

Adult Biometric Measures - Documentation of Question Provenance

BRFSS = Behavioral Risk Factor Surveillance System

NHIS = National Health Interview Survey

DG = Doug Granger, Expert in saliva sample collection¹

YRBS = Youth Risk Behavior Survey

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#	Item Name in CAPI	Item Text in CAPI	Data Source	Original Text in Source	Divergence?
1	DEM_INTR O_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	RTI Developed	N/A	N/A
2	DEM1_ad	What is your age? __ CODE AGE IN YEARS -1 DON'T KNOW 2 REFUSED IF MALE, SKIP TO BP1_AD	BRFSS 2011	What is your age? (108-109) __ Code age in years 0 7 Don't know / Not sure 0 9 Refused	No
3	DEM2_ad	To your knowledge, are you now pregnant? 1 YES 2 NO -1 DON'T KNOW -2 REFUSED	RTI Developed	N/A	N/A

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4	BP1_ad	<p>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?</p> <p>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]</p>	BRFSS 2011	<p>Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (84)</p> <p>Read only if necessary: By —other health professional we mean a nurse practitioner, a physician’s assistant, or some other licensed health professional. If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”</p> <p>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]</p>	Yes

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5	BP1a_ad	<p>Was this only when you were pregnant?</p> <p>1 YES [SKIP TO TOB1_ad] 2 NO -1 DON'T KNOW [SKIP TO TOB1_ad] -2 REFUSED [SKIP TO TOB1_ad]</p>	BRFSS 2011	<p>Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (84)</p> <p>Read only if necessary: By —other health professional we mean a nurse practitioner, a physician’s assistant, or some other licensed health professional. If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”</p> <p>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]</p>	Yes
6	BP2_ad	<p>Since we last interviewed you on [DATE], have you changed your eating habits to help lower or control your high blood pressure?</p> <p>1 YES 2 NO -1DON'T KNOW -2REFUSED</p>	BRFSS 2011	<p>(Are you) changing your eating habits (to help lower or control your high blood pressure)? (316)</p> <p>1 Yes 2 No 7 Don’t know / Not sure 9 Refused</p>	Yes

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7	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	BRFSS 2011	(Are you) cutting down on salt (to help lower or control your high blood pressure)? (317) 1 Yes 2 No 3 Do not use salt 7 Don't know / Not sure 9 Refused	Yes
8	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 -2REFUSED	BRFSS 2011	(Are you) reducing alcohol use (to help lower or control your high blood pressure)? (318) 1 Yes 2 No 3 Do not drink 7 Don't know / Not sure 9 Refused	Yes
9	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	BRFSS 2011	(Are you) exercising (to help lower or control your high blood pressure)? (319) 1 Yes 2 No 7 Don't know / Not sure 9 Refused	Yes

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10	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	BRFSS 2011	Are you currently taking medicine for your high blood pressure? (85) 1 Yes 2 No 7 Don't know / Not sure 9 Refused	Yes
11	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	BRFSS 2011	Do you now smoke cigarettes every day, some days, or not at all? 1 Every day 2 Some days 3 Not at all[Go to Q7.4] 7 Don't know/ Not Sure [Go to Q7.5] 9 Refused [Go to Q7.5]	Yes
12	TOB1_a_a d	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). ----- _____Cigarettes _____ Packs -1DON'T KNOW -2REFUSED	NHIS 2011	On the average, how many cigarettes do you now smoke a day? 01-94 1 - 94 cigarettes 95 95+ cigarettes 97 Refused 99 Don't know	Yes

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13	TOB1b_ad	<p>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.</p> <p>_____ Hours ago _____ Days ago _____ Months ago</p> <p>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}</p>	BRFSS 2011	<p>How long has it been since you last smoked a cigarette, even one or two puffs?</p> <p>0 1 Within the past month (less than 1 month ago) 0 2 Within the past 3 months (1 month but less than 3 months ago) 0 3 Within the past 6 months (3 months but less than 6 months ago) 0 4 Within the past year (6 months but less than 1 year ago) 0 5 Within the past 5 years (1 year but less than 5 years ago) 0 6 Within the past 10 years (5 years but less than 10 years ago) 0 7 10 years or more 7 7 Don't know / Not sure 9 9 Refused</p>	Yes
14	TOB2_ad	<p>TOB2_ad Do you currently smoke cigars, cigarillos or a pipe (tobacco only)?</p> <p>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</p>	YRBS 2011	<p>During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?</p>	Yes

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15	TOB2a_ad	<p>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.</p> <p>____Hours ago _____Days ago _____Months ago</p> <p>IF TIME WAS MORE THAN 24 MONTHS AGO, CODE 24 MONTHS -1 DON'T KNOW - GO TO TOB3_ad -2 REFUSED - GO TO TOB3_ad</p> <p>{HARD CHECK TEXT: PLEASE MAKE SURE THAT YOU HAVE ENTERED BOTH A NUMERIC AMOUNT IN THE TEXT FIELD AND SELECTED A TIME PERIOD}</p>	BRFSS 2011	<p>How long has it been since you last smoked a cigarette, even one or two puffs?</p> <p>0 1 Within the past month (less than 1 month ago) 0 2 Within the past 3 months (1 month but less than 3 months ago) 0 3 Within the past 6 months (3 months but less than 6 months ago) 0 4 Within the past year (6 months but less than 1 year ago) 0 5 Within the past 5 years (1 year but less than 5 years ago) 0 6 Within the past 10 years (5 years but less than 10 years ago) 0 7 10 years or more 7 7 Don't know / Not sure 9 9 Refused</p>	Yes
16	TOB3_ad	<p>Do you currently use chewing tobacco, snuff, or dip such as Redman, Skoal, or Copenhagen?</p> <p>1 Yes 2 No – SKIP TO QUESTION TOB4_ad</p> <p>-1 DON'T KNOW – SKIP TO QUESTION TOB4_ad -2 REFUSED – SKIP TO QUESTION TOB4_ad</p>	BRFSS 2011	<p>Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?</p>	Yes

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17	TOB3a_ad	<p>How long ago did you last use any of those?</p> <p>_____ Hours ago _____ Days ago _____ Weeks ago _____ Months ago</p> <p>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}</p>	BRFSS 2011	Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?	Yes
18	TOB4_ad	<p>Are you currently using anything to help you quit smoking like a nicotine patch, nicotine gum, nasal spray or inhaler?</p> <p>1YES 2NO – SKIP TO QUESTION TOB5_ad -1DON'T KNOW – SKIP TO QUESTION TOB5_ad -2REFUSED – SKIP TO QUESTION TOB5_ad</p>	BRFSS 2011	When you quit smoking...The last time you tried to quit smoking...did you use any of the following medications: a nicotine patch, nicotine gum, nicotine lozenges, nicotine nasal spray, a nicotine inhaler, or pills such as Wellbutrin, Zyban, bupropion, Chantix, or varenicline to help you quit?	Yes

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19	TOB4a_ad	<p>TOB4a_ad. When did you last use any of these things that are designed to help you quit smoking?</p> <p>_____ Currently using (e.g. patch)</p> <p>_____ HOURS AGO</p> <p>_____ DAYS AGO</p> <p>_____ WEEKS AGO</p> <p>_____ MONTHS AGO</p> <p>IF TIME WAS MORE THAN 24 MONTHS AGO, CODE 24 MONTHS</p> <p>-1 DON'T KNOW</p> <p>-2 REFUSED</p> <p>{HARD CHECK TEXT: PLEASE MAKE SURE THAT YOU HAVE ENTERED BOTH A NUMERIC AMOUNT IN THE TEXT FIELD AND SELECTED A TIME PERIOD}</p>	RTI Developed	N/A	N/A
20	TOB5_ad	<p>During the past 7 days, on how many days were you in the same room with somebody who was smoking cigarettes?</p> <p>RECORD NUMBER OF DAYS</p> <p>_____ DAYS (RANGE 0-7)</p> <p>-1 DON'T KNOW/NOT SURE</p> <p>-2 REFUSED</p>	BRFSS 2011	Not counting decks, porches, or garages, during the past 7 days, that is, since last [TODAY'S DAY OF WEEK], on how many days did someone other than you smoke tobacco inside our home while you were at home?	Yes

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21	TOB6_ad	<p>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.</p> <p>IF NEEDED, SAY: Examples of indoor public places are indoor areas of stores, restaurants, bars, casinos, clubs, and sports arenas.</p> <p>RECORD NUMBER OF DAYS _____ NUMBER OF DAYS (RANGE 0-7) -1 DON'T KNOW -2 REFUSED</p>	BRFSS 2011	<p>Now I'm going to ask you about smoke you might have breathed at work because someone else was smoking indoors. During the past 7 days, that is, since last [TODAY'S DAY OF THE WEEK], on how many days did you breathe the smoke at your workplace from someone other than you who was smoking tobacco?</p> <p>__ Number of days [01-07] 8 8 None 7 7 Don't know / Not sure 9 9 Refused</p>	Yes
22	WGT1_ad	<p>Do you consider yourself now to be...</p> <p>1 overweight 2 underweight 3 about right -1 DON'T KNOW -2 REFUSED</p>	NHANES 2011	<p>{Do you/Does SP} consider {your/his/her}self now to be . . . [If {you are/she is} currently pregnant, what did {you/she} consider {your/her}self to be before {you were/she was} pregnant?]</p> <p>overweight,1 underweight, or 2 about the right weight? 3 REFUSED 7 DON'T KNOW 9</p>	Yes
23	WGT2_ad	<p>During the past 12 months, have you tried to lose weight?</p> <p>1 YES 2 NO -1 DON'T KNOW -2REFUSED</p>	NHANES 2011	<p>During the past 12 months, {have you/has SP} tried to lose weight?</p> <p>YES1 NO..... 2 (WHQ.090) REFUSED ...7 (WHQ.090) DON'T KNOW9 (WHQ.090)</p>	No

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24	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	NHANES 2011	During the past 12 months, {have you/has SP} done anything to keep from gaining weight? YES 1 NO..... 2 (WHQ.210) REFUSED7 (WHQ.210) DON'T KNOW9 (WHQ.210)	Yes
25	WGT3_AD	How many pounds? _____ lbs.	NHANES 2012	During the past 12 months, {have you/has SP} done anything to keep from gaining weight? YES 1 NO..... 2 (WHQ.210) REFUSED7 (WHQ.210) DON'T KNOW9 (WHQ.210)	Yes
26	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	NHANES 2011	How much weight {did you/did SP} lose in {your/his/her} most successful attempt ever to lose weight?	Yes
27	WGT4_AD	How many pounds? _____ lbs.	NHANES 2012	How much weight {did you/did SP} lose in {your/his/her} most successful attempt ever to lose weight?	Yes
28	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	RTI Developed	N/A	N/A

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29	FOOD2_ad	Have you had anything to drink within the last 30 minutes? 1. Yes 2. No -1. DON'T KNOW -2. REFUSED	RTI Developed	N/A	N/A
30	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	RTI Developed	N/A	N/A
31	SAL_INTR O_ad	The next few questions will help us understand the results of your saliva sample.	DG	N/A	N/A
32	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	NHANES 2011	Gum disease is a common problem with the mouth. People with gum disease might have swollen gums, receding gums, sore or infected gums or loose teeth. {Do you/Does SP} think {you/s/he} might have gum disease? YES....1 NO.....2 REFUSED.....7 DON'T KNOW.....9	Yes
33	SAL2_ad	Have you brushed your teeth in the last hour? 1. YES 2. NO -1. DON'T KNOW -2. REFUSED	DG	N/A	N/A

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34	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	DG	N/A	N/A
35	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	DG	N/A	N/A
36	SAL5_ad	Do you have any open sores or cuts in your mouth? 1 YES 2 NO -1 DON'T KNOW -2 REFUSED	DG	N/A	N/A
44	1	Height. ADULT HEIGHT Height Correction: Above waist: __.__(RANGE - 0 - 15 cm) Below waist: __. _ CM (RANGE - 0 - 15 cm) Standing_Height: MEASURED CM _____. ____	RTI Developed	N/A	N/A

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45	1a.	<p>THE ADJUSTED HEIGHT IS CALCULATED AS [ADULT HEIGHT] CM. IS THIS CORRECT?</p> <p>1. YES 2. NO - RETURN TO STANDING HEIGHT AND ENTER THE CORRECT VALUE</p> <p>Adjusted height (calculated by standing height minus height correction above or below waist) Comments (drop down box) EC (Exceeds capacity)</p> <ul style="list-style-type: none"> • CNO (Cannot obtain) • NS (Not straight) • PLA (Incorrect placement) • R (refusal) 	RTI Developed	N/A	N/A
46	2	<p>ADULT WAIST CIRCUMFERENCE MEASURED CM _____ [ONLY WANT 1 PLACE AFTER DECIMAL] COMMENTS (DROP DOWN BOX):</p> <p>CNO (Could not obtain) CL (Clothing) R (Refused)</p>	RTI Developed	N/A	N/A

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47	3	<p>ADULT WEIGHT MEASURED KG _____</p> <p>COMMENTS (DROP DOWN BOX):</p> <p>EC (Exceeds capacity) CNO (Could not obtain) CL (Clothing) MA (Medical appliance) AM (Amputation) PLA (Incorrect placement) R (refusal)</p>	RTI Developed	N/A	N/A
	4	<p>CALCULATE BMI</p> <p>[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</p>	RTI Developed	N/A	N/A

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37	BP Arm.	ARM USED: RIGHT LEFT	RTI Developed	N/A	N/A
38	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	RTI Developed	N/A	N/A

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39	BP_Rekey.	<p>REKEY THE RESULTS (SCREEN 2):</p> <p>Reading 1: Systolic: ___mg/HG Diastolic: ___mm/Hg Pulse___ Could not obtain</p> <p>Reading 2: Systolic: ___mg/HG Diastolic: ___mm/Hg Pulse___ Could not obtain</p> <p>Reading 3: Systolic: ___mg/HG Diastolic: ___mm/Hg Pulse___ Could not obtain</p> <p>Average: Systolic: ___mg/HG Diastolic: ___mm/Hg Pulse___ Could not obtain</p>	RTI Developed	N/A	N/A

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40	BP_Result.	<p>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.]</p>	RTI Developed	N/A	N/A

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41	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? 2 YES - DIAL TELEPHONE NUMBER AND HAND THE PHONE TO RESPONDENT SO THAT HE/SHE MAY TALK TO 911 OPERATOR. [SKIP TO END] 3 NO	RTI Developed	N/A	N/A
42	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	RTI Developed	N/A	N/A
43	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 MEDICATION. 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	RTI Developed	N/A	N/A

Adult Biometric Measures - Documentation of Question Provenance

BRFSS = Behavioral Risk Factor Surveillance System

NHIS = National Health Interview Survey

DG = Doug Granger, Expert in saliva sample collection¹

YRBS = Youth Risk Behavior Survey

NHANES = National Health and Nutrition Examination Survey

#	Item Name in CAPI	Item Text in CAPI	Data Source	Original Text in Source	Divergence?
48	5	Now I'd like to collect some saliva from you.	RTI Developed	N/A	N/A
49	6	SALIVA SAMPLE COLLECTED YES/NO _____ REFUSED..... - 2 UNABLE TO OBTAIN..... - 5	RTI Developed	N/A	N/A
50	7	SALIVA SAMPLE # ID _____	RTI Developed	N/A	N/A
51	ADULT_ad	IS THIS AN ADULT ONLY HOUSEHOLD? YES - SKIP TO END	RTI Developed	N/A	N/A
52		ADULT ACCELEROMETRY STUDY YES/NO	RTI Developed	N/A	N/A
53	7a. ACCELEROMETER	IS R ELIGIBLE FOR ACCELEROMETER? YES NO - SKIP TO END	RTI Developed	N/A	N/A
54		DOES R AGREE TO PARTICIPATE (NOTE - BOTH ADULT AND CHILD MUST AGREE IN ORDER TO ANSWER THE QUESTION AS YES; IF ONLY ONE AGREES, CODE NO AND EXPLAIN) 1 YES 2 NO - REASON WHY NOT: _____ - SKIP TO END	RTI Developed	N/A	N/A

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1. Granger, D. A., Kivlighan, K. T., Fortunato, C., Harmon, A. G., Hibel, L. C., Schwartz, E. B., Whembolua, G. (2007). Integration of salivary biomarkers into developmental and