📖 Data Dictionary Codebook

#	Variable / Field Name	Field Label *Field Note*	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)
Instrument: EF (ef)			
1	[id]	Teen-LABS Controls ID:	text, Required
2	[efcert]	Section Header: *Enrollment Form* Completed by (certification number):	text (integer, Min: 1000, Max: 5999), Required
3	[constl]	Consent to Teen-LABS?	radio, Required 0 | No 1 | Yes
4	[header_ef] Show the field ONLY if: [constl] = '0'	Participant did not consent. Stop here.	descriptive
5	[doctldat] Show the field ONLY if: [constl] = '1'	Date of consent: *(mm/dd/yyyy)*	text (date_mdy), Required
6	[header_dob] Show the field ONLY if: [constl] = '1'	Date of birth:	descriptive
7	[dobm] Show the field ONLY if: [constl] = '1'	Month:	dropdown (autocomplete), Required 1 | January 2 | February 3 | March 4 | April 5 | May 6 | June 7 | July 8 | August 9 | September 10 | October 11 | November 12 | December
8	[doby] Show the field ONLY if: [constl] = '1'	Year:	text (integer, Min: 1980, Max: 2000), Required
9	[sex] Show the field ONLY if: [constl] = '1'	Sex:	radio, Required 1 | Male 2 | Female
10	[ethn] Show the field ONLY if: [constl] = '1'	Ethnicity:	radio, Required 1 | Hispanic 2 | Non-Hispanic -3 | Unknown

11	[race] Show the field ONLY if: [constl] = '1'	Race (mark all that apply):	checkbox, Required		
			racew	race___racew	White or Caucasian
			raceb	race___raceb	Black or African-American
			racea	race___racea	Asian
			racei	race___racei	American Indian or Alaska Native
			raceh	race___raceh	Native Hawaiian or other Pacific Islander
			raceo	race___raceo	Other
			raceu	race___raceu	Unknown

12	[races] Show the field ONLY if: [race(raceo)] = '1'	Other, specify:	text, Required	
13	[ef_complete]	Section Header: *Form Status* Complete?	dropdown	
			0	Incomplete
			1	Unverified
			2	Complete

Instrument: DXA (dxa)

14	[header_dxa1]	DXA Visit Info Form	descriptive	
15	[header_dxa2] Show the field ONLY if: [constl] <> '1'	Enrollment Form does not indicate that participant consented to the DXA Visit.Please review Enrollment Form.	descriptive	
16	[dxacert] Show the field ONLY if: [constl] = '1'	Section Header: *DXA Eligibility* Completed by (certification number):	text (integer, Min: 1000, Max: 5999), Required	
17	[dxaiedat] Show the field ONLY if: [constl] = '1'	Date of on-site screening for DXA visit: *(mm/dd/yyyy)*	text (date_mdy), Required	
18	[dxaieyn] Show the field ONLY if: [constl] = '1'	Did the participant meet all of the eligibility criteria for DXA visit?	radio, Required	
			0	No
			1	Yes
19	[dxaiedesc] Show the field ONLY if: [dxaieyn]= '0'	If No, record criteria not met on DXA Eligibility Form (DXAELIG)	descriptive	
20	[dxadata] Show the field ONLY if: [constl] = '1'	Section Header: *DXA Visit Info* DXA Visit performed?	radio, Required	
			1	Yes
			2	No, participant ineligible
			3	No, other reason
21	[dxadatano] Show the field ONLY if: [dxadata] = '3'	Specify other reason why DXA not done:	text, Required	
22	[dxadat] Show the field ONLY if: [dxadata] = '1'	Date of DXA scan: *(mm/dd/yyyy)*	text (date_mdy), Required	
23	[dxaffq] Show the field ONLY if: [dxadata] = '1'	Did the participant complete the food frequency questionnaire (Calcium/Vitamin D intake)?	radio, Required	
			0	No
			1	Yes
24	[dxaletter] Show the field ONLY if: [dxadata] = '1'	Was DXA letter given/sent to the participant?	radio, Required	
			0	No
			1	Yes

25	[dxaletterdat] Show the field ONLY if: [dxaletter] = '1'	If yes, date given/sent: *(mm/dd/yyyy)*	text (date_mdy), Required
26	[dxaletterno] Show the field ONLY if: [dxaletter] = '0'	If no, why not?	text, Required
27	[dxa_complete]	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: **DXAELIG** (dxaelig)

28	[header_ie] Show the field ONLY if: [dxaieyn] = ''	Section Header: *DXA Eligibility Form* This subject did not consent.OR DXA Visit Info Form form may be incomplete. Please review Enrollment Form and complete DXA Visit Info Form if participant consented.	descriptive
29	[header_ie_2] Show the field ONLY if: [dxaieyn] = '1'	DXA Visit Info Form indicates that participant met all eligibility criteria.This form is N/A.	descriptive
30	[iecert] Show the field ONLY if: [dxaieyn] = '0'	Completed by (certification number):	text (integer, Min: 1000, Max: 5999), Required
31	[ietestcd] Show the field ONLY if: [dxaieyn] = '0'	Section Header: *Enter screening eligibility criteria not met, add instance of this form for each criterion not met.* Screening criterion number not met:	text (integer, Min: 1, Max: 22), Required
32	[iekeyword] Show the field ONLY if: [dxaieyn] = '0'	Exclusion reason keyword:	dropdown, Required 1 Weight 2 Recruitment needs 3 Pregnancy 4 Lactating 5 Depo 6 Wheelchair 7 Chemotherapy 8 Radiation 9 Metal hardware 10 Bisphosphonates 11 Anti-Epileptics 12 Prednisone 13 Heparin 14 Osteogenesis 15 Hypogonadotropic hypogonadism 16 Pan hypopituitarism 17 Hyperparathyroidism 18 Ovarian failure 19 Hyperthyroidism 20 Cushing Syndrome 21 Syndromic Obesity 22 Leukemia or lymphoma
33	[ietestcd_2] Show the field ONLY if: [dxaieyn] = '0'	Screening form version:	text, Required

34	[ieexempt] Show the field ONLY if: [dxaieyn] = '0'	Exemption Granted?	radio, Required 0 | No 1 | Yes
35	[dxaelig_complete]	Section Header: *Form Status* Complete?	dropdown 0 | Incomplete 1 | Unverified 2 | Complete

Instrument: DP (dp)

36	[header_dp] Show the field ONLY if: [dxadata] <> '1'	Section Header: *DXA Performance Form* DXA Visit Info Form does not indicate visit performed.	descriptive
37	[dpcomp] Show the field ONLY if: [dxadata] = '1'	Is there any data to be entered for this form?	radio, Required 0 | No 1 | Yes
38	[dpcompno] Show the field ONLY if: [dpcomp] = '0'	Why not:	text, Required
39	[dpcert] Show the field ONLY if: [dpcomp] = '1'	Completed by (certification number):	text (integer, Min: 1000, Max: 5999), Required
40	[dptech] Show the field ONLY if: [dpcomp] = '1'	Scan technician (name/initials):	text, Required
41	[dpdat] Show the field ONLY if: [dpcomp] = '1'	Date of DXA scans: *(mm/dd/yyyy)*	text (date_mdy), Required
42	[em_dparm1] Show the field ONLY if: [dpcomp]='1'	Forearm length, first measurement (cm): {dparm1:icons}(XX.X) {dparm1unk:icons}	descriptive
43	[dparm1] Show the field ONLY if: [dpcomp] = '1' and [dparm1unk(1)]='0'	Forearm length, first measurement (cm): *(XX.X)*	text (number, Min: 15, Max: 40), Required
44	[dparm1unk] Show the field ONLY if: [dpcomp] = '1' and [dparm1]=''	Forearm length, first measurement unknown:	checkbox, Required 1 | dparm1unk___1 | unknown
45	[em_dparm2] Show the field ONLY if: [dpcomp]='1'	Forearm length, second measurement (cm): {dparm2:icons} (XX.X) {dparm2unk:icons}	descriptive
46	[dparm2] Show the field ONLY if: [dpcomp] = '1' and [dparm2unk(1)]='0'	Forearm length, second measurement (cm): *(XX.X)*	text (number, Min: 15, Max: 40), Required
47	[dparm2unk] Show the field ONLY if: [dpcomp] = '1' and [dparm2]=''	Forearm length, second measurement unknown:	checkbox, Required 1 | dparm2unk___1 | unknown
48	[em_dparm3] Show the field ONLY if: [dpcomp]='1'	Forearm length, third measurement (cm): {dparm3:icons}(XX.X) {dparm3unk:icons}	descriptive

49	[dparm3] Show the field ONLY if: [dpcomp] = '1' and [dparm3unk(1)]='0'	Forearm length, third measurement (cm): *(XX.X)*	text (number, Min: 15, Max: 40), Required
50	[dparm3unk] Show the field ONLY if: [dpcomp] = '1' and [dparm3] =''	Forearm length, third measurement unknown:	checkbox, Required 1 | dparm3unk___1 | unknown
51	[dpspine] Show the field ONLY if: [dpcomp] = '1'	Section Header: *Please indicate which scans were obtained:* Lumbar spine:	radio, Required 0 | No 1 | Yes
52	[dpspineno] Show the field ONLY if: [dpspine] = '0'	If no, why:	text, Required
53	[dphip] Show the field ONLY if: [dpcomp] = '1'	Hip:	radio, Required 0 | No 1 | Yes
54	[dphipno] Show the field ONLY if: [dphip] = '0'	If no, why:	text, Required
55	[dparm] Show the field ONLY if: [dpcomp] = '1'	Forearm:	radio, Required 0 | No 1 | Yes
56	[dparmno] Show the field ONLY if: [dparm] = '0'	If no, why:	text, Required
57	[dpbody] Show the field ONLY if: [dpcomp] = '1'	Whole body:	radio, Required 0 | No 1 | Yes
58	[dpbodyno] Show the field ONLY if: [dpbody] = '0'	If no, why:	text, Required
59	[dp_complete]	Section Header: *Form Status* Complete?	dropdown 0 | Incomplete 1 | Unverified 2 | Complete
Instrument: PQCT (pqct)			
60	[header_pqct] Show the field ONLY if: [dxadata] <> '1'	Section Header: *Peripheral QCT Performance Form* DXA Visit Info Form does not indicate visit performed.	descriptive
61	[pqctdata] Show the field ONLY if: [dxadata] = '1'	Peripheral QCT Performance data available?	radio, Required 0 | No 1 | Yes -2 | Not applicable, site not participating
62	[pqctdatano] Show the field ONLY if: [pqctdata] = '0'	Why not?	text, Required
63	[pqctcert] Show the field ONLY if: [pqctdata] = '1'	Completed by (certification number):	text (integer, Min: 1000, Max: 5999), Required

64	[pqcttech] Show the field ONLY if: [pqctdata] = '1'	Scan technician (name/initials):	text, Required
65	[pqctdat] Show the field ONLY if: [pqctdata] = '1'	Date of peripheral QCT scans: *(mm/dd/yyyy)*	text (date_mdy), Required
66	[em_pqctarm1] Show the field ONLY if: [pqctdata] = '1'	Forearm length, first measurement (cm): {pqctarm1:icons} (XX.X) {pqctarm1unk:icons}	descriptive
67	[pqctarm1] Show the field ONLY if: [pqctdata] = '1' and [pqctarm1unk(1)]='0'	Forearm length, first measurement (cm): *(XX.X)*	text (number, Min: 15, Max: 40), Required
68	[pqctarm1unk] Show the field ONLY if: [pqctdata] = '1' and [pqctarm1]=''	Forearm length, first measurement unknown:	checkbox, Required 1 pqctarm1unk___1 unknown
69	[em_pqctarm2] Show the field ONLY if: [pqctdata] = '1'	Forearm length, second measurement (cm): {pqctarm2:icons} (XX.X) {pqctarm2unk:icons}	descriptive
70	[pqctarm2] Show the field ONLY if: [pqctdata] = '1' and [pqctarm2unk(1)]='0'	Forearm length, second measurement (cm): *(XX.X)*	text (number, Min: 15, Max: 40), Required
71	[pqctarm2unk] Show the field ONLY if: [pqctdata] = '1' and [pqctarm2]=''	Forearm length, second measurement unknown:	checkbox, Required 1 pqctarm2unk___1 unknown
72	[em_pqctarm3] Show the field ONLY if: [pqctdata] = '1'	Forearm length, third measurement (cm): {pqctarm3:icons} (XX.X) {pqctarm3unk:icons}	descriptive
73	[pqctarm3] Show the field ONLY if: [pqctdata] = '1' and [pqctarm3unk(1)]='0'	Forearm length, third measurement (cm): *(XX.X)*	text (number, Min: 15, Max: 40), Required
74	[pqctarm3unk] Show the field ONLY if: [pqctdata] = '1' and [pqctarm3]=''	Forearm length, third measurement unknown:	checkbox, Required 1 pqctarm3unk___1 unknown
75	[em_pqcttib1] Show the field ONLY if: [pqctdata] = '1'	Tibia length, first measurement (cm): {pqcttib1:icons}(XX.X) {pqcttib1unk:icons}	descriptive
76	[pqcttib1] Show the field ONLY if: [pqctdata] = '1' and [pqcttib1unk(1)]='0'	Tibia length, first measurement (cm): *(XX.X)*	text (number, Min: 20, Max: 60), Required
77	[pqcttib1unk] Show the field ONLY if: [pqctdata] = '1' and [pqcttib1]=''	Tibia length, first measurement unknown:	checkbox, Required 1 pqcttib1unk___1 unknown
78	[em_pqcttib2] Show the field ONLY if: [pqctdata] = '1'	Tibia length, second measurement (cm): {pqcttib2:icons}(XX.X) {pqcttib2unk:icons}	descriptive

79	[pqcttib2] Show the field ONLY if: [pqctdata] = '1' and [pqcttib2 unk(1)]='0'	Tibia length, second measurement (cm): *(XX.X)*	text (number, Min: 20, Max: 60), Required
80	[pqcttib2unk] Show the field ONLY if: [pqctdata] = '1' and [pqcttib2] =''	Tibia length, second measurement unknown:	checkbox, Required 1 | pqcttib2unk___1 | unknown
81	[em_pqcttib3] Show the field ONLY if: [pqctdata] = '1'	Tibia length, third measurement (cm): {pqcttib3:icons}(XX.X) {pqcttib3unk:icons}	descriptive
82	[pqcttib3] Show the field ONLY if: [pqctdata] = '1' and [pqcttib3 unk(1)]='0'	Tibia length, third measurement (cm): *(XX.X)*	text (number, Min: 20, Max: 60), Required
83	[pqcttib3unk] Show the field ONLY if: [pqctdata] = '1' and [pqcttib3] =''	Tibia length, third measurement unknown:	checkbox, Required 1 | pqcttib3unk___1 | unknown
84	[pqctrad4] Show the field ONLY if: [pqctdata] = '1'	Section Header: *Please indicate which scans were obtained:* Radius 4% site	radio, Required 0 | No 1 | Yes
85	[pqctrad4no] Show the field ONLY if: [pqctrad4] = '0'	If no, why not?	text, Required
86	[pqctrad30] Show the field ONLY if: [pqctdata] = '1'	Radius 30% site	radio, Required 0 | No 1 | Yes
87	[pqctrad30no] Show the field ONLY if: [pqctrad30] = '0'	If no, why not?	text, Required
88	[pqcttib4] Show the field ONLY if: [pqctdata] = '1'	Tibia 4% site	radio, Required 0 | No 1 | Yes
89	[pqcttib4no] Show the field ONLY if: [pqcttib4] = '0'	If no, why not?	text, Required
90	[pqcttib30] Show the field ONLY if: [pqctdata] = '1'	Tibia 30% site	radio, Required 0 | No 1 | Yes
91	[pqcttib30no] Show the field ONLY if: [pqcttib30] = '0'	If no, why not?	text, Required
92	[pqct_complete]	Section Header: *Form Status* Complete?	dropdown 0 | Incomplete 1 | Unverified 2 | Complete

Instrument: ANTH (anth)

93	[header_anthcomp] Show the field ONLY if: [dxadata] <> '1'	Section Header: *Anthropometrics* DXA Visit Info Form does not indicate visit performed.	descriptive

94	[anthcomp] Show the field ONLY if: [dxadata] = '1'	Is there any data to be entered for this form?	radio, Required 0 No 1 Yes
95	[anthcompno] Show the field ONLY if: [anthcomp] = '0'	Why not:	text, Required
96	[anthcert] Show the field ONLY if: [anthcomp] = '1'	Completed by (certification number):	text (integer, Min: 1000, Max: 5999), Required
97	[anthdat] Show the field ONLY if: [anthcomp] = '1'	Evaluation date: *(mm/dd/yyyy)*	text (date_mdy), Required
98	[anthtim] Show the field ONLY if: [anthcomp] = '1'	Time of evaluation: *(24-hour)*	text (time), Required
99	[header_eatdr] Show the field ONLY if: [anthcomp] = '1'	Last date/time patient had anything to eat or drink, including water:	descriptive
100	[eatdrdat] Show the field ONLY if: [anthcomp] = '1'	Date: *(mm/dd/yyyy)*	text (date_mdy), Required
101	[eatdrtim] Show the field ONLY if: [anthcomp] = '1'	Time: *(24-hour)*	text (time), Required
102	[hgt] Show the field ONLY if: [anthcomp] = '1'	Section Header: *Measurements: Height* Height, select:	radio, Required -5 Was not assessed 1 1 Measurement taken 2 2 Measurements taken 3 3 Measurements taken
103	[hgt1] Show the field ONLY if: [hgt] >= 1	Measurement 1 -- Height (cm): *(XXX.XX)*	text (number, Min: 100, Max: 215), Required
104	[hgtmeas1] Show the field ONLY if: [hgt] >= 1	Measurement 1 -- Height, how measured:	radio, Required 1 Standing 2 Lying flat 3 Estimate
105	[hgt2] Show the field ONLY if: [hgt] >= 2	Measurement 2 -- Height (cm): *(XXX.XX)*	text (number, Min: 100, Max: 215), Required
106	[hgtmeas2] Show the field ONLY if: [hgt] >= 2	Measurement 2 -- Height, how measured:	radio, Required 1 Standing 2 Lying flat 3 Estimate
107	[hgt3] Show the field ONLY if: [hgt] = '3'	Measurement 3 -- Height (cm): *(XXX.XX)*	text (number, Min: 100, Max: 215), Required
108	[hgtmeas3] Show the field ONLY if: [hgt] = '3'	Measurement 3 -- Height, how measured:	radio, Required 1 Standing 2 Lying flat 3 Estimate

109	[hgtmeass] Show the field ONLY if: [hgtmeas1] >= 2 or [hgtmeas2] >= 2 or [hgtmeas3] >= 2	Specify why height wasn't measured standing:	text, Required

110	[wgt] Show the field ONLY if: [anthcomp] = '1'	Section Header: *Measurements: Weight* Weight, select:	radio, Required <table><tr><td>-5</td><td>Was not assessed</td></tr><tr><td>1</td><td>1 Measurement taken</td></tr><tr><td>2</td><td>2 Measurements taken</td></tr><tr><td>3</td><td>3 Measurements taken</td></tr></table>

111	[wgt1] Show the field ONLY if: [wgt] >= 1	Measurement 1 -- Weight (kg): *(XXX.XX)*	text (number, Min: 45, Max: 300), Required

112	[bodyfat1] Show the field ONLY if: [wgt] >= 1 and [bodyfatnd1(1)] = '0'	Measurement 1 -- Weight, percent body fat (%): *(XX.XX)*	text (number, Min: 10, Max: 90), Required

113	[bodyfatnd1] Show the field ONLY if: [wgt] >= 1 and [bodyfat1] = ''	Measurement 1 -- Weight, percent body fat (%) -- check here if not assessed:	checkbox, Required <table><tr><td>1</td><td>bodyfatnd1___1</td><td>Percent body fat not assessed</td></tr></table>

114	[wgtmeas1] Show the field ONLY if: [wgt] >= 1	Measurement 1 -- Weight, how measured:	radio, Required <table><tr><td>1</td><td>Tanita - BIA Model TBF-310</td></tr><tr><td>5</td><td>Tanita - BIA Model TBF-400</td></tr><tr><td>2</td><td>Other scale</td></tr><tr><td>3</td><td>Last available bed weight</td></tr><tr><td>4</td><td>Estimate</td></tr></table>

115	[imped1] Show the field ONLY if: [wgtmeas1]='1' and [impednd1(1)] = '0'	Measurement 1 -- Weight, impedance: *(XXX)*	text (integer, Min: 150, Max: 900), Required

116	[impedr1] Show the field ONLY if: [wgtmeas1]='5' and [impednd1(1)] = '0'	Measurement 1 -- Weight, R value: *(XXX.X)*	text (number, Min: 100), Required

117	[impedx1] Show the field ONLY if: [wgtmeas1]='5' and [impednd1(1)] = '0'	Measurement 1 -- Weight, X value: *(-XXX.X)*	text (number, Min: -99.9, Max: -1), Required

118	[impednd1] Show the field ONLY if: ([wgtmeas1]='1' and [imped1] = '') or ([wgtmeas1]='5' and [impedr1] = '' and [impedx1] = '')	Measurement 1 -- Weight, impedance/R, X -- check here if not assessed:	checkbox, Required <table><tr><td>1</td><td>impednd1___1</td><td>Impedance not assessed</td></tr></table>

119	[wgt2] Show the field ONLY if: [wgt] >= 2	Measurement 2 -- Weight (kg): *(XXX.XX)*	text (number, Min: 45, Max: 300), Required

120	[bodyfat2] Show the field ONLY if: [wgt] >= 2 and [bodyfatnd2(1)] = '0'	Measurement 2 -- Weight, percent body fat (%): *(XX.XX)*	text (number, Min: 10, Max: 90), Required

121	[bodyfatnd2] Show the field ONLY if: [wgt] >= 2 and [bodyfat2] = ''	Measurement 2 -- Weight, percent body fat (%) -- check here if not assessed:	checkbox, Required <table><tr><td>1</td><td>bodyfatnd2___1</td><td>Percent body fat not assessed</td></tr></table>

122	[wgtmeas2] Show the field ONLY if: [wgt] >= 2	Measurement 2 -- Weight, how measured:	radio, Required <table><tr><td>1</td><td>Tanita - BIA Model TBF-310</td></tr><tr><td>5</td><td>Tanita - BIA Model TBF-400</td></tr><tr><td>2</td><td>Other scale</td></tr><tr><td>3</td><td>Last available bed weight</td></tr><tr><td>4</td><td>Estimate</td></tr></table>
123	[imped2] Show the field ONLY if: [wgtmeas2]='1' and [impednd2(1)] = '0'	Measurement 2 -- Weight, impedance: *(XXX)*	text (integer, Min: 150, Max: 900), Required
124	[impedr2] Show the field ONLY if: [wgtmeas2]='5' and [impednd2(1)] = '0'	Measurement 2 -- Weight, R value: *(XXX.X)*	text (number, Min: 100), Required
125	[impedx2] Show the field ONLY if: [wgtmeas2]='5' and [impednd2(1)] = '0'	Measurement 2 -- Weight, X value: *(-XXX.X)*	text (number, Min: -99.9, Max: -1), Required
126	[impednd2] Show the field ONLY if: ([wgtmeas2]='1' and [imped2] = '') or ([wgtmeas2]='5' and [impedr2] = '' and [impedx2] = '')	Measurement 2 -- Weight, impedance/R, X -- check here if not assessed:	checkbox, Required <table><tr><td>1</td><td>impednd2___1</td><td>Impedance not assessed</td></tr></table>
127	[wgt3] Show the field ONLY if: [wgt] = '3'	Measurement 3 -- Weight (kg): *(XXX.XX)*	text (number, Min: 45, Max: 300), Required
128	[bodyfat3] Show the field ONLY if: [wgt] = '3' and [bodyfatnd3(1)] = '0'	Measurement 3 -- Weight, percent body fat (%): *(XX.XX)*	text (number, Min: 10, Max: 90), Required
129	[bodyfatnd3] Show the field ONLY if: [wgt] = '3' and [bodyfat3] = ''	Measurement 3 -- Weight, percent body fat (%) -- check here if not assessed:	checkbox, Required <table><tr><td>1</td><td>bodyfatnd3___1</td><td>Percent body fat not assessed</td></tr></table>
130	[wgtmeas3] Show the field ONLY if: [wgt] = '3'	Measurement 3 -- Weight, how measured:	radio, Required <table><tr><td>1</td><td>Tanita - BIA Model TBF-310</td></tr><tr><td>5</td><td>Tanita - BIA Model TBF-400</td></tr><tr><td>2</td><td>Other scale</td></tr><tr><td>3</td><td>Last available bed weight</td></tr><tr><td>4</td><td>Estimate</td></tr></table>
131	[imped3] Show the field ONLY if: [wgtmeas3]='1' and [impednd3(1)] = '0'	Measurement 3 -- Weight, impedance: *(XXX)*	text (integer, Min: 150, Max: 900), Required
132	[impedr3] Show the field ONLY if: [wgtmeas3]='5' and [impednd3(1)] = '0'	Measurement 3 -- Weight, R value: *(XXX.X)*	text (number, Min: 100), Required
133	[impedx3] Show the field ONLY if: [wgtmeas3]='5' and [impednd3(1)] = '0'	Measurement 3 -- Weight, X value: *(-XXX.X)*	text (number, Min: -99.9, Max: -1), Required

134	[impednd3] Show the field ONLY if: ([wgtmeas3]='1' and [imped3] = '') or ([wgtmeas3]='5' and [i mpedr3] = '' and [impedx3] = '')	Measurement 3 -- Weight, impedance -- check here if not assessed:	checkbox, Required 1 impednd3___1 Impedance not assessed
135	[wgtmeass] Show the field ONLY if: [wgtmeas1]='2' or [wgtmeas 1]='3' or [wgtmeas1]='4' or [w gtmeas2]='2' or [wgtmeas2] ='3' or [wgtmeas2]='4' or [wgt meas3]='2' or [wgtmeas3]='3' or [wgtmeas3]='4'	Specify why weight wasn't measured with Tanita scale:	text, Required
136	[uwcir] Show the field ONLY if: [anthcomp] = '1'	Section Header: *Measurements: Midpoint waist circumference* Midpoint waist circumference, select:	radio, Required -5 Was not assessed 1 1 Measurement taken 2 2 Measurements taken 3 3 Measurements taken
137	[uwcir1] Show the field ONLY if: [uwcir] >= 1	Measurement 1 -- Midpoint waist circumference (cm): *(XXX.XX)*	text (number, Min: 60, Max: 250), Required
138	[uwcir2] Show the field ONLY if: [uwcir] >= 2	Measurement 2 -- Midpoint waist circumference (cm): *(XXX.XX)*	text (number, Min: 60, Max: 250), Required
139	[uwcir3] Show the field ONLY if: [uwcir] = '3'	Measurement 3 -- Midpoint waist circumference (cm): *(XXX.XX)*	text (number, Min: 60, Max: 250), Required
140	[iwcir] Show the field ONLY if: [anthcomp] = '1'	Section Header: *Measurements: Iliac waist circumference* Iliac waist circumference, select:	radio, Required -5 Was not assessed 1 1 Measurement taken 2 2 Measurements taken 3 3 Measurements taken
141	[iwcir1] Show the field ONLY if: [iwcir] >= 1	Measurement 1 -- Iliac waist circumference (cm): *(XXX.XX)*	text (number, Min: 60, Max: 250), Required
142	[iwcir2] Show the field ONLY if: [iwcir] >= 2	Measurement 2 -- Iliac waist circumference (cm): *(XXX.XX)*	text (number, Min: 60, Max: 250), Required
143	[iwcir3] Show the field ONLY if: [iwcir] = '3'	Measurement 3 -- Iliac waist circumference (cm): *(XXX.XX)*	text (number, Min: 60, Max: 250), Required
144	[sad] Show the field ONLY if: [anthcomp] = '1'	Section Header: *Measurements: Sagittal waist circumference* Sagittal abdominal diameter, select:	radio, Required -5 Was not assessed 1 1 Measurement taken 2 2 Measurements taken 3 3 Measurements taken
145	[sad1] Show the field ONLY if: [sad] >= 1	Measurement 1 -- Sagittal abdominal diameter (cm): *(XX.XX)*	text (number, Min: 10, Max: 50), Required
146	[sad2] Show the field ONLY if: [sad] >= 2	Measurement 2 -- Sagittal abdominal diameter (cm): *(XX.XX)*	text (number, Min: 10, Max: 50), Required

147	[sad3] Show the field ONLY if: [sad] = '3'	Measurement 3 -- Sagittal abdominal diameter (cm): *(XX.XX)*	text (number, Min: 10, Max: 50), Required
148	[anth_complete]	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: MH (mh)

149	[header_mh] Show the field ONLY if: [dxadata] <> '1'	Section Header: *Controls Medical and Reproductive History* DXA Visit Info Form does not indicate visit performed.	descriptive
150	[mhcomp] Show the field ONLY if: [dxadata] = '1'	Is there any data to be entered for this form?	radio, Required 0 No 1 Yes
151	[mhcompno] Show the field ONLY if: [mhcomp] = '0'	Why not:	text, Required
152	[mhcert] Show the field ONLY if: [mhcomp] = '1'	Completed by (certification number):	text (integer, Min: 1000, Max: 5999), Required
153	[mhdat] Show the field ONLY if: [mhcomp] = '1'	Date of visit: *(mm/dd/yyyy)*	text (date_mdy), Required
154	[hibp] Show the field ONLY if: [mhcomp] = '1'	Section Header: *HEALTH QUESTIONS* Do you have high blood pressue?	radio, Required 0 No 1 Yes -3 Unsure
155	[hibpmed] Show the field ONLY if: [mhcomp] = '1'	Are you on medications to treat high blood pressure?	radio, Required 0 No 1 Yes -3 Unsure
156	[hichol] Show the field ONLY if: [mhcomp] = '1'	Do you have high cholesterol?	radio, Required 0 No 1 Yes -3 Unsure
157	[hicholmed] Show the field ONLY if: [mhcomp] = '1'	Are you on medications to treat high cholesterol?	radio, Required 0 No 1 Yes -3 Unsure
158	[db] Show the field ONLY if: [mhcomp] = '1'	Do you have diabetes?	radio, Required 0 No 1 Yes -3 Unsure
159	[dbmed] Show the field ONLY if: [mhcomp] = '1'	Are you currently taking medications to treat diabetes?	radio, Required 0 No 1 Yes -3 Unsure

160	[header_dbmed] Show the field ONLY if: [dbmed] = '1'	If you are you taking diabetes medications, which of the following medications are you taking? (Mark "No" or "Yes" for each.)	descriptive
161	[dbmedo] Show the field ONLY if: [dbmed] = '1'	Oral medications (example: Metformin, Glipizide, etc.)	radio, Required 0 | No 1 | Yes
162	[dbmednon] Show the field ONLY if: [dbmed] = '1'	Non-insulin injectable (example: Byetta or Symlin)	radio, Required 0 | No 1 | Yes
163	[dbmedinsul] Show the field ONLY if: [dbmed] = '1'	Insulin	radio, Required 0 | No 1 | Yes
164	[sleepap] Show the field ONLY if: [mhcomp] = '1'	Do you have sleep apnea?	radio, Required 0 | No 1 | Yes -3 | Unsure
165	[cpapbi] Show the field ONLY if: [mhcomp] = '1'	Do you use a machine such as CPAP or BiPAP at night?	radio, Required 0 | No 1 | Yes -3 | Unsure
166	[header_sex] Show the field ONLY if: [mhcomp] = '1' and [sex] = ''	Section Header: *SEX MISSING ON ENROLLMENT FORM* Please enter sex of participant on Enrollment Form	descriptive
167	[perdever] Show the field ONLY if: [mhcomp] = '1' and [sex] = '2'	Section Header: *FEMALE HEALTH QUESTIONS* Have you ever had a menstrual period?	radio, Required 0 | No 1 | Yes
168	[firstage] Show the field ONLY if: [perdever] = '1'	How old were you when you had your first period? *years old*	text (integer, Min: 5, Max: 25), Required
169	[lastprd] Show the field ONLY if: [perdever] = '1'	When was your last menstrual period? *months ago*	text (integer, Min: 0, Max: 108), Required
170	[prdstop] Show the field ONLY if: [lastprd] >= 3	If your last period was 3 or more months ago, why did your natural menstrual period stop?	radio, Required 10 | Birth control or other medication 3 | Surgery to remove uterus alone 11 | Surgery to remove uterus and ovaries 13 | Endometrial ablation 4 | Chemotherapy 5 | Chronic illness 6 | Prolactin, adrenal gland or thyroid problem 7 | Pregnancy 8 | No known reason 9 | Other
171	[prdstops] Show the field ONLY if: [prdstop] = '9'	Other, specify:	text, Required
172	[period] Show the field ONLY if: [perdever] = '1'	Thinking back over the past 12 months, in how many of those months did you have a menstrual period? *months*	text (integer, Min: 0, Max: 12), Required

| 173 | [horm]

Show the field ONLY if:
[mhcomp] = '1' and [sex] = '2' | In the past 12 months, have you taken any hormonal medication, such as hormone replacement therapy (HRT), the pill, or fertility medication? | radio, Required

| 0 | No |
| 1 | Yes |
-3	Unsure	
174	[hormtypex] Show the field ONLY if: [horm] = '1' or [horm] = '-3'	Please indicate which type of hormonal medication you have taken in the past 12 months: *mark all that apply*	checkbox, Required | 1	hormtypex___1	Pill, monthly (including one week of placebo or no pills, get period)
2	hormtypex___2	Pills, continuous use (new pack every 3 weeks, no period)
3	hormtypex___3	Mini pill, continuous use (progestin only, get period)
4	hormtypex___4	Patch or ring
5	hormtypex___5	Injections of medications (shots, DepoProvera) or implantation of a medication release device (Nexplanon)
6	hormtypex___6	Intrauterine Device (IUD) such as Mirena or Copper IUD	
175	[header_irregmens] Show the field ONLY if: [perdever] = '1'	Have you ever had any of the following menstrual irregularities, not due to pregnancy? (Mark "No" or "Yes" for each.)	descriptive
176	[irregmens45] Show the field ONLY if: [perdever] = '1'	a. Irregular menses with >45 days between cycles (average of <=8 periods/year)	radio, Required 	0	No
1	Yes	
177	[irregmens90] Show the field ONLY if: [perdever] = '1'	b. Irregular menses with >90 days between cycles (average of <=4 periods/year)	radio, Required 	0	No
1	Yes	
178	[irregmensmed] Show the field ONLY if: [perdever] = '1'	c. History of irregular menses but now on medication to regulate cycle	radio, Required 	0	No
1	Yes	
179	[header_hair] Show the field ONLY if: [mhcomp] = '1' and [sex] = '2'	Have you ever had the following symptoms? (Mark "No" or "Yes" for each.)	descriptive
180	[hairever] Show the field ONLY if: [mhcomp] = '1' and [sex] = '2'	a. Excess facial, chest, or body hair	radio, Required 	0	No
1	Yes	
181	[baldever] Show the field ONLY if: [mhcomp] = '1' and [sex] = '2'	b. Male pattern baldness, such as thinning of hair at the crown or temple	radio, Required 	0	No
1	Yes	
182	[acneever] Show the field ONLY if: [mhcomp] = '1' and [sex] = '2'	c. Severe acne	radio, Required 	0	No
1	Yes	
183	[pcos] Show the field ONLY if: [mhcomp] = '1' and [sex] = '2'	Has a health care professional ever told you that you have/had polycystic ovary syndrome (PCOS)?	radio, Required 	0	No
1	Yes
-3	Unsure	

184	[painwgt] Show the field ONLY if: [mhcomp] = '1'	Section Header: *We are also interested in learning whether or not you are affected by pain.* How much pain have you had because of your weight IN THE PAST WEEK? Please rate the pain on a scale from 0 to 10 where 0 is no pain and 10 is severe pain.	radio (Matrix), Required 0 | 0 1 | 1 2 | 2 3 | 3 4 | 4 5 | 5 6 | 6 7 | 7 8 | 8 9 | 9 10 | 10
185	[bpainwgt] Show the field ONLY if: [mhcomp] = '1'	How much pain have you had in your LOWER BACK because of your weight IN THE PAST WEEK? Please rate the pain on a scale from 0 to 10 where 0 is no pain and 10 is severe pain.	radio (Matrix), Required 0 | 0 1 | 1 2 | 2 3 | 3 4 | 4 5 | 5 6 | 6 7 | 7 8 | 8 9 | 9 10 | 10
186	[hpainwgt] Show the field ONLY if: [mhcomp] = '1'	How much pain have you had in your HIP(S) because of your weight IN THE PAST WEEK? Please rate the pain on a scale from 0 to 10 where 0 is no pain and 10 is severe pain.	radio (Matrix), Required 0 | 0 1 | 1 2 | 2 3 | 3 4 | 4 5 | 5 6 | 6 7 | 7 8 | 8 9 | 9 10 | 10
187	[kpainwgt] Show the field ONLY if: [mhcomp] = '1'	How much pain have you had in you KNEE(S) because of your weight IN THE PAST WEEK? Please rate the pain on a scale from 0 to 10 where 0 is no pain and 10 is severe pain.	radio (Matrix), Required 0 | 0 1 | 1 2 | 2 3 | 3 4 | 4 5 | 5 6 | 6 7 | 7 8 | 8 9 | 9 10 | 10

188	[apainwgt] Show the field ONLY if: [mhcomp] = '1'	How much pain have you had in your ANKLE(S) and/or FEET because of your weight IN THE PAST WEEK? Please rate the pain on a scale from 0 to 10 where 0 is no pain and 10 is severe pain.	radio (Matrix), Required 0 | 0 1 | 1 2 | 2 3 | 3 4 | 4 5 | 5 6 | 6 7 | 7 8 | 8 9 | 9 10 | 10
189	[cig] Show the field ONLY if: [mhcomp] = '1'	Section Header: *Social History* Do you smoke cigarettes?	radio, Required 0 | No 1 | Yes
190	[cigave] Show the field ONLY if: [cig] = '1'	If yes, on average how many packs per day do you currently smoke?Note: Make sure you report how many PACKS per day you smoke.20 cigarettes = 1 pack15 cigarettes = 3/4 pack = 0.75 pack10 cigarettes = 1/2 pack = 0.5 pack5 cigarettes = 1/4 pack = 0.25 pack1 cigarette = 1/20 pack = 0.05 pack *packs/day*	text (number, Min: 0, Max: 4), Required
191	[header_vit] Show the field ONLY if: [mhcomp] = '1'	Section Header: *CURRENT VITAMINS and/or SUPPLEMENTS:* How often do you take it?	descriptive
192	[vitmulti] Show the field ONLY if: [mhcomp] = '1'	A multivitamin (pill, chewable, liquid, or spray)	radio, Required 0 | Not taking 1 | Daily (1 or more times/day) 2 | Weekly (1 to 6 times/week) 3 | Monthly/Rarely (0 to 3 times/month)
193	[vitcalc] Show the field ONLY if: [mhcomp] = '1'	Calcium (pill, chewable, liquid, or powder)	radio, Required 0 | Not taking 1 | Daily (1 or more times/day) 2 | Weekly (1 to 6 times/week) 3 | Monthly/Rarely (0 to 3 times/month)
194	[vitd] Show the field ONLY if: [mhcomp] = '1'	Vitamin D alone (pill, chewable, liquid, or powder)	radio, Required 0 | Not taking 1 | Daily (1 or more times/day) 2 | Weekly (1 to 6 times/week) 3 | Monthly/Rarely (0 to 3 times/month)
195	[med] Show the field ONLY if: [mhcomp] = '1'	Section Header: *CURRENT MEDICATIONSPlease print the name (as listed on your medication bottle/container) of each prescription medication that you have taken in the past 90 days.* Prescription medications to record?	radio 0 | No 1 | Yes
196	[header_med] Show the field ONLY if: [med] = '1'	Please complete a Prescription Medication Form for each medication the participant reports.	descriptive
197	[mh_complete]	Section Header: *Form Status* Complete?	dropdown 0 | Incomplete 1 | Unverified 2 | Complete

Instrument: MEDS (meds)

198	[header_medscomp] Show the field ONLY if: [dxadata] <> '1'	Section Header: *Prescription Medications* DXA Visit Info Form does not indicate visit performed.	descriptive
199	[header_medscomp2] Show the field ONLY if: [mhcomp] = '1' and [med] = ''	Please answer "Prescription medications to record?" question on Medical History Form.	descriptive
200	[header_medscomp3] Show the field ONLY if: [med] = '0'	Medical History Form indicates that participant has no prescription medications to record.This form is N/A.	descriptive
201	[medsdat] Show the field ONLY if: [med] = '1'	Form completion date: *(mm/dd/yyyy)*	text (date_mdy), Required
202	[medname] Show the field ONLY if: [med] = '1'	Section Header: *Please enter the name (as listed on your medication bottle/container) of each prescription medication that you have taken in the past 90 days.* Medication name	text, Required
203	[medoft] Show the field ONLY if: [med] = '1'	How often do you take it?	radio, Required 0 No longer taking 1 Daily (1 or more times/day) 2 Weekly (1 to 6 times/week) 3 Monthly/Rarely (0 to 3 times/month) 4 As Needed
204	[meds_complete]	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: IPAQ (ipaq)

205	[header_ipaqcomp] Show the field ONLY if: [dxadata] <> '1'	Section Header: *International Physical Activity Questionnaire* DXA Visit Info Form does not indicate visit performed.	descriptive
206	[ipaqcomp] Show the field ONLY if: [dxadata] = '1'	Is there any data to be entered for this form?	radio, Required 0 No 1 Yes
207	[ipaqcompno] Show the field ONLY if: [ipaqcomp] = '0'	Why not:	text, Required
208	[ipaqcert] Show the field ONLY if: [ipaqcomp] = '1'	Section Header: *Participants must weigh less than or equal to 400 pounds (=182 kg)* Completed by (certification number):	text (integer, Min: 1000, Max: 5999), Required
209	[ipaqdat] Show the field ONLY if: [ipaqcomp] = '1'	Form completion date: *(mm/dd/yyyy)*	text (date_mdy), Required

210	[header_ipaq01] Show the field ONLY if: [ipaqcomp] = '1'	We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the last 7 days. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport. Think about all the vigorous and moderate activities that you did in the last 7 days. Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal.	descriptive
211	[ipaq01] Show the field ONLY if: [ipaqcomp] = '1'	Section Header: *PART 1: JOB-RELATED PHYSICAL ACTIVITY The first section is about your work. This includes paid jobs, farming, volunteer work, course work, and any other unpaid work that you did outside your home. Do not include unpaid work you might do around your home, like housework, yard work, general maintenance, and caring for your family. These are asked in Part 3.* Do you currently have a job or do any unpaid work outside of your home?	radio, Required 0 No 1 Yes
212	[header_ipaq02a] Show the field ONLY if: [ipaq01] = '1'	The next questions are about all the physical activity you did in the last 7 days as part of your paid or unpaid work. This does not include traveling to and from work.	descriptive
213	[ipaq02] Show the field ONLY if: [ipaq01] = '1'	During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, heavy construction, or climbing up stairs as part of your work? Think about only those physical activities that you did for at least 10 minutes at a time.	radio, Required 1 1 day per week 2 2 days per week 3 3 days per week 4 4 days per week 5 5 days per week 6 6 days per week 7 7 days per week -2 No vigorous job-related physical activity
214	[header_ipaq03] Show the field ONLY if: [ipaq02] >= 1	How much time did you usually spend on one of those days doing vigorous physical activities as part of your work?	descriptive
215	[ipaq03hr] Show the field ONLY if: [ipaq02] >= 1	*hours per day*	text (number, Min: 0, Max: 24), Required
216	[ipaq03min] Show the field ONLY if: [ipaq02] >= 1	*minutes per day*	text (integer, Min: 0, Max: 60), Required
217	[ipaq04] Show the field ONLY if: [ipaq01] = '1'	Again, think about only those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do moderate physical activities like carrying light loads as part of your work? Please do not include walking.	radio, Required 1 1 day per week 2 2 days per week 3 3 days per week 4 4 days per week 5 5 days per week 6 6 days per week 7 7 days per week -2 No moderate job-related physical activity
218	[header_ipaq05] Show the field ONLY if: [ipaq04] >= 1	How much time did you usually spend on one of those days doing moderate physical activities as part of your work?	descriptive

219	[ipaq05hr] Show the field ONLY if: [ipaq04] >= 1	*hours per day*	text (number, Min: 0, Max: 24), Required
220	[ipaq05min] Show the field ONLY if: [ipaq04] >= 1	*minutes per day*	text (integer, Min: 0, Max: 60), Required
221	[ipaq06] Show the field ONLY if: [ipaq01] = '1'	During the last 7 days, on how many days did you walk for at least 10 minutes at a time as part of your work? Please do not count any walking you did to travel to or from work.	radio, Required <table><tr><td>1</td><td>1 day per week</td></tr><tr><td>2</td><td>2 days per week</td></tr><tr><td>3</td><td>3 days per week</td></tr><tr><td>4</td><td>4 days per week</td></tr><tr><td>5</td><td>5 days per week</td></tr><tr><td>6</td><td>6 days per week</td></tr><tr><td>7</td><td>7 days per week</td></tr><tr><td>-2</td><td>No job-related walking</td></tr></table>
222	[header_ipaq07] Show the field ONLY if: [ipaq06] >= 1	How much time did you usually spend on one of those days walking as part of your work?	descriptive
223	[ipaq07hr] Show the field ONLY if: [ipaq06] >= 1	*hours per day*	text (number, Min: 0, Max: 24), Required
224	[ipaq07min] Show the field ONLY if: [ipaq06] >= 1	*minutes per day*	text (integer, Min: 0, Max: 60), Required
225	[ipaq08] Show the field ONLY if: [ipaqcomp] = '1'	Section Header: *PART 2: TRANSPORTATION PHYSICAL ACTIVITY These questions are about how you traveled from place to place, including to places like work, stores, movies, and so on.* During the last 7 days, on how many days did you travel in a motor vehicle like train, bus, car, or tram?	radio, Required <table><tr><td>1</td><td>1 day per week</td></tr><tr><td>2</td><td>2 days per week</td></tr><tr><td>3</td><td>3 days per week</td></tr><tr><td>4</td><td>4 days per week</td></tr><tr><td>5</td><td>5 days per week</td></tr><tr><td>6</td><td>6 days per week</td></tr><tr><td>7</td><td>7 days per week</td></tr><tr><td>-2</td><td>No traveling in a motor vehicle</td></tr></table>
226	[header_ipaq09] Show the field ONLY if: [ipaq08] >= 1	How much time did you usually spend on one of those days traveling in a train, bus, car, tram, or other kind of motor vehicle?	descriptive
227	[ipaq09hr] Show the field ONLY if: [ipaq08] >= 1	*hours per day*	text (number, Min: 0, Max: 24), Required
228	[ipaq09min] Show the field ONLY if: [ipaq08] >= 1	*minutes per day*	text (integer, Min: 0, Max: 60), Required
229	[header_ipaq10a] Show the field ONLY if: [ipaqcomp] = '1'	Now think only about the bicycling and walking you might have done to travel to and from work, to do errands, or to go from place to place.	descriptive

230	[ipaq10] Show the field ONLY if: [ipaqcomp] = '1'	During the last 7 days, on how many days did you bicycle for at least 10 minutes at a time to go from place to place?	radio, Required <table><tr><td>1</td><td>1 day per week</td></tr><tr><td>2</td><td>2 days per week</td></tr><tr><td>3</td><td>3 days per week</td></tr><tr><td>4</td><td>4 days per week</td></tr><tr><td>5</td><td>5 days per week</td></tr><tr><td>6</td><td>6 days per week</td></tr><tr><td>7</td><td>7 days per week</td></tr><tr><td>-2</td><td>No bicycling from place to place</td></tr></table>
231	[header_ipaq11] Show the field ONLY if: [ipaq10] >= 1	How much time did you usually spend on one of those days to bicycle from place to place?	descriptive
232	[ipaq11hr] Show the field ONLY if: [ipaq10] >= 1	*hours per day*	text (number, Min: 0, Max: 24), Required
233	[ipaq11min] Show the field ONLY if: [ipaq10] >= 1	*minutes per day*	text (integer, Min: 0, Max: 60), Required
234	[ipaq12] Show the field ONLY if: [ipaqcomp] = '1'	During the last 7 days, on how many days did you walk for at least 10 minutes at a time to go from place to place?	radio, Required <table><tr><td>1</td><td>1 day per week</td></tr><tr><td>2</td><td>2 days per week</td></tr><tr><td>3</td><td>3 days per week</td></tr><tr><td>4</td><td>4 days per week</td></tr><tr><td>5</td><td>5 days per week</td></tr><tr><td>6</td><td>6 days per week</td></tr><tr><td>7</td><td>7 days per week</td></tr><tr><td>-2</td><td>No walking from place to place</td></tr></table>
235	[header_ipaq13] Show the field ONLY if: [ipaq12] >= 1	How much time did you usually spend on one of those days to walk from place to place?	descriptive
236	[ipaq13hr] Show the field ONLY if: [ipaq12] >= 1	*hours per day*	text (number, Min: 0, Max: 24), Required
237	[ipaq13min] Show the field ONLY if: [ipaq12] >= 1	*minutes per day*	text (integer, Min: 0, Max: 60), Required
238	[ipaq14] Show the field ONLY if: [ipaqcomp] = '1'	Section Header: *PART 3: HOUSEWORK, HOUSE MAINTENANCE, AND CARING FOR FAMILY This section is about some of the physical activities you might have done in the last 7 days in and around your home, like housework, gardening, yard work, general maintenance work, and caring for your family.* Think about only those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, chopping wood, shoveling snow, or digging in the garden or yard?	radio, Required <table><tr><td>1</td><td>1 day per week</td></tr><tr><td>2</td><td>2 days per week</td></tr><tr><td>3</td><td>3 days per week</td></tr><tr><td>4</td><td>4 days per week</td></tr><tr><td>5</td><td>5 days per week</td></tr><tr><td>6</td><td>6 days per week</td></tr><tr><td>7</td><td>7 days per week</td></tr><tr><td>-2</td><td>No vigorous activity in garden or yard</td></tr></table>
239	[header_ipaq15] Show the field ONLY if: [ipaq14] >= 1	How much time did you usually spend on one of those days doing vigorous physical activities in the garden or yard?	descriptive

240	[ipaq15hr] Show the field ONLY if: [ipaq14] >= 1	*hours per day*	text (number, Min: 0, Max: 24), Required
241	[ipaq15min] Show the field ONLY if: [ipaq14] >= 1	*minutes per day*	text (integer, Min: 0, Max: 60), Required
242	[ipaq16] Show the field ONLY if: [ipaqcomp] = '1'	Again, think about only those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do moderate activities like carrying light loads, sweeping, washing windows, and raking in the garden or yard?	radio, Required | 1	1 day per week
2	2 days per week
3	3 days per week
4	4 days per week
5	5 days per week
6	6 days per week
7	7 days per week
-2	No moderate activity in garden or yard	
243	[header_ipaq17] Show the field ONLY if: [ipaq16] >= 1	How much time did you usually spend on one of those days doing moderate physical activities in the garden or yard?	descriptive
244	[ipaq17hr] Show the field ONLY if: [ipaq16] >= 1	*hours per day*	text (number, Min: 0, Max: 24), Required
245	[ipaq17min] Show the field ONLY if: [ipaq16] >= 1	*minutes per day*	text (integer, Min: 0, Max: 60), Required
246	[ipaq18] Show the field ONLY if: [ipaqcomp] = '1'	Once again, think about only those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do moderate activities like carrying light loads, washing windows, scrubbing floors and sweeping inside your home?	radio, Required | 1	1 day per week
2	2 days per week
3	3 days per week
4	4 days per week
5	5 days per week
6	6 days per week
7	7 days per week
-2	No moderate activity inside home	
247	[header_ipaq19] Show the field ONLY if: [ipaq18] >= 1	How much time did you usually spend on one of those days doing moderate physical activities inside your home?	descriptive
248	[ipaq19hr] Show the field ONLY if: [ipaq18] >= 1	*hours per day*	text (number, Min: 0, Max: 24), Required
249	[ipaq19min] Show the field ONLY if: [ipaq18] >= 1	*minutes per day*	text (integer, Min: 0, Max: 60), Required

250	[ipaq20] Show the field ONLY if: [ipaqcomp] = '1'	Section Header: *PART 4: RECREATION, SPORT, AND LEISURE-TIME PHYSICAL ACTIVITY This section is about some of the physical activities that you did in the last 7 days solely for recreation, sport, exercise or leisure. Please do not include any activities you have already mentioned.* Not counting any walking you have already mentioned, during the last 7 days, on how many days did you walk for at least 10 minutes at a time in your leisure time?	radio, Required 1 | 1 day per week 2 | 2 days per week 3 | 3 days per week 4 | 4 days per week 5 | 5 days per week 6 | 6 days per week 7 | 7 days per week -2 | No walking in leisure time
251	[header_ipaq21] Show the field ONLY if: [ipaq20] >= 1	How much time did you usually spend on one of those days walking in your leisure time?	descriptive
252	[ipaq21hr] Show the field ONLY if: [ipaq20] >= 1	*hours per day*	text (number, Min: 0, Max: 24), Required
253	[ipaq21min] Show the field ONLY if: [ipaq20] >= 1	*minutes per day*	text (integer, Min: 0, Max: 60), Required
254	[ipaq22] Show the field ONLY if: [ipaqcomp] = '1'	Think about only those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do vigorous physical activities like aerobics, running, fast bicycling, or fast swimming in your leisure time?	radio, Required 1 | 1 day per week 2 | 2 days per week 3 | 3 days per week 4 | 4 days per week 5 | 5 days per week 6 | 6 days per week 7 | 7 days per week -2 | No vigorous activity in leisure time
255	[header_ipaq23] Show the field ONLY if: [ipaq22] >= 1	How much time did you usually spend on one of those days doing vigorous physical activities in your leisure time?	descriptive
256	[ipaq23hr] Show the field ONLY if: [ipaq22] >= 1	*hours per day*	text (number, Min: 0, Max: 24), Required
257	[ipaq23min] Show the field ONLY if: [ipaq22] >= 1	*minutes per day*	text (integer, Min: 0, Max: 60), Required
258	[ipaq24] Show the field ONLY if: [ipaqcomp] = '1'	Again, think about only those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do moderate physical activities like bicycling at a regular pace, swimming at a regular pace, and doubles tennis in your leisure time?	radio, Required 1 | 1 day per week 2 | 2 days per week 3 | 3 days per week 4 | 4 days per week 5 | 5 days per week 6 | 6 days per week 7 | 7 days per week -2 | No moderate activity in leisure time
259	[header_ipaq25] Show the field ONLY if: [ipaq24] >= 1	How much time did you usually spend on one of those days doing moderate physical activities in your leisure time?	descriptive

260	[ipaq25hr] Show the field ONLY if: [ipaq24] >= 1	*hours per day*	text (number, Min: 0, Max: 24), Required
261	[ipaq25min] Show the field ONLY if: [ipaq24] >= 1	*minutes per day*	text (integer, Min: 0, Max: 60), Required
262	[header_ipaq26] Show the field ONLY if: [ipaqcomp] = '1'	Section Header: *PART 5: TIME SPENT SITTING The last questions are about the time you spend sitting while at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading or sitting or lying down to watch television. Do not include any time spent sitting in a motor vehicle that you have already told me about.* During the last 7 days, how much time did you usually spend sitting on a weekday?	descriptive
263	[ipaq26hr] Show the field ONLY if: [ipaqcomp] = '1'	*hours per day*	text (number, Min: 0, Max: 24), Required
264	[ipaq26min] Show the field ONLY if: [ipaqcomp] = '1'	*minutes per day*	text (integer, Min: 0, Max: 60), Required
265	[header_ipaq27] Show the field ONLY if: [ipaqcomp] = '1'	During the last 7 days, how much time did you usually spend sitting on a weekend day?	descriptive
266	[ipaq27hr] Show the field ONLY if: [ipaqcomp] = '1'	*hours per day*	text (number, Min: 0, Max: 24), Required
267	[ipaq27min] Show the field ONLY if: [ipaqcomp] = '1'	*minutes per day*	text (integer, Min: 0, Max: 60), Required
268	[ipaq_complete]	Section Header: *Form Status* Complete?	dropdown 0 | Incomplete 1 | Unverified 2 | Complete

Instrument: FXYN (fxyn)

269	[header_fxyncomp] Show the field ONLY if: [dxadata] <> '1'	Section Header: *Fracture Questionnaire Prompt* DXA Visit Info Form does not indicate visit performed.	descriptive
270	[fxyncomp] Show the field ONLY if: [dxadata] = '1'	Is there any data to be entered for this form?	radio, Required 0 | No 1 | Yes
271	[fxyncompno] Show the field ONLY if: [fxyncomp] = '0'	Why not:	text, Required
272	[fxyncert] Show the field ONLY if: [fxyncomp] = '1'	Completed by (certification number):	text (integer, Min: 1000, Max: 5999), Required
273	[fxyndat] Show the field ONLY if: [fxyncomp] = '1'	Section Header: *This questionnaire asks about the number of broken bones (fractures) that you have had. Please only consider those where you were told by a medical professional that you had a broken bone (fracture) and the broken bone required specific treatment.Do not consider dislocations, slipped disks, joint problems, sprains, strains, or tooth fracture.For each broken bone, we will ask you about the location of the fracture, your age when you sustained the fracture, and if it was associated with severe trauma.* Form completion date: *(mm/dd/yyyy)*	text (date_mdy), Required

| 274 | [fxyn]

Show the field ONLY if:
[fxyncomp] = '1' | Have you ever broken (fractured) a bone? | radio, Required

| 0 | No |
| 1 | Yes |
-3	Don't know	
275	[fxynnum] Show the field ONLY if: [fxyn] = '1'	How many times have you broken (fractured) a bone?	text (integer, Min: 1, Max: 99), Required
276	[header_fxyn] Show the field ONLY if: [fxyn] = '1'	Please complete a Fracture Questionnaire for each broken bone (fracture) the participant has had.	descriptive
277	[fxyn_complete]	Section Header: *Form Status* Complete?	dropdown | 0	Incomplete
1	Unverified
2	Complete	

Instrument: FX (fx)

278	[header_fx] Show the field ONLY if: [dxadata] <> '1'	Section Header: *Fracture Questionnaire* DXA Visit Info Form does not indicate visit performed.	descriptive
279	[header_fx2] Show the field ONLY if: [fxyncomp] = '1' and [fxyn] = ''	Please answer "Have you ever broken (fractured) a bone?" question on Fracture Questionnaire Prompt Form.	descriptive
280	[header_fx3] Show the field ONLY if: [fxyn] = '0'	Fracture Questionnaire Prompt form indicates that participant has no fractures to record.This form is N/A.	descriptive
281	[header_fx4] Show the field ONLY if: [fxyn] = '1'	Section Header: *This questionnaire asks about the number of broken bones (fractures) that you have had. Please only consider those where you were told by a medical professional that you had a broken bone (fracture) and the broken bone required specific treatment.Do not consider dislocations, slipped disks, joint problems, sprains, strains, or tooth fracture.For each broken bone, we will ask you about the location of the fracture, your age when you sustained the fracture, and if it was associated with severe trauma.* Please complete a Fracture Questionnaire for each broken bone (fracture) you've had.	descriptive
282	[fxdat] Show the field ONLY if: [fxyn] = '1'	Form completion date: *(mm/dd/yyyy)*	text (date_mdy), Required
283	[header_fxpic] Show the field ONLY if: [fxyn] = '1'	Look at the picture of the skeleton. For the fracture you had, please select the letter that best corresponds to where the fracture occurred. It does not matter if it was the left or right side.	descriptive

284	[fxloc] Show the field ONLY if: [fxyn] = '1'	Where was this fracture?	radio, Required

			1	a. Head/face
			2	b. Collarbone
			3	c. Ribs
			4	d. Spine
			5	e. Upper arm/Shoulder
			6	f. Elbow
			7	g. Forearm
			8	h. Wrist
			9	i. Hand/Fingers
			10	j. Pelvis
			11	k. Hip
			12	l. Upper leg
			13	m. Knee
			14	n. Lower Leg
			15	o. Ankle
			16	p. Foot/toes

285	[fxage] Show the field ONLY if: [fxyn] = '1' and [fxagedk(1)] = '0'	Approximately how old were you (in years) when this fracture occurred? *years old*	text (number, Min: 0, Max: 30), Required

286	[fxagedk] Show the field ONLY if: [fxyn] = '1' and [fxage] = ''	(OR check here if not known)	checkbox, Required

			1	fxagedk___1	I don't know when this fracture occurred

287	[fxcause] Show the field ONLY if: [fxyn] = '1'	Was this fracture the result of severe trauma such as a car accident, being struck by a vehicle, a physical attack, or a hard fall such as falling off a ladder or down stairs?	radio, Required

			0	No
			1	Yes
			-3	Don't know

288	[fx_complete]	Section Header: *Form Status* Complete?	dropdown

			0	Incomplete
			1	Unverified
			2	Complete