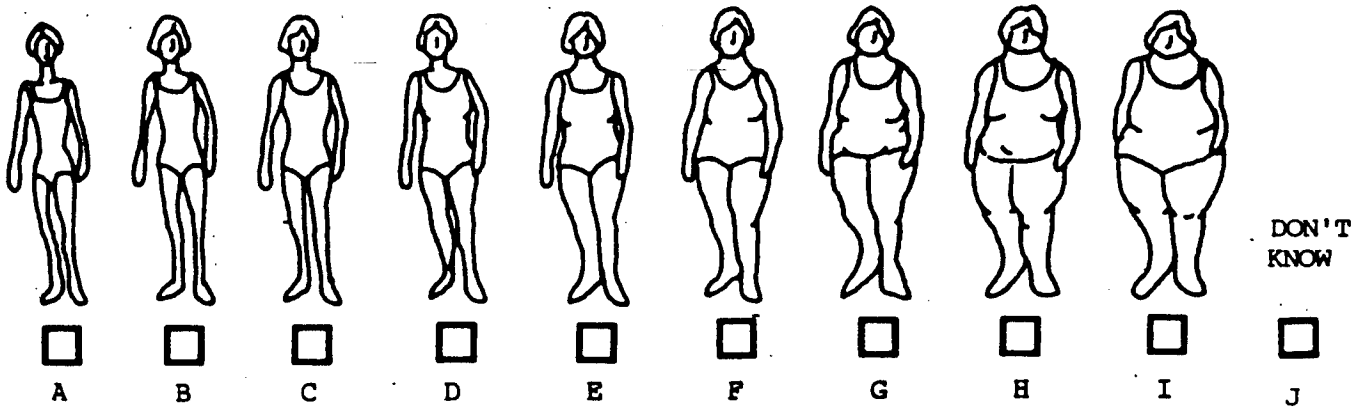
ID								VN		

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



MALIMAGE

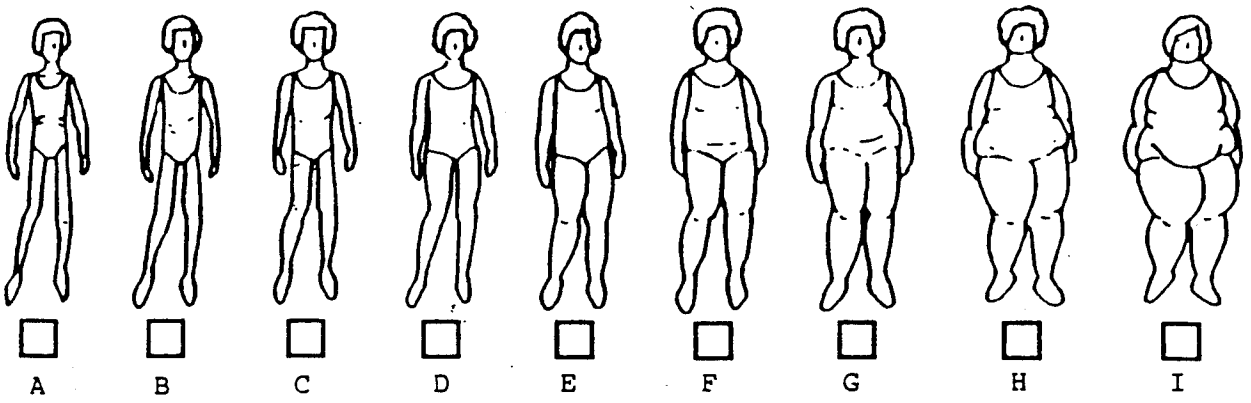
27. Please mark the box under the figure that looks most like your natural (or real) mother.



FEMIMAGE

ID								VN		

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



EIMAGE

29. Signature of body shape examiner: **SIGN5** _____

30. ID of body shape examiner: ..... ___ - ___ ___ ___

Maturation Staging	Stage number	Unable to record: Refused	Other
		NAARLR	
31. Areolar stage	AREOLR	☐ 1	☐ 2
		NAPBHR	
32. Pubic hair stage	PUBHR	☐ 1	☐ 2

33. Signature of maturation stage examiner: SIGN4 ______________________

34. ID of maturation stage examiner: .... ___ - ___ ___ ___

Bioelectrical Impedance Measurements

35. A. Resistance .... RESIST

B. Reactance .... REACT

36. Signature of impedance measurer: SIGN3 ______________________

37. ID of impedance measurer: .... ___ - ___ ___ ___

ID							

VN		

Please ask Questions 38 - 46 of the child.

PERIODS

38. Have you started having your periods? ..... ☐ YES ☐ NO

If NO, skip to Question 42.

DO_STARP

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

DO_LASTP

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

BIRTHPIL

41. Are you taking birth control pills? ..... ☐ YES ☐ NO

HLTHPROB

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

If YES, answer Questions A and B.

DOCTOR

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

_____

_____

ID | | | | | | |

VN | | |

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

If YES, specify:

MREMK ____

____

44. Have you smoked any cigarettes in the past year?............ SMOKE ☐ YES ☐ NO

If YES, complete Questions 45 and 46.

45. Was it more than 5 cigarettes? .... MOR5CIG ☐ YES ☐ NO

46. How many cigarettes did you smoke last week? .... AMTSMK ___ ___ ___

Thank you for answering these questions.

ID							

VN		

0925-0294 exp. 12/89

FTYPE
FREV

NGHS FORM 18
Rev. 2 1/89

NHLBI Growth And Health Study
Follow-Up Examination Form - C

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 | Last 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 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.

0925-0294 exp. 12/89

NGHS FORM 18
Rev. 2 1/89
9 Pages

NHLBI Growth And Health Study
Follow-Up Examination Form - C

ID							
NC							
VN							

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

BLOOD PRESSURE MEASUREMENTS

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

Yes ..... ☐ 1

No, it is necessary to use the left arm ..... ☐ 2

No, it is not possible to use either arm ..... ☐ 3

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

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

3. Cuff size used: **CUFF**

Infant (10 - 18 cm) ..... ☐ 1

Child (> 18 - 25 cm) ..... ☐ 2

Adult (> 25 - 34 cm) ..... ☐ 3

Large arm (> 34 - 47 cm) ..... ☐ 4

Thigh (> 47 - 66 cm) ..... ☐ 5

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

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

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

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

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

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

7. Blood pressure, second reading	**SYS2**	**DIA42**	**DIA52**
8. Blood pressure, third reading	**SYS3**	**DIA43**	**DIA53**

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

If *YES*, answer Question 9A.

A. What was the problem? **WHATPROB**

1. Background noise too loud . . . . . ☐ 1
2. Needed reinforcement . . . . . ☐ 2
3. K4 indistinguishable from K5 . . . . . ☐ 3
4. Other problem (specify below) . . . . . ☐ 4

PROBRMK

_____

_____

10. *NOTIFICATION LIMITS* (10 - 12 YEAR OLD)

USE MORE CONSERVATIVE FIGURE:

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

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

I have notified participant/parent of these readings.

Signature: _____

11. Site of pulse measurement: **SITEPUL**

Radial ..... ☐ 1

Brachial ..... ☐ 2

Not possible to measure pulse ..... ☐ 3

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

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

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

14. ID of blood pressure and pulse observer: ..... ___ - ___ ___ ___

ANTHROPOMETRIC MEASUREMENTS

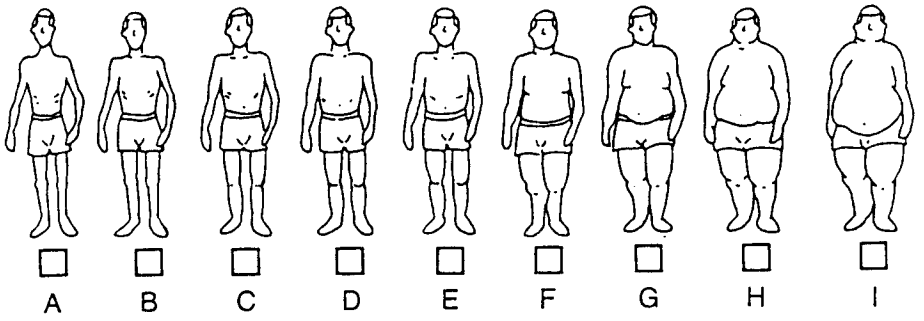
Do all of the first measurements (height through suprailiac skinfold) before doing the second measurements, and all of the second measurements before doing any third measurements.

	A First Measurement	*B Second Measurement*	*C Third (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

25. Signature of taker of anthropometric measurements: **SIGN2** _____

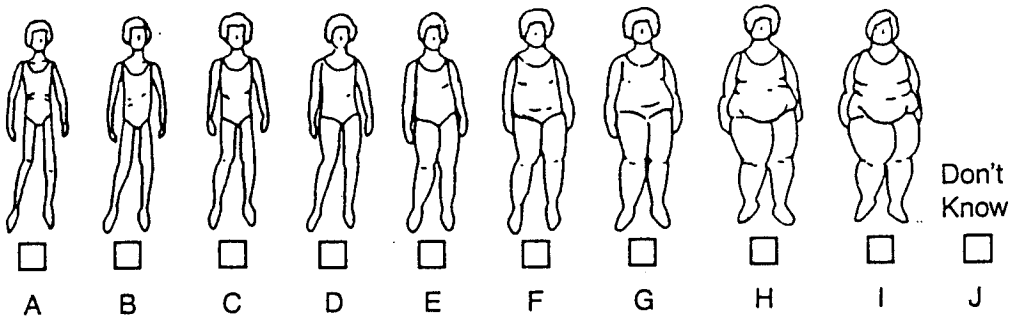
26. ID of taker of anthropometric measurements . . . . . ____-____ ____ ____

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



MALIMAGE

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



FEMIMAGE

Please ask Questions 29 - 37 of the child.

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

If *NO*, skip to Question 33.

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

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

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

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

If *YES*, answer Questions A and B.

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

B. What is this health or medical problem?

PREMK

_____

_____

34. Are you currently taking any pills or medicines, not including vitamins? . . . . . **CURMEDS** ☐ Yes ☐ No

If *YES*, specify:

MREMK _____

_____

35. Have you smoked any cigarettes in the past year? . . . . . **SMOKE** ☐ Yes ☐ No

If *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? . . . . . **AMTSMK** ___ ___ ___

MATURATION STAGING

	Stage number	*Unable to record:* *Refused*	*Other*
38. Areolar stage	**AREOLR**	**NAARLR** ☐ 1	☐ 2
39. Pubic hair stage	**PUBHR**	**NAPBHR** ☐ 1	☐ 2

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

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

BIOELECTRICAL IMPEDANCE MEASUREMENTS

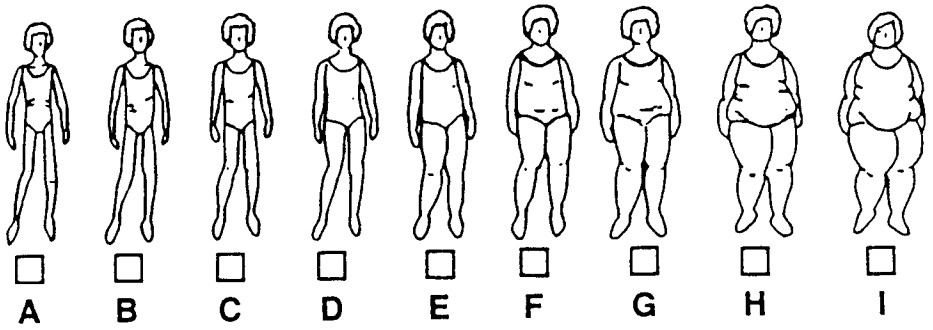
42. A. Resistance ..... RESIST

B. Reactance ..... REACT

43. Signature of impedance measurer: SIGN3

44. ID of impedance measurer: ..... ____-____ ____ ____

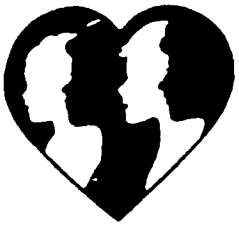
45. Examiner's assessment of the body shape of examinee. Please mark the box under the figure that looks most like the child in the study.



EIMAGE

46. Signature of body shape examiner: **SIGN5** _____

47. ID of body shape examiner: . . . . . ____-____ ____ ____



0925-0294
exp. 9/92

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 girl: ..... ___ ___ ___ ___ ___ ___

Visit number: ..... **VISIT**

Date: ..... ____ ____ - **DO_FORM** - ____ ____
Month Day Year

Please **PRINT** your full name:

_____
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.

0925-0294
exp. 9/92

NHLBI GROWTH AND HEALTH STUDY

FOLLOW-UP EXAMINATION FORM

NGHS Form 18
Rev. 3 12/89
9 Pages

ID						
NC						
VN						

BLOOD PRESSURE MEASUREMENTS

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

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

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

	A Systolic mmHg	B Diastolic (4th phase), mmHg	C Diastolic (5th phase) mmHg
5. Blood pressure, first reading	___ **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? ..... **PROBLEMS** ☐ Yes ☐ No

If YES, what was the problem?

WHATPROB

A. Background noise too loud ..... ☐ 1
B. Needed reinforcement ..... ☐ 2
C. K4 indistinguishable from K5 ..... ☐ 3
D. Other problem (specify below) ..... ☐ 4

PROBRMK

_____

_____

_____

9. NOTIFICATION LIMITS (12 - 13 YEAR OLD)

USE MORE CONSERVATIVE FIGURE:

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

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

I have notified participant/parent of these readings.

Signature: **NOTIFY** _____

10. Site of pulse measurement:

SITEPUL

Radial ..... ☐ 1

Brachial ..... ☐ 2

Not possible to measure pulse ..... ☐ 3

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

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

12. Signature of blood pressure and pulse observer: **SIGN1** _____

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

ANTHROPOMETRIC MEASUREMENTS

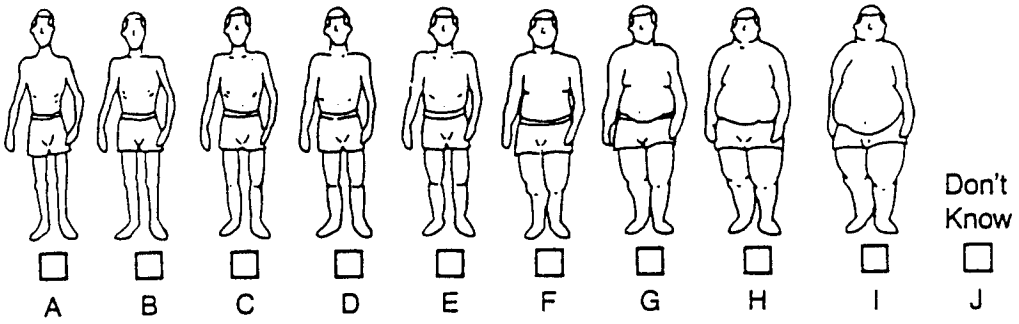
Do all of the first measurements (height through suprailiac skinfold) before doing the second measurements, and all of the second measurements before doing any third measurements.

	A First Measurement	B Second Measurement	C Third Measurement
14. Height, cm	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	TRIC1 ___	TRIC2 ___	TRIC3 ___
Check here if ≥ 50 mm			TRIC50 ☐
22. Subscapular skinfold (right) mm ..	SCAP1 ___	SCAP2 ___	SCAP3 ___
Check here if ≥ 50 mm			SCAP50 ☐
23. Suprailiac skinfold (right), mm ..	ILIAC1 ___	ILIAC2 ___	ILIAC3 ___
Check here if ≥ 50 mm			ILIAC50 ☐

24. Signature of taker of anthropometric measurements: SIGN2 _____

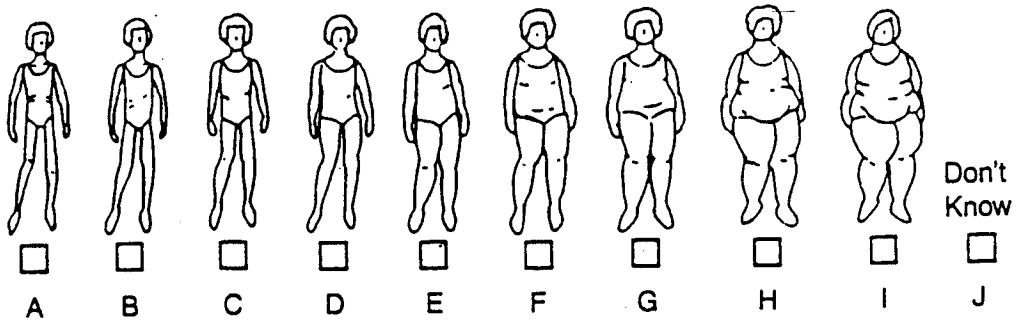
25. ID of taker of anthropometric measurements ..... ___-___ ___ ___

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



MALIMAGE

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



FEMIMAGE

Please ask Questions 28 -36 of the girl.

28. Have you started having your periods? ..... PERIODS ☐ Yes ☐ No

↓

Skip to Question 32.

29. When did you start having your periods? ..... DO_STARP __ __ - __ __ Month Year

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

31. Are you taking birth control pills? ..... BIRTHPIL ☐ Yes ☐ No

32. Do you have a health or medical problems? ..... HLTHPROB ☐ Yes ☐ No

↓

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

B. What is this health or medical problem?

PREMK

_____

_____

_____

33. Are you currently taking any pills or medicines, not including vitamins? ..... **CURMEDS** ☐ Yes ☐ No

↓

Specify:

MREMK _____

_____

34. Have you smoked any cigarettes in the past year? ... **SMOKE** ☐ Yes ☐ No

↓ Yes

Complete Questions 35 and 36.

↓ No

Skip to Question 37.

35. Was it more than 5 cigarettes? ..... **MOR5CIG** ☐ Yes ☐ No

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

MATURATION STAGING

	Stage number	Unable to record: Refused	Other
37. Areolar stage	**AREOLR**	**NAARLR** ☐ 1	☐ 2
38. Pubic hair stage	**PUBHR**	**NAPBHR** ☐ 1	☐ 2

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

40. ID of maturation stage examiner: ..... ___-___ ___ ___

BIOELECTRICAL IMPEDANCE MEASUREMENTS

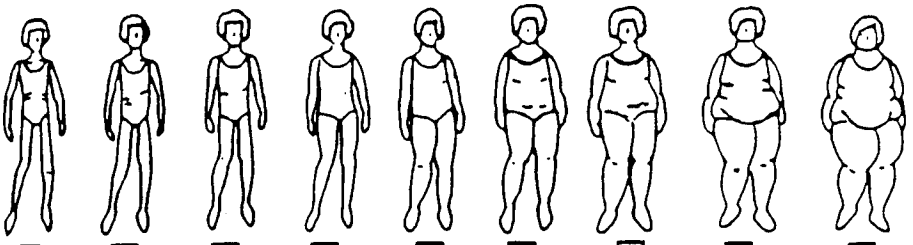
41. A. Resistance ..... RESIST

B. Reactance ..... REACT

42. Signature of impedance measurer: SIGN3

43. ID of impedance measurer: ..... ___-___ ___ ___

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



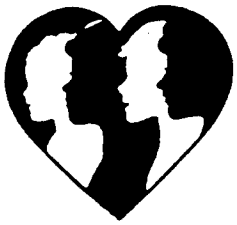
EIMAGE

45. Signature of body shape examiner: SIGN5 _____

46. ID of body shape examiner: ..... ___-___ ___ ___

0925-0294
exp. 9/92

FTYPE NGHS Form 18
FREV Rev. 4 10/90



NHLBI GROWTH AND HEALTH STUDY
FOLLOW-UP EXAMINATION FORM

ID number of NGHS girl: ..... ___-___ ___RID___ ___- ___

Name code of NGHS girl: ..... ___ ___ ___ ___ ___ ___

Visit number: ..... VISIT ___ ___

Date: ..... DO_FORM ___ ___ - ___ ___ - ___ ___
Month Day Year

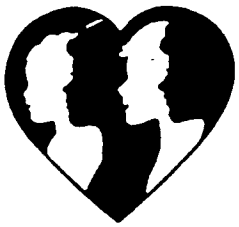
Please **PRINT** the girl's full name:

First Name Middle Initial Last 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.

0925-0294
exp. 9/92

NGHS Form 18
Rev. 4 10/90
9 Pages



NHLBI GROWTH AND HEALTH STUDY

FOLLOW-UP EXAMINATION FORM

ID							
NC							
VN							

BLOOD PRESSURE MEASUREMENTS

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

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

	A Systolic mmHg	B Diastolic (4th phase), mmHg	C Diastolic (5th phase) mmHg
5. Blood pressure, first reading	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? ..... PROBLEMS ☐ Yes ☐ No

If YES, answer Question 8A.

A. What was the problem?

WHATPROB

1. Background noise too loud ..... ☐ 1
2. Needed reinforcement ..... ☐ 2
3. K4 indistinguishable from K5 ..... ☐ 3
4. Other problem (specify below) ..... ☐ 4

PROBRMK

_____

_____

_____

9. NOTIFICATION LIMITS (13 - 14 YEAR OLD)

USE MORE CONSERVATIVE FIGURE:

> 154/98 - Check with physician today.

> 144/92 - Check with physician within 2 weeks.

> 130/86 - Check with physician within 3 months.

I have notified participant/parent of these readings.

Signature: **NOTIFY** _____

10. Site of pulse measurement:

SITEPUL

Radial ..... ☐ 1

Brachial ..... ☐ 2

Not possible to measure pulse ..... ☐ 3

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

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

12. Signature of blood pressure and pulse observer: **SIGN1** _____

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

ANTHROPOMETRIC MEASUREMENTS

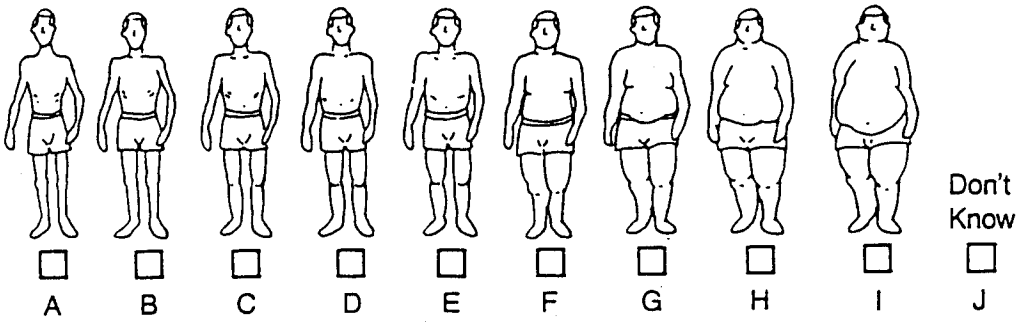
Do all of the first measurements (height through suprailiac skinfold) before doing the second measurements, and all of the second measurements before doing any third measurements.

	A First Measurement	B Second Measurement	C Third Measurement
14. Height, cm	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	TRIC1 ___ ___	TRIC2 ___ ___	TRIC3 ___ ___
Check here if ≥ 50 mm			TRIC50 ☐
22. Subscapular skinfold (right) mm ..	SCAP1 ___ ___	SCAP2 ___ ___	SCAP3 ___ ___
Check here if ≥ 50 mm			SCAP50 ☐
23. Suprailiac skinfold (right), mm ..	ILIAC1 ___ ___	ILIAC2 ___ ___	ILIAC3 ___ ___
Check here if ≥ 50 mm			ILIAC50 ☐

24. Signature of taker of anthropometric measurements: **SIGN2** _____

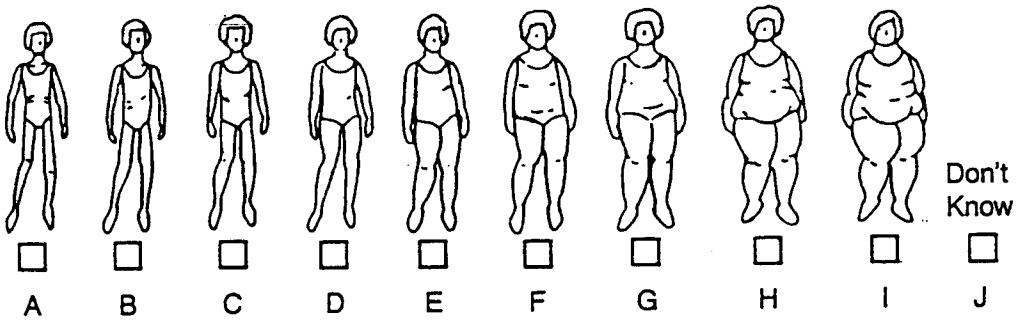
25. ID of taker of anthropometric measurements ..... ___-___ ___ ___

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



MALIMAGE

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



FEMIMAGE

Please ask Questions 28-36 of the girl.

28. Have you started having your periods? ..... PERIODS ☐ Yes ☐ No

If NO, skip to Question 32.

29. When did you start having your periods? ..... DO_STARP __ __ - __ __ Month Year

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

31. Are you taking birth control pills? ..... BIRTHPIL ☐ Yes ☐ No

32. Do you have a health or medical problem? ..... HLTHPROB ☐ Yes ☐ No

If YES, answer Questions A and B.

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

B. What is this health or medical problem?

PREMK

_____

_____

_____

33. Are you currently taking any pills or medicines, not including vitamins? ..... CURMEDS ☐ Yes ☐ No

If YES, specify:

MREMK _____

_____

34. Have you smoked any cigarettes in the past year? ... SMOKE ☐ Yes ☐ No

If YES, complete Questions 35 and 36.

35. Was it more than 5 cigarettes? ..... MOR5CIG ☐ Yes ☐ No

36. How many cigarettes did you smoke last week? ..... AMTSMK ___ ___ ___

MATURATION STAGING

	Stage number	Unable to record: Refused	Other
37. Areolar stage	AREOLR	NAARLR ☐ 1	☐ 2
38. Pubic hair stage	PUBHR	NAPBHR ☐ 1	☐ 2

39. Signature of maturation stage examiner: SIGN4 _____

40. ID of maturation stage examiner: ..... ___-___ ___ ___

BIOELECTRICAL IMPEDANCE MEASUREMENTS

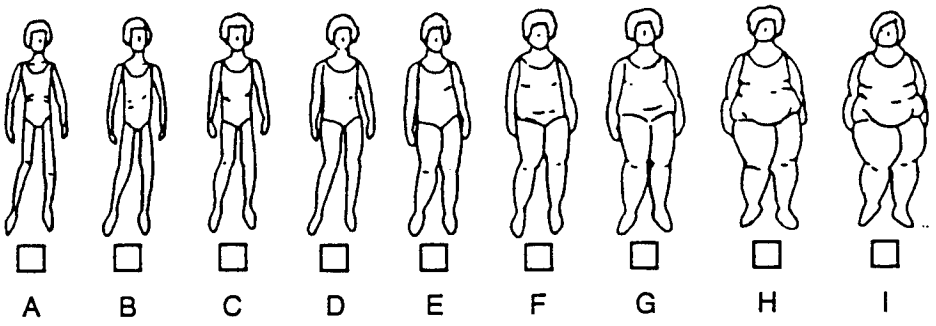
41. A. Resistance ..... RESIST

B. Reactance ..... REACT

42. Signature of impedance measurer: SIGN3

43. ID of impedance measurer: ..... ___-___ ___ ___

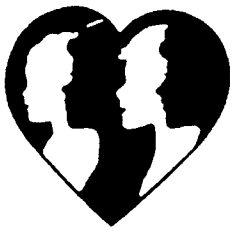
44. Examiner's assessment of the body shape of examinee. Please mark the box under the figure that looks most like the girl in the study.



EIMAGE

45. Signature of body shape examiner: **SIGN5** _____

46. ID of body shape examiner: ..... ___-___ ___ ___



FTYPE NGHS Form 18
FREV Rev. 5 1/92

GROWTH AND HEALTH STUDY

FOLLOW-UP EXAMINATION FORM

ID number of NGHS girl: . . . . ___-___ RID ___-___

Name code of NGHS girl: . . . . . ___ ___ ___ ___ ___ ___

Visit number: . . . . . VISIT

Date: . . . . . ___ ___ - DO_FORM - ___ ___
Month Day Year

Please **PRINT** your full name:

First Name Middle Initial Last Name

NGHS Form 18
Rev. 5 1/92
7 Pages

GROWTH AND HEALTH STUDY

FOLLOW-UP EXAMINATION FORM

ID							
NC							
VN							

BLOOD PRESSURE MEASUREMENTS

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

RTARM

Yes . . . . . ☐ 1

No, necessary to use left arm . . . . . ☐ 2

No, it is not possible to use either arm . . . . . ☐ 3

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

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

2. Cuff size used:

CUFF

Infant (> 10-18 cm) . . . . . ☐ 1

Child (> 18-25 cm) . . . . . ☐ 2

Adult (> 25-34 cm) . . . . . ☐ 3

Large arm (> 34-47 cm) . . . . . ☐ 4

Thigh (> 47-66 cm) . . . . . ☐ 5

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

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

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

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

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

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

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

If YES, answer Question 8A.

A. What is the problem? **WHATPROB**

1. Background noise too loud . . . . . ☐ 1
2. Needed reinforcement . . . . . ☐ 2
3. K4 indistinguishable from K5 . . . . . ☐ 3
4. Other problem (specify below) . . . . . ☐ 4

PROBRMK

_____

_____

_____

9. NOTIFICATION LIMITS (14 - 15 YEAR OLD)

USE MORE CONSERVATIVE FIGURE:

> 154/98 - Check with physician today.

> 144/92 - Check with physician within 1 week.

> 136/86 - Check with physician within 2 months.

I have notified participant/parent of these readings.

Signature: **NOTIFY** _____

10. Site of pulse measurement: **SITEPUL**

Radial . . . . . ☐ 1

Brachial . . . . . ☐ 2

Not possible to measure pulse . . . . . ☐ 3

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

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

12. Signature of blood pressure and pulse observer: **SIGN1** _____

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

ANTHROPOMETRIC MEASUREMENTS

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

		A. First Measurement	B. Second Measurement	C. Third Measurement	Verified
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				TRIC50
	Check here if unable to measure				TRICUN
22.	Subscapular skinfold (right) mm	SCAP1 ___	SCAP2 ___	SCAP3 ___	VSCAP
	Check here if ≥ 50 mm				SCAP50
	Check here if unable to measure				SCAPUN
23.	Suprailiac skinfold (right) mm	ILIAC1 ___	ILIAC2 ___	ILIAC3 ___	VILIAC
	Check here if ≥ 50 mm				ILIAC50
	Check here if unable to measure				ILIACUN

24. Signature of taker of anthropometric measurements: SIGN2 _____

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

26. Are you currently taking any pills or medicines, not including vitamins? . . . . . CURMEDS ☐ Yes ☐ No

If YES, specify:

MREMK

_____

_____

27. Do you have a health or medical problem? . . . . . HLTHPROB ☐ Yes ☐ No

If YES, answer Questions A and B.

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

B. What is this health or medical problem?

PREMK

_____

_____

_____

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

28. Have you started having your periods? . . . . . PERIODS ☐ Yes ☐ No

If NO, skip to Question 34.

29. When did you start having your periods? . . . . . DO_STARP __ __ - __ __
Month Year

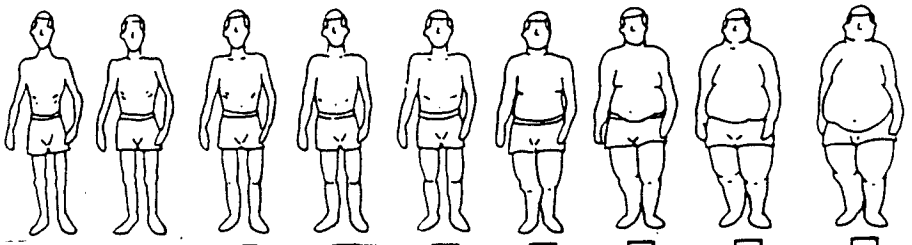
30. When did your last period begin? . . . . . DO_LASTP ___ ___ - ___ ___ - ___ ___
Month Day Year

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

32. Have you ever been pregnant? . . . . . PREGEVER ☐ Yes ☐ No

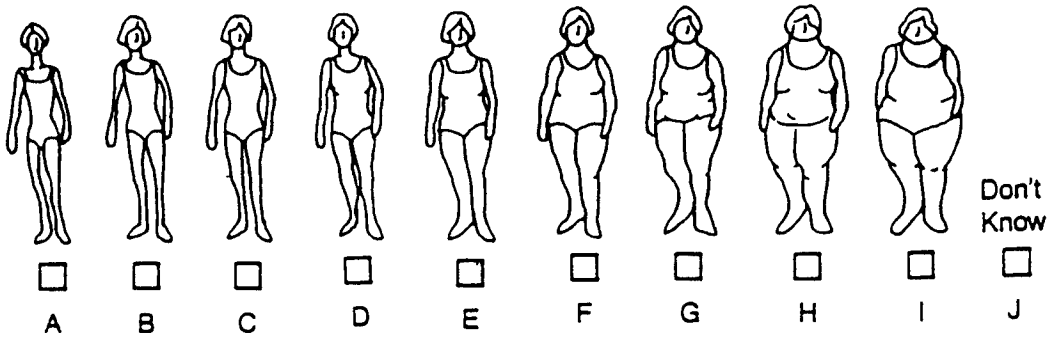
33. Are you pregnant now or have you been pregnant in the last 4 months? . . . . . PREGNOW ☐ Yes ☐ No

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



MALIMAGE

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



FEMIMAGE

MATURATION STAGING

36. **Maturation Stage Examiner:**

Has the girl previously achieved menarche and been classified as Stage 4? . . . . . **MATUR4** ☐ Yes ☐ No

If YES, skip to Question 41.

		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: . . . . . ___-___ ___ ___

BIOELECTRICAL IMPEDANCE MEASUREMENTS

41. A. Resistance . . . . . **RESIST**

B. Reactance . . . . . **REACT**

42. Signature of impedance measurer: **SIGN3** _____

43. ID of impedance measurer: . . . . . ___-___ ___ ___

Thanks for taking the time to answer these questions.

FTYPE
FREV

NGHS Form 18
Rev. 6 9/92

GROWTH AND HEALTH STUDY

FOLLOW-UP EXAMINATION FORM

ID number of NGHS girl: . . . . ___-___ **RID** ___-___

Name code of NGHS girl: . . . . . ___ ___ ___ ___ ___ ___

Visit number: . . . . . **VISIT**

Date: . . . . . **DO_FORM**

___ ___ - ___ ___ - ___ ___
Month Day Year

Please **PRINT** your full name:

First Name Middle Initial Last Name

NGHS Form 18
Rev. 6 9/92
7 Pages

GROWTH AND HEALTH STUDY

FOLLOW-UP EXAMINATION FORM

ID						
NC						
VN						

BLOOD PRESSURE MEASUREMENTS

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

RTARM

Yes . . . . . ☐ 1

No, necessary to use left arm . . . . . ☐ 2

No, it is not possible to use either arm . . . . . ☐ 3

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

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

2. Cuff size used:

CUFF

Infant (> 10-18 cm) . . . . . ☐ 1

Child (> 18-25 cm) . . . . . ☐ 2

Adult (> 25-34 cm) . . . . . ☐ 3

Large arm (> 34-47 cm) . . . . . ☐ 4

Thigh (> 47-66 cm) . . . . . ☐ 5

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

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

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

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

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

		A. Systolic	B. Diastolic (4th phase)	C. Diastolic (5th phase)
5.	Blood pressure, first reading (mmHg) . .	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? . . . . . PROBLEMS ☐ Yes ☐ No

If YES, answer Question 9A.

A. What is the problem? WHATPROB

1. Background noise too loud . . . . . ☐ 1
2. Needed reinforcement . . . . . ☐ 2
3. K4 indistinguishable from K5 . . . . . ☐ 3
4. Other problem (specify below) . . . . . ☐ 4

PROBRMK

10. NOTIFICATION LIMITS (14 - 15 YEAR OLD)

USE MORE CONSERVATIVE FIGURE:

> 154/98 - Check with physician today.

> 144/92 - Check with physician within 1 week.

> 136/86 - Check with physician within 2 months.

I have notified participant/parent of these readings.

Signature: _____ **NOTIFY**

11. Site of pulse measurement: **SITEPUL**

Radial . . . . . ☐ 1

Brachial . . . . . ☐ 2

Not possible to measure pulse . . . . . ☐ 3

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

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

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

14. ID of blood pressure and pulse observer: . . . . . ___-___ ___ ___

ANTHROPOMETRIC MEASUREMENTS

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

	A. First Measurement	B. Second Measurement	C. Third Measurement	Verified
15. Height, cm	HT1 ___.___	HT2 ___.___	HT3 ___.___	VHT
16. Weight, kg	WT1 ___.___	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 ≥ 50 mm				TRIC50
Check here if unable to measure				TRICUN
23. Subscapular skinfold (right) mm	SCAP1 ___	SCAP2 ___	SCAP3 ___	VSCAP
Check here if ≥ 50 mm				SCAP50
Check here if unable to measure				SCAPUN
24. Suprailiac skinfold (right) mm	ILIAC1 ___	ILIAC2 ___	ILIAC3 ___	VILIAC
Check here if ≥ 50 mm				ILIAC50
Check here if unable to measure				ILIACUN

25. Signature of taker of anthropometric measurements: SIGN2 _____

26. ID of taker of anthropometric measurements: ___-___ ___ ___

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

_____

_____

_____

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

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

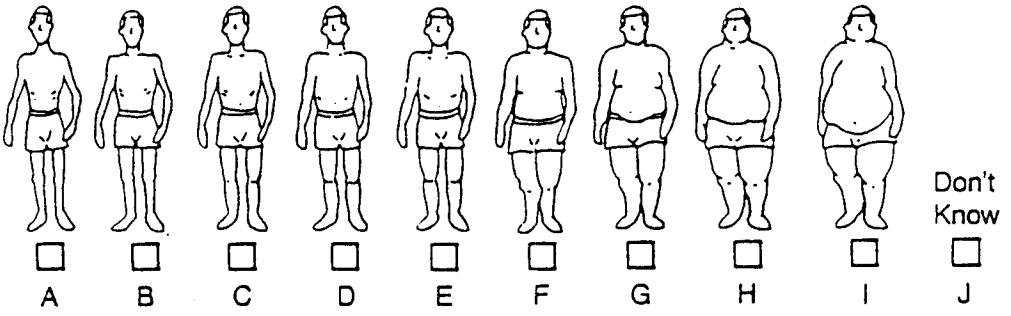
31. When did your last period begin? . . . . . **DO_LASTP** ___ ___ - ___ ___ - ___ ___
Month Day Year

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

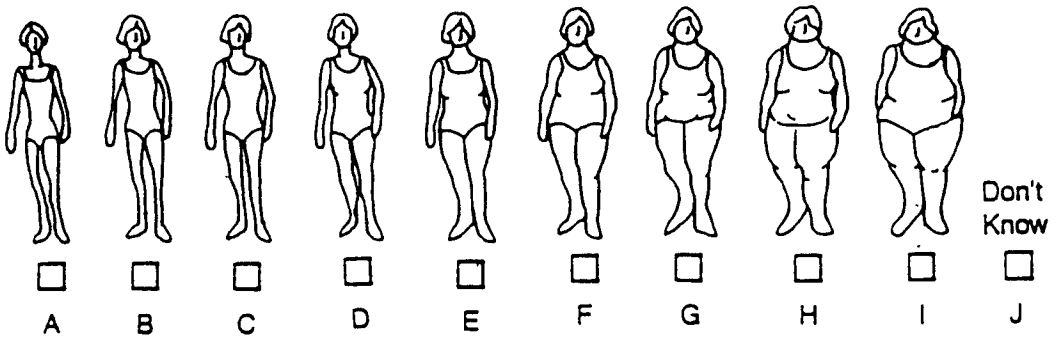
34. Are you pregnant now or have you been pregnant in the last 4 months? . . . . . **PREGNOW** ☐ Yes ☐ No

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



MALIMAGE

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



FEMIMAGE

MATURATION STAGING

37. Maturation Stage Examiner:

Has the girl previously achieved menarche and been classified as Stage 4? . . . . . **MATUR4** ☐ Yes ☐ No

If YES, skip to Question 42.

		Stage Number	Unable to record: Refused	Other
38.	A.S.	**AREOLR**	**NAARLR** ☐ 1	☐ 2
39.	P.H.S.	**PUBHR**	**NAPBHR** ☐ 1	☐ 2

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

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

BIOELECTRICAL IMPEDANCE MEASUREMENTS

42. A. Resistance . . . . . **RESIST** ___ ___ ___

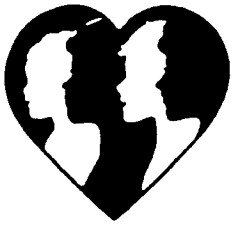
B. Reactance . . . . . **REACT** ___ ___ ___

43. Signature of impedance measurer: **SIGN3** _____

44. ID of impedance measurer: . . . . . ___-___ ___ ___

Thanks for taking the time to answer these questions.

FTYPE NGHS Form 18
FREV Rev. 7 1/93



GROWTH AND HEALTH STUDY
FOLLOW-UP EXAMINATION FORM

This form is to be completed by the NGHS girl.

ID number of NGHS girl: ..... ___ - ___ ___ ___ ___ - ___ **RID**

Name code of NGHS girl: ..... ___ ___ ___ ___ ___ ___

Visit number: ..... **VISIT**

Date: ..... ___ ___ - ___ ___ - ___ ___ **DO_FORM**
Month Day Year

Please **PRINT** your full name:

_____ _____ _____
First Name Middle Initial Last Name

NGHS Form 18
Rev. 7 1/93
8 Pages

GROWTH AND HEALTH STUDY
FOLLOW-UP EXAMINATION FORM

ID							
NC							
VN							

BLOOD PRESSURE MEASUREMENTS

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

RTARM

Yes ..... ☐ 1

No, necessary to use the left arm ..... ☐ 2

No, it is not possible to use either arm ..... ☐ 3

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

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

2. Cuff size used:

CUFF

Infant (> 10-18 cm) ..... ☐ 1

Child (> 18-25 cm) ..... ☐ 2

Adult (> 25-34 cm) ..... ☐ 3

Large arm (> 34-47 cm) ..... ☐ 4

Thigh (> 47-66 cm) ..... ☐ 5

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

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

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

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

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

	A. Systolic	B. Diastolic (4th phase)	C. Diastolic (5th phase)
5. Blood pressure, first reading (mmHg)	**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? ..... **PROBLEMS** ☐ Yes ☐ No

If **YES**, answer Question 9A.

A. What is the problem?

WHATPROB

1. Background noise too loud ..... ☐ 1
2. Needed reinforcement ..... ☐ 2
3. K4 indistinguishable from K5 ..... ☐ 3
4. Other problem (specify below) ..... ☐ 4

PROBRMK _____

_____

10. NOTIFICATION LIMITS (15 - 16 YEAR OLD)

USE MORE CONSERVATIVE FIGURE:

> 154/98 — Check with physician today.

> 144/92 — Check with physician within 1 week.

> 136/86 — Check with physician within 2 months.

I have notified participant/parent of these readings.

Signature: **NOTIFY** _____

11. Site of pulse measurement: **SITEPUL**

Radial ..... ☐ 1

Brachial ..... ☐ 2

Not possible to measure pulse ..... ☐ 3

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

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

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

14. ID of blood pressure and pulse observer: ..... __-__ __ __ __

ANTHROPOMETRIC MEASUREMENTS

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

	A. First Measurement	B. Second Measurement	C. Third Measurement	Verified
15. Height, cm	HT1 ___.___	HT2 ___.___	HT3 ___.___	VHT
16. Weight, kg	WT1 ___.___	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 circumference (right), cm	UPTHIG1 __.__	UPTHIG2 __.__	UPTHIG3 __.__	VUPTHIG
22. Triceps skinfold (right), mm	TRIC1	TRIC2	TRIC3	VTRIC
Check here if ≥ 50 mm				TRIC50
Check here if unable to measure				TRICUN
23. Subscapular skinfold (right), mm	SCAP1	SCAP2	SCAP3	VSCAP
Check here if ≥ 50 mm				SCAP50
Check here if unable to measure				SCAPUN
24. Suprailiac skinfold (right), mm	ILIAC1	ILIAC2	ILIAC3	VILIAC
Check here if ≥ 50 mm				ILIAC50
Check here if unable to measure				ILIACUN

25. Signature of taker of anthropometric measurements: SIGN2 _____

26. ID of taker of anthropometric measurements: ___-___ ___ ___

CURMEDS

27. Are you currently taking any pills or medicines, not including vitamins? ☐ Yes ☐ No

A. If YES, specify:

MREMK

_____

_____

HLTHPROB

28. Do you have a health or medical problem? ☐ Yes ☐ No

If **YES**, answer Questions A and B.

A. What is this health or medical problem?

PREMK

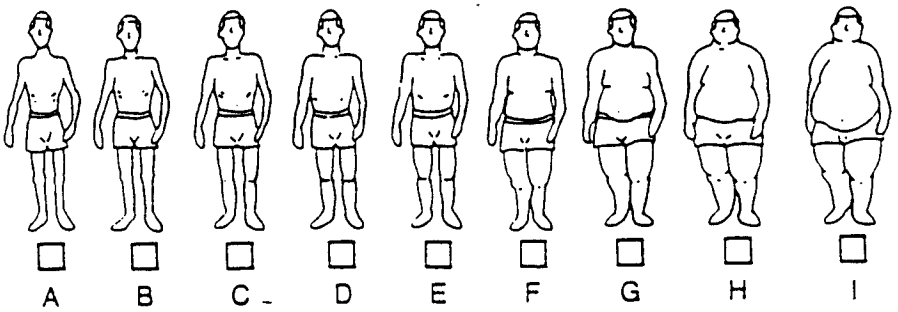
_____

_____

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

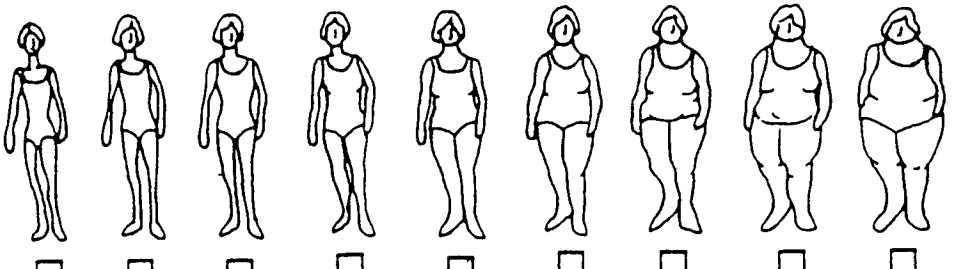
Remember that all the information you give us is **confidential** and will **not** be shared with parents, teachers, or friends.

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



MALIMAGE

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



FEMIMAGE

PERIODS

31. Have you started having your periods? ☐ Yes ☐ No

If **NO**, go to Question 43.

If **YES**, please continue.

DO_STARP

32. When did you start having your periods? __ __ - __ __ (Month - Year)

DO_LASTP

33. When did your last period begin? __ __ - __ __ - __ __ (Month - Day - Year)

BIRTHPIL

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

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? . . . . . **NPREG**

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

If **NO**, go to Question 43.

If **YES**, please continue.

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

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

A. **C_BDAT1** __ __ - __ __ - __ __ (Month - Day - Year)

B. **C_BDAT2** __ __ - __ __ - __ __ (Month - Day - Year)

C. **C_BDAT3** __ __ - __ __ - __ __ (Month - Day - Year)

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

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

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

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

If **YES**, do NOT measure BIA. Form is completed.

If **NO**, go to Question 43.

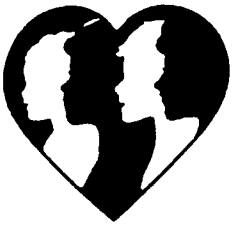
BIOELECTRICAL IMPEDANCE MEASUREMENTS

43. A. Resistance . . . . . **RESIST** ___ ___ ___

B. Reactance . . . . . **REACT** ___ ___ ___

44. Signature of impedance measurer: **SIGN3** _____

45. ID of impedance measurer: . . . . . ___-___ ___ ___



FTYPE
FREV

NGHS Form 18
Rev. 8 5/93

GROWTH AND HEALTH STUDY
FOLLOW-UP EXAMINATION FORM

This form is to be completed by the NGHS girl.

ID number of NGHS girl: ..... ___ - ___ **RID** ___ - ___

Name code of NGHS girl: ..... ___ ___ ___ ___ ___ ___

Visit number: ..... **VISIT**

Date: ..... **DO_FORM**

___ ___ - ___ ___ - ___ ___
Month Day Year

Please **PRINT** your full name:

_____
First Name Middle Initial Last Name

NGHS Form 18
Rev. 8 5/93
8 Pages

GROWTH AND HEALTH STUDY
FOLLOW-UP EXAMINATION FORM

ID							
NC							
VN							

BLOOD PRESSURE MEASUREMENTS

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

RTARM

Yes ..... ☐ 1

No, necessary to use the left arm ..... ☐ 2

No, it is not possible to use either arm ..... ☐ 3

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

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

2. Cuff size used:

CUFF

Infant (> 10-18 cm) ..... ☐ 1

Child (> 18-25 cm) ..... ☐ 2

Adult (> 25-34 cm) ..... ☐ 3

Large arm (> 34-47 cm) ..... ☐ 4

Thigh (> 47-66 cm) ..... ☐ 5

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

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

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

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

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

	A. Systolic	B. Diastolic (4th phase)	C. Diastolic (5th phase)
5. Blood pressure, first reading (mmHg)	**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**

PROBLEMS

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

If **YES**, answer Question 9A.

A. What is the problem?

WHATPROB

1. Background noise too loud . . . . . ☐ 1
2. Needed reinforcement . . . . . ☐ 2
3. K4 indistinguishable from K5 . . . . . ☐ 3
4. Other problem (specify below) . . . . . ☐ 4

PROBRMK

_____

_____

10. NOTIFICATION LIMITS (15 - 16 YEAR OLD)

USE MORE CONSERVATIVE FIGURE:

> 154/98 – Check with physician today.

> 144/92 – Check with physician within 1 week.

> 136/86 – Check with physician within 2 months.

I have notified participant/parent of these readings.

Signature: **NOTIFY** _____

11. Site of pulse measurement: **SITEPUL**

Radial ..... ☐ 1

Brachial ..... ☐ 2

Not possible to measure pulse ..... ☐ 3

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

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

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

14. ID of blood pressure and pulse observer: ..... __-__ __ __

ANTHROPOMETRIC MEASUREMENTS

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

	A. First Measurement	B. Second Measurement	C. Third Measurement	Verified
15. Height, cm	HT1 ___.___	HT2 ___.___	HT3 ___.___	VHT
16. Weight, kg	WT1 ___.___	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 circumference (right), cm	UPTHIG1 ___.___	UPTHIG2 ___.___	UPTHIG3 ___.___	VUPTHIG
22. Triceps skinfold (right), mm	TRIC1	TRIC2	TRIC3	VTRIC
Check here if ≥ 50 mm				TRIC50
Check here if unable to measure				TRICUN
23. Subscapular skinfold (right), mm	SCAP1	SCAP2	SCAP3	VSCAP
Check here if ≥ 50 mm				SCAP50
Check here if unable to measure				SCAPUN
24. Suprailiac skinfold (right), mm	ILIAC1	ILIAC2	ILIAC3	VILIAC
Check here if ≥ 50 mm				ILIAC50
Check here if unable to measure				ILIACUN

25. ID of anthropometric measurer for column: A. ___-___ ___ ___ B. ___-___ ___ ___

26. Signature of anthropometric measurer: A. SIGN2A _____ B. SIGN2B _____

CURMEDS

27. Are you currently taking any pills or medicines, not including vitamins? ☐ Yes ☐ No

A. If YES, specify:

MREMK

_____

_____

HLTHPROB

28. Do you have a health or medical problem? ☐ Yes ☐ No

If **YES**, answer Questions A and B.

A. What is this health or medical problem?

PREMK

_____

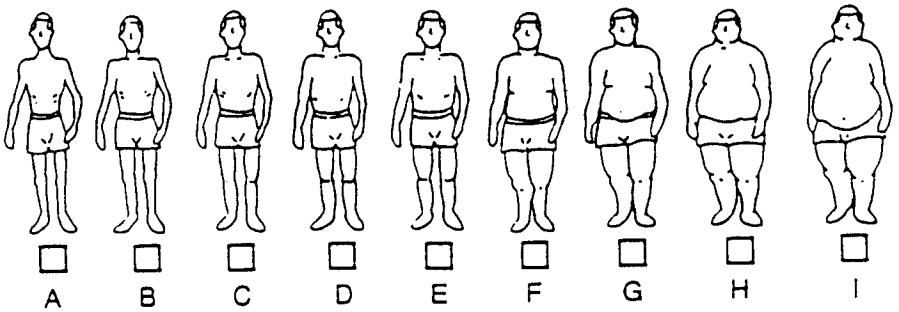
_____

DOCTOR

B. Do you see a doctor or go to a clinic regularly for this health or medical problem? ☐ Yes ☐ No

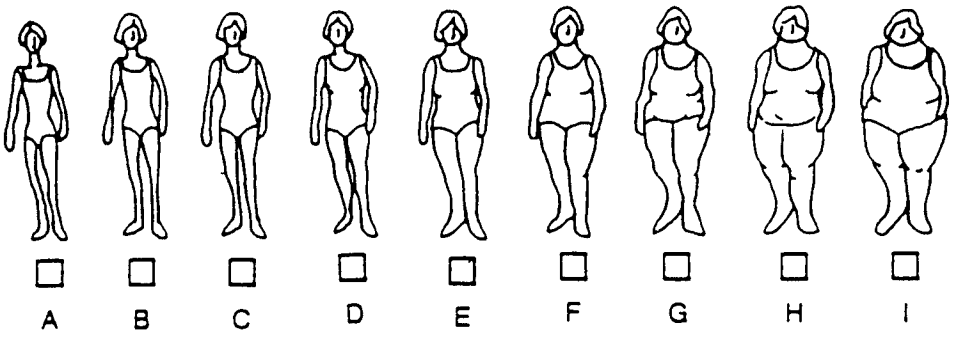
Remember that all the information you give us is **confidential** and will **not** be shared with parents, teachers, or friends.

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



MALIMAGE

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



FEMIMAGE

PERIODS

31. Have you started having your periods? ☐ Yes ☐ No

If **NO**, go to Question 43.

If **YES**, please continue.

DO_STARP

32. When did you start having your periods? ___ ___ - ___ ___ (Month - Year)

DO_LASTP

33. When did your last period begin? ___ ___ - ___ ___ - ___ ___ (Month - Day - Year)

BIRTHPIL

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

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? . . . . . **NPREG**

GBIRTH

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

If **NO**, go to Question 42.

If **YES**, please continue.

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

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

A. **C_BDAT1** __ __ - __ __ - __ __ (Month - Day - Year)

B. **C_BDAT2** __ __ - __ __ - __ __ (Month - Day - Year)

C. **C_BDAT3** __ __ - __ __ - __ __ (Month - Day - Year)

NURSING

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

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

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

PREGNOW

42. Are you pregnant now? . . . . . ☐ Yes ☐ No

If **YES**, do NOT measure BIA. Form is completed.

If **NO**, go to Question 43.

BIOELECTRICAL IMPEDANCE MEASUREMENTS

43. A. Resistance . . . . . RESIST

B. Reactance . . . . . REACT

44. Signature of impedance measurer: SIGN3

45. ID of impedance measurer: . . . . . ___-___ ___ ___