

Consent Verification

IF AGE < 18

CONS3a TERMS OF CONSENT (AS TAKEN FROM THE APPROVED CONSENT FORM
FOR PARENT OR GUARDIAN SIGNATURE PAGE)

Date Consent Signed

MONTH

DAY

YEAR

Interviewer's name

Interviewer's number

VERSION NUMBER OF CONSENT

**[IF VERSION NUMBER IS NOT 1, DISPLAY THE FOLLOWING WARNING: YOU
HAVE ENTERED A VERSION NUMBER THAT IS NOT 1 PLEASE VERIFY THAT THE
CORRECT PARENTAL CONSENT WAS SIGNED]**

CONS4 THE PARENT OR GUARDIAN INITIALED THE FOLLOWING FOLLOW-UP
OPTIONS – MARK YES OR NO FOR EACH ONE.

<1> YES

<2> NO

1. I have read or am aware of all the facts in the consent brochure.

I have **asked questions** and all of my questions have been answered to my satisfaction.

I have read the consent brochure describing how my child's information will be shared. I know that I can call the SHOW main office if I have any other questions.

2. I understand that I and my child can choose to participate in the survey and we can choose to stop participating at any time. I know that my child may **refuse to answer** any question.

3. I agree to answer questions about my child and/or let my child be interviewed and measured in my home. I understand that these include tests of blood pressure and measurement of height and weight and lung function.

4. I agree that SHOW may call, send me a letter, and/or email me about future studies related to SHOW.

5. I agree to have my child's interview taped. I understand that this is for quality assurance of the conduct of the study and that this tape will be destroyed and not kept as part of the database.

6. I agree to let my child participate in accelerometry.

IF AGE < 7 THEN END SECTION

IF AGE >= 15 AND AGE < 18 THEN CONS4A

IF AGE >= 7 AND AGE < 15 THEN CONS6A

Consent Verification

CONS4a ASSENT PROCESS COMPLETED WITH SIGNATURE (AS TAKEN FROM THE SHOW ASSENT FORM FOR AGES 15-17)

Date Consent Signed by MINOR 15-18

MONTH

DAY

YEAR

Interviewer's name

Interviewer's number

VERSION NUMBER OF CONSENT

[IF VERSION NUMBER IS NOT 1, DISPLAY THE FOLLOWING WARNING: YOU HAVE ENTERED A VERSION NUMBER THAT IS NOT 1 PLEASE VERIFY THAT THE CORRECT CHILD ASSENT WAS SIGNED]

IF AGE >= 15 AND AGE < 18 THEN END SECTION

CONS6a ASSENT PROCESS COMPLETED WITH SIGNATURE (AS TAKEN FROM THE SHOW ASSENT FORM FOR AGES 7-14)

Date Consent Signed by MINOR 7-14

MONTH

DAY

YEAR

Interviewer's name

Interviewer's number

VERSION NUMBER OF CONSENT

[IF VERSION NUMBER IS NOT 1, DISPLAY THE FOLLOWING WARNING: YOU HAVE ENTERED A VERSION NUMBER THAT IS NOT 1 PLEASE VERIFY THAT THE CORRECT CHILD ASSENT WAS SIGNED]

Health and Functioning in Minors

HFM010_PRE: IF AGE >=12 and < 18**[Spoken to the minor and parent/guardian if AGE of SPID >= 12 and < 18]**

I'm going to read questions on a number of topics. Some questions will be asked directly to you **[MINOR'S FIRST NAME]** and others to your parent or guardian.

We have to ask the questions as they have been written so that everyone has the same questions.

Please let me finish reading the **entire** question completely before you answer. From time to time I will refer to cards to prompt you for answers.

[I cannot interpret questions for you. Please choose the answer that is closest to what the question means to you. I will be happy to answer any questions you have about the interview when we are finished. We would like you to answer all the questions, but if anyone is uncomfortable with a question, you may choose to not answer it.]

Do either of you have any questions before we begin?

The first set of questions will be on general health. The parent or guardian will be asked these questions.

INTERVIEWER: HIT ENTER TO CONTINUE**HFM010_PRE: IF AGE < 12****[Spoken to the minor's parent/guardian for minors with an age < 12]**

I'm going to read questions on a number of topics. All questions will be asked directly to you as the parent or guardian of **[MINOR'S FIRST NAME]**. We have to ask the questions as they have been written so that everyone has the same questions. We will also take a few physical measurements for children that are over the age of 3.

Please let me finish reading the **entire** question completely before you answer. From time to time I will refer to cards to prompt you for answers.

[I cannot interpret questions for you. Please choose the answer that is closest to what the question means to you. I will be happy to answer any questions you have about the interview when we are finished. We would like you to answer all the questions, but if you are uncomfortable with a question, you may choose to not answer it.]

Do you have any questions before we begin?

The first set of questions will be about general health and functioning.

Health and Functioning in Minors

INTERVIEWER: HIT ENTER TO CONTINUE

HFM100 In general, how would you describe **[Minor's First Name]**'s health? Would you say **[his/her]** health is excellent, very good, good, fair, or poor?

- <1> EXCELLENT
- <2> VERY GOOD
- <3> GOOD
- <4> FAIR
- <5> POOR

- <D> DON'T KNOW
- <R> REFUSED

[ONLY IF AGE >= 12] HFM110 How would you describe the condition of **[Minor's First Name]**'s teeth: excellent, very good, good, fair, or poor?

- <1> EXCELLENT
- <2> VERY GOOD
- <3> GOOD
- <4> FAIR
- <5> POOR

- <D> DON'T KNOW
- <R> REFUSED

HFM120 How tall is **[Minor's First Name]** now?

(IF THEY ANSWER IN METERS, ENTER 'x')

- <0-7> FEET
- <X> ANSWER GIVEN IN METERS
- <D> DON'T KNOW
- <R> REFUSED

- <0-12> INCHES
- <D> DON'T KNOW
- <R> REFUSED

OR

- <0-300> CENTIMETERS

Health and Functioning in Minors

HFM130 How much does **[Minor's First Name]** weigh now?

(IF THEY ANSWER IN KILOGRAMS, ENTER 'x')

<0-999.99> POUNDS

<x> ANSWER GIVEN IN KILOGRAMS

<D> DON'T KNOW

<R> REFUSED

OR

<0-500.00> KILOGRAMS

HFM140 Was **[Minor's First Name]** born prematurely, that is, more than 3 weeks before **[his/her]** due date?

READ IF NECESSARY: Most pregnancies last about 40 weeks. A premature birth is when a baby is born more than three weeks before the due date.

<1> YES

<2> NO

<D> DON'T KNOW

<R> REFUSED

HFM200_PRE

The next questions are about any kind of health problems, concerns, or conditions that may affect **[Minor's First Name]**'s behavior, learning, growth, or physical development.

INTERVIEWER: HIT ENTER TO CONTINUE

HFM200 Does **[Minor's First Name]** currently need or use medicine prescribed by a doctor, other than vitamins?

READ IF NECESSARY: This only applies to medications prescribed by a doctor. Over-the-counter medications such as cold or headache medication, or other vitamins, minerals, or supplements purchased without a prescription are not included.

HELP TEXT: THIS QUESTION REFERS ONLY TO CURRENT NEED FOR PRESCRIPTION MEDICINE. THE RESPONDENT SHOULD REPLY WITH "YES" IF THE CHILD CURRENTLY NEEDS OR USES PRESCRIPTION MEDICINE.

<1> YES

Health and Functioning in Minors

<2> NO (SKIP TO HFM230)

<D> DON'T KNOW (SKIP TO HFM230)

<R> REFUSED (SKIP TO HFM230)

HFM220 Has this need lasted or is expected to last 12 months or longer?

<1> YES

<2> NO

<D> DON'T KNOW

<R> REFUSED

HFM230 Does **[Minor's First Name]** need or use more medical care, mental health, or educational services than is usual for most children of the same age?

READ IF NECESSARY: The child requires more medical care, the use of more mental health services, or the use of more educational services than most children the same age.

HELP TEXT: THIS QUESTION REFERS ONLY TO CURRENT NEED FOR SERVICES. THE RESPONDENT SHOULD REPLY WITH "YES" IF THE CHILD CURRENTLY NEEDS OR USES SERVICES

<1> YES

<2> NO (SKIP TO HFM260)

<D> DON'T KNOW (SKIP TO HFM260)

<R> REFUSED (SKIP TO HFM260)

HFM250 Has this need lasted or is expected to last 12 months or longer?

HELP TEXT: IF THE CONDITION, NEED, OR PROBLEM LASTS FOR SHORT PERIODS OF TIME BUT IS EXPECTED TO KEEP COMING BACK FOR 12 MONTHS OR LONGER, THE ANSWER SHOULD BE "YES."

<1> YES

<2> NO

<D> DON'T KNOW

<R> REFUSED

HFM260 Is **[Minor's First Name]** limited or prevented in any way in **[his/her]** ability to do the things most children of the same age can do?

Health and Functioning in Minors

READ IF NECESSARY: A child is limited or prevented when there are things the child can't do as much or can't do at all that most children the same age can.

HELP TEXT: THIS QUESTION REFERS ONLY TO CURRENT LIMITATIONS. THE RESPONDENT SHOULD REPLY WITH "YES" IF THE CHILD IS CURRENTLY LIMITED.

- <1> YES
- <2> NO (SKIP TO HFM290)
- <D> DON'T KNOW (SKIP TO HFM290)
- <R> REFUSED (SKIP TO HFM290)

HFM280 Has this need lasted or is expected to last 12 months or longer?

HELP TEXT: IF THE CONDITION, NEED, OR PROBLEM LASTS FOR SHORT PERIODS OF TIME BUT IS EXPECTED TO KEEP COMING BACK FOR 12 MONTHS OR LONGER, THE ANSWER SHOULD BE "YES."

- <1> YES
- <2> NO
- <D> DON'T KNOW
- <R> REFUSED

HFM290 Does **[Minor's First Name]** need or get special therapy, such as physical, occupational, or speech therapy?

READ IF NECESSARY: Special therapy includes physical, occupational, or speech therapy. Do not include psychological therapy.

HELP TEXT: THIS QUESTION REFERS ONLY TO CURRENT NEED FOR SPECIAL THERAPY. THE RESPONDENT SHOULD REPLY WITH "YES" IF THE CHILD CURRENTLY NEEDS OR USES SPECIAL THERAPY.

- <1> YES
- <2> NO (SKIP TO HFM320)
- <D> DON'T KNOW (SKIP TO HFM320)
- <R> REFUSED (SKIP TO HFM320)

HFM310 Has this need lasted or is expected to last 12 months or longer?

Health and Functioning in Minors

HELP TEXT: IF THE CONDITION, NEED, OR PROBLEM LASTS FOR SHORT PERIODS OF TIME BUT IS EXPECTED TO KEEP COMING BACK FOR 12 MONTHS OR LONGER, THE ANSWER SHOULD BE "YES."

<1> YES

<2> NO

<D> DON'T KNOW

<R> REFUSED

HFM320 Does **[Minor's First Name]** have any kind of emotional, developmental, or behavioral problem for which **[he/she]** needs treatment or counseling?

READ IF NECESSARY: These are remedies, therapy, or guidance a child may receive for his/her emotional, developmental, or behavioral problem.

<1> YES

<2> NO (SKIP TO HFM400)

<D> DON'T KNOW (SKIP TO HFM400)

<R> REFUSED (SKIP TO HFM400)

HFM330 Has **[his/her]** emotional, developmental or behavioral problem lasted or is it expected to last 12 months or longer?

HELP TEXT: IF THE CONDITION, NEED, OR PROBLEM LASTS FOR SHORT PERIODS OF TIME BUT IS EXPECTED TO KEEP COMING BACK FOR 12 MONTHS OR LONGER, THE ANSWER SHOULD BE "YES."

<1> YES

<2> NO

<D> DON'T KNOW

<R> REFUSED

[IF AGE < 3, SKIP TO HFM430_PRE]

[IF AGE >= 3] HFM400 Has a doctor, health care provider, teacher, or school official ever told you **[Minor's First Name]** had a learning disability?

<1> YES

<2> NO (SKIP TO HFM430_PRE)

<D> DON'T KNOW (SKIP TO HFM430_PRE)

<R> REFUSED (SKIP TO HFM430_PRE)

[IF AGE >=3] HFM410 Does **[Minor's First Name]** currently have a learning disability?

<1> YES

<2> NO (SKIP TO HFM430_PRE)

Health and Functioning in Minors

<D> DON'T KNOW (SKIP TO HFM430_PRE)
<R> REFUSED (SKIP TO HFM430_PRE)

[IF AGE >=3] HFM420 Would you describe **[his/her]** learning disability as mild, moderate, or severe?

<1> MILD
<2> MODERATE
<3> SEVERE

<D> DON'T KNOW
<R> REFUSED

HFM430_PRE Now I am going to read you a list of conditions. For each condition, please tell me if a doctor or other health care provider ever told you that **[Minor's First Name]** had the condition, even if **[he/she]** does not have the condition now.

INTERVIEWER INSTRUCTION: IF THE RESPONDENT HAS NEVER HEARD OF THE MEDICAL CONDITION OR DOES NOT KNOW WHAT THE CONDITION IS, THEN A DOCTOR OR OTHER HEALTH CARE PROVIDER PROBABLY HAS NOT TOLD THE RESPONDENT THAT THE MINOR HAS THE CONDITION. IF A DOCTOR OR OTHER HEALTH CARE PROVIDER HAS NOT TOLD THE RESPONDENT THAT THE MINOR HAS THE CONDITION, BUT THE RESPONDENT INSISTS THAT THE MINOR HAS THE CONDITION, WE STILL NEED TO CODE THE ANSWER AS "NO."

INTERVIEWER: HIT ENTER TO CONTINUE

HFM430 Which, if any, of the following has a doctor or other health care provider ever told you that **[MINOR'S FIRST NAME]** had...

<Enter all the apply>

<HAND CARD>

- <1> Diabetes Type I
- <2> Diabetes Type 2
- <3> Diabetes (Unknown Type)
- <4> Hearing problems
- <5> Vision problems that cannot be corrected with standard glasses or contact lenses
- <6> Bone, joint, or muscle problems
- <7> A brain injury or concussion
- <8> Epilepsy or seizure disorder

Health and Functioning in Minors

<D> DON'T KNOW
<R> REFUSED

ON SCREEN HELP TEXT:

Diabetes is a disease in which the body does not properly make or use insulin.

Epilepsy is a brain disease that involves recurrent seizures.

A concussion is an injury of the brain that causes a brief disruption in brain function. Developmental and neurological conditions (such as autism or cerebral palsy) should not be included as head or brain injuries. BRAIN TUMORS SHOULD NOT BE CONSIDERED BRAIN INJURIES.

[FOR EACH NAMED CONDITION ASK THE FOLLOWING THREE QUESTIONS]

HFM435X How old was **[MINOR'S FIRST NAME]** when you were first told by a doctor or other health care provider that **[he/she]** had this condition?

<0-18>NUMBER

AND

<1> Months

<2> Years

<D> DON'T KNOW

<R> REFUSED

HFM436X Does **[MINOR'S FIRST NAME]** currently have this condition?

<1> YES

<2> NO (GO TO HFM440)

<D> DON'T KNOW

<R> REFUSED

HFM437X Would you describe **[his/her]** condition as mild, moderate, or severe?

<1> MILD

<2> MODERATE

<3> SEVERE

<D> DON'T KNOW

<R> REFUSED

Health and Functioning in Minors

<IF AGE >=3> IF AGE < 3 THEN SKIP TO HFM600

HFM440 Which, if any, of the following has a doctor or other health care provider ever told you that [MINOR'S FIRST NAME] had...

<HAND CARD> <Enter all the apply>

- <1> ADD/ADHD: Attention Deficit Disorder or Attention-Deficit/Hyperactivity Disorder
- <2> Depression
- <3> Anxiety
- <4> Behavioral or conduct problems, such as oppositional defiant disorder or conduct disorder
- <5> Autism, Asperger's Disorder, pervasive developmental disorder, or other autism spectrum disorder
- <6> Any developmental delay
- <7> Intellectual disability or mental retardation

ON SCREEN HELP TEXT:

A child with Attention Deficit Disorder or Attention Deficit Hyperactive Disorder has problems paying attention or sitting still. It may cause the child to be easily distracted.

Depression is an illness that involves the body, mood, and thoughts. It is marked by persistent sadness or an anxious or empty mood. It affects how a person feels, and the way a person eats, sleeps, and functions.

Anxiety is a feeling of constant worrying. Children with severe anxiety problems may be diagnosed as having anxiety disorders. Anxiety disorders include panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder, and phobias.

Oppositional defiant disorder is an ongoing pattern of defiant and hostile behavior that interferes with a child's life and daily activities.

Children with autism have delays in language, communication, and social skills, as well as routine repetitive behaviors or movements. They may have an intense interest in a single subject or topic. Children with Asperger's disorder have impaired social skills but may not have speech or language delays. Children with pervasive developmental disorder have severe and persistent delays in language, communication, and social skills. IF UNSURE ABOUT THE DIAGNOSIS AND HAS NOT OFFICALLY DIAGNOSED MINOR, DO NOT CODE AS "YES".

A child with a developmental delay does not achieve certain skills as quickly other children of the same age. A developmental delay is a major delay in motor, language, social, or thinking skills.

Children with intellectual disabilities or mental retardation learn and develop more slowly than a typical child.

Health and Functioning in Minors

Cerebral palsy is caused by damage that occurs to the brain prior to or shortly after birth that can affect body movement and muscle coordination.

Tourette Syndrome is a disorder that causes frequent sudden movements or sounds.

[FOR EACH NAMED CONDITION ASK THE FOLLOWING THREE QUESTIONS]

HFM445X How old was **[MINOR'S FIRST NAME]** when you were first told by a doctor or other health care provider that **[he/she]** had this condition?

<0-18> NUMBER

AND

<1> Months

<2> Years

<D> DON'T KNOW

<R> REFUSED

HFM446X Does **[MINOR'S FIRST NAME]** currently have this condition?

<1> YES

<2> NO (GO TO HFM440)

<D> DON'T KNOW

<R> REFUSED

HFM447X Would you describe **[his/her]** condition as mild, moderate, or severe?

<1> MILD

<2> MODERATE

<3> SEVERE

<D> DON'T KNOW

<R> REFUSED

HFM600 What is the **highest** grade or level of school your child has completed?

<0> NEVER ATTENDED/KINDERGARTEN ONLY

<1> 1ST GRADE

<2> 2ND GRADE

<3> 3RD GRADE

<4> 4TH GRADE

<5> 5TH GRADE

<6> 6TH GRADE

<7> 7TH GRADE

Health and Functioning in Minors

- <8> 8TH GRADE
- <9> 9TH GRADE
- <10> 10TH GRADE
- <11> 11TH GRADE
- <12> 12TH GRADE, NO DIPLOMA
- <13> HIGH SCHOOL GRADUATE
- <14> GED OR EQUIVALENT

- <D> DON'T KNOW
- <R> REFUSED

HFM610 Is your child Hispanic or Latino?

- <1> YES
- <2> NO

- <D> DON'T KNOW
- <R> REFUSED

HFM620 Which one or more of the following would you say is your child's race? (ENTER ALL THAT APPLY.) **HAND CARD**

- <1> WHITE
- <2> BLACK OR AFRICAN AMERICAN
- <3> ASIAN
- <4> NATIVE HAWAIIAN OR PACIFIC ISLANDER
- <5> AMERICAN INDIAN OR ALASKA NATIVE
- <6> OTHER (SPECIFY)

- <D> DON'T KNOW
- <R> REFUSED

HFM640 How old are you?

- <18-105> YEARS OLD

- <D> DON'T KNOW
- <R> REFUSED

Respiratory Health in Minors

RHM010_PRE The next few questions are about **[MINOR'S FIRST NAME]** Respiratory Health and Disease

RHM010 In the **past 12 months**, has **[MINOR'S FIRST NAME]** chest sounded wheezy during or after exercise or physical activity?

HELP TEXT: Wheezing: To breathe with difficulty, producing a hoarse whistling sound.

- <1> YES
- <2> NO (SKIP TO RHD030)
- <D> DON'T KNOW (SKIP TO RHD030)
- <R> REFUSED (SKIP TO RHD030)

RHM020 During the **past 12 months**, how much did **[MINOR'S FIRST NAME]** limit **[his/her]** usual activities due to wheezing or whistling? Would you say...

HELP TEXT: Wheezing: To breathe with difficulty, producing a hoarse whistling sound.

- <1> NOT AT ALL
- <2> A LITTLE
- <3> A FAIR AMOUNT
- <4> A MODERATE AMOUNT
- <5> A LOT
- <D> DON'T KNOW
- <R> REFUSED

RHM030 Has a doctor or other health professional **ever** told you that **[he/she]** has asthma?

HELP TEXT: **Asthma:** Is a disease of the airways that carry air in and out of your lungs. It causes wheezing or whistling sounds when you breathe and can make you short of breath.

- <1> YES
- <2> NO (END SECTION)
- <D> DON'T KNOW (END SECTION)
- <R> REFUSED (END SECTION)

RHM040 Does **[he/she]** still have asthma?

- <1> YES
- <2> NO

Respiratory Health in Minors

<D> DON'T KNOW

<R> REFUSED

RHM050 During the **past 12 months**, has **[MINOR'S FIRST NAME]** had an episode of asthma or an asthma attack?

HELP TEXT: Episode/attack: When your asthma symptoms become worse than usual it is called an asthma episode or attack.

<1> YES

<2> NO

<D> DON'T KNOW

<R> REFUSED

RHM060 During the **past 3 months**, has **[he/she]** taken medication prescribed by a doctor or other health professionals for asthma?

<1> YES

<2> NO (END SECTION)

<D> DON'T KNOW

<R> REFUSED

RHM070 During the past 30 days, how many days did **[he/she]** take a prescription asthma medication to PREVENT an asthma attack from occurring?

<1> NEVER

<2> 1-14 DAYS

<3> 15-24 DAYS

<4> 25-30 DAYS

<D> DON'T KNOW

<R> REFUSED

RHM080 During the past 30 days, how many days did **[he/she]** take a prescription asthma medication DURING AN ASTHMA ATTACK to stop it?

<0> NEVER

<1> 1-4 TIMES

<2> 5-14 TIMES

<3> 15-29 TIMES

<4> 30-59 TIMES

<5> 60-99 TIMES

<6> MORE THAN 100 TIMES

Respiratory Health in Minors

<D> DON'T KNOW

<R> REFUSED

IF CHILD >= 6 YEARS OLD THEN RHQ100; ELSE END SECTION

RHM100_PRE Later in this survey we'd like to measure the amount (volume) and speed at which air flows to and from **[CHILD'S NAME]** lungs when **[HE/SHE]** breathes. Before doing this test I need to determine if this test is appropriate based on the following questions.

RHM100 Does [MINOR'S NAME] currently have a painful ear infection?

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

RHM110 Did [MINOR'S NAME] have any surgery over the past 3 months?

<1> YES

<2> NO (SKIP TO RHQ130)

<d> DON'T KNOW

<r> REFUSED

RHM120 Which if any of the following types of surgery has [MINOR'S NAME] had over the past 3 months.

HAND CARD: Enter all that apply

<1> Eye Surgery

<2> Open Chest or Abdominal Surgery

<3> Other Surgery

<d> DON'T KNOW

<r> REFUSED

TO BE ELIGIBLE FOR SPIROMETR: RHQ100=2 AND RHQ120 ≠ 1 AND RHQ120 ≠ 2 AND

HOUSEKEEPING VARIABLE

RHM180 = 1 IF ELIGIBLE

RHM180 = 2 IF NOT ELIGIBLE

Respiratory Health in Minors

RHM200 [IF RHM1800 = 2] The test to measure the amount (volume) and speed at which air flows to and from **[CHILD'S NAME]** lungs will not be completed later during the survey based on your responses.

Additional Comments about test, conditions or reason refused if they volunteered this.

(e.g Not why refused if it is volunteered)

<1> Enter Comments

<2> No Comments

Physical Activity in Minors

IF AGE < 3 THEN SKIP TO SCREEN TIME “M4” SECTION

IF AGE >=3 and <12 then questions will be asked to the parent/guardian skip to PAM100

IF AGE >=12 then questions will be asked directly to the minor

IF AGE >=12 AND <18

INTERVIEWER: ASK TO SEE IF [MINOR'S FIRST NAME] IS AVAILABLE TO ANSWER
PHYSICAL ACTIVITY QUESTIONS [HIMSELF/HERSELF].

PAM010 INTERVIEWER: IS THE INTERVIEWER SPEAKING TO [MINOR'S
FIRST NAME]?

<1> YES

<2> NO, NOT AVAILABLE (END SURVEY – RESCHEDULE)

PAM030 In a **typical week** do you spend time in any kind of moderate to vigorous
physical activity that increased your heart rate and made you sweat or breathe
hard some of the time for at least 10 minutes continuously like basketball, soccer,
running, swimming laps, fast bicycling, fast dancing, or similar activities?

PROBE IF NEEDED: Moderate-vigorous physical activity can include sports, fitness,
recreational, transportation, school or work activities that cause a small to heavy increase in
breathing or heart rate such as brisk walking, bicycling, swimming, or volleyball.

<1> YES

<2> NO (SKIP TO PAM060)

<d> DON'T KNOW (SKIP TO PAM060)

<r> REFUSED (SKIP TO PAM060)

PAM040 In a **typical week**, on how many days do you do moderate-vigorous intensity
physical activities?

PROBE IF NEEDED: Moderate-vigorous intensity sports, fitness or recreational or travel
activities cause small to heavy increases in breathing or heart rate and are done for at least 10
minutes continuously.

HARD EDIT: LESS THAN 1 DAY OR MORE THAN 7 DAYS.

<0-7> DAYS

<D> DON'T KNOW

<R> REFUSED

PAM050 How much time do you spend doing moderate–vigorous intensity physical
activities like sports, dance, fitness or recreational or travel on a typical day?

Physical Activity in Minors

PROBE IF NEEDED: Think about a typical day when you do moderate-intensity sports, fitness or recreational activities.

PROBE IF NEEDED: Moderate-vigorous intensity sports, fitness or recreational activities cause small to large increases in breathing or heart rate and is done for at least 10 minutes continuously.

<10-1440> NUMBER

<D> DON'T KNOW

<R> REFUSED

AND UNIT

<1> MINTUES

<2> HOURS

SOFT EDIT: >4 HOURS.

ERROR MESSAGE: INTERVIEWER, YOU HAVE RECORDED THAT THE SP SPENDS MORE THAN 4 HOURS DOING MODERATE-INTENSITY RECREATIONAL ACTIVITIES ON A TYPICAL DAY. PLEASE CONFIRM WITH SP THAT OVER 4 HOURS IS CORRECT.

HARD EDIT: LESS THAN 10 MINUTES OR 24 HOURS OR MORE.

ERROR MESSAGE: THE TIME SHOULD BE 10 MINUTES OR MORE, BUT LESS THAN 24 HOURS.

PAM060 During the school year, do you attend grade school, junior or high school?

<1> YES

<2> NO (END SECTION)

<D> DON'T KNOW (END SECTION)

<R> REFUSED (END SECTION)

PAM062 What is the name of the school that you attend during the school year?

<d> DON'T KNOW (SKIP TO PAM065)

<r> REFUSED (SKIP TO PAM065)

Physical Activity in Minors

PAM064 In which city is this school located?

<d> DON'T KNOW

<r> REFUSED

PAM065 Are students at your school allowed to use school facilities during lunch or during a free or elective period, such as the gymnasium, tennis courts, weight room, or track, during school time?

<1> YES

<2> NO (SKIP TO PAM080)

<d> DON'T KNOW (SKIP TO PAM080)

<r> REFUSED (SKIP TO PAM080)

PAM070 Do you use school facilities for physical activity during school time?

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

PAM080 Do you have PE or gym during school days?

<1> YES

<2> NO (END SECTION)

<d> DON'T KNOW (END SECTION)

<r> REFUSED (END SECTION)

PAM085 How many days do you have PE or gym in a typical week?

<0-5> DAYS

<D> DON'T KNOW

<R> REFUSED

PAM090 On average, how long is the PE or gym class?

<1> LESS THAN 30 MINTUES

<2> 30-45 MINUTES

Physical Activity in Minors

<3> MORE THAN 45 MINUTES

<D> DON'T KNOW

<R> REFUSED

IF AGE >=3 AND AGE < 12

PAM130 In a **typical week** does **[MINOR'S FIRST NAME]** spend time in any kind of moderate to vigorous physical activity that increased **[HIS/HER]** heart rate and made **[HIM/HER]** sweat or breathe hard some of the time for at least 10 minutes continuously like basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar activities?

PROBE IF NEEDED: Moderate-vigorous physical activity can include sports, fitness, recreational, transportation, school or work activities that cause a small to heavy increase in breathing or heart rate such as brisk walking, bicycling, swimming, or volleyball.

<1> YES

<2> NO (SKIP TO PAM160)

<d> DON'T KNOW (SKIP TO PAM160)

<r> REFUSED (SKIP TO PAM160)

PAM140 In a **typical week**, on how many days does **[HE/SHE]** do moderate-vigorous intensity physical activities?

PROBE IF NEEDED: Moderate-vigorous intensity sports, fitness or recreational or travel activities cause small to heavy increases in breathing or heart rate and are done for at least 10 minutes continuously.

HARD EDIT: LESS THAN 1 DAY OR MORE THAN 7 DAYS.

<0-7> DAYS

<D> DON'T KNOW

<R> REFUSED

PAM150 How much time does **[HE/SHE]** spend doing moderate-vigorous intensity physical activities like sports, dance, fitness or recreational or travel on a typical day?

PROBE IF NEEDED: Think about a typical day when **[he/she]** does moderate-intensity sports, fitness or recreational activities.

Physical Activity in Minors

PROBE IF NEEDED: Moderate-vigorous intensity sports, fitness or recreational activities cause small to large increases in breathing or heart rate and is done for at least 10 minutes continuously.

<10-1440> NUMBER

<D> DON'T KNOW

<R> REFUSED

AND UNIT

<1> MINTUES

<2> HOURS

SOFT EDIT: >4 HOURS.

ERROR MESSAGE: INTERVIEWER, YOU HAVE RECORDED THAT THE SP SPENDS MORE THAN 4 HOURS DOING MODERATE-INTENSITY RECREATIONAL ACTIVITIES ON A TYPICAL DAY. PLEASE CONFIRM WITH SP THAT OVER 4 HOURS IS CORRECT.

HARD EDIT: LESS THAN 10 MINUTES OR 24 HOURS OR MORE.

ERROR MESSAGE: THE TIME SHOULD BE 10 MINUTES OR MORE, BUT LESS THAN 24 HOURS.

PAM160 During the school year, do [HE/SHE] attend preschool, grade school, junior or high school?

<1> YES

<2> NO (END SECTION)

<D> DON'T KNOW (END SECTION)

<R> REFUSED (END SECTION)

PAM162 What is the name of the school that you attend during the school year?

<d> DON'T KNOW (SKIP TO PAM165)

<r> REFUSED (SKIP TO PAM165)

Physical Activity in Minors

PAM164 In which city is this school located?

<d> DON'T KNOW

<r> REFUSED

PAM165 Are students at **[HIS/HER]** school allowed to use school facilities during lunch or during a free or elective period, such as the gymnasium, tennis courts, weight room, or track, during school time?

<1> YES

<2> NO (SKIP TO PAM180)

<d> DON'T KNOW (SKIP TO PAM180)

<r> REFUSED (SKIP TO PAM180)

PAM170 Does **[HE/SHE]** use school facilities for physical activity during school time?

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

PAM180 Does **[HE/SHE]** have PE or gym during school days?

<1> YES

<2> NO (END SECTION)

<d> DON'T KNOW (END SECTION)

<r> REFUSED (END SECTION)

PAM185 How many days does **[HE/SHE]** have PE or gym in a typical week?

<0-5> DAYS

<D> DON'T KNOW

<R> REFUSED

PAM190 On average, how long is the PE or gym class?

<1> LESS THAN 30 MINTUES

<2> 30-45 MINUTES

Physical Activity in Minors

<3> MORE THAN 45 MINUTES
<D> DON'T KNOW
<R> REFUSED

Screen Time Minors

IF AGE >=12

STM010_Pre: The following questions are about sitting at school, at home, getting to and from places, or with friends, including time spent sitting at a desk, traveling in a car or bus, reading, playing cards, watching television, or using a computer. Do not include time spent sleeping.

STM010 How much time do you usually spend sitting on a typical day?

<0-720> NUMBER

AND

<1> MINUTES

<2> HOURS

<D> DON'T KNOW

<R> REFUSED

HARD EDIT: MAX MAY NOT EXCEED 24 HOURS

STM020 Now I will ask you first about TV watching and then about computer use.

Over the **past 30 days**, on average how many **hours per day** did you sit and watch TV or videos? Would you say . . .

<0> LESS THAN 1 HOUR

<1> 1 HOUR

<2> 2 HOURS

<3> 3 HOURS

<4> 4 HOURS

<5> 5 HOURS

<6> YOU DON'T WATCH TV OR VIDEOS

<D> DON'T KNOW

<R> REFUSED

[NOTE: Past 30 days is equivalent to the past month.]

STM030 Over the **past 30 days**, on average how many **hours per day** did you use a computer or play computer games outside of school? Include Playstation,

Screen Time Minors

Nintendo DS, games on a smart phone or tablet, or other portable video games.
Would you say ...

- <0> LESS THAN 1 HOUR
- <1> 1 HOUR
- <2> 2 HOURS
- <3> 3 HOURS
- <4> 4 HOURS
- <5> 5 HOURS
- <6> YOU DON'T USE A COMPUTER OR PLAY COMPUTER GAMES

- <D> DON'T KNOW
- <R> REFUSED

[NOTE:If the SP watches T.V. or video at the same time as working on the computer, count this time as watching T.V. or video.]

STM040: Do you have a TV in your bedroom?

- <1> Yes
- <2> No

- <D> DON'T KNOW
- <R> REFUSED

STM050: Do you use a smartphone, laptop or tablet for entertainment in your bedroom?

- <1> Yes
- <2> No

- <D> DON'T KNOW
- <R> REFUSED

Screen Time Minors

IF AGE < 12 and >= 3

STM110_Pre: The following questions are about sitting at school, at home, getting to and from places, or with friends, including time spent sitting at a desk, traveling in a car or bus, reading, playing cards, watching television, or using a computer. Do not include time spent sleeping.

STM110 How much time does **[MINOR'S FIRST NAME]** usually spend sitting on a typical day?

<0-720> NUMBER

AND

<1> MINUTES

<2> HOURS

<D> DON'T KNOW

<R> REFUSED

HARD EDIT: MAX MAY NOT EXCEED 24 HOURS

STM120 Now I will ask you first about TV watching and then about computer use.

Over the **past 30 days**, on average how many **hours per day** did **[MINOR'S FIRST NAME]** sit and watch TV or videos? Would you say . . .

<0> LESS THAN 1 HOUR

<1> 1 HOUR

<2> 2 HOURS

<3> 3 HOURS

<4> 4 HOURS

<5> 5 HOURS

<6> YOU DON'T WATCH TV OR VIDEOS

<D> DON'T KNOW

<R> REFUSED

STM130 Over the **past 30 days**, on average how many **hours per day** did **[MINOR'S FIRST NAME]** use a computer or play computer games outside of school? Include Playstation, Nintendo DS, games on a smart phone or tablet, or other portable video games. Would you say ...

<0> LESS THAN 1 HOUR

<1> 1 HOUR

<2> 2 HOURS

<3> 3 HOURS

Screen Time Minors

- <4> 4 HOURS
- <5> 5 HOURS
- <6> YOU DON'T USE A COMPUTER OR PLAY COMPUTER GAMES

- <D> DON'T KNOW
- <R> REFUSED

[NOTE:If the minor watches T.V. or video at the same time as working on the computer, count this time as watching T.V. or video.]

STM140: Does **[MINOR'S FIRST NAME]** have a TV in **[his/her]** bedroom?

- <1> Yes

- <2> No

- <D> DON'T KNOW
- <R> REFUSED

STM150: Does **[MINOR'S FIRST NAME]** use a smartphone, laptop or tablet for entertainment in **[his/her]** bedroom?

- <1> Yes

- <2> No

- <D> DON'T KNOW
- <R> REFUSED

DIET QUESTIONNAIRE MINORS

IF AGE < 3 THEN SKIP TO SLEEP "M6" SECTION**IF AGE >=3 and <12 then questions will be asked to the parent/guardian skip to DQM110****IF AGE >=12 then questions will be asked directly to the minor****IF AGE >=12 AND <18**

DQM010 The next questions are about your eating habits

On a TYPICAL DAY, how many servings of fruit do you eat?

1 serving, 2 servings, 3 or more servings, or none.

[NOTE: A serving of fruit is 1/2 cup or a medium piece of fruit]

[NOTE: Typical Day: "On average or think about a week and what the average would be."]

- <0> NONE
- <1> 1 SERVING
- <2> 2 SERVINGS
- <3> 3 OR MORE SERVINGS
- <D> DON'T KNOW
- <R> REFUSED

DQM012 On a TYPICAL DAY, how many servings of 100% fruit juice do you drink?

1 serving, 2 servings, 3 or more servings, or none.

[NOTE: A serving of fruit juice is a little less than a cup or 6 oz.]

[NOTE: Typical day: "On average, or think about a week and what the average would be."]

- <0> NONE
- <1> 1 SERVING
- <2> 2 SERVINGS
- <3> 3 OR MORE SERVINGS
- <D> DON'T KNOW
- <R> REFUSED

DQM014 On a TYPICAL DAY, how many servings of vegetables do you eat, not including french fries? 1 serving, 2 servings, 3 or more servings, or none.

DIET QUESTIONNAIRE MINORS

[If necessary, say 'such as carrots, celery, or broccoli.']

[NOTE: A serving of vegetables is 1/2 cup of cooked or raw vegetable, or 1 cup of raw leafy salad greens.]

- <0> NONE
- <1> 1 SERVING
- <2> 2 SERVINGS
- <3> 3 OR MORE SERVINGS
- <D> DON'T KNOW
- <R> REFUSED

DQM016 What type of milk do you usually drink?

[Read options 1-6 if necessary.]

- <1> SKIM OR NON-FAT
- <2> LOWFAT (1/2 – 1%)
- <3> REDUCED FAT (2%)
- <4> WHOLE (OR GOAT'S MILK)
- <5> FLAVORED LOWFAT OR SKIM
- <6> FLAVORED 2% OR WHOLE
- <7> OTHER NON-DAIRY "MILKS" SUCH AS SOY, RICE OR ALMOND MILK
- <8> DOESN'T DRINK MILK
- <D> DON'T KNOW
- <R> REFUSED

DQM018 On a TYPICAL DAY, how many times do you drink sweetened beverages such as soda pop, sweet tea, fruit punch, Kool-aid, sports drinks or fruit drinks?

Do not count 100% fruit juices or non-caloric sweetened beverages.

[NOTE, Typical day: "On average, or think about a week and what the average would be."]

- <0> NONE
- <1> 1 TIME
- <2> 2 TIME
- <3> 3 OR MORE TIMES
- <D> DON'T KNOW
- <R> REFUSED

[IF PAM060 = [1] Yes then continue to next question: Else Go to DQM040]

DQM020 Does your school serve school lunches? These are complete lunches that cost the same every day.

- <1> YES

DIET QUESTIONNAIRE MINORS

<2> NO (GO TO DQM040)

<D> DON'T KNOW (GO TO DQM040)

<R> REFUSED (GO TO DQM040)

DQM030 During the school year, about how many times a week do you usually get a complete school lunch?

<0-5> NUMBER

<D> DON'T KNOW

<R> REFUSED

DQM040 Next I'm going to ask you about meals. By meal, I mean breakfast, lunch and dinner. During the past 7 days, **how many meals did you get that were prepared away from home in places such as restaurants, fast food places, food stands, grocery stores, or from vending machines?**

(Please do not include meals provided as part of the school lunch or school breakfast.)

SOFT EDIT: DISPLAY A MESSAGE FOR ENTRY LARGER THAN "21." – "Unusually large number entered – Please verify – this is more than 3 meals per day, each day during the past 7 days."

<0-99>NUMBER (IF 0 THEN GO TO DQM060)

<D> DON'T KNOW (GO TO DQM060)

<R> REFUSED (GO TO DQM060)

DQM050 How many of those meals did you get from a **fast-food or pizza place?**

<0-99>NUMBER (IF 0 THEN GO TO DQM060)

<D> DON'T KNOW (GO TO DQM060)

<R> REFUSED (GO TO DQM060)

CAPI INSTRUCTION: HARD EDIT

NUMBER OF MEALS ENTERED IN DQM050 MUST BE EQUAL TO OR LESS THAN NUMBER ENTERED IN DQM040. IF NOT, DISPLAY THE FOLLOWING:

"THE NUMBER OF MEALS FROM A FAST FOOD OR PIZZA PLACE CANNOT BE GREATER THAN NUMBER OF MEALS PREPARED AWAY FROM HOME."

DQM060 During the past 30 days, how often did you eat frozen meals or frozen pizzas?
Here are some examples of frozen meals and frozen pizzas.

DIET QUESTIONNAIRE MINORS

HAND CARD DQM1

<0-999>NUMBER

<D> DON'T KNOW

<R> REFUSED

AND UNIT

<1> DAY

<2> WEEK

<3> MONTH

<4> YEAR

END SECTION

IF AGE >=3 AND <12

DQM110 The next questions are about eating habits

On a TYPICAL DAY, how many servings of fruit does **[MINOR'S FIRST NAME]** eat?

1 serving, 2 servings, 3 or more servings, or none.

[NOTE: A serving of fruit is 1/2 cup or a medium piece of fruit]

[NOTE: Typical Day: "On average or think about a week and what the average would be."]

<0> NONE

<1> 1 SERVING

<2> 2 SERVINGS

<3> 3 OR MORE SERVINGS

<D> DON'T KNOW

<R> REFUSED

DQM112 On a TYPICAL DAY, how many servings of 100% fruit juice does **[MINOR'S FIRST NAME]** drink?

1 serving, 2 servings, 3 or more servings, or none.

DIET QUESTIONNAIRE MINORS

[NOTE: A serving of fruit juice is a little less than a cup or 6 oz.]

[NOTE: Typical day: "On average, or think about a week and what the average would be."]

- <0> NONE
- <1> 1 SERVING
- <2> 2 SERVINGS
- <3> 3 OR MORE SERVINGS
- <D> DON'T KNOW
- <R> REFUSED

DQM114 On a TYPICAL DAY, how many servings of vegetables does **[MINOR'S FIRST NAME]** eat, not including french fries? 1 serving, 2 servings, 3 or more servings, or none.

[If necessary, say 'such as carrots, celery, or broccoli.']

[NOTE: A serving of vegetables is 1/2 cup of cooked or raw vegetable, or 1 cup of raw leafy salad greens.]

- <0> NONE
- <1> 1 SERVING
- <2> 2 SERVINGS
- <3> 3 OR MORE SERVINGS
- <D> DON'T KNOW
- <R> REFUSED

DQM116 What type of milk does **[MINOR'S FIRST NAME]** usually drink?

[Read options 1-6 if necessary.]

- <1> SKIM OR NON-FAT
- <2> LOWFAT (1/2 – 1%)
- <3> REDUCED FAT (2%)
- <4> WHOLE (OR GOAT'S MILK)
- <5> FLAVORED LOWFAT OR SKIM
- <6> FLAVORED 2% OR WHOLE
- <7> OTHER NON-DAIRY "MILKS" SUCH AS SOY, RICE OR ALMOND MILK
- <87> DOESN'T DRINK MILK
- <D> DON'T KNOW
- <R> REFUSED

DIET QUESTIONNAIRE MINORS

DQM118 On a TYPICAL DAY, how many times does **[MINOR'S FIRST NAME]** drink sweetened beverages such as soda pop, sweet tea, fruit punch, Kool-aid, sports drinks or fruit drinks?

Do not count 100% fruit juices or non-caloric sweetened beverages.

[NOTE, Typical day: "On average, or think about a week and what the average would be."]

- <0> NONE
- <1> 1 TIME
- <2> 2 TIME
- <3> 3 OR MORE TIMES
- <D> DON'T KNOW
- <R> REFUSED

[IF PAM160 = [1] Yes then continue to next question: Else Go to DQM140]

DQM120 Does this school serve school lunches? These are complete lunches that cost the same every day.

- <1> YES
- <2> NO (GO TO DQM140)
- <D> DON'T KNOW (GO TO DQM140)
- <R> REFUSED (GO TO DQM140)

DQM130 During the school year, about how many times a week does **[MINOR'S FIRST NAME]** usually get a complete school lunch?

- <0-5> NUMBER
- <D> DON'T KNOW
- <R> REFUSED

DQM140 Next I'm going to ask you about meals. By meal, I mean breakfast, lunch and dinner. During the past 7 days, **how many meals did [MINOR'S FIRST NAME] get that were prepared away from home in places such as restaurants, fast food places, food stands, grocery stores, or from vending machines?**

{Please do not include meals provided as part of the school lunch or school breakfast.}

SOFT EDIT: DISPLAY A MESSAGE FOR ENTRY LARGER THAN "21." – "Unusually large number entered – Please verify – this is more than 3 meals per day, each day during the past 7 days."

DIET QUESTIONNAIRE MINORS

<0-99>NUMBER (IF 0 THEN GO TO DQM060)

<D> DON'T KNOW (GO TO DQM060)

<R> REFUSED (GO TO DQM060)

DQM150 How many of those meals were from a **fast-food or pizza place**?

<0-99>NUMBER (IF 0 THEN GO TO DQM060)

<D> DON'T KNOW (GO TO DQM060)

<R> REFUSED (GO TO DQM060)

CAPI INSTRUCTION: HARD EDIT

NUMBER OF MEALS ENTERED IN DQM150 MUST BE EQUAL TO OR LESS THAN
NUMBER ENTERED IN DQM140. IF NOT, DISPLAY THE FOLLOWING:

"THE NUMBER OF MEALS FROM A FAST FOOD OR PIZZA PLACE CANNOT BE GREATER
THAN NUMBER OF MEALS PREPARED AWAY FROM HOME."

DQM160 During the past 30 days, how often did [**MINOR'S FIRST NAME**] eat frozen
meals or frozen pizzas? Here are some examples of frozen meals and frozen
pizzas.

HAND CARD DQM1

<0-999>NUMBER

<D> DON'T KNOW

<R> REFUSED

AND UNIT

<1> DAY

<2> WEEK

<3> MONTH

<4> YEAR

SLEEP SURVEY FOR MINORS

IF AGE >=12 then questions will be asked directly to the minor

IF AGE >=3 and <12 then questions will be asked to the parent/guardian skip to SLM310

IF AGE <3 then questions will be asked to the parent/guardian skip to SLM610

IF AGE >=12 AND <18

SLM010 On a typical **weekday**, over the past month, how many hours and minutes do you think you slept? This may be different than the time spent in bed. (Do not include time spent napping). For example: 7 hours and 45 minutes.

HOUR

<0-12> NUMBER

<D> DON'T KNOW

<R> REFUSED

MINUTES

<0-59> NUMBER

SLM020 On a typical **weekend** day, over the past month, how many hours and minutes do you think you slept? This may be different than the time spent in bed. (Do not include time spent napping). For example: 7 hours and 45 minutes.

HOUR

<0-12> NUMBER

<D> DON'T KNOW

<R> REFUSED

MINUTES

<0-59> NUMBER

SLM030 In the past month, did you have a daytime or evening nap that lasted more than 5 minutes?

<1> YES

<2> NO (GO TO SLM060)

<D> DON'T KNOW (GO TO SLM060)

<R> REFUSED (GO TO SLM060)

SLM040 In a typical week over the past month, how many days out of 7 did you usually have a daytime or evening nap?

<0> LESS THAN 1 DAY PER WEEK IN THE LAST MONTH

<1> 1 DAY

<2> 2 DAYS

SLEEP SURVEY FOR MINORS

<3> 3 DAYS

<4> 4 DAYS

<5> 3 DAYS

<6> 4 DAYS

<7> 3 DAYS

<D> DON'T KNOW

<R> REFUSED

SLM050 On average, how many hours and minutes do you usually nap at one time? For example: 0 hours and 45 minutes.

HOURS

<0-4> NUMBER

<D> DON'T KNOW

<R> REFUSED

MINUTES

<0-59> NUMBER

SLM060 Over the past month, how would you rate your sleep quality overall? Excellent, Very Good, Good, Fair, or Poor?

<1> EXCELLENT

<2> VERY GOOD

<3> GOOD

<4> FAIR

<5> POOR

<D> DON'T KNOW

<R> REFUSED

SLM070 In the past 12 months, how often did you snore while you were sleeping?

[HAND CARD]

<1> NEVER

<2> RARELY (1-2 NIGHTS PER WEEK)

<3> OCCASIONALLY (3-4 NIGHTS PER WEEK)

<4> FREQUENTLY (5 OR MORE NIGHTS PER WEEK)

<D> DON'T KNOW

<R> REFUSED

SLEEP SURVEY FOR MINORS

SLM080 In the past 12 months, how often did you snort, gasp, or stop breathing while you were asleep?
[HAND CARD]

- <1> NEVER
- <2> RARELY (1-2 NIGHTS PER WEEK)
- <3> OCCASIONALLY (3-4 NIGHTS PER WEEK)
- <4> FREQUENTLY (5 OR MORE NIGHTS PER WEEK)

- <D> DON'T KNOW
- <R> REFUSED

SLM090 Have you ever been told by a doctor or other health professional that you have sleep apnea?

- <1> YES
- <2> NO (SKIP TO SLM110)

- <D> DON'T KNOW (SKIP TO SLM110)
- <R> REFUSED (SKIP TO SLM110)

SLM100 Which treatments for sleep apnea have you had? **[Check all that apply]**.
[HAND CARD]

- <1> NONE
- <2> WEIGHT LOSS
- <3> CPAP/BIPAP
- <4> SURGERY
- <5> DENTAL DEVICE
- <6> TONSILS AND/OR ADENOIDS REMOVED
- <76> OTHER, **PLEASE SPECIFY**

- <D> DON'T KNOW
- <R> REFUSED

SLM110 Have you ever been told by a doctor or other health professional that you have a sleep disorder other than sleep apnea including insomnia, restless legs, narcolepsy or another sleep condition? **[Check all that apply]**.

[HAND CARD]

- <1> INSOMNIA

SLEEP SURVEY FOR MINORS

- <2> RESTLESS LEG
- <3> NARCOLEPSY
- <4> OTHER, **PLEASE SPECIFY**

- <D> DON'T KNOW
- <R> REFUSED

SLM120 **In the past month**, how often did you have trouble falling asleep?

[HAND CARD]

- <1> NEVER
- <2> RARELY (1 TIME A MONTH)
- <3> SOMETIMES (2-4 TIMES A MONTH)
- <4> OFTEN (5-15 TIMES A MONTH)
- <5> ALMOST ALWAYS (16-30 TIMES A MONTH)

- <D> DON'T KNOW
- <R> REFUSED

SLM130 **In the past month**, how often did you wake up during the night and have trouble getting back to sleep?

[HAND CARD]

- <1> NEVER
- <2> RARELY (1 TIME A MONTH)
- <3> SOMETIMES (2-4 TIMES A MONTH)
- <4> OFTEN (5-15 TIMES A MONTH)
- <5> ALMOST ALWAYS (16-30 TIMES A MONTH)

- <D> DON'T KNOW
- <R> REFUSED

SLM140 **In the past month**, how often did you wake up too early in the morning and were unable to get back to sleep?

[HAND CARD]

- <1> NEVER
- <2> RARELY (1 TIME A MONTH)
- <3> SOMETIMES (2-4 TIMES A MONTH)
- <4> OFTEN (5-15 TIMES A MONTH)
- <5> ALMOST ALWAYS (16-30 TIMES A MONTH)

SLEEP SURVEY FOR MINORS

<D> DON'T KNOW

<R> REFUSED

SLM150 **In the past month**, how often did you feel excessively sleepy during the day?

[HAND CARD]

<1> NEVER

<2> RARELY (1 TIME A MONTH)

<3> SOMETIMES (2-4 TIMES A MONTH)

<4> OFTEN (5-15 TIMES A MONTH)

<5> ALMOST ALWAYS (16-30 TIMES A MONTH)

<D> DON'T KNOW

<R> REFUSED

SLM200 How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? [This refers to your usual way of life in recent times. Even if you have not done some of these things recently, try to work out how they would have affected you.]

Sitting and reading?

[HAND CARD]

<1> NO CHANCE

<2> SLIGHT CHANCE

<3> SOME CHANCE

<4> HIGH CHANCE

<D> DON'T KNOW

<R> REFUSED

SLM210 Watching TV?

[HAND CARD]

<1> NO CHANCE

<2> SLIGHT CHANCE

<3> SOME CHANCE

<4> HIGH CHANCE

<D> DON'T KNOW

SLEEP SURVEY FOR MINORS

<R> REFUSED

SLM220 Sitting inactive in a public place (such as a theater or a meeting)?

[HAND CARD]

<1> NO CHANCE

<2> SLIGHT CHANCE

<3> SOME CHANCE

<4> HIGH CHANCE

<D> DON'T KNOW

<R> REFUSED

SLM230 As a passenger in a car for an hour without break?

[HAND CARD]

<1> NO CHANCE

<2> SLIGHT CHANCE

<3> SOME CHANCE

<4> HIGH CHANCE

<D> DON'T KNOW

<R> REFUSED

SLM240 Lying down to rest in the afternoon when circumstances permit?

[HAND CARD]

<1> NO CHANCE

<2> SLIGHT CHANCE

<3> SOME CHANCE

<4> HIGH CHANCE

<D> DON'T KNOW

<R> REFUSED

SLM250 Sitting and talking to someone?

[HAND CARD]

<1> NO CHANCE

<2> SLIGHT CHANCE

<3> SOME CHANCE

SLEEP SURVEY FOR MINORS

<4> HIGH CHANCE

<D> DON'T KNOW

<R> REFUSED

SLM260 Sitting quietly after lunch?

[HAND CARD]

<1> NO CHANCE

<2> SLIGHT CHANCE

<3> SOME CHANCE

<4> HIGH CHANCE

<D> DON'T KNOW

<R> REFUSED

SLM270 Doing homework or taking a test

[HAND CARD]

<1> NO CHANCE

<2> SLIGHT CHANCE

<3> SOME CHANCE

<4> HIGH CHANCE

<D> DON'T KNOW

<R> REFUSED

IF AGE < 12 AND >= 3SLM310 What is your child's usual bedtime on weeknights?
HOUR

<0-12> NUMBER

<D> DON'T KNOW

<R> REFUSED

MINUTES

<0-59> NUMBER

AND AM/PM

SLEEP SURVEY FOR MINORS

<1> AM

<2> PM

SLM320 What is your child's usual bedtime on weekends?

HOUR

<0-12> NUMBER

<D> DON'T KNOW

<R> REFUSED

MINUTES

<0-59> NUMBER

AND AM/PM

<1> AM

<2> PM

SLM330_Pre The following statements are about your **[MINOR'S FIRST NAME]**'s sleep habits and possible difficulties with sleep. Think about the past week in your life when you answer the questions. If last week was unusual for a specific reason, choose the most recent typical week.

INTERVIEWER: HIT ENTER TO CONTINUE

SLM330 Your child goes to bed about at the same time at night

[Check Always if something occurs every night, Usually if it occurs 5 or 6 times a week, Sometimes if it occurs 2 to 4 times a week, Rarely if it occurs once a week, and Never if it occurs less than once a week.

[HAND CARD]

<1> ALWAYS (7)

<2> USUALLY (5-6)

<3> SOMETIMES (2-4)

<4> RARELY (1)

<5> NEVER (0)

<D> DON'T KNOW

<R> REFUSED

SLM340 Your child falls asleep within 20 minutes of going to bed

SLEEP SURVEY FOR MINORS

[Check Always if something occurs every night, Usually if it occurs 5 or 6 times a week, Sometimes if it occurs 2 to 4 times a week, Rarely if it occurs once a week, and Never if it occurs less than once a week.

[HAND CARD]

- <1> ALWAYS (7)
- <2> USUALLY (5-6)
- <3> SOMETIMES (2-4)
- <4> RARELY (1)
- <5> NEVER (0)
- <D> DON'T KNOW
- <R> REFUSED

SLM350 Your child resists going to bed at bedtime

[Check Always if something occurs every night, Usually if it occurs 5 or 6 times a week, Sometimes if it occurs 2 to 4 times a week, Rarely if it occurs once a week, and Never if it occurs less than once a week.

[HAND CARD]

- <1> ALWAYS (7)
- <2> USUALLY (5-6)
- <3> SOMETIMES (2-4)
- <4> RARELY (1)
- <5> NEVER (0)
- <D> DON'T KNOW
- <R> REFUSED

SLM360 Your child sleeps about the same amount each day

[Check Always if something occurs every night, Usually if it occurs 5 or 6 times a week, Sometimes if it occurs 2 to 4 times a week, Rarely if it occurs once a week, and Never if it occurs less than once a week.

[HAND CARD]

- <1> ALWAYS (7)
- <2> USUALLY (5-6)
- <3> SOMETIMES (2-4)
- <4> RARELY (1)
- <5> NEVER (0)
- <D> DON'T KNOW
- <R> REFUSED

SLEEP SURVEY FOR MINORS

SLM370 Your child is restless and moves a lot during sleep

[Check Always if something occurs every night, Usually if it occurs 5 or 6 times a week, Sometimes if it occurs 2 to 4 times a week, Rarely if it occurs once a week, and Never if it occurs less than once a week.

[HAND CARD]

<1> ALWAYS (7)
<2> USUALLY (5-6)
<3> SOMETIMES (2-4)
<4> RARELY (1)
<5> NEVER (0)
<D> DON'T KNOW
<R> REFUSED

SLM380 Your child snores loudly

[Check Always if something occurs every night, Usually if it occurs 5 or 6 times a week, Sometimes if it occurs 2 to 4 times a week, Rarely if it occurs once a week, and Never if it occurs less than once a week.

[HAND CARD]

<1> ALWAYS (7)
<2> USUALLY (5-6)
<3> SOMETIMES (2-4)
<4> RARELY (1)
<5> NEVER (0)
<D> DON'T KNOW
<R> REFUSED

SLM390 Your child naps during the day

[Check Always if something occurs every night, Usually if it occurs 5 or 6 times a week, Sometimes if it occurs 2 to 4 times a week, Rarely if it occurs once a week, and Never if it occurs less than once a week.

[HAND CARD]

<1> ALWAYS (7)
<2> USUALLY (5-6)
<3> SOMETIMES (2-4)
<4> RARELY (1)
<5> NEVER (0)

SLEEP SURVEY FOR MINORS

<D> DON'T KNOW

<R> REFUSED

SLM395 How long do the naps usually last?

HOURS

<0-4> NUMBER

<D> DON'T KNOW

<R> REFUSED

MINUTES

<0-59> NUMBER

SLM400 What is the average number of night wakings per night?

<0-12> NUMBER

<D> DON'T KNOW

<R> REFUSED

SLM420 What time does your child usually wake up on weekdays?

HOUR

<0-12> NUMBER

<D> DON'T KNOW

<R> REFUSED

MINUTES

<0-59> NUMBER

AND AM/PM

<1> AM

<2> PM

SLM430 What time does your child usually wake up on weekends?

HOUR

<0-12> NUMBER

<D> DON'T KNOW

<R> REFUSED

MINUTES

<0-59> NUMBER

AND AM/PM

<1> AM

<2> PM

IF AGE < 3

SLM610 The following questions are about your child's sleep habits and possible difficulties with sleep.

In what position does your child sleep most of the time?

<1> ON HIS/HER BELLY

<2> ON HIS/HER SIDE

<3> ON HIS/HER BACK

<D> DON'T KNOW

<R> REFUSED

SLM620 How much time does your child spend in sleep during the NIGHT (between 7 in the evening and 7 in the morning)?

HOURS:

<0-12> NUMBER

<D> DON'T KNOW

<R> REFUSED

AND MINUTES

<0-59> NUMBER

<D> DON'T KNOW

<R> REFUSED

SLM630 How much time does your child spend in sleep during the DAY (between 7 in the morning and 7 in the evening)?

HOURS:

<0-12> NUMBER

<D> DON'T KNOW

SLEEP SURVEY FOR MINORS

<R> REFUSED

AND MINUTES

<0-59> NUMBER

<D> DON'T KNOW

<R> REFUSED

SLM640 What is the average number of night wakings per night?

<0-12> NUMBER

<D> DON'T KNOW

<R> REFUSED

SLM650 How much time during the night does your child spend in wakefulness (from 10 in the evening to 6 in the morning)?

HOURS:

<0-8> NUMBER

<D> DON'T KNOW

<R> REFUSED

AND MINUTES

<0-59> NUMBER

<D> DON'T KNOW

<R> REFUSED

SLM660 How long does it take to put your child to sleep in the evening?

HOURS:

<0-4> NUMBER

<D> DON'T KNOW

<R> REFUSED

AND MINUTES

<0-59> NUMBER

<D> DON'T KNOW

SLEEP SURVEY FOR MINORS

<R> REFUSED

SLM670 How does your child fall asleep? Enter all that apply

[HAND CARD]

- <1> WHILE FEEDING
- <2> BEING ROCKED
- <3> BEING HELD
- <4> IN BED ALONE
- <5> IN BED NEAR PARENT
- <D> DON'T KNOW
- <R> REFUSED

SLM680 When does your child usually fall asleep for the night:

HOUR

- <0-12> NUMBER
- <D> DON'T KNOW
- <R> REFUSED

MINUTES

- <0-59> NUMBER
- <D> DON'T KNOW
- <R> REFUSED

AND AM/PM

- <1> AM
- <2> PM

SLM690 Do you consider your child's sleep as a serious problem, a small problem, or not a problem at all?

- <1> A SERIOUS PROBLEM
- <2> A SMALL PROBLEM
- <3> NOT A PROBLEM AT ALL
- <D> DON'T KNOW
- <R> REFUSED

PHYSICAL MEASUREMENTS IN MINORS
FOR AGES >=3

ANT060r2 Standing Height

<80-250> centimeters

<d> Don't know <r> Refused

Value One: _____ cm Retype: _____ cm

You entered a height of [Fill ANT060@a1] centimeters which is calculated to be [CALCULATE] inches. Hit ENTER to continue.

Value Two: _____ cm Retype: _____ cm

You entered a height of [Fill ANT060@b1] centimeters which is calculated to be [CALCULATE] inches. Hit ENTER to continue.

[If difference between value one and value two is greater than 2 inches, the instrument should prompt for a third value.]

Value Three _____ cm Retype: _____ cm

You entered a height of [Fill ANT060@c1] centimeters which is calculated to be [CALCULATE] inches. Hit ENTER to continue.

Able to stand straight?

<1> Yes

<2> No

Shoes kept one?

<1> Yes (why? – SPECIFY)

<2> No

Comments?

<1> Enter Comments

<2> No Comments

ANT070 Standing Weight:

<25.0-500.0> kilograms

<d> Don't know <r> Refused

Value One: _____ kg

You entered a weight of [Fill ANT070@a] kilograms which is calculated to be [CALCULATE] pounds. (F9 TO GO BACK)

Own clothes kept on?

<1> Yes (why? – SPECIFY)

PHYSICAL MEASUREMENTS IN MINORS

<2> No

Two scales used?

<1> Yes

<2> No

Comments?

<1> Enter Comments

<2> No Comments

ANT_POST For ease of completing the Today's Value screen:

Today's Height Measurement: in _____cm

Today's Weight Measurement: lbs _____kg

INTERVIEWER: HIT ENTER TO CONTINUE

**FOR AGES >=6
IF AGE < 6 THEN END SURVEY**

ANT001 Are there any restrictions to choice of arm/vein?

Arm: <1> Right <2> Left

Mastectomy: <1> Yes <2> No R: _____ L: _____

Sore or injured: <1> Yes <2> No R: _____ L: _____

Dialysis shunt: <1> Yes <2> No R: _____ L: _____

ANT010 Forearm measurement from shoulder to elbow:

<10-70> centimeters

<d> Don't know <r> Refused

Value one: _____ cm

[ANT020 calculate midpoint]

Comments?

<1> Enter Comments

<2> No Comments

ANT030 Right Mid-Arm Circumference:

<3-76> centimeters

<d> Don't know <r> Refused

Value one: _____ cm

PHYSICAL MEASUREMENTS IN MINORS

Comments?

<1> Enter Comments

<2> No Comments

IF ANT030 < 17 THEN SKIP TO SPM010_PRE

IF ANT030 > 50 THEN SKIP TO SPM010_PRE

ANT031

(Calculated)

The appropriate cuff size to use based on input measurements is:

(Small:17-22, Medium: 22-32, Large: 32-42, Extra Large: 42 to 50, No Cuff (<17
or >50))

ANT032

What cuff size was used for this participant?

<1> Small

<2> Medium

<3> Large

<4> Extra Large

BP040

Blood Pressure Readings:

<50-250> Systolic / <35-150> Diastolic

<d> Don't know <r> Refused

First BP: ____ / ____

Second BP: ____ / ____

Third BP: ____ / ____

Average: ____ / ____

Comments?

<1> Enter Comments

<2> No Comments

BP050

Average Pulse:

<30-150> beats per minute

<d> Don't know <r> Refused

____ beats per minute

Comments?

<1> Enter Comments

<2> No Comments

IF RHM180 = 1 AND AGE >= 6

SPM010_PRE

The next test we'd like to do is one that will measure the amount (volume)
and speed at which air flows to and from your lungs when you breathe.

PHYSICAL MEASUREMENTS IN MINORS

SPM210 For this next test I will ask you to take a deep breath, then blow out as hard and as fast as you can using a mouthpiece connected to the machine with tubing. The spirometer then measures the total amount exhaled, called the forced vital capacity for FVC, and how much you exhaled the first second, called the forced expiratory volume in 1 second, or FEV1.

SPI250 FEV1/FVC READINGS

<0-20> <d> Don't know <r> Refused

#	FEV1	FVC
1	_____	_____
2	_____	_____
3	_____	_____

If necessary:

(2 FEV1 values much be within 10% of the highest value)

#	FEV1
4	_____
5	_____
6	_____
7	_____
8	_____

ACCELEROMETRY (ACC)

ACC010 We would now like to instruct you of the use of activity monitors. These monitors are worn and used similar to a pedometer.

[Handover Instructions – and work through the main points and answer any questions the participant might have]

[Hit Enter to Continue]

ACC020 [Complete the dispensing procedures for these accelerometers before moving forward to make sure that the devices have been correctly initialized. Is the Dispensing procedures form completed and filled in?]

<1> YES <SKIP TO ACC060>

<2> NO

ACC030 [Please enter in comments for why the Dispensing procedures were not completed. Do not provide accelerometers to this participant.]

[END SECTION]

ACC060 [Subject's wrist accelerometer number **{WRIST_ID: Monocle}**]

XXXX (1000-9999)