

## CLINIC VISIT

### C. Interviews, Questionnaires and Other Paperwork at the Clinic Visit

**Completion/Review of NEC/SOC Individual form-** Any incomplete or blank NEC/SOC individual forms need to be completed by the family during the clinic visit.

**Completion/Review of FFQ's-** FFQs are mailed to the parents one month before the study subjects birthday. Most parents bring the completed FFQ to the clinic visit with them, but if the FFQ is not completed it needs to be completed at the clinic visit by the parents with a number 2 pencil. If time run short for one of many reasons, give the diet sheets and a postage paid return envelope to parents to finish at home and send back to us in the mail.

**3-15/Annual Update Interview-** The 3-6-9 month interviews are usually completed over the phone and won't be done during the 9 month clinic visit. The 15 month interview is done during the 15 month clinic visit.

**Annual Update Interview-** Completed annually from 24 months.

**24hr Vitamin Questionnaire-** Located on the back of the clinic sheet, this asks whether the study subject has taken any vitamins in the last 24 hours, and if so, what kind and how many.

**Positive Illness Questionnaire-**Need to be filled out for children who are being seen between their yearly visits, usually if they are positive for antibodies.

**Review of Family Information Sheets-**During the interview these should be reviewed. Make sure that the subjects mailing address and phone numbers are correct, the alternate contacts are still current, and that the child's doctor is correct. Make sure that the "date last seen" is filled out. Also make sure that all demographic data is complete: Date of birth, race, gender, etc.

**Growth Chart-** Can be used to track child's height and weight.

**CEDAR Positive Questionnaire-** At the present time is a purple piece of paper with the questions highlighted that need to be answered. Make sure that all highlighted questions are completed!

**Medical Release-**Consent form for the release of immunization records. Make sure parents know that this is just giving us permission to get immunizations from their child's doctor, not so we can tell the doctor or insurance company about the study, etc.

**Trialnet consent and update forms**-Consent for the Diabetes Prevention Trial. Children who have 1<sup>st</sup> or 2<sup>nd</sup> degree relatives with Type I Diabetes are eligible after age 1. A good time to talk to families about this if it hasn't been done, is when you are setting up your blood drawing materials and notice that someone would be eligible. Then explain what Trialnet is and ask if they would be interested.

**CEDAR Symptom Questionnaire**-For those who are positive for the celiac antibody (TG).

## ANTHROPOMETRY MEASUREMENT FOR DAISY SUBJECTS

### Hypotheses

Using height, weight and girth measurements help obtain an accurate body mass index. Body mass may have an impact on the development of Type 1 Diabetes.

### Definitions

An overall index of obesity will be estimated using the body mass index (BMI):  
weight (kg) / height<sup>2</sup> (meters).

### Methods

**Standardized training will occur with observation of the NHANES III method on the NIH website [http://www.cdc.gov/nchs/products/elec\\_prods/subject/video.htm](http://www.cdc.gov/nchs/products/elec_prods/subject/video.htm) , practice and observation by a previously trained staff member.**

Clinic staff will obtain Subject's height and weight on clinical scales. Subjects should be clothed in loose fitting clothing. Other outerwear (sweaters, jackets, shoes, socks) should be removed before anthropometric measures are made. Waist circumference will be taken twice. If there is a difference greater than one centimeter between each reading, a third will be taken.

### Waist Circumference

**Equipment:** A figure finder tape measure is preferred, because they do not stretch. Each clinician should use the same type of tape measure for each visit.

**Procedure:** Circumferences are taken with the subject standing and recorded to the nearest 0.1 centimeter. Waist circumferences will be measured using NHANES measurement.

1. Subject's shirt should be pulled up just to reveal their waist
2. Anthropometric tape applied horizontally at the top of the iliac crest which is the natural identification of the waistline. If natural identification is not visible, have participant bend sideways to identify it and place finger on this spot before participant stands upright again. Waist (minimum)

measured at the iliac crest over the bare skin. Check to see that tape is level front and back (see Figure 5).

3. Skin should not be indented by tape
4. Read measurement
5. Remove tape from skin
6. Repeat and record both measurements (to the nearest 0.1 cm)

Special Circumstances:

In the case of extreme obesity, a minimum waist is difficult to obtain, as there is no easy minimum point. In this circumstance, obtain the smallest measurement midway from the 10<sup>th</sup> rib to the iliac crest.