

**L.A.FANS-2**  
**CHILD HEALTH MEASURES MODULE**

	<p>Notes:</p> <p>Preloads from earlier sections include:</p> <ul style="list-style-type: none"> <li>• Child's name</li> <li>• Child's age</li> <li>• Child's sex</li> </ul>	
<b>L1.</b>	<p>CAPI: CHILD'S AGE:</p> <ol style="list-style-type: none"> <li>1. LESS THAN 2 YEARS OLD (GO TO END)</li> <li>2. 2 YEARS TO LESS THAN 3 YEARS OLD (GO TO L4)</li> <li>3. 3 YEARS TO LESS THAN 5 YEARS OLD (GO TO L5A)</li> <li>4. 5 YEARS OR OLDER (GO TO L6)</li> </ol>	
<b>L4.</b>	<p>INTERVIEWER: IS THE CHILD ABLE TO STAND UNASSISTED?</p> <p>IF THIS ISN'T OBVIOUS, ASK THE PARENT WHETHER THE CHILD IS ABLE TO STAND UNASSISTED.</p> <ol style="list-style-type: none"> <li>1. CHILD IS NOT ABLE TO STAND UNASSISTED (GO TO END)</li> <li>2. CHILD IS ABLE TO STAND UNASSISTED</li> </ol> <p>ENTREVISTADOR: ¿PUEDE EL/LA NIÑO(A) PONERSE DE PIE SOLO(A)?</p> <p>MARQUE LA RESPUESTA."</p>	
<b>L4A1.</b>	<p>CAPI: INTRODUCTION FOR PARENT OF CHILD AT LEAST 2 YEARS OF AGE, BUT LESS THAN 3 YEARS OF AGE</p> <p>INTERVIEWER: FIND {bold}FORM D{normal} AND GIVE TO RESPONDENT'S PARENT.</p> <p>This sheet describes health measures for the Los Angeles Family and Neighborhood Survey Wave 2 (L.A.FANS-2) and asks you to give permission for your child {FILL CHILD'S NAME} to participate. Please carefully read the information below and ask any questions you have. Participation in the study is completely voluntary. Your child's participation is very important to the study because no one else in the community is exactly like your child and we cannot use anyone else in his or her place. L.A.FANS is an on-going study, and we may contact you in the future and ask you to participate again.</p>	

	<p>By signing the attached consent form you are agreeing to let your child participate in the <u>health measures</u> portion of L.A.FANS-2. It will take about 20 minutes to collect the health measures. If you give permission for your child to participate, you or your child can change your mind and stop at any time.</p> <p>Esta hoja describe las medidas de salud para la Encuesta Comunitaria de Los Ángeles Serie 2 (L.A.FANS-2, por sus siglas en inglés) y pide que nos dé su permiso para que su hijo(a) {FILL CHILD'S NAME} participe. Por favor, lea cuidadosamente la información que se encuentra a continuación y haga cualquier pregunta que tenga. La participación en este estudio es completamente voluntaria. La participación de su hijo(a) es muy importante para el estudio nadie más en la comunidad es exactamente igual a su niño(a) y no podemos usar a nadie más en su lugar. L.A.FANS es un estudio continuo y es posible que nos comuniquemos con usted en el futuro y le pidamos que participe de nuevo.</p> <p>Al firmar el formulario de consentimiento adjunto usted está de acuerdo en dejar que su hijo(a) participe en la <u>sección de medidas de salud de L.A.FANS-2</u>. Recolectar estas medidas tomará alrededor de 20 minutos. Si usted da su permiso para que su niño(a) participe, usted o su niño(a) pueden cambiar de parecer y parar en cualquier momento.</p>	
L4A.	<p>CAPI: INTRODUCTION FOR PARENT OF CHILD AT LEAST 2 YEARS OF AGE, BUT LESS THAN 3 YEARS OF AGE</p> <p>INTERVIEWER: GIVE {bold}FORM E{normal} TO RESPONDENT'S PARENT TO SIGN.</p> <p>As part of the Los Angeles Family and Neighborhood Survey we would like to measure [CHILD NAME]'s height and weight.</p> <p>In a few weeks you will get a letter telling you your child's height and weight and how they compare to other children of [his / her] age group.</p> <p>Let me review the <i>Information Sheet</i> and <i>Parental Informed Consent Form</i> with you now. Please feel free to ask me any questions you have at any point.</p> <p>INTRODUCCIÓN PARA EL PADRE/LA MADRE/EL TUTOR DE NIÑOS DE 2 AÑOS DE EDAD O MÁS PERO MENOS DE 3 AÑOS</p> <p>Como parte de la Encuesta Comunitaria de Los Ángeles queremos medir la estatura y el peso de [CHILD NAME].</p> <p>En 4 a 6 semanas usted recibirá una carta dándole información sobre la</p>	

	<p>estatura y el peso de su niño(a) y cómo se compara con los de otros niños de la misma edad.</p> <p>Permítame revisar [ConsentFormFills] con usted ahora. Por favor hágame cualquier pregunta que tenga en cualquier momento.</p>	
<b>L5.</b>	<p>INTERVIEWER: REVIEW <u>INFORMATION SHEET</u> AND <u>PARENTAL INFORMED CONSENT FORM</u> FOR CHILDREN AT LEAST 2 YEARS OF AGE, BUT LESS THAN 3 YEARS OF AGE</p> <p>DID PARENT SIGN INFORMED CONSENT FORM AGREEING TO HAVE THEIR CHILD PARTICIPATE IN HEALTH MEASURES?</p> <p>MARK ONE:</p> <p>1. YES (GO TO L44) 5. NO (GO TO L93A)</p> <p>ENTREVISTADOR: REVISE LA <u>HOJA INFORMATIVA</u> Y EL <u>CONSENTIMIENTO INFORMADO PARA LOS PADRES</u> DE NIÑOS DE POR LO MENOS 2 AÑOS DE EDAD, PERO DE MENOS DE 3 AÑOS DE EDAD.</p> <p>¿FIRMÓ LA EL PADRE/LA MADRE/EL TUTOR EL CONSENTIMIENTO INFORMADO DANDO PERMISO PARA QUE SU NIÑO(A) PARTICIPE EN LAS MEDIDAS DE SALUD?</p> <p>MARQUE UNA RESPUESTA:</p>	
<b>L5A.</b>	<p>CAPI: INTRODUCTION FOR PARENT AND CHILD 3 YEARS TO LESS THAN 5 YEARS OF AGE</p> <p>INTERVIEWER: READ THIS INTRODUCTION TO THE PARENT AND THE CHILD <u>TOGETHER</u>.</p> <p>Now that we have completed the first portion of the Los Angeles Family and Neighborhood Survey, I would like your permission and [CHILD NAME]'s "okay" to collect some health measurements. This requires a separate consent form, so let me take a few moments to describe what is involved.</p> <p>If you agree, today I will measure [CHILD NAME]'s height and weight. I will also ask you to collect three samples of [CHILD NAME]'s saliva. For the saliva, I will leave instructions and a kit to collect the samples.</p>	

ENTREVISTADOR: ESTA INTRODUCCIÓN DEBE LEÉRSELE AL PADRE/A LA MADRE/AL TUTOR Y AL NIÑO O A LA NIÑA AL MISMO TIEMPO.

Ahora que hemos completado la primera sección de la Encuesta Comunitaria de Los Ángeles, quisiera pedirle permiso a usted y a [CHILD NAME]'s para obtener algunas medidas de salud. Esto requiere otro consentimiento informado, permítame un momento para describir lo que se requiere.

Si usted está de acuerdo, hoy voy a medir la estatura y peso de [CHILD NAME]'s. También le pediré a usted que obtenga tres muestras de saliva de [CHILD NAME]'s. Para la saliva, yo le voy a dar instrucciones y los materiales para obtener las muestras.

{FILL IF RESPONDENT IS SELECTED FOR DBS "We will then schedule a trained health technician to come to your home at a time that is convenient for you. The technician will take a small sample of blood by pricking [his / her] finger."}

[This section not translated]

In a few weeks, you will receive a letter telling you [CHILD NAME]'s height and weight and how they compare to other children of [his / her] age group. The letter will also include the results of the other health measures and advice on what they may mean.

Let's review the Information Sheet and Parental Informed Consent Form for the child health measures. Both of you should ask me any questions you have at any point.

En 4 a 6 semanas, usted recibirá una carta informándole sobre la estatura y el peso de su niño(a) comparándolo(a) con los de otros niños de su edad. La carta también incluirá los resultados de otras medidas de salud y cómo interpretarlos.

Permítame revisar [ConsentFormFills]. Ustedes dos me pueden hacer cualquier pregunta que tengan en cualquier momento.

{FILL IF RESPONDENT IS SELECTED FOR DBS "INTERVIEWER: GIVE RESPONDENT'S PARENT {bold}FORM F{normal}.

This sheet describes the Los Angeles Family and Neighborhood Survey (L.A.FANS-2) health measures study and asks you to give permission for your child {FILL CHILD'S NAME} to participate. Please carefully read the information below and ask any questions you have. Participation in the

<p>study is completely voluntary. Your child's participation is very important to the study because no one else in the community is exactly like your child and we cannot use anyone else in his or her place.</p> <p>By signing the attached consent form you are agreeing to let your child participate in the <b>health measures</b> portion of L.A.FANS-2. It will take about 30 to 45 minutes to collect the health measures and another 15 minutes to explain how you should collect one additional measure. If you give permission for your child to participate, you or your child can change your mind and stop at any time.”}</p> <p>{FILL IF RESPONDENT IS <b>NOT</b> SELECTED FOR DBS “INTERVIEWER: GIVE RESPONDENT’S PARENT {bold}FORM G{normal}</p> <p>This sheet describes the Los Angeles Family and Neighborhood Survey (L.A.FANS-2) health measures study and asks you to give permission for your child {FILL CHILD’S NAME} to participate. Please carefully read the information below and ask any questions you have. Participation in the study is completely voluntary. Your child’s participation is very important to the study because no one else in the community is exactly like your child and we cannot use anyone else in his or her place.</p> <p>By signing the attached consent form you are agreeing to let your child participate in the health measures portion of L.A.FANS-2. It will take about 30 to 45 minutes to collect the health measures and another 15 minutes to explain how you should collect one additional measure. If you give permission for your child to participate, you or your child can change your mind and stop at any time.}</p> <p>{IF RESPONDENT IS SELECTED FOR DBS FILL “INTERVIEWER: IF PARENT HAS AGREED TO ALL HEALTH MEASURES GIVE PARENT {bold} FORM H{normal} TO SIGN. GIVE ONE COPY OF THE FORM TO THE PARENT, AND KEEP ONE YOURSELF.</p> <p>IF PARENT HAS ONLY AGREED TO SOME OF THE HEALTH MEASURES GIVE PARENT {bold}FORM J{normal} TO SIGN. GIVE ONE COPY OF THE FORM TO THE PARENT, AND KEEP ONE YOURSELF”}</p> <p>{IF RESPONDENT IS <b>NOT</b> SELECTED FOR DBS FILL “INTERVIEWER: IF PARENT HAS AGREED TO ALL HEALTH MEASURES GIVE PARENT {bold}FORM I{normal} TO SIGN. GIVE ONE COPY OF THE FORM TO THE PARENT, AND KEEP ONE YOURSELF</p> <p>IF PARENT HAS ONLY AGREED TO SOME OF THE HEALTH MEASURES GIVE PARENT {bold}FORM K{normal} TO SIGN. GIVE ONE COPY OF THE FORM TO THE PARENT, AND KEEP ONE YOURSELF”}</p>	
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	[This section not translated and not in code qx]	
L5B.	<p>INTERVIEWER: REVIEW <u>INFORMATION SHEET</u> AND <u>PARENTAL INFORMED CONSENT FORM</u> FOR CHILDREN 3 YEARS TO LESS THAN 5 YEARS OF AGE.</p> <p>DID PARENT SIGN PARENTAL <u>INFORMED CONSENT FORM</u> AGREEING TO HAVE THEIR CHILD PARTICIPATE IN HEALTH MEASURES?</p> <p>MARK ONE:</p> <p>1. YES (GO TO L8)  2. YES, AGREED TO SOME HEALTH MEASURES (GO TO L8)  5. NO (GO TO L93A)</p> <p>ENTREVISTADOR: REVISE LA <u>HOJA INFORMATIVA</u> Y EL <u>CONSENTIMIENTO INFORMADO PARA LOS PADRES</u> DE NIÑOS DE POR LO MENOS 3 AÑOS DE EDAD, PERO DE MENOS DE 5 AÑOS DE EDAD.</p> <p>¿FIRMÓ LA EL PADRE/LA MADRE/EL TUTOR EL <u>CONSENTIMIENTO INFORMADO</u> PARA LOS PADRES DANDO PERMISO PARA QUE SU NIÑO(A) PARTICIPE EN LAS MEDIDAS DE SALUD?</p> <p>MARQUE UNA RESPUESTA:</p>	
L6.	<p>CAPI: INTRODUCTION FOR PARENT AND CHILD 5 YEARS OF AGE OR AGE OR OLDER</p> <p>INTERVIEWER: READ THIS INTRODUCTION TO THE PARENT AND THE CHILD <u>TOGETHER</u>.</p> <p>Now that we have completed the first portion of the Los Angeles Family and Neighborhood Survey, I would like your permission and [CHILD NAME]'s "okay" to collect some health measurements. This requires a separate consent form, so let me take a few moments to describe what is involved.</p> <p>If you agree, today I will measure [CHILD NAME]'s blood pressure, height and weight, and give [CHILD NAME] a simple breathing test. I will also ask you to collect three samples of [CHILD NAME]'s saliva. For the saliva, I will leave instructions and a kit to collect the samples.</p>	

INTRODUCCIÓN PARA PADRES DE NIÑOS DE 5 AÑOS DE EDAD O MÁS

ENTREVISTADOR: ESTA INTRODUCCIÓN DEBE LEÉRSELE AL PADRE/A LA MADRE/AL TUTOR Y AL NIÑO O A LA NIÑA AL MISMO TIEMPO.

Ahora que hemos completado la primera sección de la Encuesta Comunitaria de Los Ángeles, quisiera pedirle permiso a usted y a [CHILD NAME]'s para obtener algunas medidas de salud. Esto requiere otro consentimiento informado, permítame un momento para describir lo que se requiere.

Si usted está de acuerdo, hoy voy a medir la presión sanguínea, la estatura y peso de [CHILD NAME]'s y le voy a hacer una evaluación simple de función respiratoria. También le pediré a usted que obtenga tres muestras de saliva de [CHILD NAME]'s. Para la saliva, yo le voy a dar instrucciones y los materiales para obtener las muestras.

{FILL FOR RESPONDENTS SELECTED FOR DBS: We will then schedule a trained health technician to come to your home at a time that is convenient for you. The technician will take a small sample of blood by pricking [his / her] finger.}

[This section not translated]

In a few weeks, you will receive a letter telling you [CHILD NAME]'s height and weight and how they compare to other children of [his / her] age group. The letter will also include the results of the other health measures and advice on what they may mean.

Let's review the Information Sheet, Parental Informed Consent Form, and [IF CHILD AGE > 6 YEARS] the Child Assent Form for the child health measures. Both of you should ask me any questions you have at any point.

En 4 a 6 semanas, usted recibirá una carta informándole sobre la estatura y el peso de su niño(a) comparándolo(a) con los de otros niños de su edad. La carta también incluirá los resultados de otras medidas de salud y cómo interpretarlos.

Permítame revisar ^ConsentFormFillsp. Ustedes dos me pueden hacer cualquier pregunta que tengan en cualquier momento.

{FILL IF RESPONDENT IS SELECTED FOR DBS "INTERVIEWER: GIVE RESPONDENT'S PARENT {bold}FORM F{normal}.

This sheet describes the Los Angeles Family and Neighborhood Survey (L.A.FANS-2) health measures study and asks you to give permission for your child {FILL CHILD'S NAME} to participate. Please carefully read the information below and ask any questions you have. Participation in the study is completely voluntary. Your child's participation is very important to the study because no one else in the community is exactly like your child and we cannot use anyone else in his or her place.

By signing the attached consent form you are agreeing to let your child participate in the **health measures** portion of L.A.FANS-2. It will take about 30 to 45 minutes to collect the health measures and another 15 minutes to explain how you should collect one additional measure. If you give permission for your child to participate, you or your child can change your mind and stop at any time.”}

{FILL IF RESPONDENT IS **NOT** SELECTED FOR DBS “INTERVIEWER: GIVE RESPONDENT’S PARENT {bold}FORM G{normal}

This sheet describes the Los Angeles Family and Neighborhood Survey (L.A.FANS-2) health measures study and asks you to give permission for your child {FILL CHILD'S NAME} to participate. Please carefully read the information below and ask any questions you have. Participation in the study is completely voluntary. Your child's participation is very important to the study because no one else in the community is exactly like your child and we cannot use anyone else in his or her place.

By signing the attached consent form you are agreeing to let your child participate in the health measures portion of L.A.FANS-2. It will take about 30 to 45 minutes to collect the **health measures** and another 15 minutes to explain how you should collect one additional measure. If you give permission for your child to participate, you or your child can change your mind and stop at any time.}

{IF RESPONDENT IS SELECTED FOR DBS FILL “INTERVIEWER: IF PARENT HAS AGREED TO ALL HEALTH MEASURES GIVE PARENT {bold} FORM H{normal} TO SIGN. GIVE ONE COPY OF THE FORM TO THE PARENT, AND KEEP ONE YOURSELF.

IF PARENT HAS ONLY AGREED TO SOME OF THE HEALTH MEASURES GIVE PARENT {bold}FORM J{normal} TO SIGN. GIVE ONE COPY OF THE FORM TO THE PARENT, AND KEEP ONE YOURSELF”}

{IF RESPONDENT IS NOT SELECTED FOR DBS FILL “INTERVIEWER: IF PARENT HAS AGREED TO ALL HEALTH MEASURES GIVE PARENT {bold}FORM I{normal} TO SIGN. GIVE ONE COPY OF THE FORM TO



	<p>THE PARENT, AND KEEP ONE YOURSELF</p> <p>IF PARENT HAS ONLY AGREED TO SOME OF THE HEALTH MEASURES GIVE PARENT {bold}FORM K{normal} TO SIGN. GIVE ONE COPY OF THE FORM TO THE PARENT, AND KEEP ONE YOURSELF”}</p> <p>[This section not translated and not in code qx]</p>	
L7.	<p>INTERVIEWER: REVIEW <u>INFORMATION SHEET, THE PARENTAL INFORMED CONSENT FORM</u>, AND</p> <ul style="list-style-type: none"> <li>• FOR CHILDREN 7–14 YEARS, THE <u>HEALTH MEASURES ASSENT</u> FOR CHILDREN</li> <li>• FOR CHILDREN 15 YEARS OF AGE OR OLDER, THE <u>HEALTH MEASURES ASSENT FOR RESPONDENTS 15 YEARS OF AGE OR OLDER.</u></li> </ul> <p>DID PARENT SIGN INFORMED CONSENT FORM AGREEING TO HAVE THE CHILD PARTICIPATE IN HEALTH MEASURES?</p> <p>MARK ONE:</p> <p>1. YES</p> <p>2. YES, AGREED TO SOME HEALTH MEASURES</p> <p>5. NO (GO TO L93A)</p> <p>ENTREVISTADOR: REVISE LA <u>HOJA DE INFORMACIÓN DEL CONSENTIMIENTO INFORMADO, EL CONSENTIMIENTO INFORMADO PARA LOS PADRES</u>, Y</p> <p>* PARA LOS NIÑOS DE 7 A 14 AÑOS, EL ASENTIMIENTO DE MEDIDAS DE SALUD PARA NIÑOS</p> <p>* PARA LOS NIÑOS DE 15 AÑOS DE EDAD O MÁS, EL ASENTIMIENTO DE MEDIDAS DE SALUD PARA PARTICIPANTES DE 15 AÑOS DE EDAD O MÁS.</p> <p>¿FIRMÓ LA PERSONA ADULTA EL CONSENTIMIENTO INFORMADO OTORGANDO PERMISO PARA QUE EL NIÑO/LA NIÑA PARTICIPE EN LAS MEDIDAS DE SALUD?</p> <p>MARQUE UNA RESPUESTA:</p>	<p>Why is this question L7 above the L6?</p>
L6A.	<p>INTERVIEWER: GIVE RESPONDENT {bold}FORM L{normal}. GIVE ONE COPY OF THE FORM TO THE RESPONDENT, AND KEEP ONE FOR YOURSELF.</p> <p>Your (mother/father/other guardian) said that if you agree, you can be part</p>	<p>{PROGRAMMER: THIS ITEM FOR RESPONDENTS 7 TO 8 YEARS OLD SELECTED FOR DBS}</p>

	<p>of this important study to understand the health of children in your neighborhood.</p> <p>I would like to do a few health checks on you today:</p> <ol style="list-style-type: none"> <li>1. I'd like to weigh you and measure how tall you are.</li> <li>2. I'd like to check and see how well your heart works.</li> <li>3. I'd like to ask you to blow into a machine to see how well you breathe.</li> <li>4. I'd like you, with the help of your (mother/father/other guardian), to collect some of your saliva (or spit) three times tomorrow.</li> <li>5. And, in a day or two, I'd like to have someone prick your finger to get a few drops of blood.</li> </ol> <p>You get to decide if you want to be in the study. You can tell me yes that you want to do all these things or no that you don't. If you say yes, you can change your mind and stop at any time.</p> <p>Do you have any questions for me? Would you like to participate?</p> <ol style="list-style-type: none"> <li>1. YES – CHILD ASSENTED TO HEALTH MEASURES</li> <li>5. NO – CHILD DID NOT ASSENT TO HEALTH MEASURES (END INTERVIEW)</li> </ol> <p>Tu (mamá/papá/otro tutor) dijo que si estás de acuerdo puedes participar en este importante estudio para entender sobre la salud de los niños en tu comunidad.</p> <p>Me gustaría poder hacerte unos pocos chequeos de salud hoy:</p> <ol style="list-style-type: none"> <li>1. Me gustaría pesarte y medirte para ver qué tan alto eres.</li> <li>2. Me gustaría revisar qué tan bien funciona tu corazón.</li> <li>3. Me gustaría pedir que soplaras dentro de una máquina para ver qué tan bien respiras.</li> <li>4. Me gustaría, con la ayuda de tu (mamá/papá/otro tutor), recolectar algo de tu saliva tres veces durante el día de mañana.</li> <li>5. Y, en un día o dos, me gustaría que alguien te pique el dedo para obtener unas pocas gotas de sangre.</li> </ol> <p>Tú decides si quieres participar en este estudio. Puedes decirme si quieres o no hacer todas estas cosas. Si tu dices sí, puedes cambiar de parecer y parar en cualquier momento.</p> <p>¿Tienes alguna pregunta? ¿Te gustaría participar?</p>	
<b>L6B.</b>	<p>INTERVIEWER: GIVE RESPONDENT {bold}FORM M{normal}. GIVE ONE COPY OF THE FORM TO THE RESPONDENT, AND KEEP ONE</p>	<p>{PROGRAMMER: THIS ITEM FOR RESPONDENTS 7 TO 8 YEARS OLD <b>NOT</b> SELECTED FOR DBS}</p>

	<p>FOR YOURSELF.</p> <p>Your (mother/father/other guardian) said that if you agree, you can be part of this important study to understand the health of children in your neighborhood.</p> <p>I would like to do a few health checks on you today:</p> <ol style="list-style-type: none"> <li>1. I'd like to weigh you and measure how tall you are.</li> <li>2. I'd like to check and see how well your heart works.</li> <li>3. I'd like to ask you to blow into a machine to see how well you breathe.</li> <li>4. I'd like you, with the help of your (mother/father/other guardian), to collect some of your saliva (or spit) three times tomorrow.</li> </ol> <p>You get to decide if you want to be in the study. You can tell me yes that you want to do all these things or no that you don't. If you say yes, you can change your mind and stop at any time.</p> <p>Do you have any questions for me? Would you like to participate?</p> <p>1 YES – CHILD ASSENTED TO HEALTH MEASURES 5 NO – CHILD DID NOT ASSENT TO HEALTH MEASURES (END INTERVIEW)</p> <p>Tu (mamá/papá/otro tutor) dijo que si estás de acuerdo puedes participar en este importante estudio para entender sobre la salud de los niños en tu comunidad.</p> <p>Me gustaría poder hacerte unos pocos chequeos de salud hoy:</p> <ol style="list-style-type: none"> <li>1. Me gustaría pesarte y medirte para ver qué tan alto eres.</li> <li>2. Me gustaría revisar qué tan bien funciona tu corazón.</li> <li>3. Me gustaría pedir que soplaras dentro de una máquina para ver qué tan bien respiras.</li> <li>4. Me gustaría, con la ayuda de tu (mamá/papá/otro tutor), recolectar algo de tu saliva tres veces durante el día de mañana.</li> </ol> <p>Tú decides si quieres participar en este estudio. Puedes decirme si quieres o no hacer todas estas cosas. Si tu dices sí, puedes cambiar de parecer y parar en cualquier momento.</p> <p>¿Tienes alguna pregunta? ¿Te gustaría participar?</p>	
<b>L6C.</b>	<p>INTERVIEWER: GIVE RESPONDENT <b>FORM N</b> GIVE ONE COPY OF THE FORM TO THE RESPONDENT, AND KEEP ONE FOR YOURSELF.</p>	<p><b>{PROGRAMMER: THIS ITEM FOR RESPONDETS 9 TO 14 YEARS OLD AND SELECTED FOR DBS}</b></p>

Your (mother/father/other guardian) has agreed to let you be part of this important study to understand the lives of children and teens in your community.

I would like to do a few checks on you:

1. I'd like to weigh you and measure how tall you are.
2. I'd like to check and see how well your heart works.
3. I'd like to ask you to blow into a machine to see how well you breathe.
4. I'd like you, with the help of your (mother/father/other guardian), to collect some of your saliva (or spit) three times tomorrow.
5. And, in a day or two, I'd like to have someone prick your finger to get a few drops of blood.

You get to decide if you want to be in the study. You can tell me yes that you want to do all these things or no that you don't. If you say yes, you can change your mind and stop at any time.

Do you have any questions for me? Would you like to participate?

1. YES – CHILD ASSENTED TO HEALTH MEASURES
5. NO – CHILD DID NOT ASSENT TO HEALTH MEASURES (END INTERVIEW)

Tu (mamá/papá/otro tutor) dijo que si estás de acuerdo puedes participar en este importante estudio para entender mejor sobre la vida de niños y adolescentes en tu comunidad.

Me gustaría poder hacerte unos pocos chequeos de salud hoy:

1. Me gustaría pesarte y medirte para ver qué tan alto eres.
2. Me gustaría revisar qué tan bien funciona tu corazón.
3. Me gustaría pedir que soplaras dentro de una máquina para ver qué tan bien respiras.
4. Me gustaría, con la ayuda de tu (mamá/papá/otro tutor), recolectar algo de tu saliva tres veces durante el día de mañana.
5. Y, en un día o dos, me gustaría que alguien te pique el dedo para tener unas gotas de sangre.

Tú decides si quieres participar en este estudio. Puedes decirme si quieres o no hacer todas estas cosas. Si tu dices sí, puedes cambiar de parecer y parar en cualquier momento.

¿Tienes alguna pregunta? ¿Te gustaría participar?

<p><b>6D.</b></p>	<p>INTERVIEWER: GIVE RESPONDENT <b>FORM O</b> GIVE ONE COPY OF THE FORM TO THE RESPONDENT, AND KEEP ONE FOR YOURSELF.</p> <p>Your (mother/father/other guardian) has agreed to let you be part of this important study to understand the lives of children and teens in your community.</p> <p>I would like to do a few checks on you:</p> <ol style="list-style-type: none"> <li>1. I'd like to weigh you and measure how tall you are.</li> <li>2. I'd like to check and see how well your heart works.</li> <li>3. I'd like to ask you to blow into a machine to see how well you breathe.</li> <li>4. I'd like you, with the help of your (mother/father/other guardian), to collect some of your saliva (or spit) three times tomorrow.</li> </ol> <p>You get to decide if you want to be in the study. You can tell me yes that you want to do all these things or no that you don't. If you say yes, you can change your mind and stop at any time.</p> <p>Do you have any questions for me? Would you like to participate?</p> <ol style="list-style-type: none"> <li>1. YES – CHILD ASSENTED TO HEALTH MEASURES</li> <li>5. NO – CHILD DID NOT ASSENT TO HEALTH MEASURES (END INTERVIEW)</li> </ol> <p>Tu (mamá/papá/otro tutor) ha estado de acuerdo para que tú participes en este importante estudio para entender sobre la vida de los niños y adolescentes en tu comunidad.</p> <p>Me gustaría poder hacerte unos pocos chequeos de salud hoy:</p> <ol style="list-style-type: none"> <li>1. Me gustaría pesarte y medirte para ver qué tan alto eres.</li> <li>2. Me gustaría revisar qué tan bien funciona tu corazón.</li> <li>3. Me gustaría pedir que soplaras dentro de una máquina para ver qué tan bien respiras.</li> <li>4. Me gustaría, con la ayuda de tu (mamá/papá/otro tutor), recolectar algo de tu saliva tres veces durante el día de mañana.</li> </ol> <p>Tú decides si quieres participar en este estudio. Puedes decirme si quieres o no hacer todas estas cosas. Si tu dices sí, puedes cambiar de parecer y parar en cualquier momento.</p> <p>¿Tienes alguna pregunta? ¿Te gustaría participar?</p>	<p>{PROGRAMMER: THIS ITEM FOR RESPONDETS 9 TO 14 YEARS OLD AND <b>NOT</b> SELECTED FOR DBS}</p>
<p><b>L6E.</b></p>	<p>INTERVIEWER: FIND AND GIVE RESPONDENT <b>FORM P</b>.</p>	<p>{PROGRAMMER: THIS ITEM FOR RESPONDENTS 15 TO 17 YEARS</p>

<p>Your (mother/father/other guardian) has agreed to let you be part of the health measures section of this important study called the Los Angeles Family and Neighborhood Survey Wave 2 (L.A.FANS-2).</p> <p>If you agree, I would like to do a few health checks on you:</p> <ol style="list-style-type: none"><li>1. I'd like to weigh you and measure how tall you are.</li><li>2. I'd like to check your blood pressure.</li><li>3. I'd like to ask you to blow into a machine to see how well you breathe.</li><li>4. I'd like you, with the help of your (mother/father/other guardian), to collect some of your saliva (or spit) three times tomorrow.</li><li>5. And, in the next day or two, I'd like to have a health worker prick your finger to get a few drops of blood to check for risks for future health conditions.</li></ol> <p>These health measures are fast and easy to do in your home.</p> <p>You get to decide if you want to be in the study. You can tell me yes that you want to do all these things or no that you don't. If you say yes, you can change your mind and stop at any time.</p> <p>Your participation is very important because no one else in the community is exactly like you and we cannot use anyone else in your place.</p> <p>INTERVIEWER: GIVE RESPONDENT <b>FORM R</b> TO SIGN. GIVE ONE COPY TO THE RESPONDENT, AND KEEP ONE FOR YOURSELF.</p> <p>Tu (mamá/papá/otro tutor) estuvo de acuerdo para que participaras en la sección de medidas de salud de este importante estudio llamado la Encuesta Comunitaria de Los Ángeles Serie 2 (L.A.FANS-2, por sus siglas en inglés).</p> <p>Si estás de acuerdo, me gustaría poder hacerte unos pocos chequeos de salud hoy:</p> <ol style="list-style-type: none"><li>1. Me gustaría pesarte y medirte para ver qué tan alto eres.</li><li>2. Me gustaría revisar tu presión sanguínea.</li><li>3. Me gustaría pedir que soplaras dentro de una máquina para ver qué tan bien respiras.</li><li>4. Me gustaría, con la ayuda de tu (mamá/papá/otro tutor), recolectar algo de tu saliva tres veces durante el día de mañana.</li><li>5. Y, en un día o dos, me gustaría que un trabajador de la salud te pique el dedo para tener unas gotas de sangre para ver si tienes riesgos en el futuro de las condiciones de salud.</li></ol>	<p>OLD, AND SELECTED FOR DBS}</p>
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	<p>Estas medidas de salud se hacen de manera rápida y fácil en tu hogar.</p> <p>Tú decides si quieres participar en este estudio. Puedes decirme si quieres o no hacer todas estas cosas. Si tú dices sí, puedes cambiar de parecer y parar en cualquier momento.</p> <p>Tu participación es muy importante porque nadie más en tu comunidad es exactamente como tú y no podemos usar a nadie más en tu lugar.</p>	
L6F.	<p>INTERVIEWER: FIND AND GIVE RESPONDENT {bold}FORM Q{normal}.</p> <p>Your (mother/father/other guardian) has agreed to let you be part of the health measures section of this important study called the Los Angeles Family and Neighborhood Survey Wave 2 (L.A.FANS-2).</p> <p>If you agree, I would like to do a few health checks on you:</p> <p>I'd like to weigh you and measure how tall you are.  I'd like to check your blood pressure.  I'd like to ask you to blow into a machine to see how well you breathe.  I'd like you, with the help of your (mother/father/other guardian), to collect some of your saliva (or spit) three times tomorrow.</p> <p>These health measures are fast and easy to do in your home.</p> <p>You get to decide if you want to be in the study. You can tell me yes that you want to do all these things or no that you don't. If you say yes, you can change your mind and stop at any time.</p> <p>Your participation is very important because no one else in the community is exactly like you and we cannot use anyone else in your place.</p> <p>INTERVIEWER: GIVE RESPONDENT {bold}FORM R{normal} TO SIGN. GIVE ONE COPY TO THE RESPONDENT, AND KEEP ONE FOR YOURSELF.</p> <p>Tu (mamá/papá/otro tutor) estuvo de acuerdo para que participaras en la sección de medidas de salud de este importante estudio llamado la Encuesta Comunitaria de Los Ángeles Serie 2 (L.A.FANS-2, por sus siglas en inglés).</p> <p>Si estás de acuerdo, me gustaría poder hacerte unos pequeños chequeos de salud hoy:</p> <p>1. Me gustaría pesarte y medirte para ver qué tan alto eres.</p>	<p>{PROGRAMMER: THIS ITEM FOR RESPONDENTS 15 TO 17 YEARS OLD, AND <b>NOT</b> SELECTED FOR DBS}</p>

	<p>2. Me gustaría revisar tu presión sanguínea.</p> <p>3. Me gustaría pedir que soplaras dentro de una máquina para ver qué tan bien respiras.</p> <p>4. Me gustaría, con la ayuda de tu (mamá/papá/otro tutor), recolectar algo de tu saliva tres veces durante el día de mañana.</p> <p>Estas medidas de salud se hacen de manera rápida y fácil en tu hogar.</p> <p>Tú decides si quieres participar en este estudio. Puedes decirme si quieres o no hacer todas estas cosas. Si tu dices sí, puedes cambiar de parecer y parar en cualquier momento.</p> <p>Tu participación es muy importante porque nadie más en tu comunidad es exactamente como tú y no podemos usar a nadie más en tu lugar.</p>	
<b>L8.</b>	<p>INTERVIEWER: DID CHILD ASSENT TO PARTICIPATING IN THE HEALTH MEASURES?</p> <p>MARK ONE:</p> <p>1. YES, CHILD 3–6 YEARS OF AGE PROVIDED VERBAL AGREEMENT TO ALL HEALTH MEASURES</p> <p>2. YES, CHILD 3–6 YEARS OF AGE PROVIDED VERBAL AGREEMENT TO SOME HEALTH MEASURES</p> <p>3. YES, CHILD 7–8 YEARS OF AGE PROVIDED VERBAL ASSENT TO ALL HEALTH MEASURES</p> <p>4. YES, CHILD 7–8 YEARS OF AGE PROVIDED VERBAL ASSENT TO SOME HEALTH MEASURES</p> <p>6. YES, CHILD 9 YEARS OF AGE OR OLDER SIGNED THE ASSENT FORM FOR ALL HEALTH MEASURES</p> <p>7. YES, CHILD 9 YEARS OF AGE OR OLDER SIGNED THE ASSENT FORM FOR SOME HEALTH MEASURES</p> <p>5. NO (GO TO L93A)</p> <p>ENTREVISTADOR: ¿ASINTIÓ EL NIÑO A PARTICIPAR EN LAS MEDIDAS DE SALUD?</p> <p>MARQUE LA RESPUESTA:</p>	
<b>L8A</b>	<p>INTERVIEWER: INDICATE HEALTH MEASURES PARENT OR CHILD DECLINED ON OPT-OUT CONSENT/ASSENT FORM.</p> <p>IF NO HEALTH MEASURES ARE DECLINED, MARK “0”; OTHERWISE, MARK ALL THAT APPLY OF ITEMS 1–6.</p>	<p>[Programmer: Please automatically skip all sections that have been opted-out of, as indicated above.]</p>



	<p>0. NONE—PARENT AND CHILD AGREED TO ALL HEALTH MEASURES</p> <p>1. BLOOD PRESSURE (SKIP L10–L36)</p> <p>2. HEIGHT (SKIP L44–L51)</p> <p>3. WEIGHT (SKIP L60–L64)</p> <p>4. SALIVA (SKIP L86–L93)</p> <p>5. SPIROMETRY (SKIP L65–L85)</p> <p>6. DRIED BLOOD SPOT (SKIP L94–L101)</p> <p>ENTREVISTADOR: INDIQUE LAS MEDIDAS DE SALUD A LAS QUE SE NEGÓ EL PADRE/LA MADRE/EL TUTOR O NIÑO(A) EN LAS OPCIONES DEL CONSENTIMIENTO INFORMADO/ASENTIMIENTO INFORMADO.</p> <p>SI NO SE NEGÓ A PARTICIPAR EN ALGUNA MEDIDA DE SALUD, MARQUE 0; DE OTRA MANERA MARQUE TODAS LAS QUE CORRESPONDEN DEL 1 AL 6.</p>	
L9.	CAPI: CHECK CHILD'S AGE. IF CHILD IS LESS THAN 5 YEARS OLD, GO TO L44. OTHERWISE, GO TO L10.	
	<b>BLOOD PRESSURE MEASUREMENT</b>	
L10.	<p><b>INTRODUCTION FOR CHILDREN 5 TO 17 YEARS OLD</b></p> <p>INTERVIEWER: READ TO PARENT AND CHILD TOGETHER. AS YOU SPEAK, ADDRESS THE CHILD.</p> <p>Now I will explain the procedure for measuring your blood pressure. It is important that you remain calm and relaxed and seated for the measurements, which will take about 10 minutes. We need to find a quiet location for the measurements without any disturbances or distractions.</p> <p>First, I will wrap the blood pressure cuff around your arm. Then I will start the blood pressure machine. The cuff will inflate and you will feel a little pressure on your arm. The cuff will then gradually deflate. I will inflate the cuff at least three times but no more than five times. While I am measuring your blood pressure, it is best that we not talk. If you have any questions or concerns, I will be happy to answer them for you before or after the measurements are taken.</p> <p>Before we start, you should use the bathroom if you need to. Also, you should remove any outer clothing and roll up your sleeves.</p> <p>MEDIDA DE PRESIÓN SANGUÍNEA: INTRODUCCIÓN PARA NIÑOS DE 5 A 17 AÑOS</p>	

	<p>ENTREVISTADOR: LEA AL PADRE/LA MADRE/EL TUTOR Y NIÑO(A) JUNTOS. MIENTRAS HABLA, DIRÍJASE AL/A LA NIÑO(A).</p> <p>Ahora voy a explicarte los procedimientos para medir tu presión sanguínea. Es importante que tú permanezcas calmado(a) y relajado(a) y que estés sentado(a) cuando se tomen las medidas, lo cual tomará más o menos 10 minutos. Nosotros necesitamos encontrar un lugar tranquilo sin disturbios o distracciones para tomar las medidas.</p> <p>Primero, voy a envolver tu brazo en la manga o brazalete del dispositivo. Luego, encenderé el dispositivo para tomar la presión. La manga se inflará y sentirás un poco de presión en el brazo. Luego, la manga se desinflará gradualmente. Yo inflaré la manga por lo menos tres veces pero no más de cinco veces. Mientras te estoy midiendo la presión sanguínea, es mejor que ninguno de nosotros hablemos. Si tienes dudas o preguntas yo estaré dispuesto(a) a contestarlas antes o después de tomar las medidas.</p> <p>Antes de comenzar, debes usar el baño si lo necesitas. También debes quitarte la ropa exterior gruesa y remangarte las mangas.</p>	
L11.	<p>INTERVIEWER: IS SETTING APPROPRIATE (SUFFICIENTLY QUIET, CALM, AND RELAXED) FOR BLOOD PRESSURE MEASUREMENT?</p> <p>1. YES 5. NO, SPECIFY: _____ (GO TO L31C)</p> <p>ENTREVISTADOR: ¿ES APROPIADO EL AMBIENTE (ES LO SUFICIENTEMENTE TRANQUILO, CALMADO Y RELAJADO) PARA MEDIR LA PRESIÓN SANGUÍNEA?</p>	L11S not in qx
L12.	<p>INTERVIEWER: OBSERVE FIRST THE RIGHT ARM, THEN THE LEFT ARM IF NEEDED, FOR CONDITIONS PREVENTING MEASUREMENT.</p> <ul style="list-style-type: none"> <li>• <u>DO NOT</u> PLACE BP CUFFS ON ARMS WITH OPEN SORES, WOUNDS, GAUZE DRESSINGS OR RASHES</li> <li>• <u>DO NOT</u> USE ARMS WITH CASTS OR SHUNTS</li> <li>• <u>DO NOT</u> USE ARMS THAT ARE WITHERED, SWOLLEN OR PARALYZED</li> </ul> <p>ARE PREVENTING CONDITIONS PRESENT IN BOTH ARMS?</p> <p>1. YES, SPECIFY: _____ (GO TO L31C) 5. NO</p>	PL12S not in qx

	<p>ENTREVISTADOR: OBSERVE EL BRAZO IZQUIERDO Y DERECHO DEL NIÑO/DE LA NIÑA PARA IDENTIFICAR CONDICIONES QUE PREVENGAN UNA LECTURA CORRECTA.</p> <p>* <u>NO</u> COLOQUE LA MANGA O BRAZALETE PARA MEDIR LA PRESIÓN SI EL BRAZO TIENE LLAGAS ABIERTAS, HERIDAS, GASA O IRRITACIÓN DE LA PIEL.</p> <p>* <u>NO</u> COLOQUE LA MANGA PARA MEDIR LA PRESIÓN SOBRE YESO O UN BRAZO QUE HAYA TENIDO TUBOS.</p> <p>* <u>NO</u> COLOQUE LA MANGA SOBRE UN BRAZO QUE ESTÉ LASTIMADO, HINCHADO O PARALIZADO.</p> <p>ENTREVISTADOR: ¿HAY ALGUNA CONDICIÓN QUE PREVENGA LA LECTURA EN AMBOS BRAZOS?</p>	
L13.	<p>Do you know of any medical reasons, such as recent surgery, injury, or other health conditions why the blood pressure measurements should not be done?</p> <p>MARK "YES" ONLY IF THE PROBLEM EXISTS IN BOTH ARMS.</p> <p>1. YES, SPECIFY: _____ (GO TO L31C)</p> <p>5. NO</p> <p>¿Sabe usted de alguna razón médica, tal como una cirugía reciente, alguna lesión o algún otro problema de salud que impida que se mida la presión sanguínea?</p> <p>MARQUE ""SÍ"" SOLAMENTE SI EL PROBLEMA EXISTE EN LOS DOS BRAZOS.</p> <p>"KNOW OF REASON BP SHOULDN'T BE TAKEN</p>	PL13S not in qx
L14.	<p>INTERVIEWER: IF OBSERVED, RECORD; OTHERWISE ASK THE CHILD:</p> <p>Have you had any food, coffee, caffeinated drinks, or cigarettes within the past 30 minutes?</p> <p>MARK ALL THAT APPLY</p> <p>1. FOOD</p> <p>2. COFFEE</p> <p>3. CAFFEINATED DRINKS</p>	

	<p>4. CIGARETTES 5. NONE</p> <p>ENTREVISTAR: SI LO HA OBSERVADO, REGÍSTRELO; DE OTRA MANERA PREGÚNTELE AL NIÑO/A LA NIÑA:</p> <p>¿Has comido algo, tomado café o bebidas con cafeína, o fumado cigarrillos en los últimos minutos?</p> <p>MARQUE TODO LO QUE CORRESPONDA.</p>	
L15.	<p>Is [CHILD NAME] currently taking any medication to lower [his / her] blood pressure?</p> <p>1. YES 5. NO</p> <p>¿Está tomando [CHILD NAME] actualmente alguna medicina para reducir la presión sanguínea?</p>	
L16.	<p>INTERVIEWER: SET UP AUTOMATIC BLOOD PRESSURE MACHINE ON A CLEAN, FLAT SURFACE CLOSE TO AN ELECTRICAL OUTLET.</p> <p>CHILD SHOULD BE SITTING QUIETLY AND RELAXED FOR FIVE MINUTES BEFORE THE FIRST MEASUREMENT IN A COMFORTABLE UPRIGHT POSITION WITH LEGS UNCROSSED AND BOTH FEET ON THE FLOOR.</p> <p>CHILD SHOULD BE SEATED SO THAT THE UPPER PORTION OF THE SELECTED ARM IS SUPPORTED AND THE MIDPOINT OF THE ARM IS LEVEL WITH THE HEART.</p> <p>SELECT THE APPROPRIATE CUFF SIZE USING THE INDICATORS ON THE BLOOD PRESSURE CUFF.</p> <p>PLACE THE CUFF ON THE SELECTED ARM SO THE BOTTOM EDGE OF THE CUFF IS 2–3 CM ABOVE THE CREASE ON THE INSIDE OF THE ELBOW. THE “ARTERY” ARROW ON THE CUFF SHOULD POINT TO THE MIDLINE OF THE CREASE. CLOTHING SHOULD NOT RESTRICT THE TOP EDGE OF THE CUFF.</p> <p>THE CUFF SHOULD BE SNUG BUT COMFORTABLE ENOUGH TO PLACE TWO FINGERS BETWEEN THE CUFF AND ARM.</p> <p>THE "INDEX" MARKING ON THE EDGE OF THE CUFF MUST FALL WITHIN THE "RANGE" MARKERS ON THE INSIDE OF THE CUFF.</p>	

	<p>ENTREVISTADOR: PREPARE LA MÁQUINA AUTOMÁTICA PARA MEDIR LA PRESIÓN SANGUÍNEA SOBRE UNA SUPERFICIE LIMPIA, PLANA, CERCA DE UN TOMACORRIENTE.</p> <p>EL NIÑO/LA NIÑA DEBE ESTAR SENTADO(A), CALLADO(A) Y RELAJADO(A) DURANTE CINCO MINUTOS ANTES DE LA PRIMERA LECTURA, DEBE ESTAR CÓMODO, SU ESPALDA DERECHA, SIN CRUZAR LAS PIERNAS Y AMBOS PIES SOBRE EL PISO.</p> <p>EL NIÑO/LA NIÑA DEBE ESTAR SENTADO(A) PARA QUE SU BRAZO DESCANSE O ESTÉ APOYADO SOBRE UNA SUPERFICIE Y EL PUNTO MEDIO DEL BRAZO DEBE ESTAR A LA ALTURA DEL CORAZÓN.</p> <p>SELECCIONE LA TALLA APROPIADA DE MANGA O BRAZALETE USANDO LOS MARCADORES EN LA MANGA PARA MEDIR LA PRESIÓN SANGUÍNEA.</p> <p>COLOQUE LA MANGA O BRAZALETE EN EL BRAZO SELECCIONADO DE TAL MANERA QUE LA ORILLA INFERIOR ESTÉ A 2 Ó 3 CM. POR ENCIMA DE LA FOSA ANTECUBITAL (LA CARA INTERNA DE LOS CODOS). LA FLECHA DE LA MANGA DEBE APUNTAR AL PUNTO MEDIO DEL DOBLEZ. LA ROPA NO DEBE RESTRINGIR LA PARTE SUPERIOR DE LA MANGA O BRAZALETE.</p> <p>LA MANGA DEBE ESTAR ENTALLADA PERO LO SUFICIENTEMENTE CÓMODO QUE SE PUEDAN COLOCAR DOS DEDOS ENTRE LA MANGA Y EL BRAZO.</p> <p>LA MARCA ""INDEX"" EN LA ORILLA DE LA MANGA DEBE ESTAR EN EL RANGO DE MARCADORES EN LA PARTE EXTERIOR DE LA MANGA.</p>	
L17.	<p>INTERVIEWER: INDICATE CUFF SIZE SELECTED:</p> <ol style="list-style-type: none"> <li>1. PEDIATRIC CUFF</li> <li>2. SMALL ADULT CUFF</li> <li>3. REGULAR ADULT CUFF</li> <li>4. LARGE ADULT CUFF</li> <li>5. EXTRA-LARGE ADULT CUFF</li> </ol> <p>ENTREVISTADOR: INDIQUE EL TAMAÑO DE LA MANGA O BRAZALETE.</p>	
L18.	INTERVIEWER: WHICH ARM SELECTED?	

	1. RIGHT (GO TO L20) 2. LEFT  ENTREVISTADOR: ¿QUÉ BRAZO SELECCIONÓ?	
L19.	INTERVIEWER: REASON FOR SELECTING LEFT ARM?  1. INJURY OR RASH 2. CAST, DRESSING, OR BANDAGE 3. PLACEMENT OF EQUIPMENT 4. OTHER, SPECIFY: _____  ENTREVISTADOR: ¿RAZÓN POR LA CUAL ELIGIÓ EL BRAZO IZQUIERDO?	PL19S not in qx
L20.	INTERVIEWER: HAS CHILD RESTED FOR AT LEAST FIVE MINUTES?  1. YES 5. NO  ENTREVISTADOR: ¿HA DESCANSADO EL NIÑO/LA NIÑA POR LO MENOS DURANTE 5 MINUTOS?	
L21.	INTERVIEWER: PERFORM FIRST BLOOD PRESSURE READING AND INDICATE OUTCOME.  1. READING OBTAINED 2. MISSED READING (EQUIPMENT FAILURE, INTERRUPTION, OTHER PROBLEM) (GO TO L23) 3. REFUSED (GO TO L31C)  ENTREVISTADOR: OBTENGA LA PRIMERA LECTURA DE LA PRESIÓN SANGUÍNEA Y REGISTRE LOS RESULTADOS	
L22.	INTERVIEWER: ENTER FIRST BLOOD PRESSURE AND PULSE READING.  SYSTOLIC     _____ DIASTOLIC    _____ PULSE        _____  ENTREVISTADOR: REGISTRE LA PRIMERA LECTURA DE PRESIÓN SANGUÍNEA Y TOMA DE PULSO	Check L22 section in code vs qx
L22A.	INTERVIEWER: RE-ENTER FIRST BLOOD PRESSURE AND PULSE	[Programmer, check that:

	<p>READING.</p> <p>SYSTOLIC      _____</p> <p>DIASTOLIC    _____</p> <p>PULSE         _____</p> <p>ENTREVISTADOR: REGISTRE UNA VEZ MÁS LA PRIMERA LECTURA DE PRESIÓN SANGUÍNEA Y TOMA DE PULSO.</p>	<ul style="list-style-type: none"> <li>• Entry for systolic in L22 matches that for systolic in L22A.</li> <li>• Entry for diastolic in L22 matches that for diastolic in L22A.</li> <li>• Entry for pulse in L22 matches that for pulse in L22A.</li> <li>• If any entries do not match use a hard check to inform the interviewer what does not match and allow for correction.</li> </ul> <p>Once all entries match check that:</p> <ul style="list-style-type: none"> <li>• Systolic is <math>\geq 60</math> and <math>\leq 250</math></li> <li>• Diastolic is <math>\geq 40</math> and <math>\leq 160</math></li> <li>• Pulse is <math>\geq 40</math> and <math>\leq 200</math></li> <li>• Systolic BP &gt; diastolic BP</li> <li>• Cannot have diastolic measurement without systolic measurement</li> <li>• If any readings fall outside the specified ranges or the other conditions listed occur use a hard check to inform the interviewer of the problem and ask that they double check their entry.</li> </ul> <p>Check to make sure:</p> <ul style="list-style-type: none"> <li>• Difference between systolic and diastolic BP:      20 – 100 mmHg</li> <li>• Ages 5–7 years systolic BP range:                      62 – 122 mmHg</li> <li>• Ages 5–7 years diastolic BP range:                      20 – 84 mmHg</li> <li>• Ages 8–19 years systolic BP range:                      76 – 130 mmHg</li> <li>• Ages 8–19 years diastolic BP range:                      20 – 85 mmHg</li> <li>• If any readings fall outside these ranges use a soft check to inform the interviewer of the problem and ask that they double check their entry.</li> </ul>
L23.	<p>INTERVIEWER: WAIT AT LEAST 30 SECONDS SINCE LAST INFLATION OF CUFF.</p> <p>PERFORM SECOND BLOOD PRESSURE READING AND INDICATE OUTCOME.</p> <p>1. READING OBTAINED</p> <p>2. MISSED READING (EQUIPMENT FAILURE, INTERRUPTION, OTHER PROBLEM) (GO TO L25)</p> <p>3. REFUSED (GO TO L31B)</p> <p>ENTREVISTADOR: ESPERE POR LO MENOS 30 SEGUNDOS DESDE LA ÚLTIMA VEZ QUE SE INFLÓ LA MANGA.</p> <p>OBTENGA LA SEGUNDA LECTURA DE PRESIÓN SANGUÍNEA Y REGISTRE LOS RESULTADOS.</p>	<p>Check L23 section in code vs qx</p>

<b>L24.</b>	<p>INTERVIEWER: ENTER SECOND BLOOD PRESSURE AND PULSE READING.</p> <p>SYSTOLIC     _____</p> <p>DIASTOLIC    _____</p> <p>PULSE        _____</p> <p>ENTREVISTADOR: REGISTRE LA SEGUNDA LECTURA DE PRESIÓN SANGUÍNEA Y PULSO.</p>	<p>Check L24 section in code vs qx</p>
<b>L24A.</b>	<p>INTERVIEWER: RE-ENTER SECOND BLOOD PRESSURE AND PULSE READING.</p> <p>SYSTOLIC     _____</p> <p>DIASTOLIC    _____</p> <p>PULSE        _____</p> <p>ENTREVISTADOR: REGISTRE UNA VEZ MÁS LA SEGUNDA LECTURA DE PRESIÓN SANGUÍNEA Y TOMA DE PULSO.</p>	<p>[Programmer, check that:</p> <ul style="list-style-type: none"> <li>• Entry for systolic in L24 matches that for systolic in L24A.</li> <li>• Entry for diastolic in L24 matches that for diastolic in L24A.</li> <li>• Entry for pulse in L24 matches that for pulse in L24A.</li> <li>• If any entries do not match use a hard check to inform the interviewer what does not match and allow for correction.</li> </ul> <p>Once all entries match check that:</p> <ul style="list-style-type: none"> <li>• Systolic is <math>\geq 60</math> and <math>\leq 250</math></li> <li>• Diastolic is <math>\geq 40</math> and <math>\leq 160</math></li> <li>• Pulse is <math>\geq 40</math> and <math>\leq 200</math></li> <li>• Systolic BP &gt; diastolic BP</li> <li>• Cannot have diastolic measurement without systolic measurement</li> <li>• If any readings fall outside the specified ranges or the other conditions listed occur use a hard check to inform the interviewer of the problem and ask that they double check their entry.</li> </ul> <p>Check to make sure:</p> <ul style="list-style-type: none"> <li>• Difference between systolic and diastolic BP:            20 – 100 mmHg</li> <li>• Ages 5–7 years systolic BP range:                            62 – 122 mmHg</li> <li>• Ages 5–7 years diastolic BP range:                            20 – 84 mmHg</li> <li>• Ages 8–19 years systolic BP range:                            76 – 130 mmHg</li> <li>• Ages 8–19 years diastolic BP range:                            20 – 85 mmHg</li> <li>• If any readings fall outside these ranges, use a soft check to inform the interviewer of the problem and ask that they double check their entry.</li> </ul>
<b>L25.</b>	<p>INTERVIEWER: WAIT AT LEAST 30 SECONDS SINCE LAST INFLATION OF CUFF.</p> <p>PERFORM THIRD BLOOD PRESSURE READING AND INDICATE OUTCOME.</p>	



	<p>1 READING OBTAINED  2 MISSED READING (EQUIPMENT FAILURE, INTERRUPTION, OTHER PROBLEM) (GO TO L27)  3 REFUSED (GO TO L31B)</p> <p>ENTREVISTADOR: ESPERE POR LO MENOS 30 SEGUNDOS DESDE LA ÚLTIMA VEZ QUE SE INFLÓ LA MANGA.</p> <p>OBTENGA LA TERCERA LECTURA DE PRESIÓN SANGUÍNEA Y REGISTRE LOS RESULTADOS.</p>	
<b>L26.</b>	<p>INTERVIEWER: ENTER THIRD BLOOD PRESSURE AND PULSE READING.</p> <p>SYSTOLIC     _____  DIASTOLIC    _____  PULSE        _____</p> <p>ENTREVISTADOR: REGISTRE LA TERCERA LECTURA DE PRESIÓN SANGUÍNEA Y PULSO.</p>	Check L26 section in code vs qx
<b>L26A.</b>	<p>INTERVIEWER: RE-ENTER THIRD BLOOD PRESSURE AND PULSE READING.</p> <p>SYSTOLIC     _____  DIASTOLIC    _____  PULSE        _____</p> <p>ENTREVISTADOR: REGISTRE UNA VEZ MÁS LA TERCERA LECTURA DE PRESIÓN SANGUÍNEA Y TOMA DE PULSO.</p>	<p>[Programmer, check that:  Entry for systolic in L26 matches that for systolic in L26A.  Entry for diastolic in L26 matches that for diastolic in L26A.  Entry for pulse in L26 matches that for pulse in L26A.  If any entries do not match use a hard check to inform the interviewer what does not match and allow for correction.</p> <p>Once all entries match check that:  Systolic is <math>\geq 60</math> and <math>\leq 250</math>  Diastolic is <math>\geq 40</math> and <math>\leq 160</math>  Pulse is <math>\geq 40</math> and <math>\leq 200</math>  Systolic BP &gt; diastolic BP  Cannot have diastolic measurement without systolic measurement  If any readings fall outside the specified ranges or the other conditions listed occur use a hard check to inform the interviewer of the problem and ask that they double check their entry.</p> <p>Check to make sure:  Difference between systolic and diastolic BP:    20 – 100 mmHg  Ages 5–7 years systolic BP range:                    62 – 122 mmHg  Ages 5–7 years diastolic BP range:                   20 – 84 mmHg  Ages 8–19 years systolic BP range:                76 – 130 mmHg  Ages 8–19 years diastolic BP range:               20 – 85 mmHg  If any readings fall outside the specified ranges use a soft check to inform the interviewer of the problem and ask that they double check their entry.</p>

<b>L27.</b>	<p>CAPI: HAVE THREE BLOOD PRESSURE READINGS BEEN SUCCESSFULLY OBTAINED?</p> <p>1 YES (GO TO L32E) 5 NO</p>	<p>[Programmers: Please set up logic to check number of readings entered. If three readings have been obtained, skip to L32E.]</p>
<b>L28.</b>	<p>INTERVIEWER: WAIT AT LEAST 30 SECONDS SINCE LAST INFLATION OF CUFF.</p> <p>PERFORM FOURTH BLOOD PRESSURE READING AND INDICATE OUTCOME.</p> <p>1. READING OBTAINED 2. MISSED READING (EQUIPMENT FAILURE, INTERRUPTION, OTHER PROBLEM) (GO TO L29) 3. REFUSED (GO TO L31B)</p> <p>ENTREVISTADOR: ESPERE POR LO MENOS 30 SEGUNDOS DESDE LA ÚLTIMA VEZ QUE SE INFLÓ LA MANGA.</p> <p>OBTENGA LA CUARTA LECTURA DE PRESIÓN SANGUÍNEA Y REGISTRE LOS RESULTADOS.</p>	<p>Check L28 section in code vs qx</p>
<b>L28A.</b>	<p>INTERVIEWER: ENTER FOURTH BLOOD PRESSURE AND PULSE READING.</p> <p>SYSTOLIC     ___ ___ ___ DIASTOLIC    ___ ___ ___ PULSE         ___ ___ ___</p> <p>ENTREVISTADOR: REGISTRE LA CUARTA LECTURA DE PRESIÓN SANGUÍNEA Y PULSO.</p>	
<b>L28B.</b>	<p>INTERVIEWER: RE-ENTER FOURTH BLOOD PRESSURE AND PULSE READING.</p> <p>SYSTOLIC     ___ ___ ___ DIASTOLIC    ___ ___ ___ PULSE         ___ ___ ___</p> <p>ENTREVISTADOR: REGISTRE UNA VEZ MÁS LA CUARTA LECTURA DE PRESIÓN SANGUÍNEA Y TOMA DE PULSO.</p>	<p>[Programmer, check that:</p> <ul style="list-style-type: none"> <li>• Entry for systolic in L28A matches that for systolic in L28B.</li> <li>• Entry for diastolic in L28A matches that for diastolic in L28B.</li> <li>• Entry for pulse in L28A matches that for pulse in L28B.</li> <li>• If any entries do not match use a hard check to inform the interviewer what does not match and allow for correction.</li> </ul> <p>Once all entries match check that:</p> <ul style="list-style-type: none"> <li>• Systolic is <math>\geq 60</math> and <math>\leq 250</math></li> <li>• Diastolic is <math>\geq 40</math> and <math>\leq 160</math></li> </ul>

		<ul style="list-style-type: none"> <li>• Pulse is <math>\geq 40</math> and <math>\leq 200</math></li> <li>• Systolic BP &gt; diastolic BP</li> <li>• Cannot have diastolic measurement without systolic measurement</li> <li>• If any readings fall outside the specified ranges or the other conditions listed occur use a hard check to inform the interviewer of the problem and ask that they double check their entry.</li> </ul> <p>Check to make sure:</p> <ul style="list-style-type: none"> <li>• Difference between systolic and diastolic BP: 20 – 100 mmHg</li> <li>• Ages 5–7 years systolic BP range: 62 – 122 mmHg</li> <li>• Ages 5–7 years diastolic BP range: 20 – 84 mmHg</li> <li>• Ages 8–19 years systolic BP range: 76 – 130 mmHg</li> <li>• Ages 8–19 years diastolic BP range: 20 – 85 mmHg</li> <li>• If any readings fall outside these ranges, use a soft check to inform the interviewer of the problem and ask that they double check their entry.</li> </ul>
<b>L29.</b>	<p>CAPI: HAVE THREE BLOOD PRESSURE READINGS BEEN SUCCESSFULLY OBTAINED?</p> <p>1. YES (GO TO L32E) 2. NO</p>	<p>[Programmers: Please set up logic to check number of readings entered. If three readings have been obtained, skip to L32E.]</p>
<b>L30.</b>	<p>INTERVIEWER: WAIT AT LEAST 30 SECONDS SINCE LAST INFLATION OF CUFF.</p> <p>PERFORM FIFTH BLOOD PRESSURE READING AND INDICATE OUTCOME.</p> <p>1. READING OBTAINED 2. MISSED READING (EQUIPMENT FAILURE, INTERRUPTION, OTHER PROBLEM) (GO TO L31B) 3. REFUSED (GO TO L31B)</p> <p>ENTREVISTADOR: ESPERE POR LO MENOS 30 SEGUNDOS DESDE LA ÚLTIMA VEZ QUE SE INFLÓ LA MANGA.</p> <p>OBTENGA LA QUINTA LECTURA DE PRESIÓN SANGUÍNEA Y REGISTRE LOS RESULTADOS.</p>	<p>[Programmer, check that:</p> <ul style="list-style-type: none"> <li>• Entry for systolic in L22 matches that for systolic in L22A.</li> <li>• Entry for diastolic in L22 matches that for diastolic in L22A.</li> <li>• Entry for pulse in L22 matches that for pulse in L22A.</li> <li>• If any entries do not match use a hard check to inform the interviewer what does not match and allow for correction.</li> </ul> <p>Once all entries match check that:</p> <ul style="list-style-type: none"> <li>• Systolic is <math>\geq 60</math> and <math>\leq 250</math></li> <li>• Diastolic is <math>\geq 40</math> and <math>\leq 160</math></li> <li>• Pulse is <math>\geq 40</math> and <math>\leq 200</math></li> <li>• Systolic BP &gt; diastolic BP</li> <li>• Cannot have diastolic measurement without systolic measurement</li> <li>• If any readings fall outside the specified ranges or the other conditions listed occur use a hard check to inform the interviewer of the problem and ask that they double check their entry.</li> </ul> <p>Check to make sure:</p>

		<ul style="list-style-type: none"> <li>• Difference between systolic and diastolic BP: 20 – 100 mmHg</li> <li>• Ages 5–7 years systolic BP range: 62 – 122 mmHg</li> <li>• Ages 5–7 years diastolic BP range: 20 – 84 mmHg</li> <li>• Ages 8–19 years systolic BP range: 76 – 130 mmHg</li> <li>• Ages 8–19 years diastolic BP range: 20 – 85 mmHg</li> <li>• If any readings fall outside of these ranges , use a soft check to inform the interviewer of the problem and ask that they double check their entry. ]</li> </ul>
<b>L31.</b>	<p>INTERVIEWER: ENTER FIFTH BLOOD PRESSURE AND PULSE READING.</p> <p>SYSTOLIC     _____</p> <p>DIASTOLIC    _____</p> <p>PULSE        _____</p> <p>ENTREVISTADOR: REGISTRE LA QUINTA LECTURA DE PRESIÓN SANGUÍNEA Y PULSO.</p>	Check L31 section in code vs qx
<b>L31A.</b>	<p>INTERVIEWER: RE-ENTER FIFTH BLOOD PRESSURE AND PULSE READING.</p> <p>SYSTOLIC     _____</p> <p>DIASTOLIC    _____</p> <p>PULSE        _____</p> <p>ENTREVISTADOR: REGISTRE UNA VEZ MÁS LA QUINTA LECTURA DE PRESIÓN SANGUÍNEA Y TOMA DE PULSO.</p>	
<b>L31B.</b>	<p>CAPI: CHECK WHETHER AT LEAST ONE BLOOD PRESSURE READING OBTAINED.</p> <p>1. YES (GO TO L32A)</p> <p>5. NO</p>	
<b>L31C.</b>	<p>INTERVIEWER: REASON NO BLOOD PRESSURE MEASUREMENTS OBTAINED?</p> <p>MARK ALL THAT APPLY.</p> <p>1. CHILD UNABLE TO HOLD STILL OR TOO AGITATED TO MEASURE</p> <p>2. PARENT REFUSES TO HAVE CHILD MEASURED</p> <p>3. CHILD REFUSES TO BE MEASURED</p> <p>4. WITHERED ARMS, INJURY, RECENT SURGERY, DRESSING, RASH (ON BOTH ARMS)</p>	

	6. FIVE FAILED ATTEMPTS TO INFLATE CUFF 7. NO APPROPRIATE SETTING FOR MEASUREMENT 8. EQUIPMENT FAILURE 5. OTHER, SPECIFY: _____(GO TO L44)  ENTREVISTADOR: PROPORCIONE LA RAZÓN POR LA CUAL NO SE OBTUVO LA LECTURA DE PRESIÓN SANGUÍNEA.  MARQUE TODAS LAS OPCIONES QUE CORRESPONDAN.	
<b>L32A.</b>	CAPI: CHECK WHETHER ANY “MISSED” READINGS (RESPONSE = “2”) IN L21, L23, L25, L28, AND L30.  1. YES 5. NO (GO TO L32C)	
<b>L32B.</b>	INTERVIEWER: INDICATE REASONS FOR MISSED READINGS:  MARK ALL THAT APPLY.  1. CHILD UNABLE TO HOLD STILL OR TOO AGITATED TO MEASURE 2. INTERRUPTION 3. EQUIPMENT FAILURE 4. OTHER, SPECIFY: _____  ENTREVISTADOR: PROPORCIONE LA RAZÓN POR LA CUAL NO SE OBTUVO LA LECTURA DE PRESIÓN SANGUÍNEA.  MARQUE TODAS LAS OPCIONES QUE CORRESPONDAN.	
<b>L32C.</b>	CAPI: CHECK WHETHER ANY “REFUSED” READINGS (RESPONSE = “3”) IN L21, L23, L25, L28, AND L30.  1. YES 5. NO (GO TO L32E)	
<b>L32D.</b>	INTERVIEWER: INDICATE REASONS FOR REFUSAL OF BLOOD PRESSURE READINGS.  MARK ALL THAT APPLY.  1. CHILD UNABLE TO HOLD STILL OR TOO AGITATED TO MEASURE 2. PARENT REFUSES TO HAVE CHILD MEASURED 3. CHILD REFUSES TO BE MEASURED 4. OTHER, SPECIFY: _____	PL32DS not in qx

	<p>ENTREVISTADOR: PROPORCIONE LA RAZÓN POR LA CUAL NO SE OBTUVO LA LECTURA DE PRESIÓN SANGUÍNEA.</p> <p>MARQUE TODAS LAS OPCIONES QUE CORRESPONDAN.</p>	
L32E.	<p>INTERVIEWER: NOTE ANY OBSERVABLE PHYSICAL CHARACTERISTICS OF CHILD THAT AFFECTED BLOOD PRESSURE MEASUREMENT.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>ENTREVISTADOR: ANOTE CUALQUIER CARACTERÍSTICA FÍSICA DEL NIÑO/DE LA NIÑA QUE AFECTÓ LA MEDICIÓN DE LA PRESIÓN SANGUÍNEA.</p>	
L32F.	<p>INTERVIEWER: DESCRIBE ANY DEVIATIONS FROM THE PROTOCOL OR OTHER PROBLEMS MEASURING CHILD'S BLOOD PRESSURE.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(GO TO L44)</p> <p>ENTREVISTADOR: DESCRIBA CUALQUIER DESVIACIÓN DEL PROTOCOLO U OTROS PROBLEMAS PARA OBTENER LA MEDICIÓN DE LA PRESIÓN SANGUÍNEA DEL NIÑO/DE LA NIÑA.</p>	
	<b>CHILD'S HEIGHT MEASUREMENT</b>	
L44.	<p>Now I'm going to measure your height. I would like you to stand with your back against a wall and I will use a triangle and a measuring tape to see how tall you are.</p> <p>INTERVIEWER: FIND A SECTION OF BLANK, FLAT WALL AGAINST WHICH THE CHILD CAN STAND. THE CHILD SHOULD NOT STAND ON RUGS OR CARPETING. BE SURE TO HAVE ADEQUATE LIGHTING OR HAVE A FLASHLIGHT HANDY.</p> <p>ASK THE PARENT OR CHILD TO REMOVE CHILD'S SHOES, HAT, HAIR ORNAMENTS, AND ANY HEAVY OUTER GARMENTS.</p> <p>WITH PARENT'S HELP, IF NECESSARY, POSITION CHILD WITH HIS/HER BACK AGAINST THE WALL. SOME COMBINATION OF THE HEAD, SHOULDERS, BUTTOCKS, AND HEELS WILL TOUCH THE WALL DEPENDING ON THE CHILD'S AGE.</p>	[modified translation]

	<p>MAKE SURE CHILD'S LINE OF SIGHT (FRANKFORT PLANE) IS LEVEL WITH THE GROUND.</p> <p>PLACE A 'POST-IT' NOTE ON THE WALL AT THE TOP OF THE CHILD'S HEAD APPROXIMATELY WHERE YOU WILL BE MARKING THE HEIGHT.</p> <p>ASK CHILD TO STAND TALL AND TAKE A DEEP BREATH.</p> <p>PLACE THE CARPENTER'S SQUARE SO THAT THE TWO SIDES THAT FORM THE RIGHT ANGLE ARE FLAT: (1) ALONG THE WALL AND (2) RESTING ON TOP OF THE HEAD.</p> <p>MARK THE CHILD'S HEIGHT ON THE 'POST-IT' NOTE AND LET THE CHILD STEP AWAY.</p> <p>MEASURE THE CHILD'S HEIGHT TO THE NEAREST TENTH OF A MILLIMETERS.</p> <p>Ahora voy a medir la estatura de [Child Name]. Voy a usar esta tabla de medir para obtener una medición precisa.</p> <p>PREPARE LA TABLA DE MEDIR PARA MEDIR LA ESTATURA DEL NIÑO/DE LA NIÑA.</p> <p>COLOQUE LA TABLA CONTRA LA PARED.</p> <p>PÍDALE AL PADRE/A LA MADRE O TUTOR LEGAL QUE LE quite LOS ZAPATOS, LA GORRA, ADORNOS DEL PELO Y ROPA EXTERIOR GRUESA DEL NIÑO/DE LA NIÑA.</p> <p>POSICIONE AL NIÑO/A LA NIÑA CONTRA LA TABLA CON LA AYUDA DEL PADRE O DE LA MADRE SI ES NECESARIO.</p> <p>ASEGÚRESE QUE LA LÍNEA DE VISIÓN DEL NIÑO/DE LA NIÑA (PLANO FRANKFORT) SEA PARALELO AL PISO.</p> <p>PÍDALE AL NIÑO/A LA NIÑA QUE SE PARE DERECHO(A) Y QUE ASPIRE PROFUNDAMENTE.</p> <p>BAJE LA BARRA QUE SE COLOCA SOBRE LA CABEZA DEL NIÑO/DE LA NIÑA HASTA QUE TOQUE LA PARTE SUPERIOR DE ESTA Y ANOTE LA MEDIDA.</p>	
L45.	INTERVIEWER: SUCCESSFULLY ABLE TO MEASURE CHILD'S	

	<p>HEIGHT?</p> <p>1. YES (GO TO L47) 2. NO</p> <p>ENTREVISTADOR: ¿PUDO OBTENER LA ESTATURA DEL NIÑO/DE LA NIÑA CORRECTAMENTE?</p>	
L46.	<p>INTERVIEWER: SELECT ALL REASONS WHY UNABLE TO MEASURE CHILD'S HEIGHT. MARK ALL THAT APPLY.</p> <p>1. CHILD REFUSES TO BE MEASURED 2. CHILD UNABLE TO HOLD STILL OR TOO AGITATED TO MEASURE 3. PARENT REFUSES TO HAVE CHILD MEASURED 4. PARENT OR OTHER ADULT UNABLE OR REFUSES TO ASSIST WITH MEASUREMENT 5. UNSUITABLE SURFACE FOR SETTING UP THE MEASURING BOARD 6. UNABLE TO POSITION CHILD ACCORDING TO PROTOCOL 7. EQUIPMENT FAILURE 8. OTHER, SPECIFY: _____</p> <p>(GO TO L33C)</p> <p>ENTREVISTADOR: SELECCIONE TODAS LAS RAZONES POR LAS QUE NO PUDO MEDIR LA ESTATURA DEL NIÑO/DE LA NIÑA.</p> <p>MARQUE TODAS LAS OPCIONES QUE CORRESPONDAN.</p>	
L47.	<p>INTERVIEWER: ENTER CHILD'S HEIGHT IN MILLIMETERS.</p> <p>___ . ___ MM</p>	[PL46_S not in qx]
L47A.	<p>INTERVIEWER: RE-ENTER CHILD'S HEIGHT IN MILLIMETERS.</p> <p>___ . ___ MM</p> <p>ENTREVISTADOR: REGISTRE UNA VEZ MÁS LA ESTATURA DEL NIÑO(A) EN MILLÍMETROS.</p>	<p>[Programmer: Check that height entered in L40 and L40A are the same, if not use a hard check to have interviewer re-enter numbers.</p> <p>Check that height is within appropriate range specified in "Height" table at end of document. If outside of appropriate range use a soft check to inform the interviewer and have them double-check their entry.]</p>
L48.	<p>INTERVIEWER: IS AN ADJUSTMENT TO THE RECORDED HEIGHT NECESSARY DUE TO CHILD'S HAIR OR SHOES?</p> <p>1. YES 5. NO (GO TO L50)</p>	



	ENTREVISTADOR: ¿ES NECESARIO HACER UN AJUSTE A LA ALTURA QUE SE REGISTRÓ DEBIDO AL CABELLO O LOS ZAPATOS DEL NIÑO/DE LA NIÑO?	
L49.	<p>INTERVIEWER: USE THE MEASURING TAPE TO MEASURE THE HEIGHT OF THE CHILD'S HAIR <b>AND/OR SHOES</b>.</p> <p>ENTER THE HEIGHT OF THE CHILD'S HAIR AND/OR SHOES IN MILLIMETERS.</p> <p>___ . ___ MM ABOVE THE HEAD ADJUSTMENTS (SUCH AS FOR HAIR)</p> <p>___ . ___ MM BELOW THE FEET ADJUSTMENTS (SUCH AS FOR SHOES)</p> <p>ENTREVISTADOR: REGISTRE LA ALTURA DEL CABELLO DE LOS NIÑOS EN MILLÍMETROS.</p>	<b>AND/OR SHOES</b> in code is different question and was not translated in Spanish for first time question.
L49A.	<p>INTERVIEWER: RE-ENTER THE HEIGHT OF THE CHILD'S HAIR AND/OR SHOES IN MILLIMETERS.</p> <p>___ . ___ MM ABOVE THE HEAD ADJUSTMENTS (SUCH AS FOR HAIR)</p> <p>___ . ___ MM BELOW THE FEET ADJUSTMENTS (SUCH AS FOR SHOES)</p> <p>ENTREVISTADOR: REGISTRE UNA VEZ MÁS LA ALTURA DEL CABELLO DE LOS NIÑOS EN MILLÍMETROS</p> <p>ENTREVISTADOR: REGISTRE UNA VEZ MÁS LA ALTURA DE LOS ZAPATOS EN MILLÍMETROS</p>	<p>[Programmer: Check double-entries of height here with those in L49; verify that both appropriate entries match.]</p> <p><b>AND/OR SHOES</b> in code is different question</p>
L49B.	CAPI: CALCULATE CHILD'S ADJUSTED HEIGHT AND CHECK THAT ADJUSTED HEIGHT IS WITHIN THE APPROPRIATE RANGE SPECIFIED IN THE "HEIGHT" TABLE AT THE END OF THE DOCUMENT. IF OUTSIDE OF THE APPROPRIATE RANGE, USE A SOFT-CHECK TO INFORM THE INTERVIEWER AND HAVE THEM DOUBLE-CHECK THEIR ENTRY OF CHILD'S HEIGHT AS WELL AS THEIR ABOVE-HEAD AND BELOW-FEET ADJUSTMENTS.	
L50.	INTERVIEWER: NOTE ANY OBSERVABLE PHYSICAL	

	<p>CHARACTERISTICS OF CHILD THAT AFFECTED CHILD HEIGHT MEASUREMENT.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>ENTREVISTADOR: ANOTE CUALQUIER CARACTERÍSTICA FÍSICA DEL NIÑO(A) QUE AFECTÓ LA MEDIDA DE LA ESTATURA.</p>	
L51.	<p>INTERVIEWER: DESCRIBE ANY DEVIATIONS FROM THE PROTOCOL OR PROBLEMS WITH OBTAINING CHILD HEIGHT MEASUREMENT.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(GO TO L33C)</p> <p>ENTREVISTADOR: DESCRIBA CUALQUIER DESVIACIÓN DEL PROTOCOLO O PROBLEMAS AL OBTENER LA ESTATURA DEL NIÑO/DE LA NIÑA.</p>	
	<b>ASSESSMENT OF CHILD'S BLOOD PRESSURE</b>	
L33C.	<p>CAPI: ONE OR MORE BLOOD PRESSURE READINGS OBTAINED (I.E., L31B=1)? IF NOT, GO TO L60.</p> <p>USE THE FOLLOWING VALUES OF THE SYSTOLIC BLOOD PRESSURE (SBP) AND DIASTOLIC BLOOD PRESSURE (DBP) READINGS TO DETERMINE WHETHER THE CHILD'S BLOOD PRESSURE READING IS VERY HIGH.</p> <p>IF <b>THREE</b> BLOOD PRESSURE READINGS WERE OBTAINED, USE THE SECOND AND THIRD MEASUREMENTS TO CALCULATE AVERAGES FOR SBP AND DBP.</p> <p>SBP AVERAGE = (SECOND SBP READING + THIRD SBP READING) / 2  DBP AVERAGE = (SECOND DBP READING + THIRD DBP READING) / 2</p> <p>IF <b>TWO</b> BLOOD PRESSURE READINGS WERE OBTAINED, USE THE VALUES OF SBP AND DBP FROM THE <b>SECOND</b> MEASUREMENT AS THE SBP AVERAGE AND DBP AVERAGE.</p> <p>IF <b>ONE</b> BLOOD PRESSURE READING WAS OBTAINED, USE THOSE VALUES OF SBP AND DBP AS THE SBP AVERAGE AND THE DBP AVERAGE.</p>	

	1. AVERAGE SBP (ASBP): __ __ __ 2. AVERAGE DBP (ADBP): __ __ __	
<b>L33D.</b>	<p>CAPI: OBTAIN CUT-OFF VALUE FOR VERY HIGH SBP AND VERY HIGH DBP FROM LOOK-UP TABLE BASED ON THE CHILD'S AGE, SEX, AND HEIGHT:</p> <p>1. VERY HIGH SBP (VHSBP): __ __ __</p> <p>2. VERY HIGH DBP (VHDBP): __ __ __</p>	
<b>L33E.</b>	<p>CAPI: DETERMINE WHETHER CHILD'S BLOOD PRESSURE READINGS ARE VERY HIGH BASED ON CHILD'S AVERAGE SBP (ASBP) AND AVERAGE DBP (ADBP) FROM L33C AND CUT-OFFS FOR VERY HIGH SBP (VHSBP) AND VERY HIGH DBP VALUES (VHDBP) FROM L33D.</p> <p>1 ASBP <math>\geq</math> VHSBP  2 ADBP <math>\geq</math> VHDBP  3 ASBP &lt; VHSBP <b>AND</b> ADBP &lt; VHDBP (GO TO L60)</p>	
<b>L33F.</b>	<p>TYPE OF BLOOD PRESSURE MEASUREMENT: {if based on 2 readings fill "AVERAGE OF 2nd AND 3rd READING", if based on one reading fill "SINGLE MEASUREMENT"}</p> <p>THE CHILD'S BLOOD PRESSURE READING IS VERY HIGH. FOLLOW THESE STEPS:</p> <p>1. STOP THE HEALTH MEASURES COLLECTION. DO NOT PERFORM ANY ADDITIONAL HEALTH MEASURES.</p> <p>2. REMAIN CALM. DO NOT ALARM THE PARENT OR CHILD. TELL THE PARENT THAT THE BLOOD PRESSURE READING IS VERY HIGH.</p> <p>3. COMPLETE THE <u>REPORT OF VERY HIGH BLOOD PRESSURE</u> FORM. READ IT ALOUD TO THE PARENT. BOTH YOU AND THE PARENT MUST SIGN THE FORM. GIVE ONE COPY TO THE PARENT.</p> <p>4. IF THE CHILD DOES NOT HAVE A USUAL SOURCE OF HEALTH CARE, SHOW THE REFERRAL INFORMATION SHEET, WHICH IS IN THE PACKET OF INFORMATION YOU PROVIDED. REVIEW THE SHEET WITH THE PARENT TO HELP HIM/HER FIND THE NEAREST (A) PLACE TO GET MEDICAL CARE, (B) EMERGENCY ROOM, OR (C) URGENT CARE CLINIC. HELP THE PARENT FIGURE OUT HOW TO GET THERE.</p> <p>IF THE PARENT DECIDES TO CALL 911, REMAIN WITH THE CHILD</p>	

<p>AND PARENT UNTIL MEDICAL PERSONNEL ARRIVE. DURING THAT TIME PROMOTE A CALM AND QUIET ENVIRONMENT.</p> <p>INTERVIEWER: YOU MUST NOT DRIVE THE PARENT OR CHILD ANYWHERE.</p> <p>YOU MUST CALL THE PARENT THE NEXT DAY TO SEE IF ANY ACTION WAS TAKEN. IF NO ACTION TAKEN, YOU SHOULD ENCOURAGE THE PARENT TO DO SO.</p> <p>(GO TO L93A)</p> <p>LA LECTURA DE PRESIÓN SANGUÍNEA DEL/DE LA NIÑO(A) ES MUY ALTA. SIGA LOS SIGUIENTES PASOS:</p> <p>1. DESCONTINÚE LA RECOPIACIÓN DE MEDIDAS DE SALUD. NO TOME NINGUNA MEDIDA DE SALUD ADICIONAL.</p> <p>2. MANTÉNGASE CALMADO(A). NO ALARME AL PADRE/A LA MADRE O TUTOR LEGAL O AL/A LA NIÑO(A). DÍGALE AL PADRE/A LA MADRE O TUTOR LEGAL QUE SU PRESIÓN SANGUÍNEA ES MUY ALTA.</p> <p>3. COMPLETE EL REPORTE DE PRESIÓN ALTA. LÉALO EN VOZ ALTA AL PADRE/A LA MADRE O TUTOR LEGAL. AMBOS, USTED Y EL PADRE/MADRE O TUTOR LEGAL DEBEN FIRMAR LA FORMA. ENTREGUE UNA COPIA AL PADRE, A LA MADRE O TUTOR LEGAL.</p> <p>4. SI EL NIÑO O NIÑA NO TIENE CUIDADO MÉDICO, OFREZCA UNA HOJA DE REFERENCIAS CON INFORMACIÓN, HOJA DE INFORMACIÓN DE CUIDADO MÉDICO DE BAJO COSTO O GRATUITO PARA NIÑOS, Y EL FOLLETO: LO TENEMOS BAJO NUESTRO CUIDADO. REVISE ESTOS MATERIALES CON EL PADRE/LA MADRE O EL TUTOR LEGAL PARA AYUDARLE A ENCONTRAR EL LUGAR MÁS CERCANO (a) PARA OBTENER CUIDADO MÉDICO, (b) PARA LLEGAR A UNA SALA DE EMERGENCIAS, O (c) PARA LLEGAR A UNA CLÍNICA DE ASISTENCIA MÉDICA URGENTE. AYUDE AL PADRE/MADRE O TUTOR LEGAL A SABER COMO LLEGAR AL LUGAR.</p> <p>SI EL PADRE/MADRE O TUTOR LEGAL DECIDE LLAMAR AL 911, PERMANEZCA CON EL/LA NIÑO(A) Y EL PADRE/LA MADRE O TUTOR LEGAL HASTA QUE LLEGUE AYUDA MÉDICA. DURANTE ESE TIEMPO PROMUEVA LA CALMA Y UN AMBIENTE TRANQUILO.</p> <p>ENTREVISTADOR: USTED NO PUEDE LLEVAR AL PADRE/A LA MADRE O TUTOR LEGAL A NINGÚN SITIO EN SU AUTO.</p>	
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	<p>USTED DEBE LLAMAR AL PADRE/MADRE O TUTOR AL DÍA SIGUIENTE PARA VER SI SE TOMÓ ALGUNA ACCIÓN. SI NO SE TOMÓ NINGUNA ACCIÓN, USTED DEBE RECOMENDAR AL PADRE/A LA MADRE O TUTOR LEGAL QUE LO HAGA.</p>	
	<b>CHILD'S WEIGHT MEASUREMENT</b>	
<b>L60.</b>	<p>Now I'm going to measure [CHILD NAME]'s weight.</p> <p>INTERVIEWER: PUT SCALE ON HARD, FLAT SURFACE. SET THE SCALE TO ZERO.</p> <p>ASK PARENT OR CHILD TO REMOVE CHILD'S SHOES AND ANY HEAVY OUTER GARMENTS (COAT, JACKET, SWEATER, ETC.) AND BLANKETS.</p> <p>ASK PARENT OR CHILD TO REMOVE ANY ITEMS FROM CHILD'S HANDS AND POCKETS.</p> <p>ASK CHILD TO STEP ON SCALE.</p> <p>OBTAIN WEIGHT OF CHILD IN KILOGRAMS.</p> <p>Ahora voy a pesar a [CHILD NAME].</p> <p>ENTREVISTADOR: POSICIONE LA BALANZA O BÁSCULA EN UNA SUPERFICIE DURA Y PLANA, PONGA LA BÁSCULA EN CERO.</p> <p>PIDA AL PADRE/A LA MADRE O AL/A LA NIÑO(A) QUE LE quite LOS ZAPATOS AL NIÑO(A) Y CUALQUIER PRENDA EXTERIOR (POR EJEMPLO ABRIGO, SACO, SWEATER, ETC.) Y COBIJAS.</p> <p>PIDA AL PADRE/A LA MADRE O AL/A LA NIÑO(A) QUE LE quite CUALQUIER ARTÍCULO QUE TRAIGA EL NIÑO(A) EN LAS MANOS Y BOLSILLOS.</p> <p>PIDA AL NIÑO(A) QUE SE SUBA A LA BALANZA O BÁSCULA.</p> <p>REGISTRE EL PESO DEL NIÑO EN KILOGRAMOS.</p>	
<b>L61.</b>	<p>INTERVIEWER: SUCCESSFULLY ABLE TO MEASURE CHILD'S WEIGHT?</p> <p>1. YES 5. NO (GO TO L62)</p> <p>ENTREVISTADOR: ¿PUDO PESAR AL/A LA NIÑO(A)</p>	

	CORRECTAMENTE?	
L61A.	<p>INTERVIEWER: ENTER WEIGHT OF CHILD IN KILOGRAMS.</p> <p>___ . ___ KG</p> <p>ENTREVISTADOR: REGISTRE EL PESO DEL NIÑO EN KILOGRAMOS.</p>	
L61B.	<p>INTERVIEWER: RE-ENTER WEIGHT OF CHILD IN KILOGRAMS.</p> <p>___ . ___ KG</p> <p>ENTREVISTADOR: REGISTRE UNA VEZ MÁS EL PESO DEL NIÑO EN KILOGRAMOS.</p>	<p>[Programmer: Check that weight entered in L61A and L61B are the same, if not use a hard check to have interviewer re-enter numbers.</p> <p>Check that weight is in appropriate range specified in "Weight" tables at end of document. If outside of appropriate range use a soft check to inform the interviewer and have them double check their answer.]</p> <p>GO TO L63.</p>
L62.	<p>INTERVIEWER: SELECT ALL REASONS WHY UNABLE TO MEASURE CHILD'S WEIGHT.</p> <p>MARK ALL THAT APPLY.</p> <ol style="list-style-type: none"> <li>1. CHILD REFUSES TO BE WEIGHED</li> <li>2. CHILD UNABLE TO HOLD STILL OR TOO AGITATED TO WEIGH</li> <li>3. PARENT REFUSES TO HAVE CHILD WEIGHED</li> <li>4. UNSUITABLE SURFACE FOR SETTING UP THE SCALE</li> <li>5. SCALE INSUFFICIENT FOR CHILD WEIGHT</li> <li>6. EQUIPMENT FAILURE</li> <li>7. OTHER, SPECIFY: _____</li> </ol> <p>(GO TO L65)</p> <p>ENTREVISTADOR: SELECCIONE TODAS LA RAZONES POR LAS QUE NO PUDO PESAR AL/A LA NIÑO(A).</p> <p>MARQUE TODAS LAS OPCIONES QUE CORRESPONDAN.</p>	PL62_S not in qx
L63.	<p>INTERVIEWER: NOTE ANY OBSERVABLE PHYSICAL CHARACTERISTICS OF CHILD THAT AFFECTED WEIGHT MEASUREMENT.</p> <p>MARK ALL THAT APPLY.</p> <ol style="list-style-type: none"> <li>0. NONE</li> <li>1. CHILD WEARING SHOES</li> <li>2. CHILD WEARING HEAVY CLOTHING</li> </ol>	PL63_S not in qx

	3. CHILD HAD ITEMS IN HANDS OR IN POCKETS 4. OTHER, SPECIFY: _____  ENTREVISTADOR: ANOTE CUALQUIER CARACTERÍSTICA FÍSICA DEL/DE LA NIÑO(A) QUE AFECTÓ LA MEDIDA DEL PESO.  MARQUE TODAS LAS OPCIONES QUE CORRESPONDAN.	
L64.	INTERVIEWER: DESCRIBE ANY DEVIATIONS FROM THE PROTOCOL OR PROBLEMS WITH OBTAINING WEIGHT MEASUREMENT. _____ _____ _____  ENTREVISTADOR: DESCRIBA CUALQUIER DESVIACIÓN DEL PROTOCOLO O PROBLEMAS PARA PESAR AL NIÑO(A).	
	<b>SPIROMETRY MEASUREMENT</b>	
L65.	CAPI: VERIFY CHILD'S AGE  1. LESS THAN 5 YEARS OLD (GO TO L86) 2. 5 YEARS OF AGE OR OLDER	
L65A.	CAPI: AGE AND SEX OF CHILD.  1. FEMALE, 12 YEARS OF AGE OR OLDER 2. FEMALE LESS THAN 12 YEARS OF AGE (GO TO L66) 3. MALE (GO TO L66)	
L65B.	INTERVIEWER: IS CHILD IS VISIBLY PREGNANT?  1. YES 5. NO (GO TO L66)	
L65C.	Are you in the third trimester of your pregnancy? That is, are you at least 7 months pregnant?  1. YES (GO TO L86) 5. NO  ¿Estás en el tercer trimestre de tu embarazo? Es decir, ¿tienes por lo menos 7 meses de embarazo?"	
L66.	INTERVIEWER: ASK THE FOLLOWING QUESTIONS OF THE CHILD'S PARENT.  Before beginning the next procedure, I have a few questions.	

	<p>Has [CHILD NAME] had any surgery on [his / her] chest or abdomen in the past three weeks?</p> <p>1. YES (GO TO L86) 5. NO</p> <p>Antes de comenzar el siguiente procedimiento, tengo unas pocas preguntas.</p> <p>¿Ha tenido [CHILD NAME] alguna cirugía en el pecho o el abdomen en las últimas 3 semanas?"</p>	
<b>L67.</b>	<p>Has [CHILD] been hospitalized for a heart problem in the past 6 weeks?</p> <p>1. YES (GO TO L86) 5. NO</p> <p>¿Ha estado hospitalizado(a) [CHILD] por problemas cardíacos en las últimas 6 semanas?</p>	
<b>L68.</b>	<p>Now I'm going to measure your lung function by having you blow into this meter. First, I will explain the procedure.</p> <p>This is called a spirometer. It measures how quickly you can blow out. You do this by taking a deep breath and then blowing out through the device as hard and as fast as possible until you have no more breath left.</p> <p>Before we begin, you should loosen any tight clothing. You should stand comfortably with your feet flat on the floor, back straight, and with a non-rolling chair or firm surface behind you. You should first put this clip on your nose and then take a deep breath of air as far as you can breathe in.</p> <p>Without pausing, you should put the mouthpiece in your mouth and seal your lips tightly around it, with your chin slightly lifted and your neck stretched. Put the mouthpiece between your teeth and seal your mouth around the tube, not allowing any air to leak out the sides.</p> <p>Then, you should blast out the air as hard and fast as you can! You should keep on blowing out the same breath of air until I say "stop."</p> <p>Ahora voy a evaluar como trabajan tus pulmones haciendo que soples dentro de este medidor. Primero te voy a explicar el procedimiento.</p> <p>Este dispositivo electrónico se llama espirómetro. Mide como funcionan tus pulmones. Necesitas inhalar profundamente y luego exhalar en este</p>	



	<p>aparato con tanta fuerza y tan rápido como puedas hasta que no te quede aire en los pulmones.</p> <p>Antes de comenzar, debes aflojar cualquier prenda de vestir ajustada. Debes pararte cómodamente con los pies en el piso, tu espalda derecha y con una silla sin ruedas o una superficie firme detrás ti. Debes ponerte el gancho en la nariz y luego inhalar tanto como sea posible.</p> <p>Sin detenerte, debes colocarte la boquilla en la boca y sellar los labios fuertemente alrededor de ella, con la barbilla ligeramente elevada y el cuello estirado. Pon la boquilla entre tus dientes y sella tu boca alrededor del tubo, sin permitir que el aire se escape por los lados.</p> <p>Luego, bota el aire tan fuerte como puedas. Debes continuar botando el aire hasta que yo te diga: ""para"".</p>	
<b>L69.</b>	<p>I have a few more questions before we get started.</p> <p>Is [CHILD NAME] using any respiratory medications such as bronchodilators (inhaler or puffer) or steroids?</p> <p>1. YES 5. NO (GO TO L71)</p> <p>Tengo unas pocas preguntas más antes de comenzar.</p> <p>¿Está usando ^CHILD algún medicamento para la respiración tal como un broncodilatador (inhalador) o esteroides?</p>	
<b>L70.</b>	<p>Has [CHILD NAME] used an inhaler or puffer in the last hour?</p> <p>1. YES (INTERVIEWER: IF POSSIBLE, DELAY SPIROMETRY UNTIL ONE HOUR AFTER THE LAST INHALER USE) 5. NO</p> <p>¿Ha usado [CHILD NAME] un inhalador hace una hora o menos?</p>	
<b>L71.</b>	<p>Has [CHILD NAME] eaten a heavy meal in the last hour?</p> <p>1. YES (INTERVIEWER: IF POSSIBLE, DELAY SPIROMETRY UNTIL ONE HOUR AFTER THE LAST HEAVY MEAL) 5. NO</p> <p>¿Ha comido Has [CHILD NAME] una comida pesada hace una hora o menos?</p>	

<b>L72.</b>	<p>Has [CHILD NAME] had a cough, cold, or other illness in the past few days?</p> <p>1 YES 5 NO</p> <p>¿Ha tenido [CHILD NAME] tos, un resfrío o alguna otra enfermedad en los últimos días?</p>	
<b>L73.</b>	<p>Has [CHILD NAME] had a respiratory infection (such as the flu, pneumonia, bronchitis, or a severe cold) in the past 3 weeks?</p> <p>1. YES 5. NO</p> <p>¿Ha tenido [CHILD NAME] una infección respiratoria (tal como gripe, neumonía, bronquitis o un resfrío fuerte) en las últimas tres semanas?</p>	
<b>L74.</b>	<p>Is [CHILD NAME] currently being treated for tuberculosis?</p> <p>1. YES 5. NO</p> <p>¿Actualmente [CHILD NAME] está siendo tratado contra la tuberculosis?</p>	
<b>L75.</b>	<p>Let me now demonstrate how the breathing measurement is done using my own mouthpiece and then I'll give you a new one.</p> <p>INTERVIEWER: DEMONSTRATE HOW TO USE THE MOUTHPIECE. USE YOUR OWN MOUTHPIECE, STAND STRAIGHT WITH A FIRM SURFACE BEHIND YOU, TAKE A DEEP BREATH, BLAST IT OUT, AND DO NOT LEAN.</p> <p>INTERVIEWER: ALLOW CHILD TO WALK THROUGH THE PROCEDURE. OPEN A NEW MOUTHPIECE AND HAVE THE CHILD GET COMFORTABLE WITH PUTTING HIS/HER MOUTH AROUND IT. HAVE THE CHILD HOLD THE SPIROMETER (WITHOUT THE MOUTHPIECE IN IT).</p> <p>Permíteme demostrarte cómo se usa esta boquilla y luego te daré una nueva.</p> <p>ENTREVISTADOR: DEMUESTRE COMO SE USA LA BOQUILLA. USE SU PROPIA BOQUILLA, PÁRESE EN UNA SUPERFICIE FIRME DETRÁS DE USTED, ASPIRE PROFUNDAMENTE, BOTE EL AIRE DE LOS PULMONES TAN FUERTE Y RÁPIDO COMO PUEDA, Y NO SE</p>	

	<p>APOYE EN NADA.</p> <p>ENTREVISTADOR: PERMÍTA QUE EL NIÑO/LA NIÑA PRACTIQUE EL PROCEDIMIENTO. ABRA UNA BOQUILLA NUEVA Y PERMITA QUE EL NIÑO/LA NIÑA SE SIENTA CÓMODO(A) PONIENDO SU BOCA ALREDEDOR DE ELLA. OBTENGA QUE EL/ELLA AGARRE EL ESPIRÓMETRO (SIN LA BOQUILLA).</p>	
L76.	<p>(INTERVIEWER: IF YOU ARE USING THE SPIROMETER FOR THE FIRST TIME TODAY, MAKE SURE TO CHECK SETTINGS AS SPECIFIED IN THE PROTOCOL.)</p> <p>ENTER THE FOLLOWING INTO THE SPIROMETER:</p> <ul style="list-style-type: none"> <li>• THE CHILD'S CASE ID NUMBER</li> <li>• THE CHILD'S DATE OF BIRTH</li> <li>• THE CHILD'S HEIGHT(ENTER "150" FOR ALL RESPONDENTS)</li> </ul> <p>FOR ALL OTHER ITEMS, SELECT THE DEFAULT VALUES.</p> <p>REVIEW THE INFORMATION YOU HAVE ENTERED TO MAKE SURE THERE ARE NO MISTAKES.</p> <p>Now please stand up and, whenever you are ready, <u>take as deep a breath as you can</u> until it feels like you cannot get any more air into your lungs. Place your mouth around the mouthpiece with your lips tightly sealed, and then <u>breathe out as hard, as fast, and as long as you can</u>. I want you to make the air "BLAST" out of your lungs. Keep breathing out until I tell you to stop.</p> <p>[ENTREVISTADOR: SI USTED ESTÁ USANDO EL ESPIRÓMETRO POR PRIMERA VEZ HOY, ASEGÚRESE DE VERIFICAR QUE LAS ESPECIFICACIONES SEAN COMO LAS REQUIERE EL PROTOCOLO.]</p> <p>REGISTRE LO SIGUIENTE EN EL ESPIRÓMETRO:</p> <ul style="list-style-type: none"> <li>* EL NÚMERO DE IDENTIFICACIÓN DEL CASO DEL NIÑO/DE LA NIÑA</li> <li>* LA FECHA DE NACIMIENTO DEL NIÑO/DE LA NIÑA</li> </ul> <p>PARA EL RESTO DE LAS PREGUNTAS, SELECCIONE LAS CANTIDADES ALTERNAS.</p> <p>REVISE LA INFORMACIÓN QUE USTED HA REGISTRADO PARA ASEGURARSE QUE NO HA COMETIDO ERRORES.</p> <p>Ahora ponte de pie y cuando estés listo, inhala (o aspira) tan profundamente como puedas hasta que sientas que no puedes tomar más aire en tus pulmones. Pon tu boca alrededor de la boquilla con los labios</p>	

	<p>sellados alrededor de ella, y luego bota el aire tan fuerte y rápido como puedas. Quiero que ""OBTENGAS"" que el aire salga ""DE GOLPE"" de tus pulmones. Continúa botando el aire hasta que yo te diga que pares.</p>	
L77.	<p>INTERVIEWER: PERFORM FIRST SPIROMETERY MEASUREMENT AND MARK THE RESULT</p> <ol style="list-style-type: none"> <li>1. SPIROMETER SAYS "DON'T HESITATE"</li> <li>2. SPIROMETER SAYS "BLAST OUT FASTER"</li> <li>3. SPIROMETER SAYS "BLOW OUT LONGER"</li> <li>4. SPIROMETER SAYS "WAIT UNTIL BUZZ BEFORE BLOWING OUT"</li> <li>5. SPIROMETER SAYS "GOOD EFFORT, DO NEXT"</li> <li>6. SPIROMETER SAYS "DEEPER BREATH"</li> <li>9. CHILD OR PARENT REFUSED (GO TO L83B)</li> </ol> <p>ENTREVISTADOR: OBTENGA LA PRIMERA MEDICIÓN DE ESPIROMETRÍA Y MARQUE EL RESULTADO.</p>	
L78.	<p>WAIT 1 MINUTE BEFORE NEXT MEASUREMENT.</p> <p>Now for the next one. Remember, <u>take as deep a breath as you can</u>, place your mouth around the mouthpiece, seal your lips around it, and then <u>breathe out as hard, as fast, and as long as you can</u>. Make the air "BLAST" out of your lungs. Keep breathing out until I tell you to stop.</p> <p>INTERVIEWER: PERFORM SECOND SPIROMETERY MEASUREMENT AND MARK THE RESULT.</p> <ol style="list-style-type: none"> <li>1. SPIROMETER SAYS "DON'T HESITATE"</li> <li>2. SPIROMETER SAYS "BLAST OUT FASTER"</li> <li>3. SPIROMETER SAYS "BLOW OUT LONGER"</li> <li>4. SPIROMETER SAYS "WAIT UNTIL BUZZ BEFORE BLOWING OUT"</li> <li>5. SPIROMETER SAYS "GOOD EFFORT, DO NEXT"</li> <li>6. SPIROMETER SAYS "DEEPER BREATH"</li> <li>9. CHILD OR PARENT REFUSED (GO TO L83B)</li> </ol> <p>ESPERE 1 MINUTO ANTES DE LA SIGUIENTE MEDICIÓN.</p> <p>Ahora para la siguiente. Recuerda, inhala (o aspira) tan profundamente como puedas, pon tu boca alrededor de la boquilla, con los labios sellados alrededor de ella, y luego bota el aire tan fuerte y rápidamente como puedas. Quiero que ""OBTENGAS"" que el aire salga ""DE GOLPE"" de tus pulmones. Continúa botando el aire hasta que yo te diga que pares.</p> <p>ENTREVISTADOR: OBTENGA LA SEGUNDA ESPIROMETRÍA Y MARQUE EL RESULTADO.</p>	

<p><b>L79.</b></p>	<p>WAIT 1 MINUTE BEFORE NEXT MEASUREMENT.</p> <p>INTERVIEWER: PERFORM THIRD SPIROMETERY MEASUREMENT AND MARK THE RESULT.</p> <ol style="list-style-type: none"> <li>1. SPIROMETER SAYS "DON'T HESITATE"</li> <li>2. SPIROMETER SAYS "BLAST OUT FASTER"</li> <li>3. SPIROMETER SAYS "BLOW OUT LONGER"</li> <li>4. SPIROMETER SAYS "WAIT UNTIL BUZZ BEFORE BLOWING OUT"</li> <li>5. SPIROMETER SAYS "GOOD EFFORT, DO NEXT"</li> <li>6. SPIROMETER SAYS "DEEPER BREATH"</li> <li>7. SPIROMETER SAYS "SESSION COMPLETE" (GO TO L84)</li> <li>9. CHILD OR PARENT REFUSED (GO TO L83B)</li> </ol> <p>ESPERE 1 MINUTO ANTES DE LA SIGUIENTE MEDICIÓN.</p> <p>ENTREVISTADOR: OBTENGA LA TERCERA ESPIROMETRÍA Y MARQUE EL RESULTADO.</p>	
<p><b>L80.</b></p>	<p>WAIT 1 MINUTE BEFORE NEXT MEASUREMENT.</p> <p>INTERVIEWER: PERFORM FOURTH SPIROMETERY MEASUREMENT AND MARK THE RESULT.</p> <ol style="list-style-type: none"> <li>1. SPIROMETER SAYS "DON'T HESITATE"</li> <li>2. SPIROMETER SAYS "BLAST OUT FASTER"</li> <li>3. SPIROMETER SAYS "BLOW OUT LONGER"</li> <li>4. SPIROMETER SAYS "WAIT UNTIL BUZZ BEFORE BLOWING OUT"</li> <li>5. SPIROMETER SAYS "GOOD EFFORT, DO NEXT"</li> <li>6. SPIROMETER SAYS "DEEPER BREATH"</li> <li>7. SPIROMETER SAYS "SESSION COMPLETE" (GO TO L84)</li> <li>9. CHILD OR PARENT REFUSED (GO TO L83B)</li> </ol> <p>ESPERE 1 MINUTO ANTES DE LA SIGUIENTE MEDICIÓN.</p> <p>ENTREVISTADOR: OBTENGA LA CUARTA ESPIROMETRÍA Y MARQUE EL RESULTADO.</p>	
<p><b>L81.</b></p>	<p>WAIT 1 MINUTE BEFORE NEXT MEASUREMENT.</p> <p>INTERVIEWER: PERFORM FIFTH SPIROMETERY MEASUREMENT AND MARK THE RESULT.</p> <ol style="list-style-type: none"> <li>1. SPIROMETER SAYS "DON'T HESITATE"</li> <li>2. SPIROMETER SAYS "BLAST OUT FASTER"</li> </ol>	

	<p>3. SPIROMETER SAYS “BLOW OUT LONGER”  4. SPIROMETER SAYS “WAIT UNTIL BUZZ BEFORE BLOWING OUT”  5. SPIROMETER SAYS “GOOD EFFORT, DO NEXT”  6. SPIROMETER SAYS “DEEPER BREATH”  7. SPIROMETER SAYS “SESSION COMPLETE” (GO TO L84)  9. CHILD OR PARENT REFUSED (GO TO L83B)</p> <p>ESPERE 1 MINUTO ANTES DE LA SIGUIENTE MEDICIÓN.</p> <p>ENTREVISTADOR: OBTENGA LA QUINTA ESPIROMETRÍA Y MARQUE EL RESULTADO.</p>	
<b>L82.</b>	<p>WAIT 1 MINUTE BEFORE NEXT MEASUREMENT.</p> <p>INTERVIEWER: PERFORM SIXTH SPIROMETERY MEASUREMENT AND MARK THE RESULT.</p> <p>1. SPIROMETER SAYS “DON’T HESITATE”  2. SPIROMETER SAYS “BLAST OUT FASTER”  3. SPIROMETER SAYS “BLOW OUT LONGER”  4. SPIROMETER SAYS “WAIT UNTIL BUZZ BEFORE BLOWING OUT”  5. SPIROMETER SAYS “GOOD EFFORT, DO NEXT”  6. SPIROMETER SAYS “DEEPER BREATH”  7. SPIROMETER SAYS “SESSION COMPLETE” (GO TO L84)  9. CHILD OR PARENT REFUSED (GO TO L83B)</p> <p>ESPERE 1 MINUTO ANTES DE LA SIGUIENTE MEDICIÓN.</p> <p>ENTREVISTADOR: OBTENGA LA SEXTA ESPIROMETRÍA Y MARQUE EL RESULTADO.</p>	
<b>L83.</b>	<p>WAIT 1 MINUTE BEFORE NEXT MEASUREMENT.</p> <p>INTERVIEWER: PERFORM SEVENTH SPIROMETERY MEASUREMENT AND MARK THE RESULT.</p> <p>1. SPIROMETER SAYS “DON’T HESITATE”  2. SPIROMETER SAYS “BLAST OUT FASTER”  3. SPIROMETER SAYS “BLOW OUT LONGER”  4. SPIROMETER SAYS “WAIT UNTIL BUZZ BEFORE BLOWING OUT”  5. SPIROMETER SAYS “GOOD EFFORT, DO NEXT”  6. SPIROMETER SAYS “DEEPER BREATH”  7. SPIROMETER SAYS “SESSION COMPLETE” (GO TO L84)  9. CHILD OR PARENT REFUSED (GO TO L83B)</p> <p>ESPERE 1 MINUTO ANTES DE LA SIGUIENTE MEDICIÓN.</p>	

	<p>ENTREVISTADOR: OBTENGA LA SÉPTIMA ESPIROMETRÍA Y MARQUE EL RESULTADO.</p>	
L83A	<p>WAIT 1 MINUTE BEFORE NEXT MEASUREMENT.</p> <p>INTERVIEWER: PERFORM EIGHTH SPIROMETERY MEASUREMENT AND MARK THE RESULT.</p> <ol style="list-style-type: none"> <li>1. SPIROMETER SAYS “DON’T HESITATE”</li> <li>2. SPIROMETER SAYS “BLAST OUT FASTER”</li> <li>3. SPIROMETER SAYS “BLOW OUT LONGER”</li> <li>4. SPIROMETER SAYS “WAIT UNTIL BUZZ BEFORE BLOWING OUT”</li> <li>5. SPIROMETER SAYS “GOOD EFFORT, DO NEXT”</li> <li>6. SPIROMETER SAYS “DEEPER BREATH”</li> <li>7. SPIROMETER SAYS “SESSION COMPLETE” (GO TO L84)</li> <li>9. CHILD OR PARENT REFUSED (GO TO L83B)</li> </ol> <p>ESPERE 1 MINUTO ANTES DE LA SIGUIENTE MEDICIÓN.</p> <p>ENTREVISTADOR: OBTENGA LA OCTAVA ESPIROMETRÍA Y MARQUE EL RESULTADO.</p>	
L83B	<p>INTERVIEWER: INDICATE REASON FOR MEASUREMENT INCOMPLETE, UNSATISFACTORY, OR NOT DONE.</p> <p>MARK ALL THAT APPLY</p> <ol style="list-style-type: none"> <li>1. CHILD UNABLE/UNWILLING TO UNDERSTAND OR FOLLOW TEST INSTRUCTIONS</li> <li>2. PARENT REFUSES TO HAVE CHILD PERFORM SPIROMETRY</li> <li>3. CHILD REFUSED TO PERFORM SPIROMETRY</li> <li>4. EQUIPMENT FAILURE</li> <li>5. COUGHS DETECTED</li> <li>6. EARLY TERMINATION OF EXPIRATION, INSUFFICIENT EFFORT</li> <li>7. ACUTE ILLNESS (FLU, PNEUMONIA, ETC.)</li> <li>8. COPD (SEVERE BRONCHITIS, EMPHYSEMA, ASTHMA)</li> <li>9. ATE HEAVY MEAL</li> <li>10. INSUFFICIENT TIME AVAILABLE</li> <li>11. NO APPROPRIATE SETTING FOR CONDUCTING SPIROMETRY</li> <li>12. CHILD MEDICALLY EXCLUDED FOR SAFETY</li> <li>13. OTHER, SPECIFY: _____</li> </ol> <p>(GO TO L86)</p> <p>ENTREVISTADOR: INDIQUE LA RAZÓN POR LA QUE LA MEDICIÓN</p>	<p>PL83B_S not in qx</p>

	<p>NO SE COMPLETÓ, NO FUE SATISFACTORIA O NO SE REALIZÓ.</p> <p>MARQUE TODAS LAS OPCIONES QUE CORRESPONDEN.</p>	
L84.	<p>INTERVIEWER: NOTE ANY OBSERVABLE PHYSICAL CHARACTERISTICS OF CHILD THAT AFFECTED SPIROMETRY.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>ENTREVISTADOR: ANOTE CUALQUIER CARACTERÍSTICA FÍSICA DEL NIÑO(A) QUE AFECTÓ LA ESPIROMETRÍA.</p>	
L85.	<p>INTERVIEWER: DESCRIBE ANY DEVIATIONS FROM THE PROTOCOL OR PROBLEMS PERFORMING SPIROMETRY.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>TURN THE SPIROMETER OFF.</p> <p>ENTREVISTADOR: ANOTE CUALQUIER DESVIACIÓN DEL PROTOCOLO QUE AFECTE LA ESPIROMETRÍA.</p> <p>_____</p> <p>APAGUE EL ESPIRÓMETRO</p>	
	<b>SALIVA COLLECTION GUIDELINES</b>	
L86.	<p>CAP1 : CHECK CHILD'S AGE.</p> <p>1 CHILD IS LESS THAN 3 YEARS OLD (GO TO L93A)</p> <p>3 CHILD IS AGE 3 OR OLDER (GO TO L87)</p>	
L87.	<p>Now I will explain the procedure for collection [CHILD NAME]'s saliva.</p> <p>We would like you to collect saliva at three different times during the same day. We would like you to do this tomorrow. If this isn't possible or convenient, then you can wait until the first day when you can do all three collections on the same day.</p> <p>The first collection time is as soon as [CHILD NAME] wakes up. The second collection time is 30 minutes after you start the first one. The third collection time is at [CHILD'S] bedtime.</p> <p>I am going to give you a kit with all the supplies you need to collect the saliva. The kit has [CHILD NAME]'s name on it and includes three collection tubes. Each collection tube is labeled and contains two sponge pops like this [INTERVIEWER: SHOW SPONGE POP]. The sponge pop will soak up saliva in the mouth. It is a thin triangular-shaped sponge fixed</p>	



	<p>to the end of a stick, like a small lollipop. Two of these sponge pops should be saturated with [CHILD NAME]'s saliva at each collection time.</p> <p>I'm going to leave you information that describes the entire process in greater detail. It will explain how to write the collection time on labels, how to store samples in the refrigerator, and how to mail the saliva samples. I will also give you a phone number to call if you have any questions after I leave.</p> <p>Let me review the written instructions and the <i>Quick Reference Guide</i> with you now. Please feel free to ask me any questions you have at any point.</p> <p>Ahora le voy a explicar el procedimiento para obtener la saliva de [CHILD NAME].</p> <p>Nosotros queremos que usted obtenga la saliva durante tres distintas horas del día y que comience mañana. Si esto no es posible o conveniente, entonces puede esperar hasta la ocasión en la que pueda obtener estas muestras en un mismo día.</p> <p>El primer período de colección es cuando [CHILD NAME] se levanta. El segundo período de colección comienza 30 minutos más tarde. El tercer período es a la hora de acostarse de [CHILD NAME].</p> <p>Voy a darle el juego de materiales para recopilar la saliva. El juego de materiales tiene el nombre de [CHILD NAME] e incluye tres tubos de colección de muestra. Cada tubo tiene una etiqueta que contiene un ""sorbette"" como este [ENTREVISTADOR: MUESTRE EL SORBETTE]. El ""sorbette"" absorberá la saliva de la boca. El ""sorbette"" es una esponja triangular pegada en un palito, como una pequeña paleta. Necesitamos que se saturen 2 ""sorbetes"" con la saliva de [CHILD NAME] durante cada período de colección.</p> <p>Voy a dejarle información que describa el proceso completo en más detalle. Esta información describirá como apuntar las horas de recopilación en las etiquetas, como almacenar muestras en el refrigerador, y como enviar las muestras por correo. También le voy a dar un número telefónico al que puede llamar si tiene preguntas después de que me vaya.</p> <p>Permítame revisar las instrucciones por escrito con usted. Por favor hágame cualquier pregunta que tenga en cualquier momento.</p>	
L88.	<p>REVIEW THE <u>SALIVA COLLECTION INFORMATION SHEET</u> WITH THE PARENT.</p> <p>INTERVIEWER: DID THE PARENT AGREE TO COLLECT CHILD'S SALIVA SAMPLES?</p>	

	<p>1. YES (GO TO L88A) 5. NO (GO TO L89)</p> <p>REVISE LA HOJA INFORMATIVA SOBRE RECOPIACIÓN DE SALIVA CON ""SORBETTE"" Y LA GUÍA DE REFERENCIA INMEDIATA CON LA PERSONA ADULTA.</p> <p>ENTREVISTADOR: ¿ESTUVO LA PERSONA ADULTA DE ACUERDO EN OBTENER LAS MUESTRAS DE SALIVA DEL NIÑO/DE LA NIÑA?"</p>	
<b>L88A.</b>	<p>INTERVIEWER: ENTER BARCODE NUMBER.</p> <p>_____</p> <p>RE-ENTER BARCODE NUMBER.</p> <p>_____</p>	
<b>L88B.</b>	<p>INTERVIEWER: ENTER FEDERAL EXPRESS TRACKING NUMBER.</p> <p>_____.</p> <p>GO TO L90.</p>	
<b>L89.</b>	<p>INTERVIEWER: LIST ALL REASONS WHY PARENT REFUSED TO COLLECT CHILD'S SALIVA SAMPLES</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(GO TO L93A)</p> <p>ENTREVISTADOR: ENUMERE TODAS LAS RAZONES POR LAS QUE EL PADRE/LA MADRE/TUTOR SE REHUSÓ (ARON) RECOPIAR LAS MUESTRAS DE SALIVA.</p>	Not sure why highlighted word is in translation
	<b>CHILD'S HEALTH STATUS AS OBSERVED BY INTERVIEWER</b>	<p>L90 – L93 in code, deleted in qx</p> <p>L92 deleted in both</p>
<b>L93A.</b>	<p>INTERVIEWER: BASED ON YOUR OBSERVATION OF THIS CHILD, HOW DOES [HIS / HER] HEALTH COMPARE, IN GENERAL, TO THE HEALTH STATUS OF OTHER CHILDREN OF THE SAME AGE AND SEX?</p> <p>RECORD YOUR <u>OWN</u> OPINION BASED ON YOUR OBSERVATION</p>	

	<p>MARK SCORE ON THE FOLLOWING SCALE:</p> <ol style="list-style-type: none"> <li>1. MUCH WORSE</li> <li>2.</li> <li>3. WORSE</li> <li>4.</li> <li>5. ABOUT THE SAME</li> <li>6.</li> <li>7. BETTER</li> <li>8.</li> <li>9. MUCH BETTER</li> </ol> <p>ENTREVISTADOR: DE ACUERDO A LO QUE HA OBSERVADO, ¿CUÁL ES EL ESTADO GENERAL DE SALUD DE ESTE NIÑO/ESTA NIÑA COMPARADO CON EL DE OTROS(AS) NIÑOS/NIÑAS DE SU EDAD Y SEXO?</p> <p>REGISTRE SU PROPIA OPINIÓN BASADA EN SU PROPIA OBSERVACIÓN.</p> <ol style="list-style-type: none"> <li>1. MUCHO PEOR</li> <li>2.</li> <li>3. PEOR</li> <li>4.</li> <li>5. CASI IGUAL</li> <li>6.</li> <li>7. MEJOR</li> <li>8.</li> <li>9. MUCHO MEJOR"</li> </ol>	
	<b>DBS VISIT – SKIP IF NOT SELECTED FOR DBS</b>	
<b>L94.</b>	<p>CAPI: SEE L8A TO DETERMINE IF CHILD OR PARENT OPTED-OUT OF THE DBS COLLECTION OR IS INELIGIBLE BASED ON CHILD'S AGE.</p> <ol style="list-style-type: none"> <li>1. CHILD / PARENT OPTED-OUT OF DBS COLLECTION (GO TO L102)</li> <li>2. CHILD / PARENT DID NOT OPT-OUT</li> <li>3. CHILD IS LESS THAN 3 YEARS OF AGE (GO TO L102)</li> </ol>	
<b>L94A.</b>	<p>In addition to the health measures we have completed today, we would like to schedule a health technician to visit your home to collect a blood sample from your child.</p> <p>The visit will take about 30 minutes. The health technician will prick a finger and catch drops of blood on special pieces of filter paper. The blood</p>	

	<p>will be tested for the risk of heart disease, blood sugar levels.</p> <p>First, I have some questions for you.</p> <p>Además de las medidas de salud que completamos hoy, quisiera coordinar una visita para que un trabajador de salud visite su casa para tomar las muestras de sangre de su niño(a).</p> <p>La visita durará aproximadamente 30 minutos. El trabajador de salud picará el dedo y obtendrá gotas en pedazos de papel. La muestra de sangre se analizará para evaluar el riesgo de problemas cardiacos, el nivel de azúcar y cómo trabaja el sistema inmunológico de [CHILD NAME].</p> <p>Primero, necesito hacerle unas preguntas.</p>	
<b>L94B.</b>	<p>INTERVIEWER: ASK THE PARENT:</p> <p>Does [CHILD NAME] have hemophilia or any other type of blood disorder that may affect [his / her] blood's ability to clot?</p> <p>1. YES (GO TO L94D) 5. NO</p> <p>ENTREVISTADOR: PREGÚNTELE AL ADULTO:</p> <p>¿Tiene [CHILD NAME] hemofilia o algún otro tipo de enfermedad en la sangre que pueda afectar la manera en que [his / her] cicatriza?"</p>	
<b>L94C.</b>	<p>INTERVIEWER: ASK THE PARENT:</p> <p>Has [CHILD NAME] had chemotherapy treatments within the past 4 weeks?</p> <p>1. YES 5. NO (GO TO L94E)</p> <p>ENTREVISTADOR: PREGÚNTELE AL ADULTO:</p> <p>¿Ha recibido [CHILD NAME] quimioterapia en las últimas 4 semanas?</p>	
<b>L94D.</b>	<p>INTERVIEWER: READ THE FOLLOWING TO THE PARENT:</p> <p>I'm sorry, but it seems [CHILD NAME] is not eligible to take part in the blood sample portion of the study.</p> <p>INTERVIEWER: IF CHILD HAS PARTICIPATED IN ALL OTHER PARTS</p>	

	<p>OF THE HEALTH MEASURES, PAY THE \$35 INCENTIVE AND GET A SIGNED RECEIPT.</p> <p>(GO TO L102)</p> <p>ENTREVISTADOR: LÉALE LO SIGUIENTE AL ADULTO:</p> <p>Lo siento, parece que [CHILD NAME] no es elegible para participar en la porción del estudio en la que se obtienen muestras de sangre.</p>	
<b>L94E.</b>	<p>INTERVIEWER: ASK PARENT</p> <p>Can we schedule a health technician to come to your home?</p> <p>1. YES (GO TO L94E)  2. NO, NOT READY TO COMMIT TO BLOOD SAMPLE (GO TO L101)  3. NO, NOT INTERESTED IN BLOOD SAMPLE (GO TO L101)  4. NO, DUE TO MEDICAL CONDITION, SPECIFY: _____</p> <p>(GO TO L101)</p> <p>ENTREVISTADOR: PREGÚNTELE AL ADULTO:</p> <p>¿Podemos hacer una cita para que el trabajador de salud venga a su casa?</p>	PL94E_S not in qx
<b>L94E1.</b>	<p>When would be the best time to schedule an appointment for the health technician to visit your home to collect a blood sample?</p> <p>DATE _____  TIME _____</p> <p>¿Cuál sería un buen momento para hacer una cita con el técnico de salud para que visite su hogar a tomar una muestra de sangre?</p> <p>FECHA: _____  HORA: _____</p>	
<b>L95.</b>	<p>To schedule the visit I need some additional information from you.</p> <p>[CONFIRM FULL NAME OF PARENT AND CHILD OR ASK IF UNKNOWN: Can I have your full name?]</p> <p>PARENT'S</p>	<p>[Programmer: Address and cross-streets only need to be collected once for siblings in the same household.]</p> <p>Question is split in code</p>

	<p>NAME: _____  first middle last</p> <p>CHILD'S  NAME: _____  first middle last</p> <p>Para coordinar la visita necesitamos información adicional de usted.</p> <p>CONFIRME EL NOMBRE COMPLETO DEL <u>PADRE/DE LA MADRE O</u>  PREGÚNTELO SI NO LO SABE: ¿Me puede dar su nombre completo por favor?</p> <p>ENTREVISTADOR: REGISTRE EL NOMBRE Y EL APELLIDO.</p> <p>CONFIRME EL NOMBRE COMPLETO DEL <u>NIÑO/DE LA NIÑA O</u>  PREGÚNTELO SI NO LO SABE: ¿Me puede dar el nombre de [CHILD NAME] completo por favor?</p> <p>ENTREVISTADOR: REGISTRE EL NOMBRE Y EL APELLIDO DE [CHILD NAME].</p> <p>[CONFIRM FULL ADDRESS / EDIT AS NEEDED]</p> <p>ADDRESS: _____  Street Apt.</p> <p>_____ City State ZIP</p> <p>What is the nearest cross-street to your address?</p> <p>ENTER CROSS-STREET: _____ AND _____</p> <p>¿Cuál es la intersección o el cruce más cercano?</p>	
<p><b>L96.</b></p>	<p>What is the best telephone number for the health technician to call to reach you and set up an appointment time?</p> <p>ENTER BEST TELEPHONE NUMBER: _____ - _____ - _____</p> <p>INDICATE TYPE:</p> <p>1. HOME</p>	

	<p>2. WORK 3. CELL PHONE</p> <p>¿Cuál es el número de teléfono más apropiado para que el trabajador de salud lo(a) llame para fijar una cita?</p> <p>INDIQUE EL TIPO DE TELÉFONO:</p> <p>REGISTRE EL NÚMERO DE TELÉFONO MÁS ADECUADO: ____-____-_____</p> <p>INDIQUE EL TIPO DE TELÉFONO:</p>	
<b>L96A.</b>	<p>And what would be the best time to reach you at this number?</p> <p>ENTER BEST TIME TO CALL THIS NUMBER: _____</p> <p>¿Cuándo sería una buena hora para comunicarnos con usted a este número?</p> <p>NOTE LA MEJOR HORA PARA LLAMAR A ESTE NÚMERO: _____</p>	
<b>L97.</b>	<p>Is there another telephone number where you can be reached if needed?</p> <p>1. YES 2. NO (GO TO L98)</p> <p>¿Hay otro número de teléfono donde se le pueda encontrar si es necesario?</p>	
<b>L97A.</b>	<p>What is the second telephone number?</p> <p>ENTER SECOND TELEPHONE NUMBER: ____-____-_____</p> <p>INDICATE TYPE:</p> <p>1. HOME 2. WORK 3. CELL PHONE</p> <p>¿Me puede dar el segundo número?</p> <p>REGISTRE EL SEGUNDO NÚMERO DE TELÉFONO: ____-____-_____</p> <p>INDIQUE EL TIPO DE TELÉFONO:</p>	

<p><b>L97B.</b></p>	<p>And what would be the best time to reach you at that number?</p> <p>ENTER BEST TIME TO CALL THIS NUMBER: _____</p> <p>¿Cuándo sería una buena hora para comunicarnos con usted a este número?</p> <p>ANOTE LA MEJOR HORA PARA LLAMAR A ESTE NÚMERO: _____</p>	
<p><b>L98.</b></p>	<p>To arrange for a health technician to contact you I need to make a toll-free call.</p> <p>INTERVIEWER: CALL 888-777-3674. BETWEEN 5 A.M. AND 5 P.M., MONDAY-FRIDAY, AN OPERATOR WILL ANSWER. AT ALL OTHER TIMES YOU WILL GET AN ANSWERING MACHINE.</p> <p>ASK TO USE THE RESPONDENT'S PHONE; OTHERWISE, USE YOUR CELL PHONE.</p> <p>Para coordinar que un trabajador de salud se comuniqué con usted tengo que hacer una llamada libre de cargos.</p> <p>ENTREVISTADOR: LLAME AL 1-866-LAFANS-8 (1-866-523-2678) DE LUNES A VIERNES: ENTRE LAS 5 AM Y LAS 5 PM.</p> <p>EN OTRAS HORAS: LLAME AL 1-626-625-6742</p> <p>SI NO ESTÁ HACIENDO UNA LLAMADA DE LARGA DISTANCIA, PÍDALE AL PARTICIPANTE SI PUEDE USAR SU TELÉFONO O USE SU PROPIO TELÉFONO CELULAR.</p>	
<p><b>L99.</b></p>	<p>TELL EMSI OPERATOR YOU ARE CALLING FROM L.A.FANS.</p> <p>PROVIDE FOLLOWING INFORMATION TO EMSI OPERATOR.</p> <p>PARTICIPANT CASE ID: {fill CASEID}  CHILD FIRST AND LAST NAME: {fill CHILD'S FULL NAME}  CHILD'S DATE OF BIRTH: {fill CHILD'S DOB}  PARENT NAME: {fill PARENT'S NAME}  ADDRESS AND NEAREST CROSS-STREETS: {fill ADDRESS}  BEST TELEPHONE NUMBER AND TYPE: {fill BEST PHONE #, TYPE}  BEST TIME TO CALL THIS NUMBER: {fill L96A}</p> <p>SECOND TELEPHONE NUMBER AND TYPE: {fill SECOND PHONE #,</p>	<p>[Programmer: This information needs to be consolidated across all child and adult respondents so that just a single call to the EMSI operator is needed at an appropriate time.]</p> <p>Not all is translated</p>



TYPE}

BEST TIME TO CALL THIS NUMBER: {fill L97A1}

ALSO TELL EMSI:

PREFERED APPOINTMENT TIME: {fill L94E1}

IF A SPANISH SPEAKING EXAMINER IS REQUIRED

INTERVIEWER: REMEMBER TO ASK EMSI OPERATOR FOR THEIR NAME, AND TO RECORD THIS IN THE ROC ALONG WITH THE TIME THE CALL WAS PLACED TO EMSI.

IF YOU ARE SCHEDULED TO RETURN TO THE HOME, ASK THE EMSI OPERATOR TO SCHEDULE A HEALTH TECHNICIAN TO COME AT THE SAME TIME YOU WILL BE THERE.

DÍGALE AL/A LA OPERADOR(A) DE EMSI QUE ESTÁ LLAMANDO DE L.A.FANS.

PROPORCIONE INFORMACIÓN DE CONTACTO AL/LA OPERADOR(A) DE EMS SI TIENE UNA CITA PARA REGRESAR A ESTA CASA, PÍDALE AL/A LA OPERADOR(A) QUE COORDINE LA VISITA DEL TRABAJADOR MÉDICO AL MISMO TIEMPO DE SU VISITA.

PARTICIPANT CASE ID: {fill CASEID}

CHILD FIRST AND LAST NAME: {fill CHILD'S FULL NAME}

CHILD'S DATE OF BIRTH: {fill CHILD'S DOB}

PARENT NAME: {fill PARENT'S NAME}

ADDRESS AND NEAREST CROSS-STREETS: {fill ADDRESS}

BEST TELEPHONE NUMBER AND TYPE: {fill BEST PHONE #, TYPE}

BEST TIME TO CALL THIS NUMBER: {fill L96A}

SECOND TELEPHONE NUMBER AND TYPE: {fill SECOND PHONE #, TYPE}

BEST TIME TO CALL THIS NUMBER: {fill L97A1}

ALSO TELL EMSI:

PREFERED APPOINTMENT TIME: {fill L94E1}

IF A SPANISH SPEAKING EXAMINER IS REQUIRED

INTERVIEWER: REMEMBER TO ASK EMSI OPERATOR FOR THEIR NAME, AND TO RECORD THIS IN THE ROC ALONG WITH THE TIME THE CALL WAS PLACED TO EMSI.

SI USTED TIENE UNA CITA PARA REGRESAR A ESTA CASA, PÍDALE AL/A LA OPERADOR(A) QUE COORDINE LA VISITA DEL TRABAJADOR DE SALUD AL MISMO TIEMPO QUE USTED ESTÉ EN ESA CASA.

L100.	<p>The health technician who will be making the visit will soon contact you to schedule an appointment. If your home is hard to find, this would be a good time to let the health technician know how to easily find your home.</p> <p>En poco tiempo, el trabajador de salud que va a hacer la visita se comunicará con usted para hacer una cita. Si su casa es difícil de localizar, ese sería un buen momento para explicarle al trabajador como llegar a su casa.</p>	
L101.	<p>INTERVIEWER: INDICATE THE STATUS OF THE BLOOD COLLECTION</p> <ol style="list-style-type: none"> <li>1. R AGREEABLE – CALL PLACED TO EMSI</li> <li>2. R AGREEABLE – NO CALL PLACED TO EMSI (NO PHONE / UNABLE TO REACH EMSI)</li> <li>3. MILD RESISTANCE TO FINGER STICK (GOOD POSSIBILITY FOR CONVERSION)</li> <li>4. FIRM REFUSAL TO FINGER STICK</li> <li>5. R DECLINES FINGER STICK DUE TO MEDICAL CONDITION</li> </ol> <p>ENTREVISTADOR: INDIQUE EL PROGRESO DE LA RECOPIACIÓN DE MUESTRAS DE SANGRE.</p>	
L102.	<p>That concludes our activities for today. Thank you for participating in the health measures study (IF APPLICABLE: and agreeing to have the health technician return to collect a blood sample).</p> <p>Esto concluye nuestras actividades del día de hoy. Muchas gracias por su participación en las medidas de [FILL HEALTH MEASURES].</p>	Portion in parenthesis is not translated
PL_Exit	<p>{IF HH NOT ELIGIBLE FOR DBS OR L94D = RESPONSE FILL "INTERVIEWER NOTE: PLEASE PAY CHILD \$15 AND COMPLETE INCENTIVE RECEIPT FORM. ENTER '1' TO EXIT THE INSTRUMENT"}</p>	

### Very High Blood Pressure Values for Children

Look-Up Table for Very High Blood Pressure Cut-Offs for Systolic Blood Pressure (VHSBP) and Diastolic Blood Pressure (VHDBP): By Sex, Age, and Height in Centimeters

#### BOYS

Sex	Age	min_height	max_height	vhsbp	vhdbp
1	5	min	104.7	120	82
1	5	104.7	106.5	120	82
1	5	106.5	109.0	121	83
1	5	109.0	112.6	123	84
1	5	112.6	115.7	125	85
1	5	115.7	118.7	126	86
1	5	118.7	120.4	128	86
1	5	120.4	Max	128	87
1	6	min	109.7	121	85
1	6	109.7	111.6	121	85
1	6	111.6	114.9	122	85
1	6	114.9	118.6	124	86
1	6	118.6	122.5	126	87
1	6	122.5	125.6	128	88
1	6	125.6	127.6	129	89
1	6	127.6	Max	130	89
1	7	min	115.9	122	87
1	7	115.9	118.5	122	87
1	7	118.5	121.6	123	87
1	7	121.6	125.0	125	88
1	7	125.0	128.5	127	89
1	7	128.5	132.5	129	90
1	7	132.5	134.6	130	91
1	7	134.6	Max	131	91
1	8	min	121.4	124	88
1	8	121.4	123.2	124	88
1	8	123.2	126.0	125	89
1	8	126.0	130.2	127	90
1	8	130.2	133.9	128	91
1	8	133.9	137.7	130	92
1	8	137.7	139.7	132	92
1	8	139.7	max	132	93
1	9	min	125.6	125	89

Sex	Age	min_height	max_height	vhsbp	vhdbp
1	9	125.6	128.2	125	89
1	9	128.2	131.7	126	90
1	9	131.7	135.9	128	91
1	9	135.9	139.7	130	92
1	9	139.7	143.6	132	93
1	9	143.6	146.9	133	93
1	9	146.9	max	134	94
1	10	min	130.1	127	90
1	10	130.1	132.2	127	90
1	10	132.2	136.6	128	91
1	10	136.6	141.2	130	91
1	10	141.2	145.8	132	93
1	10	145.8	149.1	133	93
1	10	149.1	152.6	135	94
1	10	152.6	max	135	95
1	11	min	135.5	129	91
1	11	135.5	137.7	129	91
1	11	137.7	142.0	130	91
1	11	142.0	145.9	132	92
1	11	145.9	150.9	134	93
1	11	150.9	155.1	135	94
1	11	155.1	157.6	137	95
1	11	157.6	max	137	95
1	12	min	140.3	131	91
1	12	140.3	143.0	131	91
1	12	143.0	148.2	132	92
1	12	148.2	152.6	134	93
1	12	152.6	158.4	136	94
1	12	158.4	163.8	138	95
1	12	163.8	166.8	139	95
1	12	166.8	max	140	96
1	13	min	145.2	133	92
1	13	145.2	148.6	133	92
1	13	148.6	153.4	135	92
1	13	153.4	159.9	136	93
1	13	159.9	165.8	138	94
1	13	165.8	171.6	140	95
1	13	171.6	174.4	141	96
1	13	174.4	max	142	96

Sex	Age	min_height	max_height	vhsbp	vhdbp
1	14	min	153.1	136	92
1	14	153.1	157.2	136	92
1	14	157.2	162.2	137	93
1	14	162.2	167.3	139	94
1	14	167.3	173.1	141	95
1	14	173.1	177.9	143	96
1	14	177.9	179.7	144	97
1	14	179.7	max	145	97
1	15	min	158.6	139	93
1	15	158.6	161.9	139	93
1	15	161.9	166.3	140	94
1	15	166.3	172.0	141	95
1	15	172.0	176.6	143	96
1	15	176.6	181.7	145	97
1	15	181.7	184.1	147	98
1	15	184.1	max	147	98
1	16	min	162.8	141	95
1	16	162.8	164.9	141	95
1	16	164.9	169.9	142	95
1	16	169.9	174.5	144	96
1	16	174.5	179.4	146	97
1	16	179.4	183.5	148	98
1	16	183.5	186.3	149	99
1	16	186.3	max	150	99
1	17	min	163.3	144	97
1	17	163.3	167.2	144	97
1	17	167.2	171.4	145	98
1	17	171.4	175.9	146	98
1	17	175.9	181.1	148	99
1	17	181.1	185.8	150	100
1	17	185.8	187.8	151	101
1	17	187.8	max	152	102

#### GIRLS

Sex	Age	min_height	max_height	vhsbp	vhdbp
2	5	min	103.6	119	83
2	5	103.6	105.6	119	83
2	5	105.6	108.8	119	83
2	5	108.8	111.8	121	84

Sex	Age	min_height	max_height	vhsbp	vhdbp
2	5	111.8	115.1	122	84
2	5	115.1	118.0	123	85
2	5	118.0	120.0	125	86
2	5	120.0	max	125	86
2	6	min	109.0	120	85
2	6	109.0	110.8	120	85
2	6	110.8	114.0	121	85
2	6	114.0	117.5	122	85
2	6	117.5	121.5	124	86
2	6	121.5	125.2	125	87
2	6	125.2	127.0	126	88
2	6	127.0	max	127	88
2	7	min	115.0	122	86
2	7	115.0	117.1	122	86
2	7	117.1	119.9	123	86
2	7	119.9	123.6	124	87
2	7	123.6	127.7	125	87
2	7	127.7	131.0	127	88
2	7	131.0	134.0	128	89
2	7	134.0	max	129	89
2	8	min	120.3	124	87
2	8	120.3	122.6	124	87
2	8	122.6	126.0	125	87
2	8	126.0	130.3	126	88
2	8	130.3	133.7	127	88
2	8	133.7	137.2	128	89
2	8	137.2	139.4	130	90
2	8	139.4	max	130	91
2	9	min	125.3	126	88
2	9	125.3	127.4	126	88
2	9	127.4	131.1	126	88
2	9	131.1	135.5	128	89
2	9	135.5	140.0	129	89
2	9	140.0	143.8	130	90
2	9	143.8	147.4	132	91
2	9	147.4	max	132	92
2	10	min	129.9	128	89
2	10	129.9	132.7	128	89
2	10	132.7	136.8	128	89

Sex	Age	min_height	max_height	vhsbp	vhdbp
2	10	136.8	141.2	130	90
2	10	141.2	145.9	131	91
2	10	145.9	150.3	132	91
2	10	150.3	153.5	134	92
2	10	153.5	max	134	93
2	11	min	136.6	130	90
2	11	136.6	138.5	130	90
2	11	138.5	142.9	130	90
2	11	142.9	148.4	131	91
2	11	148.4	153.7	133	92
2	11	153.7	157.9	134	92
2	11	157.9	161.2	135	93
2	11	161.2	max	136	94
2	12	min	142.8	132	91
2	12	142.8	145.7	132	91
2	12	145.7	150.0	132	91
2	12	150.0	155.0	133	92
2	12	155.0	159.6	135	93
2	12	159.6	163.9	136	93
2	12	163.9	166.0	137	94
2	12	166.0	max	138	95
2	13	min	148.5	133	92
2	13	148.5	150.5	133	92
2	13	150.5	155.0	134	92
2	13	155.0	159.1	135	93
2	13	159.1	163.2	137	94
2	13	163.2	166.9	138	94
2	13	166.9	169.7	139	95
2	13	169.7	max	140	96
2	14	min	150.5	135	93
2	14	150.5	152.7	135	93
2	14	152.7	156.5	136	93
2	14	156.5	161.3	137	94
2	14	161.3	165.6	138	95
2	14	165.6	169.7	140	95
2	14	169.7	172.2	141	96
2	14	172.2	max	141	97
2	15	min	152.5	136	94
2	15	152.5	154.8	136	94

Sex	Age	min_height	max_height	vhsbp	vhdbp
2	15	154.8	158.8	137	94
2	15	158.8	163.1	138	95
2	15	163.1	167.2	139	96
2	15	167.2	170.9	141	96
2	15	170.9	173.7	142	97
2	15	173.7	max	143	98
2	16	min	151.8	137	95
2	16	151.8	154.8	137	95
2	16	154.8	158.3	138	95
2	16	158.3	162.5	139	95
2	16	162.5	166.4	140	96
2	16	166.4	171.1	142	97
2	16	171.1	172.5	143	98
2	16	172.5	max	144	98
2	17	min	152.5	138	95
2	17	152.5	155.0	138	95
2	17	155.0	158.9	138	95
2	17	158.9	162.8	139	96
2	17	162.8	167.0	141	96
2	17	167.0	171.5	142	97
2	17	171.5	173.4	143	98
2	17	173.4	max	144	98



## **Range Checks for L.A.FANS-2 Child Health Measures**

### **Height**

Look-up table for use in range checks for child height, based on child sex and single year of age.

	Height in Centimeters			
	Boys		Girls	
Age	Minimum	Maximum	Minimum	Maximum
2 years	82.5	99.4	75.7	93.8
3 years	89.2	108.0	88.2	107.2
4 years	95.0	116.1	93.6	115.5
5 years	101.0	123.9	100.1	123.5
6 years	106.0	131.4	105.0	130.7
7 years	111.6	138.4	110.1	137.7
8 years	116.5	143.7	116.2	143.5
9 years	121.0	150.6	119.6	151.5
10 years	124.3	157.6	125.1	157.7
11 years	129.8	162.8	130.3	166.2
12 years	134.7	171.6	138.0	171.4
13 years	139.6	179.9	143.8	174.3
14 years	148.3	186.3	145.8	176.3
15 years	153.9	189.1	148.2	177.7
16–17 years	157.9	193.2	147.9	177.8

### **Weight**

Look-up table for use in range checks for child weight, based on child sex and single year of age.

	Weight in Kilograms			
	Boys		Girls	
Child's Age	Minimum	Maximum	Minimum	Maximum
2 years	9.8	17.2	9.3	16.8
3 years	10.7	20.6	10.3	19.9
4 years	12.2	23.1	10.5	23.9
5 years	13.0	27.0	11.7	27.8
6 years	14.1	30.4	13.2	30.0
7 years	15.8	33.9	14.3	34.3
8 years	15.8	39.1	15.0	40.2
9 years	15.4	47.0	15.3	48.0
10 years	18.4	51.2	17.3	52.4
11 years	18.2	59.8	18.2	63.5
12 years	21.1	65.8	23.1	69.7
13 years	23.3	76.3	24.8	77.4
14 years	29.9	83.0	28.7	80.2

15 years	34.2	88.0	30.8	81.4
16–17 years	38.3	95.0	30.8	87.3