

MEDICIÓN BIOMÉTRICA DEL ADULTO

Se calcula que el tiempo promedio que le tomará a cada participante dar esta información será de 30 minutos, incluyendo el tiempo para repasar las instrucciones, buscar las fuentes de información existentes, juntar y mantener los datos requeridos, así como completar y revisar la recopilación de la información. Ninguna agencia puede realizar o patrocinar un estudio, y ninguna persona tiene la obligación de responder a un cuestionario que solicite información, a menos que lleve un número de control de OMB (Oficina de Administración y Presupuesto) válido. Si tiene algún comentario sobre la exactitud del tiempo estimado o cualquier aspecto de esta recopilación de información incluyendo sugerencias para mejorar este formulario, por favor escriba a: CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-xxxx)

Adult Biometric Measures – Spanish

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

Voy a comenzar con algunas preguntas generales acerca de usted, su salud y actividades recientes que están relacionadas con las medidas biométricas que recolectaremos hoy.

Adult Biometric Measures – Spanish

DATOS DEMOGRÁFICOS

DEM1_ad ¿Qué edad tiene?

__ CODE AGE IN YEARS

-1 DON'T KNOW

2 REFUSED

IF MALE, SKIP TO BP1_AD

DEM2_ad

Que usted sepa, ¿está embarazada?

1 YES

2 NO

-1 DON'T KNOW

-2 REFUSED

BLOOD PRESSURE

IF ATSS QUESTION H_03=YES, SKIP TO TOB1_ad

BP1_ad.

Desde que le hicimos la última encuesta el [DATE], ¿Alguna vez le ha dicho un médico, una enfermera u otro profesional de la salud que tiene presión arterial alta?

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]

IF MALE, SKIP TO BP2_ad

BP1a_ad.

¿Esto fue únicamente durante su embarazo?

1 YES [SKIP TO TOB1_ad]

2 NO

-1 DON'T KNOW [SKIP TO TOB1_ad]

-2 REFUSED [SKIP TO TOB1_ad]

BP2_ad.

Adult Biometric Measures – Spanish

Desde que le hicimos la última encuesta el [DATE], ¿ha cambiado sus hábitos alimenticios para ayudar a bajar o controlar su presión arterial alta?

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

BP3_ad.

Desde que le hicimos la última encuesta el [DATE], ¿(está) reduciendo el consumo de sal para ayudar a bajar o controlar su presión arterial alta?

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

BP4_ad

(Desde que le hicimos la última encuesta el [DATE]), ¿ha reducido el consumo de alcohol para ayudar a bajar o controlar su presión arterial alta?

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

BP5_ad

(Desde que le hicimos la última encuesta el [DATE]), ¿está haciendo ejercicio para ayudar a bajar o controlar su presión arterial alta?

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

BP6_ad. (Desde que le hicimos la última encuesta el [DATE]), ¿está tomando actualmente algún medicamento para controlar la presión arterial alta?

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

Adult Biometric Measures – Spanish

TOBACO SMOKE/EXPOSURE

TOB1_ad. ¿Fuma actualmente cigarrillos?

- 1 Sí
- 2 No – SKIP TO QUESTION TOB2_ad

-1 DON'T KNOW – SKIP TO QUESTION TOB2_ad

-2 REFUSED – SKIP TO QUESTION TOB2_ad

TOB1_a_ad. ¿Cuánto fuma habitualmente por día? Me puede decir la cantidad de cigarrillos o el número de paquetes por día. (NOTE TO INTERVIEWER: A PACK OF CIGARETTES CONTAINS 20 CIGARETTES. IF THE RESPONDENT ANSWERS A PACK AND A HALF, CODE AS 10 CIGARETTES).

-----NUMBER

- 1 Cigarrillos
- 2 Paquetes

-1 DON'T KNOW

-2 REFUSED

TOB1_a_ad_CHECK:

[ASK IF (TOB1_a_ad Cigarettes <1 OR Cigarettes >100 OR Packs <1 OR Packs >5), ELSE SKIP] Dijo que usualmente fuma [TEXT FILL FROM TOB1_a_ad] por día. ¿Eso es correcto?

1. YES
2. NO – RETURN TO TOB1_a_ad AND CORRECT

[DISABLE DK/RE]

TOB1b_ad. ¿Cuánto tiempo hace que fumó por última vez un cigarrillo? Me puede decir hace cuántas horas, días o meses.

{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 ¿Fuma actualmente puritos, cigarros o pipa (solo tabaco)?

Adult Biometric Measures – Spanish

- 1 Sí
- 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 ¿Cuánto tiempo hace que fumó por última vez puritos, cigarros o pipa? Me puede decir hace cuántas horas, días o meses.

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 ¿En la actualidad usa tabaco para mascar, rapé o picado, como Redman, Skoal, o Copenhagen?

- 1 Sí
- 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 ¿Cuánto tiempo hace que fumó alguno de esos?

- 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

Adult Biometric Measures – Spanish

{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. ¿Está actualmente usando algo para ayudarlo a dejar de fumar, como un parche de nicotina, chicle de nicotina, espray nasal o inhalador?

1 YES

2 NO – SKIP TO QUESTION TOB5_ad

-1 DON'T KNOW – SKIP TO QUESTION TOB5_ad

-2 REFUSED – SKIP TO QUESTION TOB5_ad

TOB4a_ad. ¿Cuándo fue la última vez que usó alguna de estas cosas diseñadas para ayudarlo a dejar de fumar?

_____ Actualmente está usando (por ej. parche)

- 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 HOURS 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}

TOB5_ad. En los últimos 7 días, ¿cuántos días estuvo usted en la misma habitación con alguien que estaba fumando cigarrillos?

RECORD NUMBER OF DAYS

_____ DAYS (RANGE 0-7)

-1 DON'T KNOW

-2 REFUSED

Adult Biometric Measures – Spanish

TOB6_ad. Durante los últimos 7 días, esto es desde < CALCULATE TODAY'S DATE- 7 DAYS >, sin contar su casa, ¿cuántos días respiró el humo del cigarrillo de alguna persona que fumaba en un lugar público cerrado? Incluya el lugar donde trabaja si las personas fuman en un lugar cerrado ahí.

IF NEEDED, SAY: Ejemplos de lugares públicos cerrados son áreas interiores de tiendas, restaurantes, bares, casinos, centros nocturnos y estadios deportivos.

_____ CANTIDAD DE DÍAS

DON'T KNOW

REFUSED

WEIGHT

WGT1_ad . ¿Considera usted que actualmente está...?

- 1 con sobrepeso
- 2 por debajo del peso normal
- 3 con el peso adecuado
- 1 DON'T KNOW
- 2 REFUSED

WGT2_ad. Durante los últimos 12 meses, ¿{ha} intentado bajar de peso?

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

WGT3_ad. Durante los últimos 30 días, ¿ha aumentado de peso?

- 1 YES - ¿Cuántas libras? _____ lbs./kg(RANGE – 1-50)
- 2 NO
- 1DON'T KNOW
- 2REFUSED

WGT4_ad. Durante los últimos 30 días, ¿ha perdido peso?

- 1 YES - ¿Cuántas libras? _____ lbs./kg(RANGE – 1-50)
- 2 NO
- 1 DON'T KNOW
- 2 REFUSED

Adult Biometric Measures – Spanish

RECENT FOOD INTAKE

FOOD1_ad. ¿Qué alimento o alimentos comió durante su última comida o refrigerio? Por favor dígame qué alimentos comió y qué bebidas tomó en su última comida o refrigerio.

_____ [5000 MAX CHARACTERS]

- 1 DON'T KNOW
- 2 REFUSED

FOOD2_ad. ¿Ha comido o bebido algo en los últimos 30 minutos?

- 1. YES
- 2. NO
- 3. Hace rato
- 1 DON'T KNOW
- 2 REFUSED

RECENT ILLNESS

ILL1_ad. ¿Ha tenido un resfrío, gripe u otras enfermedades en las últimas dos semanas?

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

SAL_INTRO_ad. Las siguientes preguntas nos ayudarán a analizar los resultados de su muestra de saliva.

SAL1_ad. ¿Alguna vez un doctor o dentista le dijo que tenía enfermedad periodontal (es decir, una infección de los tejidos blandos y huesos alrededor de sus dientes)?

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

Adult Biometric Measures – Spanish

SAL2_ad. ¿Cepilló sus dientes hace una hora o menos?

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

SAL3_ad. La última vez que cepilló sus dientes, ¿vio un color rosado o rojizo cuando escupió en el lavabo?

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

SAL4_ad. En las últimas 24 horas, ¿ha tenido alguna lesión en su boca o trabajo dental que le haya causado sangrado?

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

SAL5_ad. ¿Tiene llagas abiertas o cortes en su boca?

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

Adult Biometric Measures – Spanish

BIO_INTRO. Ahora voy a realizar la parte de las mediciones físicas de la sección de mediciones de salud. Me gustaría medir su estatura, peso y la circunferencia de su cintura. ¿Tiene alguna pregunta?

Voy a comenzar con su peso. Por favor quítese los zapatos y vacíe sus bolsillos.

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

Adult Biometric Measures – Spanish

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,

Adult Biometric Measures – Spanish

- 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]

Adult Biometric Measures – Spanish

Weight. Ahora me gustaría obtener su peso.

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:

Adult Biometric Measures – Spanish

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

Adult Biometric Measures – Spanish

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. MEDICIÓN DE LA PRESIÓN ARTERIAL:

Para esta parte de la encuesta, voy a tomar su presión arterial con este aparato. El aparato va a medir la presión arterial 3 veces después de un descanso de 5 minutos. Durante el descanso, le pido que trate de relajarse completamente y que no hable, ni se mueva mucho ya que eso puede afectar la medida de presión arterial. Por favor, mantenga sus pies sobre el suelo durante este periodo de tiempo. Sería conveniente que apague su celular durante este periodo de tiempo ya que es necesario que no hable durante la medición.

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

Una vez que comienzan las mediciones, habrá un descanso de 1 minuto entre cada una de las 3 mediciones. Cuando el aparato infla el brazalete, pudiera sentir que le aprieta y un poco de presión o un poco de hormigueo en los dedos. Esto es normal y desaparece en poco tiempo. Mientras el aparato mide la presión arterial, necesito que no hable ni se mueva, y yo tampoco voy a hablar. Hablar o moverse puede cambiar su presión arterial.

Le daré los resultados al final del examen físico.

¿Tiene alguna pregunta antes de comenzar? Le recuerdo, que después esto, le pediré que no hable y yo tampoco voy a hablar.

[NO ANSWER REQUIRED TO CONTINUE TO NEXT SCREEN]

[CALCULATE SIZE OF BLOOD PRESSURE CUFF TO BE USED:

Adult Biometric Measures – Spanish

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.

Adult Biometric Measures – Spanish

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

Adult Biometric Measures – Spanish

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>

Adult Biometric Measures – Spanish

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 – Su presión arterial es demasiado alta. Le recomendamos que consulte a un médico el día de hoy o que vaya a la sala de emergencias de un hospital para que le vuelvan a revisar su presión arterial. ¿Quiere usted que llame al 911 a nombre de usted?

- 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

Adult Biometric Measures – Spanish

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

HIGH_FOLLOW_ad – ¿Tiene usted una amistad o un familiar al que desee que yo le llame?

- 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 Ahora me gustaría hablar sobre medicamentos. ¿Qué medicamentos está tomando actualmente? (Medicamentos recetados, de venta libre, vitaminas, suplementos dietéticos, etc.) Sería muy útil si me pudiera mostrar el medicamento para anotar el nombre.

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.
Ahora me gustaría obtener un poco de su saliva

SALIVA COLLECTION

- ASK RESPONDENT TO TILT THEIR HEAD FORWARD AND ALLOW SALIVA TO POOL ON THE FLOOR OF THEIR MOUTH FOR 1-2 MINUTES

Adult Biometric Measures – Spanish

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..... -|_|_|_|-

[DISABLE DK]

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

[DISABLE DK/RE]

Adult Biometric Measures – Spanish

ADULT ACCELEROMETRY YES/NO
STUDY

7a.ACCELEROMETER

IS R ELIGIBLE FOR ACCELEROMETER?

YES

NO – SKIP TO END

[DISABLE DK/RE]

Tenemos otra parte del estudio diseñada para medir los niveles de actividad. Nos gustaría que usted utilice un medidor de actividad alrededor de su cintura durante los siguientes 7 días. También vamos a dejar un diario para que usted lo complete y nos dé información sobre cosas como cuándo se pone el monitor y cuando se lo quita.

Si está de acuerdo en participar, va a recibir una tarjeta de regalo de \$20 dólares una vez que haya enviado el monitor de regreso a RTI y los datos estén completos. Cuando veamos los datos que nos proporcione, si vemos que no tenemos por lo menos 5 días de datos completos, se le entregará una tarjeta de regalo de \$10 y le pediremos que vuelva a utilizar el monitor de actividad otros 7 días. Usted se puede negar a volver a utilizar el monitor de actividad si lo desea. Si utiliza el monitor de actividad otros 7 días recibirá otra tarjeta de regalo de \$10. Se le pedirá que utilice el monitor de actividad una tercera semana si sus datos están incompletos.

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.

Le llamaré en unos días sólo para ver si le va bien con el 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.

Adult Biometric Measures – Spanish

IF CHILD IS SELECTED, COMPLETE YOUTH/CAREGIVER SURVEY.