

Form Approved
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ADULT BIOMETRIC MEASURES

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ADULT BIOMETRIC MEASURES (Completed by field investigator)

Interviewer _____

Study ID # [][][][]-[][][][][]-

Date of Completion

Time of Completion _____

PART A.

I'm going to begin with some general questions about you, your health and recent activities that are related to the biometric measures we will be collecting today

DEMOGRAPHICS

1. What is your age?

__ _ Code age in years

7 Don't know / Not sure

9 Refused

ASK ONLY IF FEMALE:

2. To your knowledge, are you now pregnant?

1 Yes

2 No

7 Don't know / Not sure

8 Refused

BLOOD PRESSURE

3. Since we last interviewed you on [DATE], Have you been told by a doctor, nurse, or other health professional that you have high blood pressure?

If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"

1 Yes

2 Yes, but female told only during pregnancy [Go to next section]

3 No [Go to next section]

4 Told borderline high or pre-hypertensive [Go to next section]

7 Don't know / Not sure [Go to next section]

9 Refused [Go to next section]

4. Since we last interviewed you on [DATE], (Have you) changed your eating habits (to help lower or control your high blood pressure)?

1 Yes

2 No

7 Don't know / Not sure

9 Refused

5. Since we last interviewed you on [DATE], (Have you) cut down on salt (to help lower or control your high blood pressure)?

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- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't know / Not sure
- 9 Refused

6. Since we last interviewed you on [DATE], (Have you) reduced alcohol use (to help lower or control your high blood pressure)?

- 1 Yes
- 2 No
- 3 Do not drink
- 7 Don't know / Not sure
- 9 Refused

7. Since we last interviewed you on [DATE], (Are you) exercising (to help lower or control your high blood pressure)?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

4. 8. Since we last interviewed you on [DATE], Are you taking medicine for your high blood pressure?

- 1 Yes (list) _____
- 2 No
- 7 Don't know / Not sure
- 9 Refused

TOBACO SMOKE/EXPOSURE

9

9. Do you currently smoke cigarettes, cigarillos, cigars or pipe?

- 1 Yes
- 2 No – skip to question 10

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DON'T KNOW – SKIP TO QUESTION 10

REFUSED – SKIP TO QUESTION 10

9a. How much do you usually smoke per day?

_____ Cigarettes

_____ Cigarillos

_____ Cigars

_____ Pipes

DON'T KNOW

REFUSED

10. How long has it been since you last smoked a cigarette, cigarillo, cigar or pipe, even one or two puffs?

_____ Hours ago

_____ Days ago

_____ Months ago

Never smoked

DON'T KNOW

REFUSED

11. Do you currently use chewing tobacco, snuff, or dip such as Redman, Skoal, or Copenhagen?

1 Yes

2 No – SKIP TO QUESTION 12

DON'T KNOW – SKIP TO QUESTION 12

REFUSED – SKIP TO QUESTION 12

11a Approximately how long ago did you last use any of those?

_____ Hours ago

_____ Days ago

_____ Weeks ago

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_____Months ago

DON'T KNOW

REFUSED

12. Are currently using anything to help you quit smoking like a nicotine patch, nicotine gum, nasal spray or inhaler?

Yes

No – SKIP TO QUESTION 13

DON'T KNOW – SKIP TO QUESTION 13

REFUSED – SKIP TO QUESTION 13

12a. When did you last use any of these things that are designed to help you quit smoking?

_____ Currently using (e.g. patch)

Hours ago

Days ago

_____Weeks ago

_____Months ago

DON'T KNOW

REFUSED

13.(not counting yourself) Does anyone who lives here smoke cigarettes, cigars, or pipes **anywhere inside** this home?

Yes

No – skip to question16

Don't know – skip to question 16

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Refused – skip to question 16

14. How many cigarettes **per day** [do you/does anyone in the house] usually smoke **anywhere inside** the home?

___ number of cigarettes total

DON'T KNOW

REFUSED

15. In the past 7 days, on how many days did anyone smoke cigarettes, cigars or pipes anywhere inside your home?

Enter a number from 1-7.

16. During the past 7 days, that is since <DATE>, not counting at home, on how many days did you breathe smoke from someone else who was smoking in an indoor public place? Include the place you work if people smoke indoors there.

IF NEEDED, SAY: Examples of indoor public places are indoor areas of stores, restaurants, bars, casinos, clubs, and sports arenas.

_____ NUMBER OF DAYS

DON'T KNOW

REFUSED

WEIGHT

17. {Do you} consider {yourself now to be...

1 overweight

2 underweight

3 about right

7 Don't know / Not sure

9 Refused

18. During the past 12 months, {have you} tried to lose weight?

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- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

19. During the past 30 days, {have you} gained weight?

- 1 Yes - How many pounds? _____ lbs./kg
- 2 No
- 7 Don't know / Not sure
- 9 Refused

20. During the past 30 days, have you lost weight?

- 1 Yes - How many pounds? _____ lbs./kg
- 2 No
- 7 Don't know / Not sure
- 9 Refused

RECENT FOOD INTAKE

21. What food or foods did <you> eat during your last meal or snack? Please list all the food and drinks you had during your last meal or snack.

21a. what time was that food eaten? _____

22. Are you currently fasting?

- 1 Yes
- 2 No

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7 Don't know / Not sure

9 Refused

RECENT ILLNESS

23. List any cold, flu or other illness you have had in the last 2 weeks. For each one, please tell me how recently the illness occurred.

If no illness in last 2 weeks, check here: _____

Illness	Today	Last 2 days	Last 2 weeks
1) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next few questions will help us understand the results of your saliva sample.

24. Has a doctor or dentist told you that you had periodontal disease (that is, an infection of the soft tissues and bones surrounding the teeth)?

Yes

No

25. Before this visit, when was the last time you brushed your teeth?

Time: _____ AM/PM

24a The last time you brushed your teeth, did you see any pink or reddish color when you spit into the sink?

Yes

No

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Don't know

26. In the past 24 hours have you had any injuries to your mouth or any dental work that caused bleeding?

Yes

No

27. Do you have any open sores or cuts in your mouth?

Yes

No

QUES: RECENT MEDICATION USE

1. What medications are you currently taking? (Prescription medications, OTC, vitamins, dietary supplements etc.)

INTERVIEWER INSTRUCTION – IF THE PERSON IS CURRENTLY TAKING THE MEDICATION, INDICATE “ONGOING” FOR THE STOP DATE AND MARK “ONGOING” AS YES.

_____ No medication

NAME (brand/generic)	DOSE (Mg etc.)	FREQUENCY (1X, 2X etc.)	ROUTE (Oral, shot etc.)	INDICATION (Hypertension etc.)	START DATE (MM/YR)	STOP DATE (MM/YR)	ONGOING? (Yes/No)
<i>Example: Norvasc/Amlodipine</i>	<i>5mg</i>	<i>1X</i>	<i>oral</i>	<i>High Blood Pressure</i>	<i>3/2008</i>	<i>ongoing</i>	
1.							
2.							
3.							
4.							
5.							
6.							
7.							

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Time of Completion _____

8.							
9.							
10.							

DON'T KNOW

REFUSED

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PART B.

I would like to start measurements by taking your pulse and blood pressure. I will take your pulse and blood pressure with three consecutive readings with 30 sec intervals between each reading. (Have respondent rest for 5 minutes if they left seat prior to BP readings)

PREPARE SUBJECT FOR BLOOD PRESSURE MEASUREMENT ACCORDING TO INSTRUCTIONS

1. ADULT BLOOD PRESSURE

ARM RT or LT.....

MID ARM CIRCUMFERENCE IN.....

CUFF SIZE.....

Small (7-9 inches)1

Medium (9-13 inches).....2

Large (13-17 inches)3

Extra-large (17-20 inches) 4

HEART RATE per min.....

SYSTOLIC mmHg....

DIASTOLIC mmHg

RF.....9999

2. 3. ADULT HEIGHT

MEASURED CM.....

RF.....9999

4. 5. ADULT WAIST CIRCUMFERENCE

MEASURED CM.....

RF.....9999

6. 7. ADULT WEIGHT

MEASURED KG.....

RF.....9999

8. 9.

10.SALIVA SAMPLE COLLECTED

YES/NO.....

6a. SALIVA SAMPLE #

ID.....

6b. SALIVA SAMPLE SHIPPING #

ID.....

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11. ADULT ACCELEROMETRY
STUDY

YES/NO.....

7a.. ACCELEROMETER ID #

ID.....

[][][][]-