

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

YOUTH BIOMETRIC MEASURES

(Ages 3-17)

Public reporting burden of this collection of information is estimated to average 20 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)

TRANSITION.

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

[WEIGHT]

Now I want to ask some general questions that relate to the biometric measures we will be collecting today.

ASK IF {S.C.} AGE < 12, ELSE SKIP TO WGT_2_cy

WGT_1_cy. How do you describe your child's weight? Would you say:

- 1 Very underweight
- 2 Slightly underweight
- 3 About the right weight
- 4 Slightly overweight
- 5 Very overweight
- 1 DON'T KNOW
- 2 REFUSED

SKIP TO SAL_3_cy

WGT_2_cy. How do **you** describe your weight? Would you say...

- 1 Very underweight
- 2 Slightly underweight
- 3 About the right weight
- 4 Slightly overweight
- 5 Very overweight
- 1 DON'T KNOW
- 2 REFUSED

WGT_3_cy. Which of the following are you trying to do about your weight?

- 1 **Lose** weight
- 2 **Gain** weight
- 3 **Stay** the same weight
- 4 I am **not doing anything** about my weight
- 1 DON'T KNOW
- 2 REFUSED

WGT_7_cy_YesNo. During the past 30 days, have you gained weight?

- 1 YES -NO - GO TO WGT_8_cy_YesNo
- 1 DON'T KNOW - GO TO WGT_8_cy_YesNo
- 02 REFUSED - GO TO WGT_8_cy_YesNo

WGT_7_cy How many pounds? _____ lbs (RANGE - 1-50)

NUMBER OF POUNDS CAN BE DON'T KNOW OR REFUSED

WGT_8_cy_YesNo. During the past 30 days, have you lost weight?

- 1 YES
- 2 NO - GO TO INTRO BEFORE SAL_1_cy
- 1 DON'T KNOW - GO TO INTRO BEFORE SAL_1_cy
- 2 REFUSED - GO TO INTRO BEFORE SAL_1_cy

WGT_8_cy How many pounds? _____ lbs (RANGE - 1-50)

NUMBER OF POUNDS CAN BE DON'T KNOW OR REFUSED

[SALIVA]

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

SAL_1_cy. 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

SAL_2_cy. Do you have braces?

1 YES

2 NO

-1 DON'T KNOW

-2 REFUSED

SAL_3_cy. [TEXTFILL IF {S.C.} AGE <12 "Has your child" ELSE "Have you"] brushed [TEXTFILL IF {S.C.} AGE <12 {IF VERIFY_3_cy=1"his" IF VERIFY_3_cy=2"her"} ELSE "your"] teeth in the last hour?

1. YES

2. NO

-1 DON'T KNOW

-2 REFUSED

SAL_4_cy. The last time [TEXTFILL IF {S.C.} AGE <12 "your child" ELSE "you"] brushed [TEXTFILL IF {S.C.} AGE <12 {IF VERIFY_3_cy=1 "his" IF VERIFY_3_cy=2"her"} ELSE "your"]teeth, did [TEXTFILL IF {S.C.} AGE <12 {IF VERIFY_3_cy=1"he" IF VERIFY 3_cy=2"she"} ELSE "you"] see any pink or reddish color when [TEXTFILL IF {S.C.} AGE <12 {IF VERIFY_3_cy=1 "he" IF VERIFY_3_cy=1"she"} ELSE "you"] spit into the sink?

1 YES

2 NO

-1 DON'T KNOW

-2 REFUSED

SAL_5_cy. In the past 24 hours, [TEXTFILL IF {S.C.} AGE <12 "has your child had" ELSE "have you had"] any injuries to [TEXTFILL IF {S.C.} AGE <12 {IF VERIFY 3_cy=1 "his" IF VERIFY_3_cy=2"her"} ELSE "your"] mouth or any dental work that caused bleeding?

1 YES

2 NO

-1 DON'T KNOW

-2 REFUSED

SAL_6_cy. [TEXTFILL IF {S.C.} AGE <12 "Does your child have" ELSE "Do you have"] any open sores or cuts in [TEXTFILL IF {S.C.} AGE <12 {IF VERIFY_3_cy=1 "his" IF VERIFY_3_cy=2"her"} ELSE "your"] mouth?

1 YES

2 NO

-1 DON'T KNOW

-2 REFUSED

[ASK IF S.C. AGE <12, ELSE SKIP TO TIMESTAMP BEFORE BIOMETRICS]SAL_7_cy. In the last 24 hours, has your child lost a tooth?

1 YES

2 NO

-1 DON'T KNOW

-2 REFUSED

[SKIP TO TIMESTAMP BEFORE BIOMETRICS]

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

[BIOMETRICS]

BIO_INTRO_cy

Now I'm going to conduct the body measurements part of the questionnaire. I'd like to see how tall you are, how much you weigh, and measure around your waist. Do you have any questions?

Let's start with your height. Please take off your shoes and take everything out of 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.HEIGHT_cy:

HEIGHT CORRECTION: ABOVE WAIST: ___ CM (RANGE 0 - 15 cm)

BELOW WAIST: ___ CM (RANGE 0 - 15 cm)

[DISABLE DK/RE]

[NOTE TO PROGRAMMERS - 1 PLACE AFTER DECIMAL].

HEIGHT_CORRECTION_CONF. [SOFT EDIT - IF HEIGHT CORRECTION IS OUTSIDE OF RANGE]:

YOU ENTERED THE HEIGHT CORRECTION AS ____ CM FOR ABOVE WAIST AND ____CM FOR BELOW WAIST. IS THIS CORRECT?

YES

NO - RETURN TO HEIGHT CORRECTION

[DISABLE DK/RE]

STANDING_HEIGHT_cy:

____.____ CM

COMMENTS (DROP DOWN BOX):

EC (Excess capacity)

CNO (Cannot obtain)

NS (Not Straight)

PLA (incorrect placement)

R (Refusal)[NOTE TO PROGRAMMERS - 1 PLACE AFTER DECIMAL]

[DISABLE DK]

[FI MUST ENTER EITHER A VALUE OR SOMETHING IN THE DROP DOWN BOX.]

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

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

[ADJUSTED HEIGHT (CALCULATED BY TAKING STANDING HEIGHT AND SUBTRACTING ANY CORRECTION ABOVE OR BELOW WAIST)]

[IF ADJUSTED HEIGHT IS OVER OR UNDER THE ALLOWED LIMIT, ASK:]

HEIGHT_VERIFY_cy

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

1. YES
2. NO – RETURN TO HEIGHT_cy AND ENTER THE CORRECT VALUE

[DISABLE DK/RE]

[DISABLE DK]

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

WAIST CIRCUMFERENCE_cy:

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 (A PARENT OR OTHER ADULT IN THE HOUSEHOLD MAY HELP A YOUNG CHILD DO THIS)
- 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.

____.____ CM

[NOTE TO PROGRAMMERS – 1 PLACE AFTER DECIMAL]

FI MUST ENTER EITHER A VALUE OR SOMETHING IN THE DROP DOWN BOX.

COMMENTS (DROP DOWN BOX):

CNO (Can not obtain)

CL (Clothing)

R (Refusal)

[DISABLE DK]

[IF WASIT CIRCUMFERENCE IS ENTERED, COMMENT CANNOT EQUAL 'CANNOT OBTAIN' OR 'REFUSED']

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

[IF WAIST CIRCUMFERANCE_cy IS OVER OR UNDER THE ALLOWED LIMIT, ASK:]

WAIST_VERIFY_cy

YOU ENTERED THE WAIST CIRCUMFERANCE AS [WAIST CIRCUMFERANCE_cy] CM. IS THIS CORRECT?

3. YES

4. NO – RETURN TO WAIST CIRCUMFERANCE_cy AND ENTER THE CORRECT VALUE

[DISABLE DK/RE]

WEIGHT_cy:

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 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.

_____._ _KG

[NOTE TO PROGRAMMERS - 2 PLACES AFTER DECIMAL]

COMMENTS (DROP DOWN BOX):

EC (Exceeds capacity)

CNO (Cannot obtain)

CL (Clothing)

MA (Medical Appliance)

AM (Amputation)

PLA (incorrect placement)

R (Refusal)

[DISABLE DK]

[FI MUST ENTER EITHER A VALUE OR SOMETHING FROM THE DROP DOWN COMMENTS BOX]

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

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

SOFT CHECK:

IF WEIGHT_cy IS OVER OR UNDER ALLOWED LIMIT, ASK:

WEIGHT__cy_CONF

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

1. YES
2. NO – RETURN TO WEIGHT_CY AND ENTER THE CORRECT VALUE

[DISABLE DK/RE]

CALCULATE BMI

CONVERT HEIGHT_cy TO METERS: ANSWER TO HEIGHT_cy X .01

BMI FORMULA:

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

[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_cy

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

CROSS THROUGH THE BLOOD PRESSURE SECTION - WE WILL NOT BE TAKING BLOOD PRESSURE MEASUREMENTS FROM CHILDREN.

SAL_SAMPLE_cy

SALIVA COLLECTION

RESPONDENTS OVER THE AGE OF 5:

- 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.

RESPONDENTS AGE 5 AND UNDER (OR THOSE WHO HAVE DIFFICULTY WITH THE METHOD ABOVE):

- PEEL BACK OUTER PACKAGE OF SWAB, LEAVING CRIMPED END ATTACHED.
- WITH GLOVED HAND, SECURLY HOLD ONTO THE CRIMPED END OF THE SWAB AND TRY TO PLACE THE OTHER END UNDER THE CHILD’S TONGUE (DO NOT PLACE IN THE CHEEK).
- HOLD UNTIL THE LOWER 2/3 OF THE SWAB IS SATURATED (APPROXIMATELY 30-60 SECONDS TOTAL TIME). IF YOU REMOVE THE SWAB AND IT ISN’T SATURATED ENOUGH, YOU MAY PLACE IT BACK UNDER THE CHILD’S TONGUE.
- AFTER YOU HAVE GOTTEN ENOUGH SALIVA, TAKE THE PLUNGER OUT OF THE SYRINGE AND PLACE THE SWAB INSIDE (YOU CAN FOLD THE SWAB IF YOU NEED TO)
- REPLACE THE PLUNGER AND PLACE THE SYRINGE IN THE CRYOVIAL. DEPRESS THE PLUNGER TO SQUEEZE THE SALIVA INTO THE SYRINGE.
- CAP THE CRYOVIAL TIGHTLY.
- DISCARD SYRINGE, GLOVES AND SWAB.

SALIVA SAMPLE COLLETED:

1 YES

2 NO – DOCUMENT REASON: _____-[SKIP TO ACCEL ELIG_cy]

[DISABLE DK/RE]

[FI MUST ENTER A REASON IF -2 IS SELECTED]

USE BARCODE SCANNER TO SCAN BARCODE LABEL

SAL_SAMPLE_NUM_cy SALIVA SAMPLE NUMBER: _____ (REQUIRED)

SAL SHIPPING_cy SALIVA SAMPLE SHIPPING NUMBER: _____ (NOT REQUIRED)

[DISABLE DK/RE]

[ACCELEROMETER]

ACCELEROMETER

ACCEL ELIG_cy IS R ELIGIBLE FOR ACCELEROMETER?

1 YES

2 NO – SKIP TO END

We have another part of the study which is designed to measure activity levels. We would like for [TEXTFILL IF {S.C.} AGE <12 “you and your child” ELSE “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. When we look at the data you provide, if we find that we do not have at least 5 days of complete data, 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 agree to participate, [TEXTFILL IF {S.C.} AGE <12 “you will receive a \$20 gift card and your child will receive a \$10 gift card ” ELSE “you will receive a \$10 gift card”] once you have successfully completed the wearing.

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

1 YES

RECORD ACCELEROMETER IDS:

PARENT: _____

CHILD: _____

(IF ACCEL AGREE_cy = 1 (YES), BOTH IDs ARE REQUIRED)

2 NO – REASON WHY NOT: _____ - [SKIP TO END]

IF NO, MUST PROVIDE REASON

[DISABLE DK/RE]

INTERVIEWER INSTRUCTIONS: DEMONSTRATE HOW TO WEAR MONITOR AND EXPLAIN THE USE OF THE DIARY TO PARENT/CHILD.

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

END

Thank you for your participation in the study.

GIVE RESPONDENT INCENTIVE AND GET INCENTIVE RECEIPT SIGNED.

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