0925-0294 exp. 12/89

NHLBI GROWTH AND HEALTH STUDY

INITIAL EXAMINATION FORM - C

FTYPE NGHS Form 05
FREV Rev. 0 3/87

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

Name of school in Cincinnati or Richmond or name of Group Health clinic in Washington:

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

ID							
NC							
VN	0	0					

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.

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

	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. 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 ___

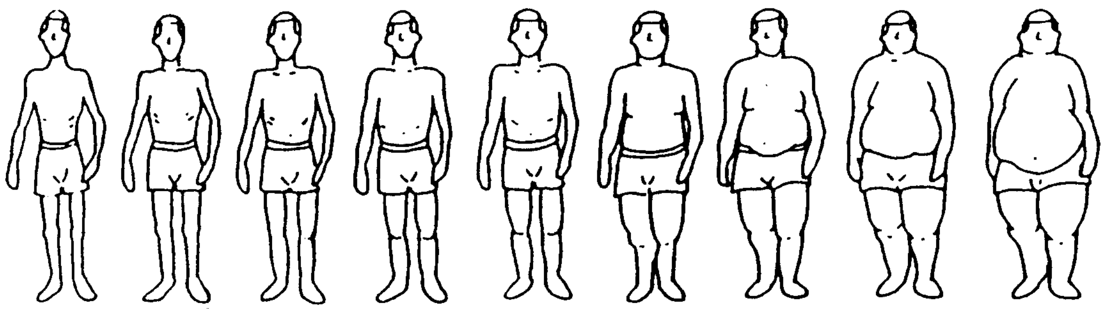
22. Signature of taker of anthropometric measurements: SIGN2 _____

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

ID							

VN		

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

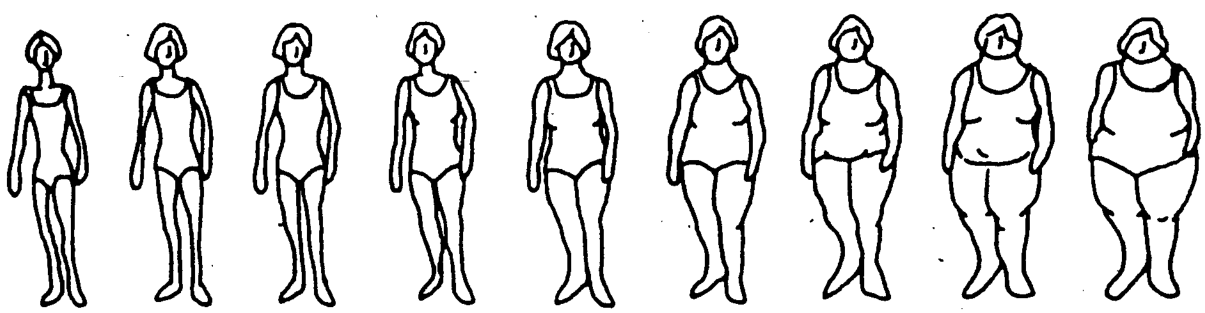


DON'T KNOW

A	B	C	D	E	F	G	H	I	J
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

MALIMAGE

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



DON'T KNOW

A	B	C	D	E	F	G	H	I	J
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

FEMIMAGE

ID

VN

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

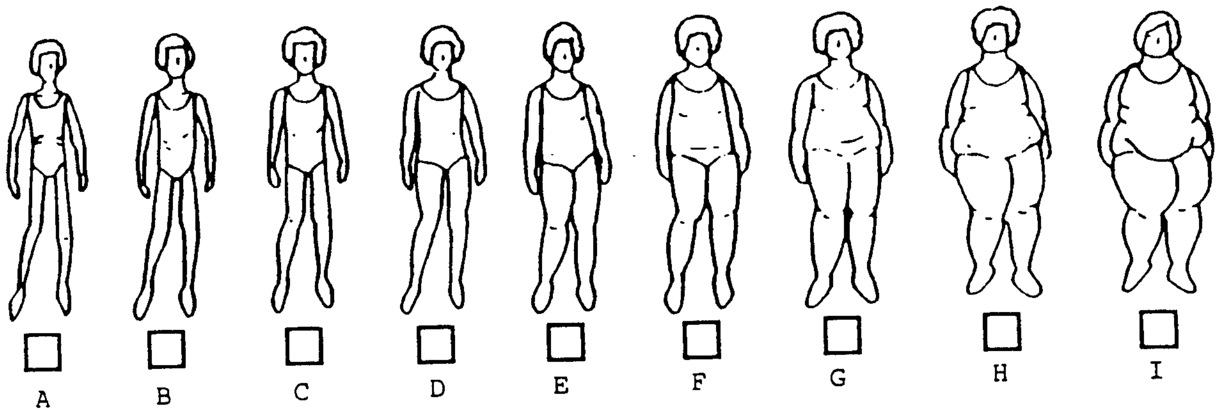
C. If you feel that none of the answers above describes your race, what would you say?

(Record verbatim) ____

____

DATA FROM THIS PAGE ARE INCLUDED ON THE FORM 02 DATA FILE.

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: .... ___ - ___ ___

Maturation Staging	Stage number	Unable to record: Refused	Other
		NAARLR	
30. Areolar stage	AREOLR ___	[ ] 1	[ ] 2
		NAPBHR	
31. Pubic hair stage	PUBHR ___	[ ] 1	[ ] 2

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: .... ___ - ___ ___

Please ask Questions 37 - 43 of the child.

PERIODS

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

If NO, skip to Question 40.

DO_STARP

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

DO_LASTP

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

HLTHPROB

40. 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 | | |

CURMEDS

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

If YES, specify:

MREMK

____

____

SMOKE

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

If YES, complete Question 43.

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

Thank you for answering these questions.

ID						

VN		

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ID							
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____

ID									VN		

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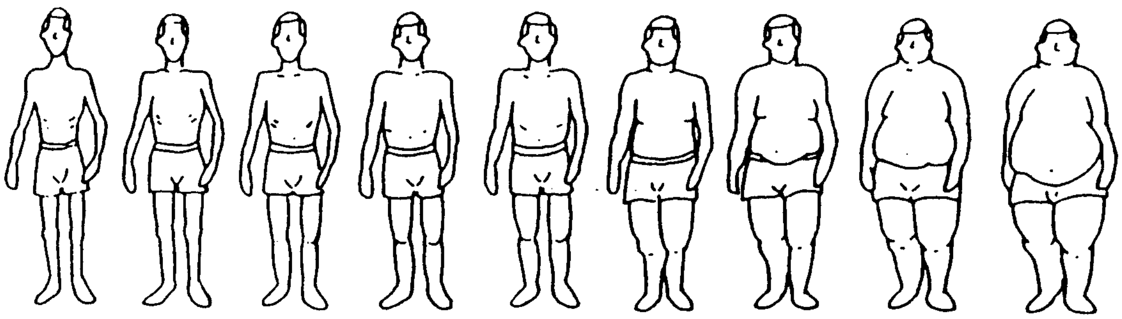

DON'T KNOW

☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐ I ☐ J

MALIMAGE

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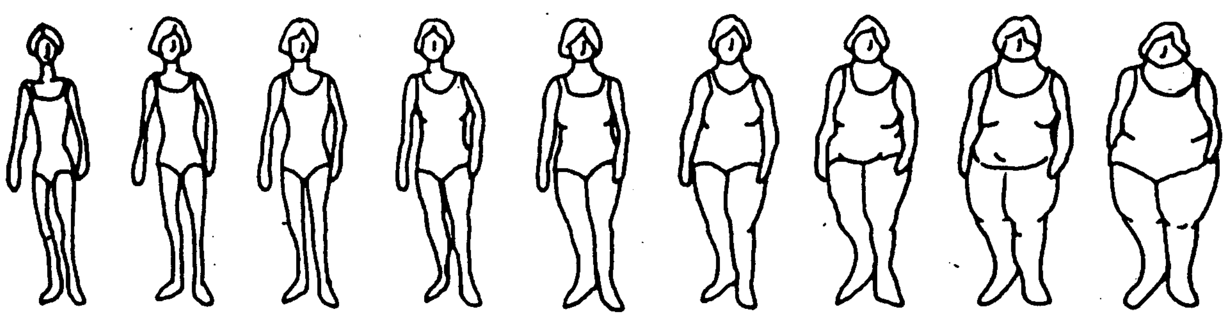

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FEMIMAGE

ID								VN		

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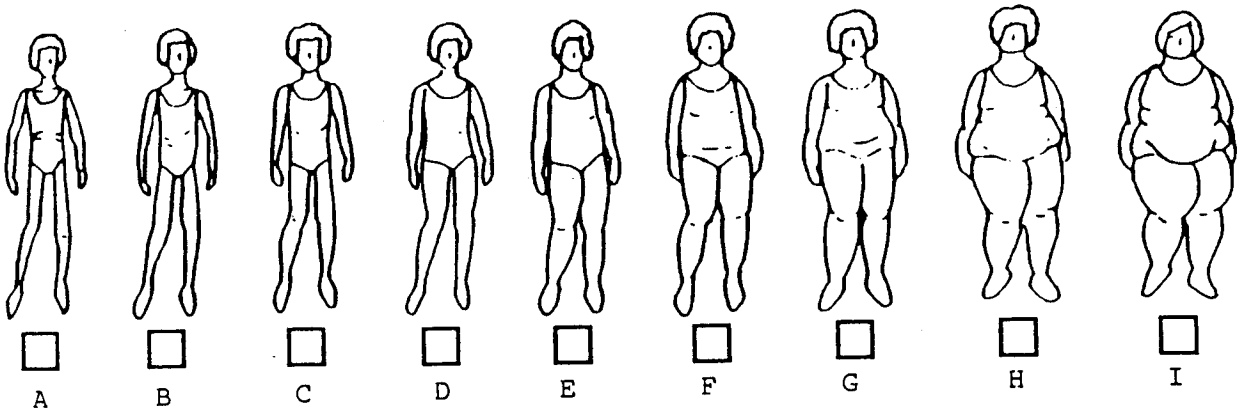

EIMAGE

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ID							

VN		

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ID								

VN		

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Month Year

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

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