

L.A.FANS-2
CHILD HEALTH MEASURES MODULE

	<p>Notes:</p> <p>Preloads from earlier sections include:</p> <ul style="list-style-type: none"> • Child's name • Child's age • Child's sex 	
L1.	<p>CAPI: CHILD'S AGE:</p> <ol style="list-style-type: none"> 1. LESS THAN 2 YEARS OLD (GO TO END) 2. 2 YEARS TO LESS THAN 3 YEARS OLD (GO TO L4) 3. 3 YEARS TO LESS THAN 5 YEARS OLD (GO TO L5A) 4. 5 YEARS OR OLDER (GO TO L6) 	
L4.	<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"> 1. CHILD IS NOT ABLE TO STAND UNASSISTED (GO TO END) 2. CHILD IS ABLE TO STAND UNASSISTED 	
L4A1.	<p>CAPI: INTRODUCTION FOR PARENT OF CHILD AT LEAST 2 YEARS OF AGE, BUT LESS THAN 3 YEARS OF AGE</p> <p>INTERVIEWER: FIND FORM D 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>L4A.</p>	<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 <u>Information Sheet</u> and <u>Parental Informed Consent Form</u> with you now. Please feel free to ask me any questions you have at any point.</p>	
<p>L5.</p>	<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)</p> <p>5. NO (GO TO L93A)</p>	
<p>L5A.</p>	<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> <p>{FILL IF RESPONDENT IS SELECTED FOR DBS "We will then schedule a</p>	

<p>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.”}</p> <p>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.</p> <p>Let’s review the <i>Information Sheet</i> and <i>Parental Informed Consent Form</i> for the child health measures. Both of you should ask me any questions you have at any point.</p> <p>{FILL IF RESPONDENT IS SELECTED FOR DBS “INTERVIEWER: GIVE RESPONDENT’S PARENT {bold}FORM F{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>{FILL IF RESPONDENT IS NOT 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</p>	
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	<p>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 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 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>	
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>	
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</p>	

<p>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> <p>{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.}</p> <p>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.</p> <p>Let's review the <i>Information Sheet</i>, <i>Parental Informed Consent Form</i>, and [IF CHILD AGE > 6 YEARS] the <i>Child Assent Form</i> for the child health measures. Both of you should ask me any questions you have at any point.</p> <p>{FILL IF RESPONDENT IS SELECTED FOR DBS "INTERVIEWER: GIVE RESPONDENT'S PARENT {bold}FORM F{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>{FILL IF RESPONDENT IS NOT 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</p>	
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	<p>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 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 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>	
L7.	<p>INTERVIEWER: REVIEW <u>INFORMATION SHEET, THE PARENTAL INFORMED CONSENT</u> FORM, AND</p> <ul style="list-style-type: none"> • FOR CHILDREN 7–14 YEARS, THE <u>HEALTH MEASURES ASSENT</u> FOR CHILDREN • FOR CHILDREN 15 YEARS OF AGE OR OLDER, THE <u>HEALTH MEASURES ASSENT FOR RESPONDENTS 15 YEARS OF AGE OR OLDER.</u> <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>L6A.</p>	<p>{PROGRAMMER: THIS ITEM FOR RESPONDENTS 7 TO 8 YEARS OLD SELECTED FOR DBS}</p> <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 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"> 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. <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"> 1. YES – CHILD ASSENTED TO HEALTH MEASURES 5. NO – CHILD DID NOT ASSENT TO HEALTH MEASURES (END INTERVIEW) 	
<p>L6B.</p>	<p>{PROGRAMMER: THIS ITEM FOR RESPONDENTS 7 TO 8 YEARS OLD NOT SELECTED FOR DBS}</p> <p>INTERVIEWER: GIVE RESPONDENT {bold}FORM M{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 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"> 1. I'd like to weigh you and measure how tall you are. 	

	<p>2. I'd like to check and see how well your heart works.</p> <p>3. I'd like to ask you to blow into a machine to see how well you breathe.</p> <p>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.</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>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>	
L6C.	<p>{PROGRAMMER: THIS ITEM FOR RESPONDETS 9 TO 14 YEARS OLD AND SELECTED FOR DBS}</p> <p>INTERVIEWER: GIVE RESPONDENT {bold}FORM N{normal} 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> <p>1. I'd like to weigh you and measure how tall you are.</p> <p>2. I'd like to check and see how well your heart works.</p> <p>3. I'd like to ask you to blow into a machine to see how well you breathe.</p> <p>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.</p> <p>5. And, in a day or two, I'd like to have someone prick your finger to get a few drops of blood.</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>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>6D.</p>	<p>{PROGRAMMER: THIS ITEM FOR RESPONDETS 9 TO 14 YEARS OLD AND NOT SELECTED FOR DBS}</p> <p>INTERVIEWER: GIVE RESPONDENT {bold}FORM O{normal} 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"> 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. <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"> 1. YES – CHILD ASSENTED TO HEALTH MEASURES 5. NO – CHILD DID NOT ASSENT TO HEALTH MEASURES (END INTERVIEW) 	
<p>L6E.</p>	<p>{PROGRAMMER: THIS ITEM FOR RESPONDENTS 15 TO 17 YEARS OLD, AND SELECTED FOR DBS}</p> <p>INTERVIEWER: FIND AND GIVE RESPONDENT {bold}FORM P{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> <ol style="list-style-type: none"> 1. I'd like to weigh you and measure how tall you are. 2. I'd like to check your blood pressure. 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 the next day or two, I'd like to have a health worker prick your 	

	<p>finger to get a few drops of blood to check for risks for future health conditions.</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>	
L6F.	<p>{PROGRAMMER: THIS ITEM FOR RESPONDENTS 15 TO 17 YEARS OLD, AND NOT SELECTED FOR DBS}</p> <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>	

L8.	<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>	
L8A	<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>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>	[Programmer: Please automatically skip all sections that have been opted-out of, as indicated above.]
L9.	<p>CAPI: CHECK CHILD’S AGE. IF CHILD IS LESS THAN 5 YEARS OLD, GO TO L44. OTHERWISE, GO TO L10.</p>	
	BLOOD PRESSURE MEASUREMENT	
L10.	<p>INTRODUCTION FOR CHILDREN 5 TO 17 YEARS OLD</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</p>	

	<p>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>	
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>	
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"> • <u>DO NOT</u> PLACE BP CUFFS ON ARMS WITH OPEN SORES, WOUNDS, GAUZE DRESSINGS OR RASHES • <u>DO NOT</u> USE ARMS WITH CASTS OR SHUNTS • <u>DO NOT</u> USE ARMS THAT ARE WITHERED, SWOLLEN OR PARALYZED <p>ARE PREVENTING CONDITIONS PRESENT IN BOTH ARMS?</p> <p>1. YES, SPECIFY: _____ (GO TO L31C) 5. NO</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) 5. NO</p>	
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 2. COFFEE 3. CAFFEINATED DRINKS 4. CIGARETTES 5. NONE</p>	
L15.	<p>Is [CHILD NAME] currently taking any medication to lower [his / her] blood pressure?</p> <p>1. YES 5. NO</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>	
L17.	INTERVIEWER: INDICATE CUFF SIZE SELECTED:	

	1. PEDIATRIC CUFF 2. SMALL ADULT CUFF 3. REGULAR ADULT CUFF 4. LARGE ADULT CUFF 5. EXTRA-LARGE ADULT CUFF	
L18.	INTERVIEWER: WHICH ARM SELECTED? 1. RIGHT (GO TO L20) 2. LEFT	
L19.	INTERVIEWER: REASON FOR SELECTING LEFT ARM? 1. INJURY OR RASH 2. CAST, DRESSING, OR BANDAGE 3. PLACEMENT OF EQUIPMENT 4. OTHER, SPECIFY: _____	
L20.	INTERVIEWER: HAS CHILD RESTED FOR AT LEAST FIVE MINUTES? 1. YES 5. NO	
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)	
L22.	INTERVIEWER: ENTER FIRST BLOOD PRESSURE AND PULSE READING. SYSTOLIC _____ DIASTOLIC _____ PULSE _____	
L22A.	INTERVIEWER: RE-ENTER FIRST BLOOD PRESSURE AND PULSE READING. SYSTOLIC _____ DIASTOLIC _____ PULSE _____	<p>[Programmer, check that:</p> <ul style="list-style-type: none"> • Entry for systolic in L22 matches that for systolic in L22A. • Entry for diastolic in L22 matches that for diastolic in L22A. • Entry for pulse in L22 matches that for pulse in L22A. • If any entries do not match use a hard check to inform the interviewer what does not match and allow for correction.

		<p>Once all entries match check that:</p> <ul style="list-style-type: none"> • Systolic is ≥ 60 and ≤ 250 • Diastolic is ≥ 40 and ≤ 160 • Pulse is ≥ 40 and ≤ 200 • Systolic BP > 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>Check to make sure:</p> <ul style="list-style-type: none"> • 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 these ranges use a soft check to inform the interviewer of the problem and ask that they double check their entry.
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 2. MISSED READING (EQUIPMENT FAILURE, INTERRUPTION, OTHER PROBLEM) (GO TO L25) 3. REFUSED (GO TO L31B)</p>	
L24.	<p>INTERVIEWER: ENTER SECOND BLOOD PRESSURE AND PULSE READING.</p> <p>SYSTOLIC _____</p> <p>DIASTOLIC _____</p> <p>PULSE _____</p>	
L24A.	<p>INTERVIEWER: RE-ENTER SECOND BLOOD PRESSURE AND PULSE READING.</p> <p>SYSTOLIC _____</p> <p>DIASTOLIC _____</p>	<p>[Programmer, check that:</p> <ul style="list-style-type: none"> • Entry for systolic in L24 matches that for systolic in L24A. • Entry for diastolic in L24 matches that for diastolic in L24A. • Entry for pulse in L24 matches that for pulse in L24A.

	PULSE _____	<ul style="list-style-type: none"> If any entries do not match use a hard check to inform the interviewer what does not match and allow for correction. <p>Once all entries match check that:</p> <ul style="list-style-type: none"> Systolic is ≥ 60 and ≤ 250 Diastolic is ≥ 40 and ≤ 160 Pulse is ≥ 40 and ≤ 200 Systolic BP > 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>Check to make sure:</p> <ul style="list-style-type: none"> 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 these ranges, use a soft check to inform the interviewer of the problem and ask that they double check their entry.
L25.	INTERVIEWER: WAIT AT LEAST 30 SECONDS SINCE LAST INFLATION OF CUFF. PERFORM THIRD BLOOD PRESSURE READING AND INDICATE OUTCOME. 1 READING OBTAINED 2 MISSED READING (EQUIPMENT FAILURE, INTERRUPTION, OTHER PROBLEM) (GO TO L27) 3 REFUSED (GO TO L31B)	
L26.	INTERVIEWER: ENTER THIRD BLOOD PRESSURE AND PULSE READING. SYSTOLIC _____ DIASTOLIC _____ PULSE _____	
L26A.	INTERVIEWER: RE-ENTER THIRD BLOOD PRESSURE AND PULSE READING.	[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.

	SYSTOLIC _____ DIASTOLIC _____ PULSE _____	<p>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 ≥ 60 and ≤ 250 Diastolic is ≥ 40 and ≤ 160 Pulse is ≥ 40 and ≤ 200 Systolic BP > 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>
L27.	CAPI: HAVE THREE BLOOD PRESSURE READINGS BEEN SUCCESSFULLY OBTAINED? 1 YES (GO TO L32E) 5 NO	<p>[Programmers: Please set up logic to check number of readings entered. If three readings have been obtained, skip to L32E.]</p>
L28.	INTERVIEWER: WAIT AT LEAST 30 SECONDS SINCE LAST INFLATION OF CUFF. PERFORM FOURTH BLOOD PRESSURE READING AND INDICATE OUTCOME. 1. READING OBTAINED 2. MISSED READING (EQUIPMENT FAILURE, INTERRUPTION, OTHER PROBLEM) (GO TO L29) 3. REFUSED (GO TO L31B)	
L28A.	INTERVIEWER: ENTER FOURTH BLOOD PRESSURE AND PULSE READING. SYSTOLIC _____ DIASTOLIC _____ PULSE _____	

L28B.	<p>INTERVIEWER: RE-ENTER FOURTH BLOOD PRESSURE AND PULSE READING.</p> <p> SYSTOLIC _____ DIASTOLIC _____ PULSE _____ </p>	<p>[Programmer, check that:</p> <ul style="list-style-type: none"> • Entry for systolic in L28A matches that for systolic in L28B. • Entry for diastolic in L28A matches that for diastolic in L28B. • Entry for pulse in L28A matches that for pulse in L28B. • If any entries do not match use a hard check to inform the interviewer what does not match and allow for correction. <p>Once all entries match check that:</p> <ul style="list-style-type: none"> • Systolic is ≥ 60 and ≤ 250 • Diastolic is ≥ 40 and ≤ 160 • Pulse is ≥ 40 and ≤ 200 • Systolic BP > 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>Check to make sure:</p> <ul style="list-style-type: none"> • 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 these ranges, use a soft check to inform the interviewer of the problem and ask that they double check their entry.
L29.	<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>
L30.	<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)</p>	<p>[Programmer, check that:</p> <ul style="list-style-type: none"> • Entry for systolic in L22 matches that for systolic in L22A. • Entry for diastolic in L22 matches that for diastolic in L22A. • Entry for pulse in L22 matches that for pulse in L22A. • If any entries do not match use a hard check to inform the interviewer what does not match and allow for correction. <p>Once all entries match check that:</p>

	3. REFUSED (GO TO L31B)	<ul style="list-style-type: none"> • Systolic is ≥ 60 and ≤ 250 • Diastolic is ≥ 40 and ≤ 160 • Pulse is ≥ 40 and ≤ 200 • Systolic BP $>$ 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>Check to make sure:</p> <ul style="list-style-type: none"> • 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 of these ranges , use a soft check to inform the interviewer of the problem and ask that they double check their entry.]
L31.	INTERVIEWER: ENTER FIFTH BLOOD PRESSURE AND PULSE READING. SYSTOLIC _____ DIASTOLIC _____ PULSE _____	
L31A.	INTERVIEWER: RE-ENTER FIFTH BLOOD PRESSURE AND PULSE READING. SYSTOLIC _____ DIASTOLIC _____ PULSE _____	
L31B.	CAPI: CHECK WHETHER AT LEAST ONE BLOOD PRESSURE READING OBTAINED. 1. YES (GO TO L32A) 5. NO	
L31C.	INTERVIEWER: REASON NO BLOOD PRESSURE MEASUREMENTS OBTAINED? 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. WITHERED ARMS, INJURY, RECENT SURGERY, DRESSING, RASH (ON BOTH ARMS) 6. FIVE FAILED ATTEMPTS TO INFLATE CUFF 7. NO APPROPRIATE SETTING FOR MEASUREMENT 8. EQUIPMENT FAILURE 5. OTHER, SPECIFY: _____ (GO TO L44)	
L32A.	CAPI: CHECK WHETHER ANY "MISSED" READINGS (RESPONSE = "2") IN L21, L23, L25, L28, AND L30. 1. YES 5. NO (GO TO L32C)	
L32B.	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: _____	
L32C.	CAPI: CHECK WHETHER ANY "REFUSED" READINGS (RESPONSE = "3") IN L21, L23, L25, L28, AND L30. 1. YES 5. NO (GO TO L32E)	
L32D.	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: _____	
L32E.	INTERVIEWER: NOTE ANY OBSERVABLE PHYSICAL CHARACTERISTICS OF CHILD THAT AFFECTED BLOOD PRESSURE MEASUREMENT. _____	

	<hr/> <hr/>	
L32F.	<p>INTERVIEWER: DESCRIBE ANY DEVIATIONS FROM THE PROTOCOL OR OTHER PROBLEMS MEASURING CHILD'S BLOOD PRESSURE.</p> <hr/> <hr/> <hr/> <p>(GO TO L44)</p>	
	CHILD'S HEIGHT MEASUREMENT	
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> <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>	

	MEASURE THE CHILD'S HEIGHT TO THE NEAREST TENTH OF A MILLIMETERS.	
L45.	INTERVIEWER: SUCCESSFULLY ABLE TO MEASURE CHILD'S HEIGHT? 1. YES (GO TO L47) 2. NO	
L46.	INTERVIEWER: SELECT ALL REASONS WHY UNABLE TO MEASURE CHILD'S HEIGHT. MARK ALL THAT APPLY. 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: _____ (GO TO L33C)	
L47.	INTERVIEWER: ENTER CHILD'S HEIGHT IN MILLIMETERS. ____ . ____ MM	
L47A.	INTERVIEWER: RE-ENTER CHILD'S HEIGHT IN MILLIMETERS. ____ . ____ MM	[Programmer: Check that height entered in L40 and L40A are the same, if not use a hard check to have interviewer re-enter numbers. 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.]
L48.	INTERVIEWER: IS AN ADJUSTMENT TO THE RECORDED HEIGHT NECESSARY DUE TO CHILD'S HAIR OR SHOES? 1. YES 5. NO (GO TO L50)	
L49.	INTERVIEWER: USE THE MEASURING TAPE TO MEASURE THE HEIGHT OF THE CHILD'S HAIR AND/OR SHOES. ENTER THE HEIGHT OF THE CHILD'S HAIR AND/OR SHOES IN	

	<p>MILLIMETERS.</p> <p>____ . ____ MM ABOVE THE HEAD ADJUSTMENTS (SUCH AS FOR HAIR)</p> <p>____ . ____ MM BELOW THE FEET ADJUSTMENTS (SUCH AS FOR SHOES)</p>	
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>	[Programmer: Check double-entries of height here with those in L49; verify that both appropriate entries match.]
L49B.	<p>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.</p>	
L50.	<p>INTERVIEWER: NOTE ANY OBSERVABLE PHYSICAL CHARACTERISTICS OF CHILD THAT AFFECTED CHILD HEIGHT MEASUREMENT.</p> <p>_____</p> <p>_____</p> <p>_____</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>	
	ASSESSMENT OF CHILD'S BLOOD PRESSURE	
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)</p>	

	<p>READINGS TO DETERMINE WHETHER THE CHILD'S BLOOD PRESSURE READING IS VERY HIGH.</p> <p>IF THREE 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 TWO BLOOD PRESSURE READINGS WERE OBTAINED, USE THE VALUES OF SBP AND DBP FROM THE SECOND MEASUREMENT AS THE SBP AVERAGE AND DBP AVERAGE.</p> <p>IF ONE BLOOD PRESSURE READING WAS OBTAINED, USE THOSE VALUES OF SBP AND DBP AS THE SBP AVERAGE AND THE DBP AVERAGE.</p> <p>1. AVERAGE SBP (ASBP): ____</p> <p>2. AVERAGE DBP (ADBP): ____</p>	
L33D.	<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>	
L33E.	<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 ≥ VHSBP 2 ADBP ≥ VHDBP 3 ASBP < VHSBP AND ADBP < VHDBP (GO TO L60)</p>	
L33F.	<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</p>	

	<p>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 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>	
	CHILD'S WEIGHT MEASUREMENT	
L60.	<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>	

L61.	INTERVIEWER: SUCCESSFULLY ABLE TO MEASURE CHILD'S WEIGHT? 1. YES 5. NO (GO TO L62)	
L61A.	INTERVIEWER: ENTER WEIGHT OF CHILD IN KILOGRAMS. _____. ____ KG	
L61B.	INTERVIEWER: RE-ENTER WEIGHT OF CHILD IN KILOGRAMS. _____. ____ KG	<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.	INTERVIEWER: SELECT ALL REASONS WHY UNABLE TO MEASURE CHILD'S WEIGHT. MARK ALL THAT APPLY. 1. CHILD REFUSES TO BE WEIGHED 2. CHILD UNABLE TO HOLD STILL OR TOO AGITATED TO WEIGH 3. PARENT REFUSES TO HAVE CHILD WEIGHED 4. UNSUITABLE SURFACE FOR SETTING UP THE SCALE 5. SCALE INSUFFICIENT FOR CHILD WEIGHT 6. EQUIPMENT FAILURE 7. OTHER, SPECIFY: _____ (GO TO L65)	
L63.	INTERVIEWER: NOTE ANY OBSERVABLE PHYSICAL CHARACTERISTICS OF CHILD THAT AFFECTED WEIGHT MEASUREMENT. MARK ALL THAT APPLY. 0. NONE 1. CHILD WEARING SHOES 2. CHILD WEARING HEAVY CLOTHING 3. CHILD HAD ITEMS IN HANDS OR IN POCKETS 4. OTHER, SPECIFY: _____	

L64.	<p>INTERVIEWER: DESCRIBE ANY DEVIATIONS FROM THE PROTOCOL OR PROBLEMS WITH OBTAINING WEIGHT MEASUREMENT.</p> <p>_____</p> <p>_____</p> <p>_____</p>	
	SPIROMETRY MEASUREMENT	
L65.	<p>CAPI: VERIFY CHILD'S AGE</p> <p>1. LESS THAN 5 YEARS OLD (GO TO L86)</p> <p>2. 5 YEARS OF AGE OR OLDER</p>	
L65A.	<p>CAPI: AGE AND SEX OF CHILD.</p> <p>1. FEMALE, 12 YEARS OF AGE OR OLDER</p> <p>2. FEMALE LESS THAN 12 YEARS OF AGE (GO TO L66)</p> <p>3. MALE (GO TO L66)</p>	
L65B.	<p>INTERVIEWER: IS CHILD IS VISIBLY PREGNANT?</p> <p>1. YES</p> <p>5. NO (GO TO L66)</p>	
L65C.	<p>Are you in the third trimester of your pregnancy? That is, are you at least 7 months pregnant?</p> <p>1. YES (GO TO L86)</p> <p>5. NO</p>	
L66.	<p>INTERVIEWER: ASK THE FOLLOWING QUESTIONS OF THE CHILD'S PARENT.</p> <p>Before beginning the next procedure, I have a few questions.</p> <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)</p> <p>5. NO</p>	
L67.	<p>Has [CHILD] been hospitalized for a heart problem in the past 6 weeks?</p> <p>1. YES (GO TO L86)</p> <p>5. NO</p>	

L68.	<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>	
L69.	<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>	
L70.	<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>	
L71.	<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>	
L72.	<p>Has [CHILD NAME] had a cough, cold, or other illness in the past few days?</p> <p>1 YES 5 NO</p>	

L73. L74.	<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>Is [CHILD NAME] currently being treated for tuberculosis?</p> <p>1. YES 5. NO</p>	
L75.	<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>	
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"> • THE CHILD'S CASE ID NUMBER • THE CHILD'S DATE OF BIRTH • THE CHILD'S HEIGHT(ENTER "150" FOR ALL RESPONDENTS) <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>	
L77.	INTERVIEWER: PERFORM FIRST SPIROMETERY MEASUREMENT	

	<p>AND MARK THE RESULT</p> <ol style="list-style-type: none"> 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" 9. CHILD OR PARENT REFUSED (GO TO L83B) 	
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"> 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" 9. CHILD OR PARENT REFUSED (GO TO L83B) 	
L79.	<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"> 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) 	
L80.	<p>WAIT 1 MINUTE BEFORE NEXT MEASUREMENT.</p> <p>INTERVIEWER: PERFORM FOURTH SPIROMETERY MEASUREMENT AND MARK THE RESULT.</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)	
L81.	WAIT 1 MINUTE BEFORE NEXT MEASUREMENT. INTERVIEWER: PERFORM FIFTH SPIROMETERY MEASUREMENT AND MARK THE RESULT. 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)	
L82.	WAIT 1 MINUTE BEFORE NEXT MEASUREMENT. INTERVIEWER: PERFORM SIXTH SPIROMETERY MEASUREMENT AND MARK THE RESULT. 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)	
L83.	WAIT 1 MINUTE BEFORE NEXT MEASUREMENT. INTERVIEWER: PERFORM SEVENTH SPIROMETERY MEASUREMENT AND MARK THE RESULT. 1. SPIROMETER SAYS "DON'T HESITATE" 2. SPIROMETER SAYS "BLAST OUT FASTER" 3. SPIROMETER SAYS "BLOW OUT LONGER"	

	<p>4. SPIROMETER SAYS “WAIT UNTIL BUZZ BEFORE BLOWING OUT”</p> <p>5. SPIROMETER SAYS “GOOD EFFORT, DO NEXT”</p> <p>6. SPIROMETER SAYS “DEEPER BREATH”</p> <p>7. SPIROMETER SAYS “SESSION COMPLETE” (GO TO L84)</p> <p>9. CHILD OR PARENT REFUSED (GO TO L83B)</p>	
L83A	<p>WAIT 1 MINUTE BEFORE NEXT MEASUREMENT.</p> <p>INTERVIEWER: PERFORM EIGHTH SPIROMETERY MEASUREMENT AND MARK THE RESULT.</p> <p>1. SPIROMETER SAYS “DON’T HESITATE”</p> <p>2. SPIROMETER SAYS “BLAST OUT FASTER”</p> <p>3. SPIROMETER SAYS “BLOW OUT LONGER”</p> <p>4. SPIROMETER SAYS “WAIT UNTIL BUZZ BEFORE BLOWING OUT”</p> <p>5. SPIROMETER SAYS “GOOD EFFORT, DO NEXT”</p> <p>6. SPIROMETER SAYS “DEEPER BREATH”</p> <p>7. SPIROMETER SAYS “SESSION COMPLETE” (GO TO L84)</p> <p>9. CHILD OR PARENT REFUSED (GO TO L83B)</p>	
L83B	<p>INTERVIEWER: INDICATE REASON FOR MEASUREMENT INCOMPLETE, UNSATISFACTORY, OR NOT DONE.</p> <p>MARK ALL THAT APPLY</p> <p>1. CHILD UNABLE/UNWILLING TO UNDERSTAND OR FOLLOW TEST INSTRUCTIONS</p> <p>2. PARENT REFUSES TO HAVE CHILD PERFORM SPIROMETRY</p> <p>3. CHILD REFUSED TO PERFORM SPIROMETRY</p> <p>4. EQUIPMENT FAILURE</p> <p>5. COUGHS DETECTED</p> <p>6. EARLY TERMINATION OF EXPIRATION, INSUFFICIENT EFFORT</p> <p>7. ACUTE ILLNESS (FLU, PNEUMONIA, ETC.)</p> <p>8. COPD (SEVERE BRONCHITIS, EMPHYSEMA, ASTHMA)</p> <p>9. ATE HEAVY MEAL</p> <p>10. INSUFFICIENT TIME AVAILABLE</p> <p>11. NO APPROPRIATE SETTING FOR CONDUCTING SPIROMETRY</p> <p>12. CHILD MEDICALLY EXCLUDED FOR SAFETY</p> <p>13. OTHER, SPECIFY: _____</p> <p>(GO TO L86)</p>	
L84.	<p>INTERVIEWER: NOTE ANY OBSERVABLE PHYSICAL CHARACTERISTICS OF CHILD THAT AFFECTED SPIROMETRY.</p> <p>_____</p> <p>_____</p>	

L85.	<p>INTERVIEWER: DESCRIBE ANY DEVIATIONS FROM THE PROTOCOL OR PROBLEMS PERFORMING SPIROMETRY. _____</p> <p>_____</p> <p>_____</p> <p>TURN THE SPIROMETER OFF.</p>	
	SALIVA COLLECTION GUIDELINES	
L86.	<p>CAPI : 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 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>	
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>	

	1. YES (GO TO L88A) 5. NO (GO TO L89)	
L88A.		INTERVIEWER: ENTER BARCODE NUMBER. _____ RE-ENTER BARCODE NUMBER. _____
L88B.		INTERVIEWER: ENTER FEDERAL EXPRESS TRACKING NUMBER. _____. GO TO L90.
L89.	INTERVIEWER: LIST ALL REASONS WHY PARENT REFUSED TO COLLECT CHILD'S SALIVA SAMPLES _____ _____ _____ (GO TO L93A)	
	CHILD'S HEALTH STATUS AS OBSERVED BY INTERVIEWER	
L93A.	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? RECORD YOUR <u>OWN</u> OPINION BASED ON YOUR OBSERVATION MARK SCORE ON THE FOLLOWING SCALE: 1. MUCH WORSE 2. 3. WORSE 4. 5. ABOUT THE SAME 6. 7. BETTER 8. 9. MUCH BETTER	

	DBS VISIT – SKIP IF NOT SELECTED FOR DBS	
L94.	<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> <p>1. CHILD / PARENT OPTED-OUT OF DBS COLLECTION (GO TO L102) 2. CHILD / PARENT DID NOT OPT-OUT 3. CHILD IS LESS THAN 3 YEARS OF AGE (GO TO L102)</p>	
L94A.	<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 will be tested for the risk of heart disease, blood sugar levels.</p> <p>First, I have some questions for you.</p>	
L94B.	<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>	
L94C.	<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>	
L94D.	<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 OF THE HEALTH MEASURES, PAY THE \$35 INCENTIVE AND GET A SIGNED RECEIPT.</p> <p>(GO TO L102)</p>	

L94E.	<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>	
L94E1.	<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 _____</p> <p>TIME _____</p>	
L95.	<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 NAME: _____</p> <p style="margin-left: 40px;">first middle last</p> <p>CHILD'S NAME: _____</p> <p style="margin-left: 40px;">first middle last</p> <p>[CONFIRM FULL ADDRESS / EDIT AS NEEDED]</p> <p>ADDRESS: _____</p> <p style="margin-left: 40px;">Street Apt.</p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">City State ZIP</p> <p>What is the nearest cross-street to your address?</p> <p>ENTER CROSS-STREET: _____ AND _____</p>	<p>[Programmer: Address and cross-streets only need to be collected once for siblings in the same household.]</p>
L96.	<p>What is the best telephone number for the health technician to call to reach you and set up an appointment time?</p>	

	ENTER BEST TELEPHONE NUMBER: ____-____-_____ INDICATE TYPE: 1. HOME 2. WORK 3. CELL PHONE	
L96A.	And what would be the best time to reach you at this number? ENTER BEST TIME TO CALL THIS NUMBER: _____	
L97.	Is there another telephone number where you can be reached if needed? 1. YES 2. NO (GO TO L98)	
L97A.	What is the second telephone number? ENTER SECOND TELEPHONE NUMBER: ____-____-_____ INDICATE TYPE: 1. HOME 2. WORK 3. CELL PHONE	
L97B.	And what would be the best time to reach you at that number? ENTER BEST TIME TO CALL THIS NUMBER: _____	
L98.	To arrange for a health technician to contact you I need to make a toll-free call. 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. ASK TO USE THE RESPONDENT'S PHONE; OTHERWISE, USE YOUR CELL PHONE.	
L99.	TELL EMSI OPERATOR YOU ARE CALLING FROM L.A.FANS. PROVIDE FOLLOWING INFORMATION TO EMSI OPERATOR.	[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>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 #, TYPE} BEST TIME TO CALL THIS NUMBER: {fill L97A1}</p> <p>ALSO TELL EMSI: PREFERED APPOINTMENT TIME: {fill L94E1} IF A SPANISH SPEAKING EXAMINER IS REQUIRED</p> <p>INTERVIEWER: REMEMBER TO ASK EMSI OPERATOR FOR THEIR NAME, AND TO RECORD THIS IN THE ROC <u>ALONG WITH THE TIME THE CALL WAS PLACED TO EMSI.</u></p> <p>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.</p>	
L100.	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.	
L101.	<p>INTERVIEWER: INDICATE THE STATUS OF THE BLOOD COLLECTION</p> <ol style="list-style-type: none"> 1. R AGREEABLE – CALL PLACED TO EMSI 2. R AGREEABLE – NO CALL PLACED TO EMSI (NO PHONE / UNABLE TO REACH EMSI) 3. MILD RESISTANCE TO FINGER STICK (GOOD POSSIBILITY FOR CONVERSION) 4. FIRM REFUSAL TO FINGER STICK 5. R DECLINES FINGER STICK DUE TO MEDICAL CONDITION 	
L102.	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).	
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>	

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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