FTYPE NGHS Form 28
FREV Rev. 0 4/94

GROWTH AND HEALTH STUDY
FOLLOW-UP EXAMINATION FORM

ID number of NGHS girl: ..... __ - __ RID __ - __

Name code of NGHS girl: ..... __ __ __ __ __ __

Visit number: ..... VISIT

Date: ..... DO_FORM
__ __ - __ __ - __ __
Month Day Year

Please PRINT your full name:

_____
First Name Middle Initial Last Name

NGHS Form 28
Rev. 0 4/94
9 Pages

GROWTH AND HEALTH STUDY
FOLLOW-UP EXAMINATION FORM

ID						
NC						
VN						

BLOOD PRESSURE MEASUREMENTS

1. Is the blood pressure being taken in the right arm?

RTARM

Yes ..... ☐ 1

No, necessary to use the left arm ..... ☐ 2

No, it is not possible to use either arm ..... ☐ 3

If **NO**, explain: _____ **REMARK** _____

> If NO, IT IS NOT POSSIBLE TO USE EITHER ARM, skip to Question 11 on Page 3.

2. Cuff size used:

CUFF2

Child (> 18-25 cm) ..... ☐ 1

Adult (> 25-34 cm) ..... ☐ 2

Large arm (> 34-47 cm) ..... ☐ 3

Thigh (> 47-66 cm) ..... ☐ 4

No proper fit (< 10 cm or > 66 cm) ..... ☐ 5

> If NO PROPER FIT, skip to Question 11 on Page 3.

SMK30MN

A. Have you smoked a cigarette in the past 30 minutes? ..... ☐ Yes ☐ No

3. Pressure required to obliterate pulse (enter largest value if two attempts were made): ___PULSPRES___ mm Hg

4. Maximum inflation level (MIL: Value in Question 3 plus 30): . . . . . ___MAXINFLT___ mm Hg

> Measure pulse on same arm as blood pressure. Answer Questions 11 and 12 before second and third blood pressure readings.

	A. Systolic	B. Diastolic (4th phase)	C. Diastolic (5th phase)
5. Blood pressure, first reading (mmHg)	SYS1	DIA41	DIA5
6. Blood pressure, second reading (mmHg)	SYS2	DIA42	DIA52
7. Blood pressure, third reading (mmHg)	SYS3	DIA43	DIA53
8. Blood pressure, fourth reading (mmHg)	SYS4	DIA44	DIA54
Verified blood pressure	VSYS	VDIA4	VDIA5

PROBLEMS

9. Were there any problems or special occurrences while determining the MIL or taking blood pressures? . . . . . ☐ Yes ☐ No

> If **YES**, answer Question 9A.

A. What is the problem?

WHATPROB

1. Background noise too loud . . . . . ☐ 1
2. Needed reinforcement . . . . . ☐ 2
3. K4 indistinguishable from K5 . . . . . ☐ 3
4. Other problem (specify below) . . . . . ☐ 4

PROBRMK

_____

_____

10. NOTIFICATION LIMITS (16 - 17 YEAR OLD)

USE MORE CONSERVATIVE FIGURE:

> 154/98 – Check with physician today.

> 144/92 – Check with physician within 1 week.

> 136/86 – Check with physician within 2 months.

I have notified participant/parent of these readings.

Signature: **NOTIFY** _____

11. Site of pulse measurement:

SITEPUL

Radial ..... ☐ 1

Brachial ..... ☐ 2

Not possible to measure pulse ..... ☐ 3

If NOT POSSIBLE TO MEASURE PULSE, skip to Question 13.

12. Pulse reading (number of beats counted in 30 seconds) is to be measured on same arm as blood pressure between first and second blood pressure readings: ..... **PULSE** ___ ___

13. Signature of blood pressure and pulse observer: **SIGN1** _____

14. ID of blood pressure and pulse observer: ..... ___-___ ___ ___

ANTHROPOMETRIC MEASUREMENTS

Do all of the first measurements (height through suprailiac skinfold) before doing the second measurements, and all of the second measurements before doing any third measurements.

	A. First Measurement	B. Second Measurement	C. Third Measurement	Verified
15. Height, cm	HT1 ___.___	HT2 ___.___	HT3 ___.___	VHT
16. Weight, kg	WT1 ___.___	WT2 ___.___	WT3 ___.___	VWT
17. Arm circumference (right), cm	ARMCIR1 ___.___	ARMCIR2 ___.___	ARMCIR3 ___.___	VARMCIR
18. Waist circumference (minimum), cm	WAISTMN1 ___.___	WAISTMN2 ___.___	WAISTMN3 ___.___	VWAISTMN
19. Waist circumference (at level of umbilicus), cm	WAIST1 ___.___	WAIST2 ___.___	WAIST3 ___.___	VWAIST
20. Maximum circumference below waist, cm	MAXBLOW1 ___.___	MAXBLOW2 ___.___	MAXBLOW3 ___.___	VMAXBLOW
21. Triceps skinfold (right), mm	TRIC1	TRIC2	TRIC3	VTRIC
Check here if ≥ 50 mm				TRIC50
Check here if unable to measure				TRICUN
22. Subscapular skinfold (right), mm	SCAP1	SCAP2	SCAP3	VSCAP
Check here if ≥ 50 mm				SCAP50
Check here if unable to measure				SCAPUN
23. Suprailiac skinfold (right), mm	ILIAC1	ILIAC2	ILIAC3	VILIAC
Check here if ≥ 50 mm				ILIAC50
Check here if unable to measure				ILIACUN

24. ID of anthropometric measurer for column: A. ___-___ ___ ___ B. ___-___ ___ ___

25. Signature of anthropometric measurer: . . . A. SIGN2A _____ B. SIGN2B _____

CURMEDS

26. Are you currently taking any pills or medicines, not including vitamins? ..... ☐ Yes ☐ No

A. If YES, specify:

MREMK

_____

_____

HLTHPROB

27. Do you have a health or medical condition? ..... ☐ Yes ☐ No

If **YES**, answer Questions A and B.

A. What is this health or medical condition?

PREMK

_____

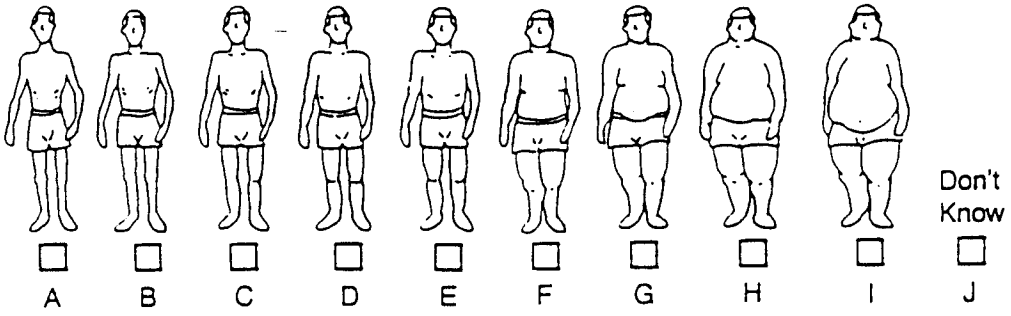
_____

B. Do you see a doctor or go to a clinic regularly for this health or medical condition? ..... ☐ Yes ☐ No

DOCTOR

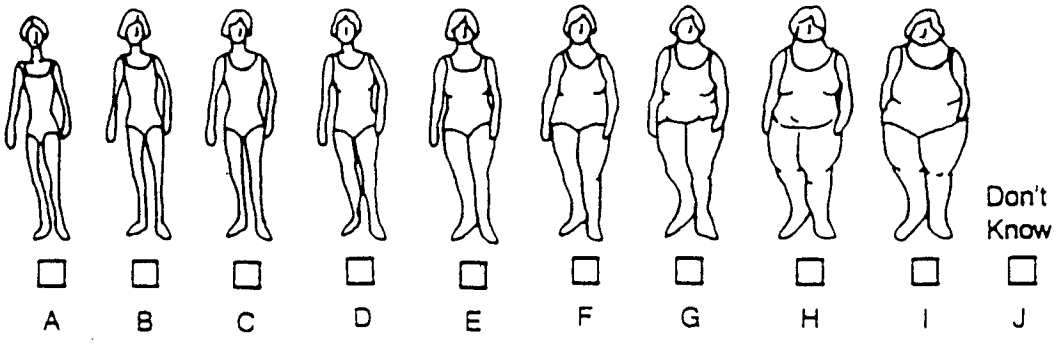
Remember that all the information you give us is **confidential** and will **not** be shared with parents, teachers, or friends.

28. Please check the box under the figure that looks most like your natural (or real) father.



MALIMAGE

29. Please check the box under the figure that looks most like your natural (or real) mother.



FEMIMAGE

PERIODS

30. Have you started having your periods? . . . . . ☐ Yes ☐ No

If **NO**, skip to Question 44.

31. When did you start having your periods? . . . . . **DO_STARP** ___ ___ - ___ ___ (Month Year)

32. When did your last period begin? . . . . . **DO_LASTP** ___ ___ - ___ ___ - ___ ___ (Month Day Year)

	Yes	No	
33. Are you taking birth control pills now or have you taken them in the last 4 months?	☐	☐	**BIRTHPIL**
A. Are you taking depo-Provera (the shot) or Norplant?	☐	☐	**NORPLANT**
34. Have you ever been pregnant?	☐	☐	**PREGEVER**

If **NO**, go to Question 44.

If **YES**, please continue.

35. How many times have you been pregnant? . . . . . **NPREG**

36. Have you ever given birth to a baby? . . . . . **GBIRTH** ☐ Yes ☐ No

> If **NO**, go to Question 43.
>
> If **YES**, please continue.

37. How many times have you given birth to a baby? . . . . . **NGBIRTH**

38. Was the delivery of each baby within the period of two weeks before or after the due date?

A. First Child ☐ Yes ☐ No **C2WK1**

B. Second Child ☐ Yes ☐ No **C2WK2**

C. Third Child ☐ Yes ☐ No **C2WK3**

39. What was the birthweight of each child?

A. First Child **C1WTLB** lbs **C1WTOZ** oz

B. Second Child **C2WTLB** lbs **C2WTOZ** oz

C. Third Child **C3WTLB** lbs **C3WTOZ** oz

40. Please list the birthdate(s) of your child(ren).

A. First Child **C_BDAT1** __ __ - __ __ - __ __ (Month Day Year)

B. Second Child **C_BDAT2** __ __ - __ __ - __ __ (Month Day Year)

C. Third Child **C_BDAT3** __ __ - __ __ - __ __ (Month Day Year)

41. Are you currently nursing or breast feeding your baby? . . . . . **NURSING** ☐ Yes ☐ No

42. How much weight did you gain during your last pregnancy? . . . . . **GWTPREG** _____ Pounds

A. What was your maximum weight during your last pregnancy . . . . . **MAXWTPRG** _____ Pounds

43. Are you pregnant now? . . . . . **PREGNOW** ☐ Yes ☐ No

If **YES**, do NOT measure BIA. Form is completed.
If **NO**, go to Question 44.

BIOELECTRICAL IMPEDANCE MEASUREMENTS

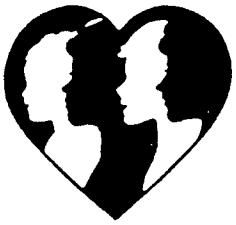
44. A. Resistance . . . . . RESIST

B. Reactance . . . . . REACT

45. Signature of impedance measurer: SIGN3

46. ID of impedance measurer: . . . . . ___-___ ___ ___

FTYPE NGHS Form 28
FREV Rev. 1 1/95



GROWTH AND HEALTH STUDY
FOLLOW-UP EXAMINATION FORM

ID number of NGHS girl: ..... ___ - ___ RID ___ - ___

Name code of NGHS girl: ..... ___ ___ ___ ___ ___ ___

Visit number: ..... VISIT

Date: ..... DO_FORM ___ ___ - ___ ___ - ___ ___
Month Day Year

Location: ..... ☐ Clinic ☐ Home ☐ School ☐ Distant ☐ Other LOC

Stadiometer used: ..... ☐ Standard ☐ Portable STADIO

Please PRINT your full name:

_____
First Name Middle Initial Last Name

Participant signature for blood pressure notification:

NOTIFYSN
_____

NGHS Form 28
Rev. 1 1/95
8 Pages

GROWTH AND HEALTH STUDY
FOLLOW-UP EXAMINATION FORM

ID							
NC							
VN							

BLOOD PRESSURE MEASUREMENTS

1. Is the blood pressure being taken in the right arm?

RTARM

Yes ..... ☐ 1

No, necessary to use the left arm ..... ☐ 2

No, it is not possible to use either arm ..... ☐ 3

If **NO**, explain: _____ **REMARK** _____

> If NO, IT IS NOT POSSIBLE TO USE EITHER ARM, skip to Question 11 on Page 3.

2. Cuff size used:

CUFF2

Child (> 18-25 cm) ..... ☐ 1

Adult (> 25-34 cm) ..... ☐ 2

Large arm (> 34-47 cm) ..... ☐ 3

Thigh (> 47-66 cm) ..... ☐ 4

No proper fit (< 10 cm or > 66 cm) ..... ☐ 5

> If NO PROPER FIT, skip to Question 11 on Page 3.

SMK30MN

A. Have you smoked a cigarette in the past 30 minutes? ..... ☐ Yes ☐ No

3. Pressure required to obliterate pulse (enter largest value if two attempts were made): ___PULSPRES___ mm Hg

4. Maximum inflation level (MIL: Value in Question 3 plus 30): . . . . . ___MAXINFLT___ mm Hg

> Measure pulse on same arm as blood pressure. Answer Questions 11 and 12 before second and third blood pressure readings.

	A. Systolic	B. Diastolic (4th phase)	C. Diastolic (5th phase)
5. Blood pressure, first reading (mmHg)	SYS1	DIA41	DIA51
6. Blood pressure, second reading (mmHg)	SYS2	DIA42	DIA52
7. Blood pressure, third reading (mmHg)	SYS3	DIA43	DIA53
8. Blood pressure, fourth reading (mmHg)	SYS4	DIA44	DIA54
Verified blood pressure	VSYS	VDIA4	VDIA5

PROBLEMS

9. Were there any problems or special occurrences while determining the MIL or taking blood pressures? . . . . . ☐ Yes ☐ No

> If **YES**, answer Question 9A.

A. What is the problem?

1. Background noise too loud . . . . . ☐ 1 **TOLOUD**
2. Needed reinforcement . . . . . ☐ 1 **REINFORC**
3. K4 indistinguishable from K5 . . . . . ☐ 1 **INDIST**
4. Other problem (specify below) . . . . . ☐ 1 **OTHPRB**

PROBRMK _____

_____

10. If Notification Limits are exceeded, notify the participant or parent and have the participant sign on front page:

    I have notified participant/parent of these readings.

    Signature: **NOTIFY** _____

11. Site of pulse measurement: **SITEPUL**

    Radial ..... ☐ 1

    Brachial ..... ☐ 2

    Not possible to measure pulse ..... ☐ 3

If NOT POSSIBLE TO MEASURE PULSE, skip to Question 13.

12. Pulse reading (number of beats counted in 30 seconds) is to be measured on same arm as blood pressure between first and second blood pressure readings: ..... **PULSE** __ __

13. Signature of blood pressure and pulse observer: **SIGN1** _____

14. ID of blood pressure and pulse observer: ..... ___-___ ___ ___

ANTHROPOMETRIC MEASUREMENTS

Do all of the first measurements (height through suprailiac skinfold) before doing the second measurements, and all of the second measurements before doing any third measurements.

	A. First Measurement	B. Second Measurement	C. Third Measurement	Verified
15. Height, cm	HT1 ___.___	HT2 ___.___	HT3 ___.___	VHT
16. Weight, kg	WT1 ___.___	WT2 ___.___	WT3 ___.___	VWT
17. Arm circumference (right), cm	ARMCIR1 ___.___	ARMCIR2 ___.___	ARMCIR3 ___.___	VARMCIR
18. Waist circumference (minimum), cm	WAISTMN1 ___.___	WAISTMN2 ___.___	WAISTMN3 ___.___	VWAISTMN
19. Waist circumference (at level of umbilicus), cm	WAIST1 ___.___	WAIST2 ___.___	WAIST3 ___.___	VWAIST
20. Maximum circumference below waist, cm	MAXBLOW1 ___.___	MAXBLOW2 ___.___	MAXBLOW3 ___.___	VMAXBLOW
21. Triceps skinfold (right), mm	TRIC1	TRIC2	TRIC3	VTRIC
Check here if ≥ 50 mm				TRIC50
Check here if unable to measure				TRICUN
22. Subscapular skinfold (right), mm	SCAP1	SCAP2	SCAP3	VSCAP
Check here if ≥ 50 mm				SCAP50
Check here if unable to measure				SCAPUN
23. Suprailiac skinfold (right), mm	ILIAC1	ILIAC2	ILIAC3	VILIAC
Check here if ≥ 50 mm				ILIAC50
Check here if unable to measure				ILIACUN

24. ID of anthropometric measurer for column: A. ___-___ ___ ___ B. ___-___ ___ ___

25. Signature of anthropometric measurer: . . . A. SIGN2A _____ B. SIGN2B _____

CURMEDS

26. Are you currently taking any pills or medicines, not including vitamins? ..... ☐ Yes ☐ No

A. If YES, specify:

MREMK _____

_____

HLTHPROB

27. Do you have a health or medical condition? ..... ☐ Yes ☐ No

If **YES**, answer Questions A and B.

A. What is this health or medical condition?

PREMK _____

_____

B. Do you see a doctor or go to a clinic regularly for this health or medical condition? ..... **DOCTOR** ☐ Yes ☐ No

Remember that all the information you give us is **confidential** and will **not** be shared with parents, teachers, or friends.

PERIODS

28. Have you started having your periods? ..... ☐ Yes ☐ No

If **NO**, skip to Question 45.

DO_STARP

29. When did you start having your periods? ..... __ __ - __ __ (Month - Year)

DO_LASTP

30. When did your last period begin? ..... __ __ - __ __ - __ __ (Month - Day - Year)

	Yes	No	
31. Are you taking birth control pills now or have you taken them in the last 4 months?	☐	☐	**BIRTHPIL**
32. Are you taking depo-Provera (the shot)?	☐	☐	**DPROV**
33. Do you have a Norplant implant?	☐	☐	**NORPLNT2**
34. Are you pregnant now?	☐	☐	**PREGNOW**
35. Have you ever been pregnant?	☐	☐	**PREGEVER**

If **NO**, go to Question 45.

If **YES**, please continue.

36. How many times have you been pregnant? . . . . . **NPREG**

37. Have you ever given birth to a baby? . . . . . **GBIRTH** ☐ Yes ☐ No

If **NO**, go to Question 45.

If **YES**, please continue.

38. How many times have you given birth to a baby? . . . . . **NGBIRTH**

39. Was the delivery of each baby early (that is, more than 14 days before the due date)?

A. First Child	B. Second Child	C. Third Child	D. Fourth Child
CERLY1	**CERLY2**	**CERLY3**	**CERLY4**
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

40. What was the birthweight of each child?

A. First Child	B. Second Child	C. Third Child	D. Fourth Child
C1WTLB lbs C1WTOZ oz	C2WTLB lbs C2WTOZ oz	C3WTLB lbs C3WTOZ oz	C4WTLB lbs C4WTOZ oz

41. Please list the birthdate(s) of your child(ren).

A. First Child	B. Second Child	C. Third Child	D. Fourth Child
C_BDAT1	C_BDAT2	C_BDAT3	C_BDAT4
__ __ - __ __ - __ __	__ __ - __ __ - __ __	__ __ - __ __ - __ __	__ __ - __ __ - __ __
Month Day Year	Month Day Year	Month Day Year	Month Day Year

42. Are you currently nursing or breast feeding your baby? . . . . . NURSING ☐ Yes ☐ No

43. How much weight did you gain during your last pregnancy? . . . . . GWTPREG Pounds

A. What was your maximum weight during your last pregnancy . . . . . MAXWTPRG Pounds

44. Did your doctor/nurse/clinic recommend a weight gain during your last pregnancy? . . . . . RECGAIN ☐ Yes ☐ No

If **YES**, answer Questions A and B.

A. How much weight did they recommend that you gain? . . . . . GAINWTLB Pounds

B. Check if they did not recommend a specific amount of weight gain . . . . . ☐ NOSPEC

BIOELECTRICAL IMPEDANCE MEASUREMENTS

Field Examiner:

If participant is not pregnant, go to Question 45.

If participant is pregnant (Question 34), do NOT measure BIA. Form is completed.

45. A. Resistance . . . . . **RESIST**

B. Reactance . . . . . **REACT**

46. Signature of impedance measurer: **SIGN3** _____

47. ID of impedance measurer: . . . . . ___-___ ___ ___

FTYPE
FREV

NGHS Form 28
Rev. 2 2/96

GROWTH AND HEALTH STUDY
FOLLOW-UP EXAMINATION FORM

ID number of NGHS girl: ..... ___ - ___ RID ___ - ___

Name code of NGHS girl: ..... ___ ___ ___ ___ ___ ___

Visit number: ..... VISIT

Date: ..... DO_FORM ___ ___ - ___ ___ - ___ ___
Month Day Year

Location: ..... ☐ Clinic ☐ Home ☐ School ☐ Distant ☐ Other LOC

Stadiometer used: ..... ☐ Standard ☐ Portable STADIO

Clothing: ..... ☐ Protocol ☐ Other CLOTHING

Please **PRINT** your full name:

_____
First Name Middle Initial Last Name

Participant signature for blood pressure notification:

NOTIFYSN
_____

NGHS Form 28
Rev. 2 2/96
8 Pages

GROWTH AND HEALTH STUDY
FOLLOW-UP EXAMINATION FORM

ID							
NC							
VN							

BLOOD PRESSURE MEASUREMENTS

1. Is the blood pressure being taken in the right arm?

RTARM

Yes ..... ☐ 1

No, necessary to use the left arm ..... ☐ 2

No, it is not possible to use either arm ..... ☐ 3

If **NO**, explain: _____ **REMARK** _____

> If NO, IT IS NOT POSSIBLE TO USE EITHER ARM, skip to Question 11 on Page 3.

2. Cuff size used:

CUFF2

Child (> 18-25 cm) ..... ☐ 1

Adult (> 25-34 cm) ..... ☐ 2

Large arm (> 34-47 cm) ..... ☐ 3

Thigh (> 47-66 cm) ..... ☐ 4

No proper fit (< 10 cm or > 66 cm) ..... ☐ 5

> If NO PROPER FIT, skip to Question 11 on Page 3.

SMK30MN

A. Have you smoked a cigarette in the past 30 minutes? ..... ☐ Yes ☐ No

3. Pressure required to obliterate pulse (enter largest value if two attempts were made): ___ ___ ___ **PULSPRES** mm Hg

4. Maximum inflation level (MIL: Value in Question 3 plus 30): ..... ___ ___ ___ **MAXINFLT** mm Hg

> Measure pulse on same arm as blood pressure. Answer Questions 11 and 12 before second and third blood pressure readings.

	A. Systolic	B. Diastolic (4th phase)	C. Diastolic (5th phase)
5. Blood pressure, first reading (mmHg)	**SYS1**	**DIA41**	**DIA51**
6. Blood pressure, second reading (mmHg)	**SYS2**	**DIA42**	**DIA52**
7. Blood pressure, third reading (mmHg)	**SYS3**	**DIA43**	**DIA53**
8. Blood pressure, fourth reading (mmHg)	**SYS4**	**DIA44**	**DIA54**
Verified blood pressure	**VSYS**	**VDIA4**	**VDIA5**

9. Were there any problems or special occurrences while determining the MIL or taking blood pressures? ..... **PROBLEMS** ☐ Yes ☐ No

> If **YES**, answer Question 9A.

A. What is the problem?

1. Background noise too loud ..... ☐ 1 **TOLOUD**
2. Needed reinforcement ..... ☐ 1 **REINFORC**
3. K4 indistinguishable from K5 ..... ☐ 1 **INDIST**
4. Other problem (specify below) ..... ☐ 1 **OTHPRB**

PROBRMK _____

_____

10. If Notification Limits are exceeded, notify the participant or parent and have the participant sign on front page:

    I have notified participant/parent of these readings.

    Signature: **NOTIFY** _____

11. Site of pulse measurement: **SITEPUL**

    Radial ..... ☐ 1

    Brachial ..... ☐ 2

    Not possible to measure pulse ..... ☐ 3

If NOT POSSIBLE TO MEASURE PULSE, skip to Question 13.

12. Pulse reading (number of beats counted in 30 seconds) is to be measured on same arm as blood pressure between first and second blood pressure readings: ..... **PULSE** ___ ___

13. Signature of blood pressure and pulse observer: **SIGN1** _____

14. ID of blood pressure and pulse observer: ..... ___-___ ___ ___

ANTHROPOMETRIC MEASUREMENTS

Do all of the first measurements (height through suprailiac skinfold) before doing the second measurements, and all of the second measurements before doing any third measurements.

	A. First Measurement	B. Second Measurement	C. Third Measurement	Verified
15. Height, cm	HT1 ___.___	HT2 ___.___	HT3 ___.___	VHT
16. Weight, kg	WT1 ___.___	WT2 ___.___	WT3 ___.___	VWT
17. Arm circumference (right), cm	ARMCIR1 ___.___	ARMCIR2 ___.___	ARMCIR3 ___.___	VARMCIR
18. Waist circumference (minimum), cm	WAISTMN1 ___.___	WAISTMN2 ___.___	WAISTMN3 ___.___	VWAISTMN
19. Waist circumference (at level of umbilicus), cm	WAIST1 ___.___	WAIST2 ___.___	WAIST3 ___.___	VWAIST
20. Maximum circumference below waist, cm	MAXBLOW1 ___.___	MAXBLOW2 ___.___	MAXBLOW3 ___.___	VMAXBLOW
21. Triceps skinfold (right), mm	TRIC1 ___	TRIC2 ___	TRIC3 ___	VTRIC

Check here if Model II used TRICMD2
Check here if ≥ 50 mm TRIC50
Check here if ≥ 65 mm TRIC65
Check here if unable to measure ..... TRICUN

22. Subscapular skinfold (right), mm	SCAP1 ___	SCAP2 ___	SCAP3 ___	VSCAP

Check here if Model II used SCAPMD2
Check here if ≥ 50 mm SCAP50
Check here if ≥ 65 mm SCAP65
Check here if unable to measure ..... SCAPUN

23. Suprailiac skinfold (right), mm	ILIAC1 ___	ILIAC2 ___	ILIAC3 ___	VILIAC

Check here if Model II used ILIACMD2
Check here if ≥ 50 mm ILIAC50
Check here if ≥ 65 mm ILIAC65
Check here if unable to measure ..... ILIACUN

24. ID of anthropometric measurer for column: A. ___-___ ___ ___ B. ___-___ ___ ___

25. Signature of anthropometric measurer: ... A. SIGN2A _____ B. SIGN2B _____

CURMEDS

26. Are you currently taking any pills or medicines, not including vitamins? ..... ☐ Yes ☐ No

A. If YES, specify:

MREMK

_____

_____

_____

_____

HLTHPROB

27. Do you have a health or medical condition? ..... ☐ Yes ☐ No

If **YES**, answer Questions A and B.

A. What is this health or medical condition?

PREMK

_____

_____

B. Do you see a doctor or go to a clinic regularly for this health or medical condition? ..... ☐ Yes ☐ No

DOCTOR

Remember that all the information you give us is **confidential** and will **not** be shared with parents, teachers, or friends.

DO_LASTP

28. When did your last period begin? ..... __ __ - __ __ - __ __
Month Day Year

A. On average, how long is it from the first day of one menstrual period until the first day of your next menstrual period? ..... **PERDAYS** __ __ __ Days

B. In the past year, what is the longest length of time you did not have any menstrual periods? Do not include times when you were pregnant. ..... **NOPERIOD** __ __ __ Days

	Yes	No	
29. Are you taking birth control pills now or have you taken them in the last 4 months?	☐	☐	**BIRTHPIL**

A. If YES, please specify brand: **PILBRAND** _____

30. Are you taking depo-Provera (the shot)?	☐	☐	**DPROV**
31. Do you have a Norplant implant?	☐	☐	**NORPLNT2**
32. Are you pregnant now?	☐	☐	**PREGNOW**
33. Have you ever been pregnant?	☐	☐	**PREGEVER**

> If **NO**, go to Question 43.
>
> If **YES**, please continue.

34. How many times have you been pregnant? ..... **NPREG**

35. Have you ever given birth to a baby? ..... **GBIRTH** ☐ Yes ☐ No

> If **NO**, go to Question 43.
>
> If **YES**, please continue.

36. How many times have you given birth to a baby? ..... **NGBIRTH**

37. Was the delivery of each baby early (that is, more than 14 days before the due date)?

A. First Child	B. Second Child	C. Third Child	D. Fourth Child
CERLY1	**CERLY2**	**CERLY3**	**CERLY4**
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

38. What was the birthweight of each child?

A. First Child		B. Second Child		C. Third Child		D. Fourth Child	
C1WTLB	C1WTOZ	C2WTLB	C2WTOZ	C3WTLB	C3WTOZ	C4WTLB	C4WTOZ
lbs	oz	lbs	oz	lbs	oz	lbs	oz

39. Please list the birthdate(s) of your child(ren).

A. First Child	B. Second Child	C. Third Child	D. Fourth Child
C_BDAT1	C_BDAT2	C_BDAT3	C_BDAT4
__ __ - __ __ - __ __	__ __ - __ __ - __ __	__ __ - __ __ - __ __	__ __ - __ __ - __ __
Month Day Year	Month Day Year	Month Day Year	Month Day Year

40. Are you currently nursing or breast feeding your baby? . . . . . **NURSING** ☐ Yes ☐ No

41. How much weight did you gain during your last pregnancy? . . . . . **GWTPREG** Pounds

A. What was your maximum weight during your last pregnancy? . . . . . **MAXWTPRG** Pounds

42. Did your doctor/nurse/clinic recommend a weight gain during your last pregnancy? . . . . . **RECGAIN** ☐ Yes ☐ No

If **YES**, answer Questions A and B.

A. How much weight did they recommend that you gain? . . . . . **GAINWTLB** Pounds

B. Check if they did not recommend a specific amount of weight gain . . . . . ☐ **NOSPEC**

BIOELECTRICAL IMPEDANCE MEASUREMENTS

Field Examiner:

If participant is not pregnant, go to Question 43.

If participant is pregnant (Question 32), do NOT measure BIA. Form is completed.

43. A. Resistance . . . . . RESIST

B. Reactance . . . . . REACT

44. Signature of impedance measurer: SIGN3

45. ID of impedance measurer: . . . . . ___-___ ___ ___