

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (#####-#####). Do not return the completed form to this address.

NEXT Generation Health Study Date: _____
School Data Collection Form

Student ID:
(insert label)

Height1: _____ . ____ cm

Height2: _____ . ____ cm

If needed:
 Two must be within
 $\leq \pm 1.0$ cm of each other

Height3: _____ . ____ cm

Height4: _____ . ____ cm

Height5: _____ . ____ cm

Height6: _____ . ____ cm

Weight1: _____ . ____ kg

Weight2: _____ . ____ kg

If needed:
 Two must be within
 $\leq \pm 0.2$ kg of each other

Weight3: _____ . ____ kg

Weight4: _____ . ____ kg

Weight5: _____ . ____ kg

Weight6: _____ . ____ kg

Waist1: _____ . ____ cm

Waist2: _____ . ____ cm

If needed:
 Two must be within
 $\leq \pm 1$ cm of each other

Waist3: _____ . ____ cm

Waist4: _____ . ____ cm

Waist5: _____ . ____ cm

Gift Card given: Yes No

Saliva sample: Completed Not completed If not, reason _____

Gift Card given: Yes No



NEXT Plus Home Data Collection

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (####-####). Do not return the completed form to this address.

NEXT Plus Home Data Collection Form

Date: _____

Student ID: _____

(insert label)



Start time: _____

Height1: _____ . _____ cm Height2: _____ . _____ cm

If needed:

Two must be within
 $\leq \pm 1.0$ cm of each other

Height3: _____ . _____ cm

Height4: _____ . _____ cm

Height5: _____ . _____ cm

Height6: _____ . _____ cm

Weight1: _____ . _____ kg

Weight2: _____ . _____ kg

If needed:

Two must be within
 $\leq \pm 0.2$ kg of each other

Weight3: _____ . _____ kg

Weight4: _____ . _____ kg

Weight5: _____ . _____ kg

Weight6: _____ . _____ kg

Waist1: _____ . _____ cm

Waist2: _____ . _____ cm

If needed:

Two must be within
 $\leq \pm 1$ cm of each other

Waist3: _____ . _____ cm

Waist4: _____ . _____ cm

Waist5: _____ . _____ cm

BP1: _____ / _____ mm Hg

BP2: _____ / _____ mm Hg

BP3: _____ / _____ mm Hg

If any 2 of the 3 systolic measures OR any 2 of the 3 diastolic measures differ by > 20 mm Hg, then redo the entire BP measurement procedures and record those values on the data collection form below.

BP4: _____ / _____ mm Hg

BP5: _____ / _____ mm Hg

BP6: _____ / _____ mm Hg

[if BP is over the 95th percentile for age, gender and height, please notify parent immediately and advise contacting health care provider]

Accelerometer Training:

Completed Not completed

Start time: _____ End time: _____

If not, reason _____

ActiWatch Training:

Completed Not completed

Start time: _____ End time: _____

If not, reason _____

Physical Activity

Diary Training:

Completed Not completed

Start time: _____ End time: _____

If not, reason _____

Dietary Recall Training:

Completed Not completed

Start time: _____ End time: _____

If not, reason _____



NEXT Plus Home Data Collection

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (####-####). Do not return the completed form to this address.

NEXT Plus Home Data Collection Form

Date: _____

Student ID:
(insert label)

Start time: _____

Height1: _____ . _____ cm Height2: _____ . _____ cm

If needed:

Two must be within
 $\leq \pm 1.0$ cm of each other

Height3: _____ . _____ cm

Height4: _____ . _____ cm

Height5: _____ . _____ cm

Height6: _____ . _____ cm

Weight1: _____ . _____ kg

Weight2: _____ . _____ kg

If needed:

Two must be within
 $\leq \pm 0.2$ kg of each other

Weight3: _____ . _____ kg

Weight4: _____ . _____ kg

Weight5: _____ . _____ kg

Weight6: _____ . _____ kg

Waist1: _____ . _____ cm

Waist2: _____ . _____ cm

If needed:

Two must be within
 $\leq \pm 1$ cm of each other

Waist3: _____ . _____ cm

Waist4: _____ . _____ cm

Waist5: _____ . _____ cm

BP1: _____ / _____ mm Hg

BP2: _____ / _____ mm Hg

BP3: _____ / _____ mm Hg

If any 2 of the 3 systolic measures OR any 2 of the 3 diastolic measures differ by > 20 mm Hg, then redo the entire BP measurement procedures and record those values on the data collection form below.

BP4: _____ / _____ mm Hg

BP5: _____ / _____ mm Hg

BP6: _____ / _____ mm Hg

[if BP is over the 95th percentile for age, gender and height, please notify parent immediately and advise contacting health care provider]

Accelerometer Training:

Start time: _____ End time: _____

Completed Not completed

If not, reason _____

ActiWatch Training:

Start time: _____ End time: _____

Completed Not completed

If not, reason _____

Physical Activity

Diary Training:

Start time: _____ End time: _____

Completed Not completed

If not, reason _____

Dietary Recall Training:

Start time: _____ End time: _____

Completed Not completed

If not, reason _____