

Questionnaire

Participant ID

1. Date today:

(yyyy-mm-dd)

2. Did the participant consent to being recontacted for future studies? (Copy from consent form.) a. for herself

- Yes
 No

b. for her child

- Yes
 No

Sociodemographics - Mother

3. What is your date of birth?

(year)

(month)

4. What is your current marital status or living arrangement? CHECK ONLY ONE BOX

- Now married
 Living together in a marriage-like relationship
 Separated
 Divorced
 Widowed
 Never married

5. Which one of the following best describes your current employment status? CHECK ONLY ONE BOX

- Employed full-time
 Employed part-time
 Full-time homemaker
 Student
 Not employed
 Never worked

6. Which one of the following best describes your ethnic origin? (Read categories from the list for your Field Center and enter only one.)

7. How many years of school have you completed?

Family History of Diabetes- Mother

8. Has your mother ever been told by a medical person that she has diabetes? CHECK ONLY ONE BOX

Yes
 No
 Don't know

9. Has your father ever been told by a medical person that he has diabetes? CHECK ONLY ONE BOX

Yes
 No
 Don't know

10. Has a brother or sister ever been told by a medical person that he or she has diabetes? CHECK ONLY ONE BOX

Yes
 No
 Don't know
 Not applicable

11. Have any of your children, other than your HAPO child, ever been told by a medical person that he or she has diabetes? CHECK ONLY ONE BOX

Yes
 No
 Don't know
 Not applicable

Family History of Hypertension- Mother

12. Has your mother ever been told by a medical person that she has hypertension or high blood pressure? CHECK ONLY ONE BOX

Yes
 No
 Don't know

13. Has your father ever been told by a medical person that he has hypertension or high blood pressure? CHECK ONLY ONE BOX

Yes
 No
 Don't know

14. Has a brother or sister ever been told by a medical person that he or she has hypertension or high blood pressure? CHECK ONLY ONE BOX

Yes
 No
 Don't know
 Not applicable

15. Have any of your children, other than your HAPO child, ever been told by a medical person that he or she has hypertension or high blood pressure? CHECK ONLY ONE BOX

Yes
 No
 Don't know
 Not applicable

Smoking- Mother

16. How many cigarettes do you smoke in a typical day? CHECK ONLY ONE BOX

None
 1-10 (half a pack of less)
 >10 (more than half a pack)
 Don't know
 Refused

17. Do you regularly use any other form of tobacco (e.g. cigarillos)? CHECK ONLY ONE BOX

Yes
 No

18. Does your HAPO child smoke? CHECK ONLY ONE BOX

Yes
 No

19. Does anyone else in your household smoke? CHECK ONLY ONE BOX

Yes
 No

Alcohol- Mother

20. How many drinks of alcohol do you consume in a typical day? CHECK ONLY ONE BOX

- None
 Less than 1 drink per day
 1 to 2 drinks per day
 More than 2 drinks per day
 Don't know
 Refused

Medical History and Medication Use - Mother

21. Do you still have periods? CHECK ONLY ONE BOX

- Yes
 No (If No, SKIP to Question 25.)

22. Are your periods regular or irregular? CHECK ONLY ONE BOX

- Regular
 Irregular

23. What was the first day of your last period?

_____ (yyyy-mm-dd)

24. Do you currently use birth control pills or other hormonal contraceptives? CHECK ONLY ONE BOX. SKIP to Question 31.

- Yes
 No

25. Have you had a hysterectomy? CHECK ONLY ONE BOX

- Yes
 No (If No, SKIP to Question 28.)

26. Were your ovaries removed? CHECK ONLY ONE BOX

- Yes
 No
 Don't know

27. Are you on hormonal replacement therapy? CHECK ONLY ONE BOX. SKIP to Question 31.

- Yes
 No

28. Do you currently use any contraceptives (e.g., IUD, pills, shots, patches) that stop your periods? CHECK ONLY ONE BOX

- Yes (If Yes, SKIP to Question 31.)
 No

29. Did your periods stop naturally? CHECK ONLY ONE BOX

- Yes
 No

30. Are you on hormonal replacement therapy?

- Yes
 No

31. Are you taking medication for treatment of hypertension, high blood pressure, or protein in your urine? CHECK ONLY ONE BOX

- Yes
 No

32. Are you taking medication for treatment of high cholesterol? CHECK ONLY ONE BOX

- Yes
 No

33. Have you ever had a heart attack or stroke? CHECK ONLY ONE BOX

- Yes
 No

34. In the past year, have you intentionally lost 10 pounds (4.5 kg) or more? CHECK ONLY ONE BOX

- Yes
 No

Medical History and Medication Use - HAPO Child's Father

35. Do you know how much the biological father of your HAPO child currently weighs? Yes
 No (If No, SKIP to Question 38.)

36. Do you know his weight in pounds or kilograms? lbs
 kg

37. How much does he currently weigh?

_____ (lbs)

37. How much does he currently weigh?

_____ (kg)

38. Do you know his height? Yes
 No (If No, SKIP to Question 42.)

39. Do you know his height in feet and inches or centimeters? ft/in
 cm (If cm, SKIP to Question 41.)

40. How tall is he?

_____ (feet)

SKIP to Question 42.

_____ (inches)

41. How tall is he?

_____ (cm)

42. Is he taking medication for treatment of diabetes? CHECK ONLY ONE BOX Yes
 No
 Don't know

43. Is he taking medication for treatment of hypertension or high blood pressure? CHECK ONLY ONE BOX Yes
 No
 Don't know

44. Is he taking medication for treatment of high cholesterol? CHECK ONLY ONE BOX Yes
 No
 Don't know

45. Has he ever had a stroke or heart attack? CHECK ONLY ONE BOX Yes
 No
 Don't know

Pregnancy and Breastfeeding- Mother

46. Following the birth of your HAPO child, how many subsequent pregnancies did you have that lasted 20 weeks or longer?

47. Did you ever breastfeed your HAPO baby?

- Yes
 No (If No, SKIP to Question 51.)

48. How old was your baby (in months) when you stopped breastfeeding?

49. Did you use formula while breastfeeding?

- Yes
 No (If No, SKIP to Question 51.)

50. How old was your baby (in months) when you started to use formula?

51. How old was your baby (in months) when you started to give him/her food other than milk?

52. Did any major life stressors occur during your pregnancy with your HAPO child?

- Yes
 No

Physical Activity and Sleep- Mother

53. Do you exercise or do vigorous physical activity (that makes you sweat) for 30 minutes or more at least 3 days a week?

- Yes
 No

54. On a typical week night, what time do you go to sleep? (24-hour clock)

(hh:mm)

55. On a typical week day, what time do you wake up in the morning? (24-hour clock)

(hh:mm)

56. On a typical weekend night, what time do you go to sleep? (24-hour clock)

(hh:mm)

57. On a typical weekend day, what time do you wake up in the morning? (24-hour clock)

(hh:mm)

Medical History and Medication Use- Child

58. What is your HAPO child's date of birth?

(year)

(month)

59. What is your HAPO child's gender? (If Male, SKIP to Question 63.)

- Male
 Female

60. Has she started menstruating? (If No, SKIP to Question 63.)

- Yes
 No

61. What year and month did she first start menstruating?

_____ (year)

_____ (month)

62. Are her periods regular?

- Yes
 No

63. Has a medical person told you that your child has any of these specific health problems? CHECK ALL THAT APPLY

- Down's syndrome or other chromosomal abnormality
 Thyroid problem (either under or overactive)
 Adrenal problem
 Pituitary problem
 Puberty that was too early
 Heart problem
 Arthritis
 Problems absorbing food
 Stomach problem
 Intestinal problem
 Liver problem
 Kidney problem
 Skeletal or bone problem
 Cancer
 Other
 None

If "Other", please specify:

64. Has your HAPO child taken steroid pills for treatment of asthma or another medical condition for a total of three months or more? CHECK ONLY ONE BOX

- Yes
 No

65. Has your HAPO child had his or her tonsils taken out? CHECK ONLY ONE BOX

- Yes
 No

Physical Activity and Sleep - Child

66. On a typical school day, on average, over the past 6 months, how many hours per day has your child spent watching TV or playing computer games not requiring physical activity?

_____ (hour(s))

67. On a typical non-school day, on average, over the past 6 months, how many hours per day has your child spent watching TV or playing computer games not requiring physical activity?

_____ (hour(s))

68. On a typical school night, what time does your child go to sleep? (24-hour clock)

_____ (hh:mm)

69. On a typical school day, what time does your child wake up in the morning? (24-hour clock)

_____ (hh:mm)

70. On a typical non-school day, what time does your child go to sleep? (24-hour clock)

_____ (hh:mm)

71. On a typical non-school day, what time does your child wake up in the morning? (24-hour clock)

_____ (hh:mm)

72. HAPO staff ID of person completing this form:

73. HAPO staff ID of person entering data into Data Entry System

Physical Measurements Mother

1. Visit date:

Urine Sample

2. a. Was the urine sample collected? CHECK ONLY ONE BOX [Specimen cup, Bar-code label 706]

- Yes
 No (If No, SKIP to Question 3.)

b. What time was the urine sample collected? (24-hour clock)

(hh:mm)

3. HAPO staff ID of person collecting urine sample:

Blood Pressure

4. Which arm was used to obtain blood pressure measurements? CHECK ONLY ONE BOX

- Right
 Left

5. Was an Omron 705 electronic machine used to obtain blood pressure measurements? CHECK ONLY ONE BOX

- Yes (If Yes, SKIP to Question 8.)
 No

6. Pulse obliteration pressure:

(mmHg)

7. Peak inflation pressure: [Pulse obliteration pressure + 30 mm Hg]

(mmHg)

8. a. Seated arm blood pressure reading 1: [after sitting 5 minutes]

(Systolic BP mmHg)

(Diastolic BP mmHg)

b. Heart rate (beats per minute):

9. a. Seated arm blood pressure reading 2: [after sitting an additional 1-2 minutes]

(Systolic BP mmHg)

(Diastolic BP mmHg)

b. Heart rate (beats per minute):

10. a. Seated arm blood pressure reading 3: [after sitting an additional 1-2 minutes]

_____ (Systolic BP mmHg)

_____ (Diastolic BP mmHg)

b. Heart rate (beats per minute):

11. HAPO staff ID of person measuring blood pressure:

Height

12. Were shoes removed for height measurements? CHECK ONLY ONE BOX

- Yes
 No

13. Is height measured in centimeters (cm) or inches (in)? CHECK ONLY ONE BOX

- cm
 in

14. Height measurement: a. First measurement:

14. Height measurement: a. First measurement:

b. Second measurement: (If first and second measurements differ by ≤ 1 cm or 0.5 in, SKIP to Question 15.)

b. Second measurement: (If first and second measurements differ by ≤ 1 cm or 0.5 in, SKIP to Question 15.)

c. Third measurement:

c. Third measurement:

15. HAPO staff ID of person performing height measurements:

BOD POD

16. Was BOD POD measurement completed?

- Yes (If Yes, SKIP to Question 18.)
 No

17. Why was the BOD POD not completed? CHECK ONLY ONE BOX

- Claustrophobia
 Refused changing into a swimsuit or tight-fitting clothing
 Equipment malfunction
 Other

If "Other", please specify: (SKIP to Question 19.)

18. % Fat measurement from BOD POD:

(%)

19. Body mass (weight) measurement from BOD POD in kg:

(kg)

20. HAPO staff ID of person completing BOD POD measurements:

Waist Circumference

21. Waist circumference measurement at top of iliac crest: a. First measurement:

(cm)

b. Second measurement: (If first and second measurements differ by $< =1.0$ cm, SKIP to Question 22.)

(cm)

c. Third measurement:

(cm)

22. Waist circumference measurement at midpoint between lowest rib and iliac crest: a. First measurement:

(cm)

b. Second measurement: (If first and second measurements differ by $< =1.0$ cm, SKIP to Question 23.)

(cm)

c. Third measurement:

(cm)

23. Hip circumference measurement: a. First measurement:

(cm)

b. Second measurement: (If first and second measurements differ by $< =1.0$ cm, SKIP to Question 24.)

(cm)

c. Third measurement:

(cm)

24. HAPO staff ID of person completing waist and hip circumference measurements:

Data Entry Completion

25. HAPO staff ID of person entering data into the Data Entry System:

Physical Measurements Child

1. Visit date:

Urine Sample

2. a. Was the urine sample collected? CHECK ONLY ONE BOX [Specimen cup, Bar-code label 606]

- Yes
 No (If No, SKIP to Question 3.)

b. What time was the urine sample collected? (24-hour clock)

 (hh:mm)

3. HAPO staff ID of person collecting urine sample:

Blood Pressure

4. Which arm was used to obtain blood pressure measurements? CHECK ONLY ONE BOX

- Right
 Left

5. Was an Omron 705 electronic machine used to obtain blood pressure measurements? CHECK ONLY ONE BOX

- Yes (If Yes, SKIP to Question 8.)
 No

6. Pulse obliteration pressure:

 (mmHg)

7. Peak inflation pressure: [Pulse obliteration pressure + 30 mm Hg]

 (mmHg)

8. a. Seated arm blood pressure reading 1: [after sitting 5 minutes]

 (Systolic BP mmHg)

 (Diastolic BP mmHg)

b. Heart rate (beats per minute):

9. a. Seated arm blood pressure reading 2: [after sitting an additional 1-2 minutes]

 (Systolic BP mmHg)

 (Diastolic BP mmHg)

b. Heart rate (beats per minute):

10. a. Seated arm blood pressure reading 3: [after sitting an additional 1-2 minutes]

_____ (Systolic BP mmHg)

_____ (Diastolic BP mmHg)

b. Heart rate (beats per minute):

11. HAPO staff ID of person measuring blood pressure:

Height

12. Were shoes removed for height measurements? CHECK ONLY ONE BOX

- Yes
 No

13. Is height measured in centimeters (cm) or inches (in)? CHECK ONLY ONE BOX

- cm
 in

14. Height measurement: a. First measurement:

14. Height measurement: a. First measurement:

b. Second measurement: (If first and second measurements differ by ≤ 1 cm or 0.5 in, SKIP to Question 15.)

b. Second measurement: (If first and second measurements differ by ≤ 1 cm or 0.5 in, SKIP to Question 15.)

c. Third measurement:

c. Third measurement:

15. HAPO staff ID of person performing height measurements:

BOD POD

16. Was BOD POD measurement completed?

- Yes (If Yes, SKIP to Question 18.)
 No

17. Why was the BOD POD not completed? CHECK ONLY ONE BOX

- Claustrophobia
 Refused changing into a swimsuit or tight-fitting clothing
 Equipment malfunction
 Other

If "Other", please specify: (SKIP to Question 19.)

18. % Fat measurement from BOD POD:

(%)

19. Body mass (weight) measurement from BOD POD in kg:

(kg)

20. HAPO staff ID of person completing BOD POD measurements:

Waist Circumference

21. Waist circumference measurement at top of iliac crest: a. First measurement:

(cm)

b. Second measurement: (If first and second measurements differ by ≤ 1.0 cm, SKIP to Question 22.)

(cm)

c. Third measurement:

(cm)

22. Waist circumference measurement at midpoint between lowest rib and iliac crest: a. First measurement:

(cm)

b. Second measurement: (If first and second measurements differ by ≤ 1.0 cm, SKIP to Question 23.)

(cm)

c. Third measurement:

(cm)

Arm Circumference

23. Arm circumference measurement at midpoint of upper arm: a. First measurement:

(cm)

b. Second measurement: (If first and second measurements differ by ≤ 1.0 cm, SKIP to Question 24.)

(cm)

c. Third measurement:

(cm)

Skinfolds

24. Triceps skinfold measurements: a. First measurement:

_____ (mm)

b. Second measurement: (If first and second measurements differ by ≤ 1 mm, SKIP to Question 25.)

_____ (mm)

c. Third measurement:

_____ (mm)

25. Subscapular skinfold measurements: a. First measurement:

_____ (mm)

b. Second measurement: (If first and second measurements differ by ≤ 1 mm, SKIP to Question 26.)

_____ (mm)

c. Third measurement:

_____ (mm)

26. Suprailiac skinfold measurements: a. First measurement:

_____ (mm)

b. Second measurement: (If first and second measurements differ by ≤ 1 mm, SKIP to Question 27.)

_____ (mm)

c. Third measurement:

_____ (mm)

27. HAPO staff ID of person completing waist circumference, arm circumference, and skinfold measurements:

Pubertal Assessment

28. Is the child male or female? CHECK ONLY ONE BOX

- Male
 Female (If Female, SKIP to Question 34.)

29. Self-assessed genitalia using pictograms: CHECK ONLY ONE BOX

- Tanner Stage 1
 Tanner Stage 2
 Tanner Stage 3
 Tanner Stage 4
 Tanner Stage 5
 Child refused

30. Self-assessed pubic hair using pictograms: CHECK ONLY ONE BOX

- Tanner Stage 1
- Tanner Stage 2
- Tanner Stage 3
- Tanner Stage 4
- Tanner Stage 5
- Child refused

31. Genitalia Tanner stage assessed by trained medical person using visual inspection: CHECK ONLY ONE BOX

- Tanner Stage 1
- Tanner Stage 2
- Tanner Stage 3
- Tanner Stage 4
- Tanner Stage 5
- Child refused

32. Pubic hair Tanner stage assessed by trained medical person using visual inspection: CHECK ONLY ONE BOX

- Tanner Stage 1
- Tanner Stage 2
- Tanner Stage 3
- Tanner Stage 4
- Tanner Stage 5
- Child refused

33. Testicular volume assessment by trained medical person using orchidometer a. Right testicle: CHECK ONLY ONE BOX

- 1-2 ml
- 3 ml
- 4 ml
- 5 ml
- 6 ml
- 8 ml
- 10 ml
- 12 ml
- 15 ml
- 20 ml
- 25 ml
- Undescended
- Known to be absent
- Child refused

b. Left testicle: CHECK ONLY ONE BOX (SKIP to Question 36.)

- 1-2 ml
- 3 ml
- 4 ml
- 5 ml
- 6 ml
- 8 ml
- 10 ml
- 12 ml
- 15 ml
- 20 ml
- 25 ml
- Undescended
- Known to be absent
- Child refused

34. Self-assessed Tanner stage using pictograms: CHECK ONLY ONE BOX

- Tanner Stage 1
- Tanner Stage 2
- Tanner Stage 3
- Tanner Stage 4
- Tanner Stage 5
- Child refused

35. Tanner stage assessment by trained medical person: a. Right breast: CHECK ONLY ONE BOX

- Tanner Stage 1
- Tanner Stage 2
- Tanner Stage 3
- Tanner Stage 4
- Tanner Stage 5
- Child refused

b. Left breast: CHECK ONLY ONE BOX

- Tanner Stage 1
- Tanner Stage 2
- Tanner Stage 3
- Tanner Stage 4
- Tanner Stage 5
- Child refused

36. HAPO staff ID of person completing pubertal assessment:

37. HAPO staff ID of person transcribing pubertal assessments from Pubertal Assessment Tool Kit to Physical Measurements- Child form:

Data Entry Completion

38. HAPO staff ID of person entering data into Data Entry System:
