

# **CUESTIONARIO DE MEDICIÓN BIOMÉTRICA**

## **(Edades: 3 a 17 años)**

Se calcula que el tiempo promedio que le tomará a cada participante dar esta información será de 20 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)

## Youth Biometric Measures (Youth Ages 3-17) - Spanish

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]

Ahora deseo hacerle algunas preguntas generales relacionadas a las mediciones biométricas que vamos a obtener el día de hoy.

ASK IF {S.C.} AGE < 12, ELSE SKIP TO WGT\_2\_cy

WGT\_1\_cy. ¿Cómo describiría el peso de su niño(a)? Diría que:

- 1 Muy por debajo del peso normal
- 2 Un poco debajo del peso normal
- 3 Con el peso adecuado
- 4 Con un poco de sobrepeso
- 5 Con mucho sobrepeso
- 1 DON'T KNOW
- 2 REFUSED

SKIP TO SAL\_3\_cy

WGT\_2\_cy. ¿Cómo describirías **tu** peso? Dirías que...

- 1 Muy por debajo del peso normal
- 2 Un poco debajo del peso normal
- 3 Con el peso adecuado
- 4 Con un poco de sobrepeso
- 5 Con mucho sobrepeso
- 1 DON'T KNOW
- 2 REFUSED

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WGT\_3\_cy. ¿Cuál de los siguientes está tratando de hacer con respecto a su peso?

- 1 **Bajar** de peso
- 2 **Subir** de peso
- 3 **Mantenerse** con el mismo peso
- 4 **No estoy haciendo nada** acerca de mi peso
- 1 DON'T KNOW
- 2 REFUSED

WGT\_7\_cy\_YesNo. Durante los últimos 30 días, ¿ha(s) aumentado de peso?

- 1 YES -
- 2 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. ¿Cuántas libras? \_\_\_\_\_ lbs (RANGE - 1-50)

NUMBER OF POUNDS CAN BE DON'T KNOW OR REFUSED

WGT\_8\_cy\_YesNo. Durante los últimos 30 días, ¿ha(s) bajado de peso?

- 1 YES -
- 2 NO - GO TO SAL\_1\_cy
- 1 DON'T KNOW - GO TO SAL\_1\_cy
- 2 REFUSED - GO TO SAL\_1\_cy

WGT\_8\_cy. ¿Cuántas libras? \_\_\_\_\_ lbs (RANGE - 1-50)

NUMBER OF POUNDS CAN BE DON'T KNOW OR REFUSED

[SALIVA]

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

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SAL\_1\_cy. ¿Alguna vez un doctor o dentista le dijo que tenía(s) enfermedad periodontal (es decir, una infección de los tejidos blandos y huesos alrededor de los dientes)?

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

SAL\_2\_cy.. ¿Usa un corrector/frenillo para los dientes ("braces")?

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

SAL\_3\_cy. [TEXTFILL IF {S.C.} AGE <12 "Su niño(a) se cepilló"; ELSE "Te cepillaste tus"] dientes hace una hora o menos?

Time: \_\_\_\_:\_\_\_\_ AM/PM

- 1 HAVE NOT BRUSHED TODAY
- 1 DON'T KNOW
- 2 REFUSED

SAL\_4\_cy. La última vez que [TEXTFILL IF {S.C.} AGE <12 "su niño(a) se cepilló los dientes, ¿él/ella vio un color rosado o rojizo cuando escupió en el lavabo?" ELSE "te cepillaste tus dientes, ¿viste un color rosado o rojizo cuando escupiste"] en el lavabo?

[If ({S.C} AGE < 12)

{sp\_Fill\_SAL\_4\_cy = ("su niño(a) se cepilló los dientes, ¿él/ella vio un color rosado o rojizo cuando escupió " ); }

ELSE

{sp\_Fill\_SAL\_4\_cy = (" te cepillaste tus dientes, ¿viste un color rosado o rojizo cuando escupiste " ); }

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

SAL\_5\_cy. En las últimas 24 horas, [TEXTFILL IF {S.C.} AGE <12 "su niño(a) tuvo lesiones en su " ELSE "tuviste lesiones en tu"] boca o algún trabajo dental que le hizo sangrar?

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

SAL\_6\_cy. [TEXTFILL IF {S.C.} AGE <12 "¿Ha tenido su niño(a)" ELSE "¿Has tenido"] alguna llaga abierta o cortes en la boca?

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

ASK IF S.C. AGE <12, ELSE SKIP TO MED1

SAL\_7\_cy. En las últimas 24 horas, ¿se le ha caído un diente a su niño(a)?

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

SKIP TO TIMESTAMP BEFORE BIOMETRICS

## Youth Biometric Measures (Youth Ages 3-17) - Spanish

[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. Ahora voy a realizar la parte del cuestionario de mediciones del cuerpo. Me gustaría saber qué tan alto eres, cuánto pesas y cuánto mide tu cintura. ¿Tiene preguntas?

Comencemos con tu estatura. Por favor quítate los zapatos y vacía tus bolsillos.

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)

## Youth Biometric Measures (Youth Ages 3-17) - Spanish

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:

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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)



## Youth Biometric Measures (Youth Ages 3-17) - Spanish

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 CIRCUMFERENCE\_cy IS OVER OR UNDER THE ALLOWED LIMIT, ASK:]

WAIST\_VERIFY\_cy

YOU ENTERED THE WAIST CIRCUMFERENCE AS [WAIST CIRCUMFERENCE\_cy] CM. IS THIS CORRECT?

3. YES

4. NO – RETURN TO WAIST CIRCUMFERENCE\_cy AND ENTER THE CORRECT VALUE

[DISABLE DK/RE]

WEIGHT\_cy. Ahora me gustaría obtener tu peso.

INTERVIEWER INSTRUCTIONS: 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!**

## Youth Biometric Measures (Youth Ages 3-17) - Spanish

- 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']

## Youth Biometric Measures (Youth Ages 3-17) - Spanish

[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

## Youth Biometric Measures (Youth Ages 3-17) - Spanish

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, SECURELY 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.

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- 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

Tenemos otra parte del estudio diseñada para medir los niveles de actividad. [TEXTFILL IF {S.C.} AGE <12 “Nos gustaría que usted y si niño(a) utilicen 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. Cuando veamos los datos que nos proporcione, si vemos que no tenemos por lo menos 5 días de datos completos, le vamos a pedir 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.” ELSE “Nos gustaría que utilices un medido de actividad alrededor de tu cintura durante los siguientes 7 días. También vamos a dejar un diario para que lo completes y nos des información sobre cosas como cuándo te pones el monitor y cuando te lo quitas. Cuando veamos los

## Youth Biometric Measures (Youth Ages 3-17) - Spanish

datos que nos proporcionen, si vemos que no tenemos por lo menos 5 días de datos completos, te vamos a pedir que vuelvas a utilizar el monitor de actividad otros 7 días. Te puedes negar a volver a utilizar el monitor de actividad si lo deseas.”]

[TEXTFILL IF {S.C.} AGE <12 “Si está de acuerdo en participar, usted recibirá una tarjeta de regalo de \$20 dólares y su niño(a) va a recibir una tarjeta de regalo de \$10 dólares una vez que haya completado de utilizar el monitor.” ELSE “Si estás de acuerdo en participar, recibirás una tarjeta de regalo de \$10 dólares una vez que hayas completado de utilizar el monitor.”]

ACCEL AGREE\_cy DOES R AGREE TO PARTICIPATE

1 YES

RECORD ACCELEROMETER IDS:

PARENT: \_\_\_\_\_

CHILD: \_\_\_\_\_

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

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

Le voy a llamar en unos días para asegurarme que todo va bien con el monitor.

END

Gracias por participar en el estudio.

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.]