

Data Entry Done

Re-Entered

Participant ID

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HAPO FOLLOW-UP STUDY PHYSICAL MEASUREMENTS – MOTHER

1. Visit date:	201__ / __ / __ Year Mo Day
Urine Sample	
2. a. Was the urine sample collected? CHECK ONLY ONE BOX [Specimen cup, Bar-code label 706]	<input type="checkbox"/> Yes <i>(If No, SKIP to Question 3.)</i> <input type="checkbox"/> No
b. What time was the urine sample collected? (24-hour clock)	___ : ___
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	<input type="checkbox"/> Right <input type="checkbox"/> Left
5. Was an Omron 705 electronic machine used to obtain blood pressure measurements? CHECK ONLY ONE BOX	<i>(If Yes, SKIP to Question 8.)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Pulse obliteration pressure:	___ mmHg
7. Peak inflation pressure: [Pulse obliteration pressure + 30 mm Hg]	___ mmHg

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<p>8. a. Seated arm blood pressure reading 1: [after sitting 5 minutes] _____ / _____ mmHg</p> <p>b. Heart rate (beats per minute): _____</p>
<p>9. a. Seated arm blood pressure reading 2: [after sitting an additional 1-2 minutes] _____ / _____ mmHg</p> <p>b. Heart rate (beats per minute): _____</p>
<p>10. a. Seated arm blood pressure reading 3: [after sitting an additional 1-2 minutes] _____ / _____ mmHg</p> <p>b. Heart rate (beats per minute): _____</p>
<p>11. HAPO staff ID of person measuring blood pressure: _____</p>
<p style="text-align: center;">Height</p>
<p>12. Were shoes removed for height measurements? CHECK ONLY ONE BOX</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>13. Is height measured in centimeters (cm) or inches (in)? CHECK ONLY ONE BOX</p> <p style="text-align: right;"><input type="checkbox"/> cm <input type="checkbox"/> in</p>
<p>14. Height measurement:</p> <p>a. First measurement: _____ . _____</p> <p>b. Second measurement: _____ . _____</p> <p style="text-align: center;"><i>(If first and second measurements differ by ≤ 1.0 cm or 0.5 in, SKIP to Question 15.)</i></p> <p>c. Third measurement: _____ . _____</p>
<p>15. HAPO staff ID of person performing height measurements: _____</p>

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BOD POD	
16. Was BOD POD measurement completed? <i>(If Yes, SKIP to Question 18.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Why was the BOD POD not completed? CHECK ONLY ONE BOX <input type="checkbox"/> Claustrophobia <input type="checkbox"/> Refused changing into a swimsuit or tight-fitting clothing <input type="checkbox"/> Equipment malfunction <input type="checkbox"/> Other <i>(If "Other", please specify: _____)</i> <i>(SKIP to Question 19.)</i>	
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:	_____

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Waist Circumference	
21. Waist circumference measurement at top of iliac crest:	
a. First measurement:	_____ . __ cm
b. Second measurement:	_____ . __ cm
<i>(If first and second measurements differ by ≤ 1.0 cm, SKIP to Question 22.)</i>	
c. Third measurement:	_____ . __ cm
22. Waist circumference measurement at midpoint between lowest rib and iliac crest:	
a. First measurement:	_____ . __ cm
b. Second measurement:	_____ . __ cm
<i>(If first and second measurements differ by ≤ 1.0 cm, SKIP to Question 23.)</i>	
c. Third measurement:	_____ . __ cm
Hip Circumference	
23. Hip circumference measurement:	
a. First measurement:	_____ . __ cm
b. Second measurement:	_____ . __ cm
<i>(If first and second measurements differ by ≤ 1.0 cm, SKIP to Question 24.)</i>	
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 Data Entry System:	_____