

## **Teen Focus 3 (15+)**

### **Anthropometry, bone density and structure**

- Measurements of
  - height;
  - sitting height;
  - weight;
  - upper arm and waist circumferences;
  - body fat measurement
  - derivatives include BMI and growth data
- Whole body scan using a DXA scanner to measure bone mineral density and fat distribution.
- pQCT scan of lower leg.

### **Moles**

A questionnaire was sent in advance asking for the presence of large and small moles, as measured by a plastic guide, to be indicated on arms and legs. Moles on one arm were validated on a sub-set at the visit.

### **Biological samples Blood Pressure and Pulse Rate**

- A fasting blood sample was taken from those young people who chose to do this.
- Cell lines samples were taken from the above if we did not already have this sample.
- Resting and active blood pressure, pulse rate.
- Initial and midstream samples of urine were requested.
- A hair sample was taken from those willing to give one.
- A saliva sample was requested from 2000 young people to measure cortisol.
- A sebutape was worn to identify the amount of sebum excretion.

### **Puberty questionnaire**

The young people were asked to complete a puberty questionnaire and bring it with them to the visit to establish the stage of puberty at the visit. Girls were asked for the date of the first day of their last period.

### **Fitness**

The children were asked to complete a sub-maximal cycle ergometer test appropriate to their height and weight. Their heart rate was continuously monitored.

## **Lung function**

A measurement of nitric oxide in the lung was taken as an indicator of inflammation. Measures of lung function were taken before and after administration of Salbutamol.

## **Hearing**

A brief audiological assessment was carried out

## **Vision**

- Autorefraction;
- eye preference.

## **Facial Scan**

A 3-D image of the young person's face was taken to provide information about differential rates of growth of parts of the face.

## **Interviews**

- During one-one sessions, the following were carried out:
- DAWBA (C,E,G,H)
- WASI
- Stop signal task

## **Computerised questionnaire**

- DAWBA (B,D,J);
- ESYTC – delinquency, parental monitoring, neighbourhood, peer groups, leisure; Romantic Relations;
- 'movies' – to establish which films they had watched from a list coded for violence and alcohol and tobacco use;
- Substance Use

## **Activity monitors**

The use of an activity monitor (accelerometer) is explained and the young person took one, with record sheets and packaging to send it back. The monitor is worn for five days.

## **Sleep**

A questionnaire about sleep behaviour was given at the visit and the young people were asked if they were willing for a researcher to contact them on the basis of a computerised screening of their responses.

## **Parental measures**

A short semi-structured interview of the parent/carer by a receptionist. Each carer was asked to complete a short version of the DAWBA about their child, questions on Locus of Control and on Parental Monitoring of their child's behaviour. The parent was also invited to give a blood sample for cell lines if none had been obtained before. They are also asked whether the young person's other parent is available and willing to visit to give a sample. Where time permitted, blood pressure was also taken.

Dependent on time and staffing, the following measures were taken:

- Height, weight, waist and arm circumference
- Whole body DXA scan
- WASI cognitive measure
- CIS-R measure of depression