

Form Approved  
OMB No. 0920-xxxx  
Exp. Date xx/xx/xxxx

## ADULT BIOMETRIC MEASURES

Public reporting burden of this collection of information is estimated to average 30 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 CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-xxxx)

**PASSED FROM ATSS INTERVIEW:**

- ID
- Adult respondent's name (PRLD\_Rname)
- Age of respondent (INTRO\_1 from ATSS)
- Age range of respondent (INTRO\_1a from ATSS)\*
- Phone number (CONTACTNUMS – Home, CONTACTNUMS – Cell, CONTACTNUMS-Work – all from back end)
- Notes on appointment – best times to contact
- Date of ATSS interview(PRLD\_ATSSDate)
- Blood pressure checked
- Diagnosed with high blood pressure (PRLD\_BPDiagnosis)
- Gender (PRLD\_Rgender)
- VERSION

**\*[IF ATSS AGE IS PASSED AS A RANGE INSTEAD OF AN ACTUAL AGE, TREAT AS FOLLOWS:**

- 1. younger than 18 = 18**
- 2. between 18 and 24 = 21**
- 3. between 25 and 34 = 30**
- 4. between 35 and 44 = 40**
- 5. between 45 and 54 = 50**
- 6. between 55 and 64 = 60**
- 7. older than 65 = 65]**

**[NEED TIME STAMPS AT THE BEGINNING OF THIS INTERVIEW, BEFORE BLOOD PRESSURE COLLECTION AND AT END OF INTERVIEW.]**

[SET TIMESTAMP, VARIABLE NAME: YCBEGIN; FORMAT: DAY, MONTH, YEAR, HOUR, MINUTE, A.M./P.M.; e.g. 7/26/2012: 11:51 A.M.]

[HARD CHECK – ALL SCREENS MUST HAVE AN ANSWER UNLESS OTHERWISE SPECIFIED].

FI: INTERVIEWER SHOULD ONLY READ STATEMENTS IN LOWER CASE.

INSTRUCTIONS TO INTERVIEWERS ARE IN UPPER CASE

DO YOU HAVE SIGNED CONSENT FOR THE INTERVIEW?

- 1 YES
  - 2 NO – STOP – OBTAIN SIGNED CONSENT BEFORE CONTINUING – HARD STOP
- [DISABLE DK/RE]

DEM\_INTRO\_ad

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

**DEM1\_ad** What is your age? (RANGE 18 – 99)

\_\_ CODE AGE IN YEARS  
-1 DON'T KNOW  
2 REFUSED

[IF DEM1\_ad = DK OR RE, USE AGE PASSED FROM ATSS\* FOR ALL CALCULATIONS REQUIRING AGE]

\*[USE INTRO\_1; IF NOT ANSWERED, USE INTRO\_1a]

[IF MALE, SKIP TO INSTRUCTION BEFORE BP1\_AD]

**DEM2\_ad**

To your knowledge, are you now pregnant?

- 1 YES
- 2 NO
- 1 DON'T KNOW
- 2 REFUSED

## BLOOD PRESSURE

[IF ATSS QUESTION H\_03=YES, SKIP TO TOB1\_ad]

**BP1\_ad**

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

- 1 YES - [IF MALE, SKIP TO BP2\_ad; IF FEMALE, GO TO BP1a\_ad]
- 2 (VOLUNTEERED): YES, BUT FEMALE TOLD ONLY DURING PREGNANCY [SKIP TO TOB1\_ad]
- 3 NO [SKIP TO TOB1\_ad]
- 4 (VOLUNTEERED): TOLD BORDERLINE HIGH OR PRE-HYPERTENSIVE [SKIP TO TOB1\_ad]
- 1DON'T KNOW [SKIP TO TOB1\_ad]
- 2REFUSED [SKIP TO TOB1\_ad]

**BP1a\_ad**

Was this only when you were pregnant?

- 1 YES [SKIP TO TOB1\_ad]

- 2 NO
- 1 DON'T KNOW [SKIP TO TOB1\_ad]
- 2 REFUSED [SKIP TO TOB1\_ad]

BP2\_ad

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
- 1 DON'T KNOW
- 2 REFUSED

BP3\_ad. Since we last interviewed you on [DATE], have you cut down on salt to help lower or control your high blood pressure?

- 1 YES
- 2 NO
- 3 (VOLUNTEERED) DO NOT USE SALT
- 1 DON'T KNOW
- 2 REFUSED

BP4\_ad (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 (VOLUNTEERED): DO NOT DRINK
- 1 DON'T KNOW
- 2 REFUSED

BP5\_ad(Since we last interviewed you on [DATE]), Are you exercising to help lower or control your high blood pressure?

- 1 YES
- 2 NO
- 1 DON'T KNOW
- 2 REFUSED

1. BP6\_ad. (Since we last interviewed you on [DATE],) Are you taking medicine for your high blood pressure?

- 1 YES
- 2 NO -1 DON'T KNOW
- 2 REFUSED

**TOBACO SMOKE/EXPOSURE**

TOB1\_ad Do you currently smoke cigarettes?

- 1 Yes
- 2 No – SKIP TO QUESTION TOB2\_ad
  
- 1 DON'T KNOW – SKIP TO QUESTION TOB2\_ad
  
- 2 REFUSED – SKIP TO QUESTION TOB2\_ad

[NOTE TO PROGRAMMERS – FOR QUESTIONS WITH NUMBER AND UNIT, IF A VALUE IS ENTERED FOR NUMBER, A UNIT MUST BE SELECTED BUT IF DK OR RE IS ENTERED, IT IS ONLY REQUIRED FOR ONE FIELD.]

TOB1\_a\_ad. How much do you usually smoke per day? You can either tell me in number of cigarettes or in packs per day. (NOTE TO INTERVIEWER: A PACK OF CIGARETTES CONTAINS 20 CIGARETTES. IF THE RESPONDENT ANSWERS A PACK AND A HALF, CODE AS 30 CIGARETTES).

-----NUMBER

- 1Cigarettes
- 2 Packs

-1DON'T KNOW  
-2REFUSED

: TOB1\_a\_ad\_CHECK:

[ASK IF (TOB1\_a\_ad Cigarettes <1 OR Cigarettes >100 OR Packs <1 OR Packs >5), ELSE SKIP] You said you usually smoke [TEXT FILL FROM TOB1\_a\_ad] per day. Is that correct?

- 1. YES
- 2. NO – RETURN TO TOB1\_a\_ad AND CORRECT

[DISABLE DK/RE]

TOB1b\_ad. How long has it been since you last smoked a cigarette? You can tell me the number of hours ago, days ago or months ago.

NUMBER

- 1 Hours ago (RANGE - 0 – 48)
- 2 Days ago (RANGE – 1 – 90)
- 3 Months ago (RANGE – 1 – 24)

IF TIME WAS MORE THAN 24 MONTHS AGO, CODE 24 MONTHS

-1DON'T KNOW – GO TO TOB2\_ad

-2 REFUSED – GO TO TOB2\_ad

{HARD CHECK TEXT: PLEASE MAKE SURE THAT YOU HAVE ENTERED BOTH A NUMERIC AMOUNT IN THE TEXT FIELD AND SELECTED A TIME PERIOD}

TOB2\_ad Do you currently smoke cigars, cigarillos or a pipe (tobacco only)?

- 1 Yes
- 2 No – SKIP TO QUESTION TOB3\_ad

-1 DON'T KNOW – SKIP TO QUESTION TOB3\_ad

-2 REFUSED – SKIP TO QUESTION TOB3\_ad

TOB2a\_ad How long has it been since you last smoked a cigar, cigarillo or pipe? You can tell me the number of hours ago, days ago or months ago.

NUMBER

- 1 Hours ago (RANGE – 1 – 48)
- 2 Days ago (RANGE – 1- 90)
- 3 Months ago (RANGE – 1-24)

IF TIME WAS MORE THAN 24 MONTHS AGO, CODE 24 MONTHS

-1 DON'T KNOW – GO TO QUESTION TOB3\_ad

-2 REFUSED – GO TO QUESTION TOB3\_ad

{HARD CHECK TEXT: PLEASE MAKE SURE THAT YOU HAVE ENTERED BOTH A NUMERIC AMOUNT IN THE TEXT FIELD AND SELECTED A TIME PERIOD}

TOB3\_ad. Do you currently use chewing tobacco, snuff, or dip such as Redman, Skoal, or Copenhagen?

- 1 Yes

- 2 No – SKIP TO QUESTION TOB4\_ad
- 1 DON'T KNOW – SKIP TO QUESTION TOB4\_ad
- 2 REFUSED – SKIP TO QUESTION TOB4\_ad

TOB3a\_ad How long ago did you last use any of those?

NUMBER

- 1 Hours ago (RANGE 1 – 48)
- 2 Days ago (RANGE – 1- 90)
- 3 Weeks ago (RANGE 1 – 8)
- 4 Months ago (RANGE 1-24)

IF TIME WAS MORE THAN 24 MONTHS AGO, CODE 24 MONTHS.

DON'T KNOW

REFUSED

{HARD CHECK TEXT: PLEASE MAKE SURE THAT YOU HAVE ENTERED BOTH A NUMERIC AMOUNT IN THE TEXT FIELD AND SELECTED A TIME PERIOD}

TOB4\_ad. Are you currently using anything to help you quit smoking like a nicotine patch, nicotine gum, nasal spray or inhaler?

1YES

2NO – SKIP TO QUESTION TOB5\_ad

-1DON'T KNOW – SKIP TO QUESTION TOB5\_ad

-2REFUSED – SKIP TO QUESTION TOB5\_ad

TOB4a\_ad. When did you last use any of these things that are designed to help you quit smoking?

\_\_\_\_\_ Currently using (e.g. patch)

NUMBER

- 1 Hours ago (RANGE 1 – 48)
- 2 Days ago (RANGE 1-90)
- 3 Weeks ago (RANGE 1 – 8)

- 4 Months ago (RANGE 1-24)

IF TIME WAS MORE THAN 24 MONTHS AGO, CODE 24 MONTHS

-1 DON'T KNOW- GO TO TOB5\_ad

-2 REFUSED – GO TO TOB5\_ad

{HARD CHECK TEXT: PLEASE MAKE SURE THAT YOU HAVE ENTERED BOTH A NUMERIC AMOUNT IN THE TEXT FIELD AND SELECTED A TIME PERIOD}

[FI CANNOT ENTER CURRENTLY USING AND A NUMBER AND UNIT]

TOB5\_ad During the past 7 days, on how many days were you in the same room with somebody who was smoking cigarettes?

RECORD NUMBER OF DAYS

\_\_\_\_\_ DAYS (RANGE 0-7)

-1 DON'T KNOW/NOT SURE

-2 REFUSED

14. TOB6\_ad During the past 7 days, that is since <CALCULATE TODAY'S DATE-7 DAYS>, 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.

RECORD NUMBER OF DAYS

\_\_\_\_\_ NUMBER OF DAYS (RANGE 0-7)

-1 DON'T KNOW

-2 REFUSED

**WEIGHT**

WGT1\_ad Do you consider yourself now to be...

- 1 overweight
- 2 underweight
- 3 about right
- 1 DON'T KNOW
- 2 REFUSED

WGT2\_ad

During the past 12 months, have you tried to lose weight?

- 1 YES
- 2 NO
- 1 DON'T KNOW
- 2REFUSED

WGT3\_ad\_YesNo

During the past 30 days, have you gained weight?

- 1 YES -
- 2 NO – GO TO WGT4\_AD
- 1DON'T KNOW – GO TO WGT4\_AD
- 2REFUSED – GO TO WGT4\_AD

**WGT3\_AD**

How many pounds?\_\_\_\_\_ lbs. (RANGE – 1-50)

WGT4\_ad\_YesNo

During the past 30 days, have you lost weight?

- 1 YES -
- 2 NO – GO TO FOOD1\_AD
- 1 DON'T KNOW - GO TO FOOD1\_AD
- 2 REFUSED – GO TO FOOD1\_AD

**WGT4\_AD**

How many pounds?\_\_\_\_\_ lbs. (RANGE – 1-50)

**RECENT FOOD INTAKE**

15. FOOD1\_ad

What food or foods did you eat during your last meal or snack? Please tell me all the food and drinks you have had during your last meal or snack.

\_\_\_\_\_ [4000 MAX CHARACTERS]

-1 DON'T KNOW

-2 REFUSED

FOOD2\_ad. Have you had anything to eat or drink within the last 30 minutes?

1. Yes

2. No

-1 Don't Know

-2 Refused

**RECENT ILLNESS** ILL1\_ad

Have you had any colds, flus or other illnesses in the last two weeks?

1. YES

2. NO

-1. DON'T KNOW

-2. REFUSED

SAL\_INTRO\_ad The next few questions will help us understand the results of your saliva sample.

SAL1\_ad 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)?

1 YES

2 NO

-1 DON'T KNOW

-2 REFUSED

SAL2\_ad Have you brushed your teeth in the last hour?

1. YES

2. NO

-1 DON'T KNOW

-2 REFUSED

SAL3\_ad The last time you brushed your teeth, did you see any pink or reddish color when you spit into the sink?

1 YES

2 NO

-1 DON'T KNOW

-2 REFUSED

SAL4\_ad In the past 24 hours have you had any injuries to your mouth or any dental work that caused bleeding?

1 YES

2 NO

-1 DON'T KNOW

-2 REFUSED

SAL5\_ad Do you have any open sores or cuts in your mouth?

1 YES

2 NO

-1 DON'T KNOW

-2 REFUSED

Now I am going to conduct the body measurements part of the health measures section. I'd like get your height, weight and waist circumference. Do you have any questions?

I will start with your height. Please remove your shoes and empty your pockets.

IF RESPONDENT HAS HAIR IN A STYLE THAT WOULD ADD HEIGHT TO THE MEASUREMENT, ASK IF IT COULD BE TAKEN DOWN. IF THE RESPONDENT SAYS NO, MEASURE AND ENTER CORRECTION FACTOR.

1. Height. ADULT HEIGHT

Height Correction: Above waist: \_\_. \_\_ CM (RANGE - 0 – 15 cm)

Below waist: \_\_. \_\_ CM (RANGE - 0 – 15 cm)

[DISABLE DK/RE]

1a. CONFIRMATION QUESTION– IF HEIGHT CORRECTION IS OUTSIDE OF RANGE:

YOU ENTERED \_\_ CM. IS THIS CORRECT?

YES

NO – RETURN TO HEIGHT CORRECTION

[DISABLE DK/RE]

Standing\_Height: MEASURED CM     .

[IF STANDING HEIGHT IS ENTERED, COMMENT CANNOT EQUAL 'CANNOT OBTAIN' OR 'REFUSED']

[IF COMMENT EQUALS 'CANNOT OBTAIN' OR 'REFUSED', STANDING HEIGHT CANNOT BE ENTERED]

[IF HEIGHT IS OVER OR UNDER THE ALLOWED RANGE, ASK HEIGHT\_VERIFY\_AD].

HEIGHT\_VERIFY\_AD

Height\_correction

1a. THE ADJUSTED HEIGHT IS CALCULATED AS [ADULT HEIGHT] CM. IS THIS CORRECT?

1. YES

2. NO – RETURN TO STANDING HEIGHT AND ENTER THE CORRECT VALUE.

[DISABLE DK/RE]

Adjusted height (calculated by standing height minus height correction above or below waist)

Comments (drop down box)

EC (Exceeds capacity)

- .....CNO (Cannot obtain)
- .....NS (Not straight)
- .....PLA (Incorrect placement)
- .....R (refusal)

RANGE (adjusted height) – [FOR WEIGHT, WAIST CIRCUMFERENCE AND ADJUSTED HEIGHT, see Appendix A; IF R IS OVER THE AGE OF 20, USE VALUES FOR AGE 20.]

[NOTE TO PROGRAMMERS – USE ADJUSTED HEIGHT FOR ALL SUBSEQUENT CALCULATIONS INVOLVING HEIGHT.]

Waist\_Circumference.

INTERVIEWER INSTRUCTIONS: WAIST CIRCUMFERENCE

Waist Circumference instructions:

WAIST CIRCUMFERENCE WILL BE TAKEN AT THE UMBILICUS. IT MAY BE DONE OVER LIGHT CLOTHING. IF THE RESPONDENT IS WEARING HEAVY CLOTHING (E.G. A BULKY SWEATER), YOU MAY ASK IF THEY COULD CHANGE INTO A LIGHTER WEIGHT TOP.

- ASK THE RESPONDENT TO POINT TO THEIR UMBILICUS (BELLY BUTTON) THROUGH THEIR SHIRT. DEMONSTRATE ON YOURSELF.
- HAVE THE SAMPLE MEMBER STAND RELAXED, BREATHING NORMALLY WITH WEIGHT EVENLY DISTRIBUTED. THE SAMPLE MEMBER SHOULD NOT HOLD HIS/HER BREATH OR ATTEMPT TO “SUCK IN” THEIR STOMACH.
- HAND THE MEASURING TAPE TO THE RESPONDENT AND ASK HIM/HER TO WRAP IT AROUND THEIR WAIST
- WALK AROUND THE RESPONDENT TO MAKE SURE THAT THE TAPE IS:
  - o OVER THEIR UMBILICUS,
  - o SNUG AROUND THE WAIST BUT NOT TIGHT ENOUGH TO COMPRESS THE SOFT TISSUE,
  - o PARALLEL TO THE FLOOR,
  - o NOT TWISTED ANYWHERE
- TAKE THE MEASUREMENT AT THE END OF THE RESPONDENT’S NORMAL EXHALATION. TAKE A READING WHERE THE TAPE CROSSES ITSELF. THE READING SHOULD BE IN CM AND MEASURED TO THE NEAREST .1 CM.

IF THE RESPONDENT WAS WEARING HEAVY CLOTHING AND DID NOT CHANGE, INDICATE CL (CLOTHING) IN THE DROP DOWN BOX INDICATING THAT THERE WAS A DEVIATION FROM THE STANDARD PROTOCOL.

2. ADULT WAIST CIRCUMFERENCE

MEASURED CM... .\_\_[ONLY WANT 1 PLACE AFTER DECIMAL]

COMMENTS (DROP DOWN BOX):

CNO (Could not obtain)

CL (Clothing)

R (Refused)

[DISABLE DK]

[IF WAIST CIRCUMFERENCE IS ENTERED, COMMENT CANNOT EQUAL 'COULD NOT OBTAIN' OR 'REFUSED']

[IF COMMENT EQUALS 'COULD NOT OBTAIN' OR 'REFUSED', WAIST CIRCUMFERENCE CANNOT BE ENTERED]

[IF WAIST CIRCUMFERENCE IS OVER OR UNDER THE ALLOWED RANGE, ASK WAIST\_VERIFY\_AD.]

WAIST\_VERIFY\_AD

CONFIRMATION QUESTION

1a. YOU RECORDED WAIST CIRCUMFERENCE AS [WAIST CIRCUMFERENCE] CM. IS THIS CORRECT?

1YES

2NO – RETURN TO WAIST CIRCUMFERENCE AND ENTER THE CORRECT VALUE.

[DISABLE DK/RE]

Weight.

Now I'd like to get your weight.

INTERVIEWER INSTRUCTIONS: WEIGHT

•PLACE SCALE ON HARD, FLAT SURFACE. AVOID RUGS AND CARPET IF POSSIBLE.

•MAKE SURE THE SWITCH ON THE BOTTOM OF THE SCALE IS SET TO MEASURE IN KILOGRAMS (KG).

•HAVE RESPONDENT REMOVE SHOES AND REMOVE ANY CHANGE, WALLET OR KEYS FROM POCKET.

•IF THE RESPONDENT WANTS TO REMOVE EXTRA CLOTHING, THAT IS FINE. **DO NOT ASK THE RESPONDENT TO CHANGE CLOTHES!**

- TAP SCALE WITH TOE TO TURN ON AND SET TO ZERO.
- ASK RESPONDENT TO STAND ON SCALE WITH WEIGHT EVENLY DISTRIBUTED, LOOKING STRAIGHT AHEAD.
- RECORD THE WEIGHT DISPLAYED TO THE NEAREST 0.1 KG

THE SCALE WILL AUTOMATICALLY SHUT OFF IN 30 SECONDS OF NON USE

### 3. ADULT WEIGHT

MEASURED KG...

Comments: (drop down box):

- .....EC (Exceeds capacity)
- .....CNO (Could not obtain)
- .....CL (Clothing)
- .....MA (Medical appliance)
- .....AM (Amputation)
- .....PLA (Incorrect placement)
- .....R (refusal)

[DISABLE DK]

[IF WEIGHT IS ENTERED, COMMENT CANNOT EQUAL 'EXCEEDS CAPACITY' OR 'COULD NOT OBTAIN' OR 'REFUSED']

[IF COMMENT EQUALS 'EXCEEDS CAPACITY' OR 'COULD NOT OBTAIN' OR 'REFUSED', WEIGHT CANNOT BE ENTERED]

RANGE:

[CONFIRMATION QUESTION:

IF WEIGHT IS OVER OR UNDER THE RANGE, ASK WEIGHT\_VERIFY\_AD]

WEIGHT\_VERIFY\_AD

YOU ENTERED THE WEIGHT AS [ADULT WEIGHT]. IS THIS CORRECT?

1. YES
2. NO – RETURN TO ADULT WEIGHT\_AD AND ENTER THE CORRECT VALUE

[DISABLE DK/RE]

[CALCULATE BMI

CONVERT HEIGHT TO METERS: ANSWER TO ADJUSTED HEIGHT X .01

BMI FORMULA:]

$$\text{BMI} = \frac{\text{mass}(\text{kg})}{(\text{height}(\text{m}))^2}$$

4.

[INSTRUCTIONS TO PROGRAMMER: CALCULATE BEHIND THE SCENES:

HEIGHT IN INCHES = ADJUSTED HEIGHT X 0.393700787

WAIST CIRCUMFERENCE IN INCHES = WAIST CIRCUMFERENCE X 0.393700787

WEIGHT IN POUNDS = WEIGHT X 2.20462]

HW\_RESULTS.

INTERVIEWER: COMPLETE THE BIOMETRICS RESULTS FORM FOR RESPONDENT AS FOLLOWS –

DATE OF EXAM: <DISPLAY TODAY'S DATE>

HEIGHT: <DISPLAY HEIGHT IN INCHES> inches

WEIGHT: <DISPLAY WEIGHT IN POUNDS> lbs

WAIST CIRCUMFERENCE: <DISPLAY WAIST CIRCUMFERENCE IN INCHES> inches

AFTER YOU COMPLETE THE BLOOD PRESSURE MEASUREMENT, YOU WILL BE INSTRUCTED TO FILL THAT IN THE BLOOD PRESSURE SECTION OF THE FORM

[NO ANSWER REQUIRED TO CONTINUE TO NEXT SCREEN]

[INSERT TIME STAMP]

Blood\_Pressure.

For this part of the survey, I will take your blood pressure with this machine. The machine will take 3 blood pressure measurements after a 5-minute resting period. During the resting period, I ask that you try to completely relax, and not talk or move around as this can affect your blood pressure readings. Please keep your feet flat on the floor during this time. It would be helpful if you turned your cell phone down during this time because I need you to not talk.

NOTE TO INTERVIEWER: BLOOD PRESSURE CUFF MUST BE PLACED ON BARE SKIN.

Once the readings begin, there will be a 1-minute resting period between each of the 3 measurements. When the machine inflates the cuff, it may feel tight and you will feel some pressure or slight tingling in your fingers. This is normal and will go away shortly.

While the machine is taking your blood pressure, I need you not to talk or move and I will not talk either. Talking and moving can change your blood pressure.

I will give you your results at the end of the exam.

Do you have any questions before we begin? As a reminder, after this, I ask that you do not talk and I will not talk either.

[NO ANSWER REQUIRED TO CONTINUE TO NEXT SCREEN]

[CALCULATE SIZE OF BLOOD PRESSURE CUFF TO BE USED:

if (Gender = **Male**) then

Predicted AC= **31.76749** + **0.22626**\*weight - **0.10109**\*adjusted height + **0.05092**\*age - **0.00081813**\*(age\*\*2);

else if (Gender= **Female**) then

Predicted AC= **39.29946** + **0.2641**\*weight - **0.1823**\*adjusted height + **0.01972**\*age - **0.00104**\*(age\*\*2)+ **0.00045901**\*(weight\*age) + **0.00037509**\*(adjusted height\*age);]

BP\_Cuff\_Size. Cuff size Display:

[If Predicted AC = 17 – 21.99 cm – display – ]SMALL (yellow)

[If Predicted AC = 22 – 31.99 cm – display –] MEDIUM (red)

[If Predicted AC = 32 – 41.99 cm – display –] LARGE (green)

[If Predicted AC = 42 – 50 cm – display –] EXTRA LARGE (pink)

## BP\_FI INSTRUCTIONS2

PLACE THE CUFF ON THE RESPONDENT'S ARM. ASK THE RESPONDENT TO SIT STILL WITH BOTH FEET ON THE FLOOR, LEGS UNCROSSED.

BLOOD PRESSURE MEASUREMENTS MUST BE TAKEN 1 MINUTE APART.

1. CONNECT THE CUFF TO THE MONITOR.
2. PLACE THE CUFF OVER THE RESPONDENT'S UPPER ARM SO THE ARTERY ARROW ON THE CUFF POINTS TO THE MIDDLE OF THE ELBOW CREASE.
3. PLACE THE CUFF SUCH THAT THE LOWER EDGE LIES ABOUT 2 FINGERBREADTHS ABOVE THE CREASE ON THE INSIDE OF THE ELBOW.
4. TIGHTEN THE CUFF AND AFFIX THE VELCRO.
5. YOU SHOULD BE ABLE TO SLIP 1-2 FINGERS BETWEEN THE CUFF AND THE RESPONDENT'S ARM
6. PLACE RESPONDENT'S ARM ON TABLE SO CUFF IS AT SAME HEIGHT AS THE RESPONDENT'S HEART. IF NO TABLE IS AVAILABLE, HAVE RESPONDENT REST HIS/HER ARM IN THEIR LAP.
7. MAKE SURE THE TUBE IS NOT KINKED

PRESS THE ON/OFF BUTTON TO BEGIN BLOOD PRESSURE MEASUREMENT.

The 5 minute resting period begins now.

ONCE THE FI PRESSES START ON THE BLOOD PRESSURE MACHINE, IT WILL COUNT DOWN 5 MINUTES AND AUTOMATICALLY BEGIN INFLATING.

IF NECESSARY TO INTERRUPT A READING , PRESS THE ON/OFF BUTTON AGAIN OR DISCONNECT THE TUBE FROM THE MONITOR.

ONCE THE MEASUREMENT HAS COMPLETED AND THE CUFF DEFLATES, ENTER THE SYSTOLIC, DIASTOLIC AND PULSE RATE INTO THE LAPTOP.

[NO ANSWER REQUIRED TO CONTINUE TO NEXT SCREEN]

BP Arm.

ARM USED:

RIGHT

LEFT

[DISABLE DK]

ENTER THE SYSTOLIC, DIASTOLIC AND PULSE IN THE FIELDS PROVIDED.

AFTER ALL OF THE BLOOD PRESSURE MEASURES HAVE BEEN TAKEN, PRESS THE  
HIDE BUTTON TO DISPLAY THE RESULTS.  
PRESS THE DEFLATION BUTTON TO ADVANCE THROUGH THE THREE INFLATIONS.

BP\_Measure.

Blood pressure recording screen 1:

Reading 1:

Systolic: \_\_\_\_mg/Hg Diastolic: \_\_\_\_\_mm/Hg Pulse: \_\_ Could not obtain

Reading 2:

Systolic: \_\_\_\_mg/Hg Diastolic: \_\_\_\_\_mm/Hg Pulse: \_\_ Could not obtain

Reading 3:

Systolic: \_\_\_\_mg/Hg Diastolic: \_\_\_\_\_mm/Hg Pulse: \_\_ Could not obtain

Average

Systolic: \_\_\_\_ mg/Hg Diastolic: \_\_\_\_\_ mm/Hg Pulse: \_ Could not obtain

NOTE TO PROGRAMMERS – FI WILL BE ASKED TO DOUBLE KEY THESE  
RESULTS. IF THE FIRST TWO DON'T MATCH, THERE WILL NEED TO BE A THIRD  
SCREEN TO RECONCILE THE DIFFERENCES.

BP\_Rekey.

REKEY THE RESULTS (SCREEN 2):

Reading 1:

Systolic: \_\_\_\_mg/Hg Diastolic: \_\_\_\_\_mm/Hg Pulse: \_\_ Could not obtain

Reading 2:

Systolic: \_\_\_\_mg/Hg Diastolic: \_\_\_\_\_mm/Hg Pulse: \_\_ Could not obtain

Reading 3:

Systolic: \_\_\_\_mg/Hg Diastolic: \_\_\_\_\_mm/Hg Pulse: \_\_ Could not obtain

Average

Systolic: \_\_\_\_ mg/Hg Diastolic: \_\_\_\_\_ mm/Hg Pulse: \_ Could not obtain

BP\_Verify.

VERIFICATION SCREEN FOR ANY ENTRIES THAT DIFFER BETWEEN SCREEN 1 AND  
2

[INSTRUCTION FOR PROGRAMMING – CREATE A VARIABLE: IF AVERAGE  
SYSTOLIC FOR SCREEN 1 IS THE SAME AS AVERAGE SYSTOLIC FOR SCREEN 2,  
LIST AVERAGE SYSTOLIC = VALUE FOR AVERAGE SYSTOLIC FOR SCREEN 1. IF

AVERAGE SYSTOLIC FOR SCREEN ONE IS DIFFERENT FROM SCREEN TWO, LIST AVERAGE SYSTOLIC = VALUE CAPTURED IN VERIFICATION SCREEN].

[INSTRUCTION FOR PROGRAMMING – CREATE A VARIABLE: IF AVERAGE DIASTOLIC FOR SCREEN 1 IS THE SAME AS AVERAGE DIASTOLIC FOR SCREEN 2, LIST AVERAGE DIASTOLIC = VALUE FOR AVERAGE DIASTOLIC FOR SCREEN 1. IF AVERAGE DIASTOLIC FOR SCREEN ONE IS DIFFERENT FROM SCREEN TWO, LIST AVERAGE DIASTOLIC = VALUE CAPTURED IN VERIFICATION SCREEN].

BP\_Result.

INTERVIEWER: RECORD RESULTS ON BIOMETRICS RESULTS FORM AS FOLLOWS:

SYSTOLIC BLOOD PRESSURE: <LIST AVERAGE SYSTOLIC>

DIASTOLIC BLOOD PRESSURE: <LIST AVERAGE DIASTOLIC>

YOUR BLOOD PRESSURE IS:

IF LIST AVERAGE SYSTOLIC = 0 AND LIST DIASTOLIC = 0, LEAVE BLANK.

IF LIST AVERAGE SYSTOLIC < 120 (BUT >0) OR LIST DIASTOLIC < 80 (BUT > 0), “Normal” [VALUE OF 1]

IF LIST AVERAGE SYSTOLIC = 120-139 OR LIST DIASTOLIC = 80-89, “Pre-Hypertensive” [VALUE OF 2]

IF LIST AVERAGE SYSTOLIC = 140-159 OR LIST AVERAGE DIASTOLIC = 90-99, “Elevated (Stage 1 hypertension)” [VALUE OF 3]

IF LIST AVERAGE SYSTOLIC = 160-179 OR LIST AVERAGE DIASTOLIC = 100-109, “Elevated (Stage 2 hypertension)” [VALUE OF 4]

IF LIST AVERAGE SYSTOLIC = 180 – 209 OR LIST AVERAGE DIASTOLIC = 110 – 119, “High (Stage 2 hypertension)” [VALUE OF 5]

IF LIST AVERAGE SYSTOLIC GREATER THAN OR EQUAL TO 210 OR LIST AVERAGE DIASTOLIC GREATER THAN OR EQUAL TO 120, “Very High” [VALUE OF 6]

SKIP TO HIGH\_BREAKOFF\_ad

[NOTE TO PROGRAMMER – IF LIST AVERAGE SYSTOLIC FALLS IN ONE CATEGORY AND LIST AVERAGE DIASTOLIC FALLS IN A DIFFERENT CATEGORY, SELECT THE CATEGORY WITH THE HIGHEST VALUE OF THE TWO.]

[INSERT TIME STAMP]

[INSTRUCTION TO PROGRAMMERS – ONLY ASK HIGH\_BREAKOFF\_ad IF LIST AVERAGE SYSTOLIC GREATER THAN OR EQUAL TO 210 OR LIST AVERAGE DIASTOLIC GREATER THAN OR EQUAL TO 120. OTHERWISE SKIP TO MEDS1\_ad]

HIGH\_BREAKOFF\_ad – Your blood pressure is dangerously high. We suggest you see your doctor today or go to a hospital emergency room to have your blood pressure rechecked. Would you like for me to call 911 for you?

- 1 YES – DIAL TELEPHONE NUMBER AND HAND THE PHONE TO RESPONDENT SO THAT HE/SHE MAY TALK TO THE 911 OPERATOR. [SKIP TO END]
- 2 NO

3 REFUSED

[DISPLAY AS A SOFT CHECK MESSAGE] - IF NO OR REFUSED, MAKE SURE THE RESPONDENT SIGNS THE BLOOD PRESSURE RELEASE FORM

HIGH\_FOLLOW\_ad – Is there a friend or relative whom I can call for you?

- 1 YES – DIAL TELEPHONE NUMBER AND HAND THE PHONE TO RESPONDENT SO THAT HE/SHE MAY SPEAK TO THE PERSON.
- 2 NO
- 3 REFUSED

[SKIP TO END]

MEDS1\_ad Now I'd like to talk about medications. What medications are you currently taking? (Prescription medications) It would be really helpful if you could show me the actual medication so I can record the exact name.

ALLOW TIME FOR R TO GO GET MEDICATIONS.  
KEY MEDICATION NAME FROM PRESCRIPTION LABEL. IF YOU CANNOT FIND THE NAME OF THE MEDICATION ON THIS LIST, ENTER IT AS OTHER AND TYPE THE NAME.

ARE THERE ANY MEDICATIONS TO ENTER?

YES – FI MUST GO TO MEDICATION TABLE

NO – SKIP TO SALIVA COLLECTION

[DISABLE DK]

[CHECK – IF BP6\_AD = 1 (YES), FI CANNOT ENTER NO TO MEDS1\_AD.]

[CANNOT ACCESS THE MEDICATION TABLE UNLESS ANSWER TO MEDS1 = YES (1)]

[PROGRAMMERS – INSERT VENKAT'S SEARCHABLE LIST HERE]

5.

Now I'd like to collect some saliva from you.

SALIVA COLLECTION

- ASK RESPONDENT TO TILT THEIR HEAD FORWARD AND ALLOW SALIVA TO POOL ON THE FLOOR OF THEIR MOUTH FOR 1-2 MINUTES OR UNTIL SEVERAL MILLILITERS HAVE ACCUMULATED. SOME FIND IT HELPFUL TO IMAGINE EATING THEIR FAVORITE FOOD AND TO SIMULATE CHEWING. YOU MAY ALSO SHOW THEM PICTURES OF FOOD FROM THE SHOWCARD BOOKLET.

- PLACE THE SALIVA COLLECTION AID WITH THE VENTED END INSIDE THE NECK OF THE CRYOVIAL. THE SMOOTH STRAW-LIKE END GOES IN THE RESPONDENT'S MOUTH.
- WITH HEAD TILTED FORWARD, RESPONDENT SHOULD DROOL DOWN THE COLLECTION DEVICE AND COLLECT SALIVA IN THE CRYOVIAL.
- IT IS NORMAL FOR THE SALIVA TO FOAM BUT DO NOT INCLUDE THE FOAM AS PART OF THE 1 ML SAMPLE.
- REPEAT AS NECESSARY UNTIL ENOUGH SAMPLE IS COLLECTED.
- CAP TUBE AND THROW AWAY SALIVA COLLECTION AID IN TRASH CAN.

[NO RESPONSE REQUIRED TO CONTINUE TO NEXT QUESTION]

SALIVA\_SAMPLE1\_ad  
 WAS SALIVA SAMPLE COLLECTED?

6. SALIVA SAMPLE COLLECTED
- YES/NO.....
- REFUSED..... - 2
- UNABLE TO OBTAIN..... - 5

[DISABLE DK]

[NO, REFUSED, UNABLE TO OBTAIN – SKIP TO ADULT\_ad]

7. SALIVA SAMPLE #

ID..... 

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[DISABLE DK]

ADULT\_ad  
 IS THIS AN ADULT ONLY HOUSEHOLD?  
 YES – SKIP TO END  
 NO

[DISABLE DK/RE]

ADULT ACCELEROMETRY      YES/NO  
 STUDY

7a. ACCELEROMETER  
 IS R ELIGIBLE FOR ACCELEROMETER?  
 YES  
 NO – SKIP TO END

[DISABLE DK/RE]

We have another part of the study which is designed to measure activity levels. We would like for you to wear an accelerometer around your waist for the next 7 days. We will also leave a diary for you to fill out giving us information on things like when you put the monitor on and took it off.

If you agree to participate, you will receive a \$20 gift card once you have shipped the monitor back to RTI and the data are complete. When we look at the data you provide, if we find that we do not have at least 5 days of complete data, you will be given a \$10.00 gift card and we will ask you to wear the accelerometer for another 7 days. You may refuse to wear the accelerometer again if you choose. If you wear the monitor for another 7 days you will receive an additional \$10.00 gift card. You will not be asked to wear the monitor for a third week even if your data are incomplete.

DOES R AGREE TO PARTICIPATE (NOTE – BOTH ADULT AND CHILD MUST AGREE IN ORDER TO ANSWER THIS QUESTION AS YES; IF ONLY ONE AGREES, CODE NO AND EXPLAIN)

1 YES

2 NO – REASON WHY NOT: \_\_\_\_\_ - SKIP TO END

[DISABLE DK/RE]

INTERVIEWER INSTRUCTIONS: DEMONSTRATE HOW TO WEAR MONITOR AND EXPLAIN THE USE OF THE DIARY. RECORD THE ACCELEROMETRY ID IN THE YOUTH/CAREGIVER SURVEY.

Someone will call you in a few days just to make sure everything is going OK with the monitor.

[NO RESPONSE REQUIRED TO CONTINUE TO NEXT QUESTION]END

Thank you for your participation in the study.

GIVE RESPONDENT INCENTIVE AND GET INCENTIVE RECEIPT SIGNED.

IF CHILD IS SELECTED, COMPLETE YOUTH/CAREGIVER SURVEY.