



Bioelectrical Impedance Analysis Instrument

Event Category:	Time-Based
Event:	48M, 60M
Administration:	N/A
Instrument Target:	Child
Instrument Respondent:	Primary Caregiver
Domain:	Physical Measures
Document Category:	Physical Measures
Method:	Data Collector Administered
Mode (for this instrument*):	In-Person, CAI
OMB Approved Modes:	In-Person, CAI
Estimated Administration Time:	7 minutes
Multiple Child/Sibling Consideration:	Per Child
Special Considerations:	N/A
Version:	1.0
MDES Release:	4.0

*This instrument is OMB-approved for multi-mode but this version of the instrument is designed for administration in this/these mode(s) only.

Public reporting burden for this collection of information is estimated to average 7 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: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0593*). Do not return the completed form to this address.

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Bioelectrical Impedance Analysis Instrument

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Bioelectrical Impedance Analysis Instrument

GENERAL PROGRAMMER INSTRUCTIONS:

WHEN PROGRAMMING INSTRUMENTS, VALIDATE FIELD LENGTHS AND TYPES AGAINST THE MDES TO ENSURE DATA COLLECTION RESPONSES DO NOT EXCEED THOSE OF THE MDES. SOME GENERAL ITEM LIMITS USED ARE AS FOLLOWS:

DATA ELEMENT FIELDS	MAXIMUM CHARACTERS PERMITTED	DATA TYPE	PROGRAMMER INSTRUCTIONS
ADDRESS AND EMAIL FIELDS	100	CHARACTER	
UNIT AND PHONE FIELDS	10	CHARACTER	
_OTH AND COMMENT FIELDS	255	CHARACTER	<ul style="list-style-type: none"> • Limit text to 255 characters
FIRST NAME AND LAST NAME	30	CHARACTER	<ul style="list-style-type: none"> • Limit text to 30 characters
ALL ID FIELDS	36	CHARACTER	
ZIP CODE	5	NUMERIC	
ZIP CODE LAST FOUR	4	NUMERIC	
CITY	50	CHARACTER	
DOB AND ALL OTHER DATE FIELDS (E.G., DT, DATE, ETC.)	10	NUMERIC CHARACTER	<ul style="list-style-type: none"> • DISPLAY AS MM/DD/YYYY • STORE AS YYYY-MM-DD • HARD EDITS: MM MUST EQUAL 01 TO 12 DD MUST EQUAL 01 TO 31 YYYY MUST BE BETWEEN 1900 AND CURRENT YEAR.
TIME VARIABLES	TWO-DIGIT HOUR AND TWO-DIGIT MINUTE, AM/PM DESIGNATION	NUMERIC	<ul style="list-style-type: none"> • HARD EDITS: HOURS MUST BE BETWEEN 00 AND 12; MINUTES MUST BE BETWEEN 00 AND 59

Instrument Guidelines for Participant and Respondent IDs:

PRENATALLY, THE **P_ID** IN THE MDES HEADER IS THAT OF THE PARTICIPANT (E.G. THE NON-PREGNANT WOMAN, PREGNANT WOMAN, OR THE FATHER).

POSTNATALLY, A RESPONDENT ID WILL BE USED IN ADDITION TO THE PARTICIPANT ID BECAUSE SOMEBODY OTHER THAN THE PARTICIPANT MAY BE COMPLETING THE INTERVIEW. FOR EXAMPLE, THE PARTICIPANT MAY BE THE CHILD AND THE RESPONDENT MAY BE THE MOTHER, FATHER, OR ANOTHER CAREGIVER.

THEREFORE, MDES VERSION 2.2 AND ALL FUTURE VERSIONS CONTAIN A **R_P_ID** (RESPONDENT PARTICIPANT ID) HEADER FIELD FOR EACH POST-BIRTH INSTRUMENT. THIS WILL ALLOW ROCs TO INDICATE WHETHER THE RESPONDENT IS SOMEBODY OTHER THAN THE PARTICIPANT ABOUT WHOM THE QUESTIONS ARE BEING ASKED.

A REMINDER:

ALL RESPONDENTS MUST BE CONSENTED AND HAVE RECORDS IN THE PERSON, PARTICIPANT, PARTICIPANT_CONSENT AND LINK_PERSON_PARTICIPANT TABLES, WHICH CAN BE PRELOADED INTO EACH INSTRUMENT. ADDITIONALLY, IN POST-BIRTH QUESTIONNAIRES WHERE THERE IS THE ABILITY TO LOOP THROUGH A SET OF QUESTIONS FOR MULTIPLE CHILDREN, IT IS IMPORTANT TO CAPTURE AND STORE THE CORRECT CHILD **P_ID** ALONG WITH THE LOOP INFORMATION. IN THE MDES VARIABLE LABEL/DEFINITION COLUMN, THIS IS INDICATED AS FOLLOWS: **EXTERNAL IDENTIFIER: PARTICIPANT ID FOR CHILD DETAIL.**

BIA EXCLUSIONS

(TIME_STAMP_BE_ST).

PROGRAMMER INSTRUCTIONS

- INSERT DATE/TIME STAMP.
- PRELOAD PARTICIPANT ID (**P_ID**) FOR CHILD AND RESPONDENT ID (**R_P_ID**) FOR ADULT CAREGIVER.
PRELOAD FIRST NAME OF CHILD (**C_FNAME**), **CHILD_SEX**, AND **CHILD_DOB** FROM **INSTRUMENT_ID = XX** (PARTICIPANT VERIFICATION, SCHEDULING, & TRACING QUESTIONNAIRE)
- IF **C_FNAME** ≠ -1 OR -2, DISPLAY APPROPRIATE NAME IN “C_FNAME” THROUGHOUT THE INSTRUMENT.
- OTHERWISE, IF **C_FNAME** = -1 OR -2, DISPLAY “the child” IN APPROPRIATE FIELDS THROUGHOUT THE INSTRUMENT.
- IF **CHILD_SEX** = 1, DISPLAY “his” IN APPROPRIATE FIELDS THROUGHOUT INSTRUMENT.
- IF **CHILD_SEX** = 2, DISPLAY “her” IN APPROPRIATE FIELDS THROUGHOUT INSTRUMENT.
- PRELOAD **AN_CONV_STAND_HEIGHT** FROM **INSTRUMENT_ID = XX** (ANTHROPOMETRY INSTRUMENT).

BE01000/(BIA_INTRO).

DATA COLLECTOR INSTRUCTIONS

- EXPLAIN THE BIA PROTOCOL TO THE ADULT CAREGIVER.
- IF THE ADULT CAREGIVER REFUSES THE MEASUREMENTS, SELECT REFUSED.
- OTHERWISE, SELECT CONTINUE.

Label	Code	Go To
CONTINUE	1	BIA_AMPUT
REFUSED	-1	

BE02000/(BIA_REF_REASON). I am sorry that you have chosen not to participate in this activity. Can you please tell me why?

DATA COLLECTOR INSTRUCTIONS

- SELECT ALL THAT APPLY.

Label	Code	Go To
CONCERN ABOUT DISCOMFORT	1	
CHILD SICK	2	
CHILD TIRED/UNHAPPY	3	
OTHER	-5	
NONE GIVEN	-7	
REFUSED	-1	

Label	Code	Go To
DON'T KNOW	-2	

SOURCE

National Children's Study, Vanguard Phase (Child Anthropometry)

PARTICIPANT INSTRUCTIONS

- IF **BIA_REF_REASON** = -7, -1 OR -2, DO NOT ALLOW SELECTION OF OTHER RESPONSES AND GO TO **BE06000**.
- IF **BIA_REF_REASON** = ANY COMBINATION OF 1-3, GO TO **BE06000**.
- IF **BIA_REF_REASON** = -5 OR ANY COMBINATION OF 1-3 AND -5, GO TO **BIA_REF_REASON_OTH**.

BE03000/(BIA_REF_REASON_OTH). SPECIFY: _____

Label	Code	Go To
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

National Children's Study, Vanguard Phase (Child Anthropometry)

BE06000. That's fine. Thank you for your time.

PROGRAMMER INSTRUCTIONS

- GO TO **TIME_STAMP_BDC_ET**.

BE07000/(BIA_AMPUT). Does {C_FNAME/the child} have any amputations of his or her legs and feet other than toes?

Label	Code	Go To
YES	1	BDC15000
NO	2	
REFUSED	-1	BDC15000
DON'T KNOW	-2	BDC15000

SOURCE

National Health and Nutrition Examination Study (NHANES). Body Composition Procedures Manual. January, 2006. (modified)

BE08000/(BIA_PACEMAKER). Does {C_FNAME/the child} have a pacemaker or automatic defibrillator?

Label	Code	Go To
YES	1	BDC15000
NO	2	
REFUSED	-1	BDC15000
DON'T KNOW	-2	BDC15000

SOURCE

National Health and Nutrition Examination Study (NHANES). Body Composition Procedures Manual. January, 2006. (modified)

BE09000/(BIA_ART_JOINTS). Does {C_FNAME/the child} have artificial joints, pins, plates, or other types of metal objects in his or her body?

Label	Code	Go To
YES	1	BDC15000
NO	2	
REFUSED	-1	BDC15000
DON'T KNOW	-2	BDC15000

SOURCE

National Health and Nutrition Examination Study (NHANES). Body Composition Procedures Manual. January, 2006. (modified)

BE10000/(BIA_CORONARY_STENTS). Does {C_FNAME/the child} have coronary stents or metal sutures in his or her body?

Label	Code	Go To
YES	1	BDC15000
NO	2	
REFUSED	-1	BDC15000
DON'T KNOW	-2	BDC15000

SOURCE

National Health and Nutrition Examination Study (NHANES). Body Composition Procedures Manual. January, 2006.(modified)

BE11000/(BIA_DIARRHEA). Has {C_FNAME/the child} had diarrhea or the stomach flu in the past 2 days (48 hours)?

Label	Code	Go To
YES	1	BDC15000
NO	2	
REFUSED	-1	BDC15000
DON'T KNOW	-2	BDC15000

SOURCE

Dittmar M. Reliability and Variability of Bioimpedance Measures in Normal Adults: Effects of Age, Gender, and Body Mass. American Journal of Physical Anthropology; 122 (4): 361-370, 2003. (modified)

BE12000/(BIA_URINATE). CHILD URINATED?

DATA COLLECTOR INSTRUCTIONS

- INSTRUCT THE CHILD TO USE THE BATHROOM.

DATA COLLECTOR INSTRUCTIONS

- INSTRUCT THE ADULT CAREGIVER TO ASSIST THE CHILD AS NEEDED.

Label	Code	Go To
YES	1	
NO	2	BDC15000

BE13000/(BIA_REMOVE_METAL). REMOVED JEWELRY?

DATA COLLECTOR INSTRUCTIONS

- HAVE THE CHILD REMOVE ALL JEWELRY, EYEGASSES, HAIR ORNAMENTS, AND OTHER METAL OBJECTS FROM THEIR HAIR AND BODY.
- PER PROTOCOL, THIS WOULD INTERFERE WITH DATA QUALITY.

Label	Code	Go To
YES	1	
NO	2	BDC15000

SOURCE

National Health And Nutrition Examination Survey 2003-04 (modified)

BE14000/(BIA_SHOES). REMOVED SHOES & SOCKS?

DATA COLLECTOR INSTRUCTIONS

- INSTRUCT THE ADULT CAREGIVER TO ASSIST THE CHILD IN REMOVING {HIS/HER} SHOES AND SOCKS.

Label	Code	Go To
YES	1	
NO	2	BDC15000

BE15000/(BIA_CLEAN_FEET). CLEANED FEET?

DATA COLLECTOR INSTRUCTIONS

- CLEAN THE CHILD'S FEET WITH SOAP AND WATER OR AN ALCOHOL-FREE WIPE, OR INSTRUCT THE ADULT CAREGIVER TO ASSIST THE CHILD IN CLEANING {HIS/HER} FEET WITH SOAP AND WATER OR WITH AN ALCOHOL-FREE WIPE.

Label	Code	Go To
YES	1	
NO	2	BDC15000

(TIME_STAMP_BE_ET).

PROGRAMMER INSTRUCTIONS

- INSERT DATE/TIME STAMP.

DATA INPUT FOR BIA EQUIPMENT

(TIME_STAMP_DI_ST).

PROGRAMMER INSTRUCTIONS

- INSERT DATE/TIME STAMP.

DI01000/(BIA_EQUIP_ID). RECORD EQUIPMENT ID.

|_|_|||_|_|||_|_|||_|_|||_|_|
EQUIPMENT SERIAL NUMBER

Label	Code	Go To
COULD NOT OBTAIN	-8	

DATA COLLECTOR INSTRUCTIONS

- SCAN BIA EQUIPMENT BARCODE.
- IF THE BARCODE SCANNER IS NOT WORKING, MANUALLY ENTER THE SERIAL NUMBER.

PROGRAMMER INSTRUCTIONS

- FORMAT **BIA_EQUIP_ID** AS ONE OF THE FOLLOWING:
 - o #####
 - o #####

DI02000/(BIA_AN_STAND_HEIGHT). STANDING HEIGHT:

|_|_|,|_|_|
FEET, INCHES

DATA COLLECTOR INSTRUCTIONS

- RECORD STANDING HEIGHT THAT IS ENTERED INTO BIA MONITOR. (USE MEASUREMENT FROM ANTHROPOMETRY)

Label	Code	Go To
CHILD UNABLE TO STAND	-7	
EXCEEDS CAPACITY	-9	
REFUSED	-1	
COULD NOT OBTAIN	-8	

PROGRAMMER INSTRUCTIONS

- IF VALID MEASURE CALCULATED FOR **AN_CONV_STAND_HEIGHT**, CREATE DERIVED VARIABLE **BIA_AN_STAND_HEIGHT** BY CONVERTING **AN_CONV_STAND_HEIGHT** TO FEET AND INCHES WHERE HEIGHT IN FEET = $[AN_CONV_STAND_HEIGHT / 12]$. MULTIPLY THE DECIMAL FRACTION BY 12 AND ROUND TO NEAREST INCH TO GET **BIA_AN_STAND_HEIGHT**.

DI03000/(BIA_AGE). CHILD'S AGE:

|_|

YEARS

DATA COLLECTOR INSTRUCTIONS

- RECORD CHILD'S AGE THAT WAS ENTERED INTO BIA MONITOR.
- CHILD'S AGE IS {CHILD'S AGE}

Label	Code	Go To
REFUSED	-1	
COULD NOT OBTAIN	-8	

PROGRAMMER INSTRUCTIONS

- USE **CHILD_DOB** AND CURRENT DATE TO CALCULATE CHILD'S CURRENT AGE.
- ROUND AGE DOWN TO NEAREST YEAR.
- DISPLAY ROUNDED AGE IN "CHILD'S AGE".

(TIME_STAMP_DI_ET).

PROGRAMMER INSTRUCTIONS

- INSERT DATE/TIME STAMP.

BIA DATA COLLECTION

(TIME_STAMP_BDC_ST).

PROGRAMMER INSTRUCTIONS

- | |
|---|
| <ul style="list-style-type: none"> INSERT DATE/TIME STAMP. |
|---|

BDC01000/(BIA_WEIGHT1). WEIGHT:

|_|_|_|_|.|_|_| KILOGRAMS

DATA COLLECTOR INSTRUCTIONS

- | |
|--|
| <ul style="list-style-type: none"> IF UNABLE TO AUTOMATICALLY DOWNLOAD RAW DATA FROM BIA MACHINE TO COMPUTER, CAPTURE RAW DATA MANUALLY. CHILD DATE OF BIRTH: {BIA_AGE}. CHILD SEX: {CHILD_SEX}. CHILD HEIGHT: {BIA_AN_STAND_HEIGHT}. ENTER INTO THE EQUIPMENT THE 1.0 LBS FOR THE WEIGHT OF THE CHILD'S CLOTHING. SELECT ENTER. SELECT THE CHILD'S SEX FROM THE OPTIONS DISPLAYED BY THE EQUIPMENT. SELECT ENTER. ENTER THE CHILD'S AGE IN YEARS INTO THE EQUIPMENT. SELECT ENTER. ENTER THE CHILD'S HEIGHT IN FEET AND INCHES INTO THE EQUIPMENT. SELECT ENTER. PROMPT THE CHILD TO STEP ON THE EQUIPMENT WITH HIS OR HER FEET ALIGNED WITH THE SENSORY PADS. |
|--|

PROGRAMMER INSTRUCTIONS

- | |
|---|
| <ul style="list-style-type: none"> DISPLAY BIA_AGE. DISPLAY CHILD_SEX. DISPLAY BIA_AN_STAND_HEIGHT. |
|---|

Label	Code	Go To
REFUSED	-1	
COULD NOT OBTAIN	-8	

BDC02000/(BIA_BODY_FAT_PERC1). BODY FAT PERCENTAGE:

|_|_|_|_|.|_|_| %

DATA COLLECTOR INSTRUCTIONS

- | |
|---|
| <ul style="list-style-type: none"> IF UNABLE TO AUTOMATICALLY DOWNLOAD RAW DATA FROM BIA MACHINE TO COMPUTER, CAPTURE RAW DATA MANUALLY. |
|---|

Label	Code	Go To
REFUSED	-1	
COULD NOT OBTAIN	-8	

BDC03000/(BIA_COLLECT1). WERE YOU ABLE TO COLLECT ALL OF THE RAW DATA FROM THE BIA MONITOR?

Label	Code	Go To
YES	1	BIA_COMMENTS1
NO	2	

BDC04000/(BIA_REASON_NOT_COLLECT1).

DATA COLLECTOR INSTRUCTIONS
<ul style="list-style-type: none"> ENTER REASON(S) YOU COULD NOT OBTAIN BIA MEASUREMENT(S). SELECT ALL THAT APPLY.

Label	Code	Go To
ADULT CAREGIVER REFUSAL	1	
PARENT/CAREGIVER UNABLE TO UNDERSTAND INSTRUCTIONS OR TASK	2	
ADULT CAREGIVER ILL/EMERGENCY	3	
CHILD ILL/EMERGENCY	4	
NO TIME	5	
EQUIPMENT FAILURE	6	
CONCERNS ABOUT THE CHILD'S SAFETY	7	
PHYSICAL LIMITATION OF THE CHILD	8	
DATA COLLECTOR ERROR	9	
OTHER	-5	
NONE GIVEN	-7	

PROGRAMMER INSTRUCTIONS
<ul style="list-style-type: none"> IF BIA_REASON_NOT_COLLECT1 = ANY COMBINATION OF 1 - 10, GO TO BIA_COMMENTS1. IF BIA_REASON_NOT_COLLECT1 = -7 DO NOT ALLOW SELECTION OF OTHER VALUES AND GO TO BIA_COMMENTS1. IF BIA_REASON_NOT_COLLECT1 = -5 OR ANY COMBINATION OF 1-10 AND -5, GO TO BIA_REASON_NOT_COLLECT1_OTH.

BDC05000/(BIA_REASON_NOT_COLLECT1_OTH).

SPECIFY: _____

BDC06000/(BIA_COMMENTS1). DO YOU HAVE ANY COMMENTS ABOUT THE FIRST BIA MEASUREMENT?

Label	Code	Go To
YES	1	
NO	2	BIA_WEIGHT2

BDC07000/(BIA_COMMENTS1_OTH).

SPECIFY:

BDC08000/(BIA_WEIGHT2). WEIGHT:
 |_|_|_|_|.|_| KILOGRAMS

PROGRAMMER INSTRUCTIONS
<ul style="list-style-type: none"> • DISPLAY CHILD_DOB. • DISPLAY CHILD_SEX. • DISPLAY AN_CONV_STAND_HEIGHT.

DATA COLLECTOR INSTRUCTIONS
<ul style="list-style-type: none"> • CHILD DATE OF BIRTH: {BIA_AGE}. • CHILD SEX: {CHILD_SEX}. • CHILD HEIGHT: {AN_STAND_HEIGHT_MEAN}. • IF USING PAPER AND PENCIL INSTRUMENT TO RECORD RESULTS, COPY AN_CONV_STANDING_HEIGHT AND CHILD_SEX FROM PHYSICAL MEASURES CHILD ANTHROPOMETRY INSTRUMENT. • ENTER INTO THE EQUIPMENT THE 1.0 LBS FOR THE WEIGHT OF THE CHILD'S CLOTHING. SELECT ENTER. • SELECT THE CHILD'S SEX FROM THE OPTIONS DISPLAYED BY THE EQUIPMENT. SELECT ENTER. • ENTER THE CHILD'S AGE IN YEARS INTO THE EQUIPMENT. SELECT ENTER. • ENTER THE CHILD'S HEIGHT IN FEET AND INCHES INTO THE EQUIPMENT. SELECT ENTER. • PROMPT THE CHILD TO STEP ON THE EQUIPMENT WITH HIS OR HER FEET ALIGNED WITH THE SENSORY PADS.

Label	Code	Go To
REFUSED	-1	
COULD NOT OBTAIN	-8	

BDC09000/(BIA_BODY_FAT_PERC2). BODY FAT PERCENTAGE:
 |_|_|_|_|.|_| %

Label	Code	Go To
REFUSED	-1	
COULD NOT OBTAIN	-8	

PROGRAMMER INSTRUCTIONS
<ul style="list-style-type: none"> • CREATE DERIVED VARIABLE, BIA_CALC_BMI2, AND CALCULATE BY: <ul style="list-style-type: none"> ◦ DIVIDING BIA_WEIGHT2 BY THE PRODUCT OF AN_CONV_STAND_HEIGHT AND AN_CONV_STAND_HEIGHT AND MULTIPLY THE QUOTIENT BY 703. • CREATE DERIVED VARIABLE, BIA_CALC_BMR2, AND CALCULATE BY: <ul style="list-style-type: none"> ◦ IF CHILD_SEX = 1 (MALE): <ul style="list-style-type: none"> ▪ CALCULATE THE SUM OF 66, THE PRODUCT OF 6.23 AND BIA_WEIGHT2, AND 12.7 TIMES THE AN_CONV_STANDING_HEIGHT; SUBTRACT FROM THE SUM 6.8 TIMES THE CHILD_AGE_YRS ◦ IF CHILD_SEX = 2 (FEMALE): <ul style="list-style-type: none"> ▪ CALCULATE THE SUM OF 665, THE PRODUCT OF 4.35

PROGRAMMER INSTRUCTIONS

AND **BIA_WEIGHT2**, AND 4.7 TIMES THE **AN_CONV_STANDING_HEIGHT**; SUBTRACT FROM THE SUM 4.7 TIMES THE **CHILD_AGE_YRS**.

- CREATE DERIVED VARIABLE, **BIA_CONVERT_BODY_FAT2**, BY DIVIDING **BIA_BODY_FAT_PERC2** BY 100.
- CREATE DERIVED VARIABLE, **BIA_WEIGHT_FAT_DIFF2**, AND CALCULATE BY TAKING THE DIFFERENCE BETWEEN **BIA_WEIGHT2** AND THE PRODUCT OF **BIA_WEIGHT2** AND **BIA_CONVERT_BODY_FAT2**.

BDC1000/(BIA_COLLECT2). WERE YOU ABLE TO COLLECT ALL OF THE RAW DATA FROM THE BIA MONITOR?

Label	Code	Go To
YES	1	BIA_COMMENTS2
NO	2	

BDC11000/(BIA_REASON_NOT_COLLECT2).

DATA COLLECTOR INSTRUCTIONS

- ENTER REASON(S) YOU COULD NOT OBTAIN BIA MEASUREMENT(S).
- SELECT ALL THAT APPLY.

Label	Code	Go To
ADULT CAREGIVER REFUSAL	1	
PARENT/CAREGIVER UNABLE TO UNDERSTAND INSTRUCTIONS OR TASK	2	
ADULT CAREGIVER ILL/EMERGENCY	3	
CHILD ILL/EMERGENCY	4	
NO TIME	5	
EQUIPMENT FAILURE	6	
CONCERNS ABOUT THE CHILD'S SAFETY	7	
PHYSICAL LIMITATION OF THE CHILD	8	
DATA COLLECTOR ERROR	9	
OTHER	-5	
NONE GIVEN	-7	

PROGRAMMER INSTRUCTIONS

- IF **BIA_REASON_NOT_COLLECT2** = ANY COMBINATION OF 1 - 10, GO TO **BIA_COMMENTS2**.
- IF **BIA_REASON_NOT_COLLECT2** = -7 DO NOT ALLOW SELECTION OF OTHER VALUES AND GO TO **BIA_COMMENTS2**.
- IF **BIA_REASON_NOT_COLLECT2** = -5 OR ANY COMBINATION OF 1-10 AND -5, GO TO **BIA_REASON_NOT_COLLECT2_OTH**.

BDC12000/(BIA_REASON_NOT_COLLECT2_OTH).

SPECIFY: _____

BDC13000/(BIA_COMMENTS2). DO YOU HAVE COMMENTS ABOUT THE SECOND BIA MEASURE?

Label	Code	Go To
YES	1	
NO	2	

PROGRAMMER INSTRUCTIONS

- IF **BIA_COMMENTS2** = 2, GO TO PROGRAMMER INSTRUCTIONS AFTER **BIA_COMMENTS2_OTH**.
- OTHERWISE, GO TO **BIA_COMMENTS2_OTH**.

BDC13100/(BIA_COMMENTS2_OTH).

SPECIFY: _____

PROGRAMMER INSTRUCTIONS

- IF **BIA_WEIGHT1** \neq -1 OR -8 AND **BIA_WEIGHT2** \neq -1 OR -8, THEN CREATE DERIVED VARIABLE, **BIA_WEIGHT_DIFF1**, AND CALCULATE **BIA_WEIGHT_DIFF1** BY TAKING THE ABSOLUTE VALUE OF THE DIFFERENCE BETWEEN **BIA_WEIGHT1** AND **BIA_WEIGHT2**:
 - o IF **BIA_WEIGHT_DIFF1** > 0.7 LBS, GO TO **BIA_WEIGHT3**.
 - o IF **BIA_WEIGHT_DIFF1** < 0.7 LBS, GO TO **BDC14000**.

BDC13200/(BIA_WEIGHT3). WEIGHT:

|_|_|_|_|.|_|_| KILOGRAMS

DATA COLLECTOR INSTRUCTIONS

- IF UNABLE TO AUTOMATICALLY DOWNLOAD RAW DATA FROM BIA MACHINE TO COMPUTER, CAPTURE RAW DATA MANUALLY.
- CHILD DATE OF BIRTH: {CHILD_DOB}.
- CHILD SEX: {CHILD_SEX}.
- CHILD HEIGHT: {AN_STAND_HEIGHT_MEAN}.
- ENTER INTO THE EQUIPMENT THE 1.0 LBS FOR THE WEIGHT OF THE CHILD'S CLOTHING. SELECT ENTER.
- SELECT THE CHILD'S SEX FROM THE OPTIONS DISPLAYED BY THE EQUIPMENT. SELECT ENTER.
- ENTER THE CHILD'S AGE IN YEARS INTO THE EQUIPMENT. SELECT ENTER.
- ENTER THE CHILD'S HEIGHT IN FEET AND INCHES INTO THE EQUIPMENT. SELECT ENTER.
- PROMPT THE CHILD TO STEP ON THE EQUIPMENT WITH HIS OR HER FEET ALIGNED WITH THE SENSORY PADS.

PROGRAMMER INSTRUCTIONS

- DISPLAY **CHILD_DOB**.
- DISPLAY **CHILD_SEX**.
- DISPLAY **AN_STAND_HEIGHT_MEAN**.

Label	Code	Go To
REFUSED	-1	
COULD NOT OBTAIN	-8	

BDC13300/(BIA_BODY_FAT_PERC3). BODY FAT PERCENTAGE:

|_|_|.|_| %

Label	Code	Go To
REFUSED	-1	
COULD NOT OBTAIN	-8	

BDC13400/(BIA_COLLECT3). WERE YOU ABLE TO COLLECT ALL OF THE RAW DATA FROM THE BIA MONITOR?

Label	Code	Go To
YES	1	BIA_COMMENTS3
NO	2	

BDC13500/(BIA_REASON_NOT_COLLECT3).

DATA COLLECTOR INSTRUCTIONS
<ul style="list-style-type: none"> • ENTER REASON(S) YOU COULD NOT OBTAIN BIA MEASUREMENT(S). • SELECT ALL THAT APPLY.

Label	Code	Go To
ADULT CAREGIVER REFUSAL	1	
PARENT/CAREGIVER UNABLE TO UNDERSTAND INSTRUCTIONS OR TASK	2	
ADULT CAREGIVER ILL/EMERGENCY	3	
CHILD ILL/EMERGENCY	4	
NO TIME	5	
EQUIPMENT FAILURE	6	
CONCERNS ABOUT THE CHILD'S SAFETY	7	
PHYSICAL LIMITATION OF THE CHILD	8	
DATA COLLECTOR ERROR	9	
OTHER	-5	
NONE GIVEN	-7	

PROGRAMMER INSTRUCTIONS
<p>IF BIA_REASON_NOT_COLLECT3 = ANY COMBINATION OF 1 - 10, GO TO BIA_COMMENTS3.</p> <p>IF BIA_REASON_NOT_COLLECT3 = -7 DO NOT ALLOW SELECTION OF OTHER VALUES AND GO TO BIA_COMMENTS3.</p> <p>IF BIA_REASON_NOT_COLLECT3 = -5 OR ANY COMBINATION OF 1-10 AND -5, GO TO BIA_REASON_NOT_COLLECT3_OTH.</p>

BDC13600/(BIA_REASON_NOT_COLLECT3_OTH).

SPECIFY: _____

BDC13700/(BIA_COMMENTS3). DO YOU HAVE COMMENTS ABOUT THE THIRD BIA MEASUREMENT?

Label	Code	Go To
YES	1	
NO	2	BDC14000

BDC13800/(BIA_COMMENTS3_OTH).

SPECIFY:

BDC14000. Thank you for having {C_FNAME/the child} complete these BIA measures.

PROGRAMMER INSTRUCTIONS
• GO TO TIME_STAMP_BDC_ET.

BDC15000. Thank you for answering these questions.

BDC16000/(CHILD_EXC_REASON). ENTER REASON CHILD WAS EXCLUDED FROM BIA MEASUREMENT(S)

DATA COLLECTOR INSTRUCTIONS
• ENTER REASON CHILD WAS EXCLUDED FROM BIA MEASUREMENT(S).

Label	Code	Go To
ADULT CAREGIVER REFUSAL	1	TIME_STAMP_BDC_ET
LEG OR FOOT AMPUTATION	2	TIME_STAMP_BDC_ET
PACEMAKER	3	TIME_STAMP_BDC_ET
ARTIFICIAL JOINTS	4	TIME_STAMP_BDC_ET
CORONARY STENTS	5	TIME_STAMP_BDC_ET
REFUSED TO REMOVE METAL	6	TIME_STAMP_BDC_ET
DIARRHEA	7	TIME_STAMP_BDC_ET
REFUSED TO URINATE	8	TIME_STAMP_BDC_ET
REFUSED TO REMOVE SHOES	9	TIME_STAMP_BDC_ET
REFUSED TO CLEAN FEET	10	TIME_STAMP_BDC_ET
OTHER	-5	

BDC17000/(CHILD_EXC_REASON_OTH). SPECIFY: _____

(TIME_STAMP_BDC_ET).

PROGRAMMER INSTRUCTIONS
• INSERT DATE/TIME STAMP.

