



HCHS/SOL SOLNAS Ancillary Study (AS#2008.03) Forms

NHLBI grant: Ancillary to HCHS/SOL: Nutrition & Physical Activity Assessment Study
([R01 HL095856](#), Y Mossavar-Rahmani)

English

BIE – Body Image Questionnaire

Body Images Participant

Body Images Staff

CCE – Clinic Checklist

CSE – Calorimetry Summary Form

DLS – Shipment to DLW Lab Form

SDE – Sedentary Behavior

SPF – SOLNAS Phantom Form

SUC – Sta Urine Collection

TSE – Telephone Screening Questionnaire

UCE – Record Sheet for 24-hour Urine Collection

UMN – Shipment to Central Lab Form

VEE - Visit 1 or Visit 3 Eligibility Form

VSE - Visit 1 or Visit 3 Form

VTE - Visit 2 or Visit 4 Form

VUE - Visit 2 or Visit 4 Participant Update Worksheet

Spanish

BIS – Body Image Questionnaire Spanish

SDS – Sedentary Behavior Spanish

TSS – Telephone Screening Questionnaire Spanish

UCS – Record Sheet for 24-hour Urine Collection Spanish

VES - Visit 1 or Visit 3 Eligibility Worksheet Spanish

VUS - Visit 2 or Visit 4 Participant Update Worksheet Spanish

Body Image Questionnaire HCHS/SOL SOLNAS Ancillary Study

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| ID NUMBER: | | | | | | | | | |
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FORM CODE: BIE
VERSION: A 03/07/2011

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| Contact Occasion | | |
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| SEQ # | 0 | 1 |
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ADMINISTRATIVE INFORMATION

0a. Completion Date:

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0b. Staff ID:

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Instructions: See the detailed instructions in the SOLNAS Manual for completion of this form. Show image card to participant.

1. Participant is: Male 1 **Skip Questions 9 to 15** Female 2 **Go To Question 9**

If **male**, please show male figures and ask “Which image on the card:”

2. Reflects what you think you look like 1 2 3 4 5 6 7 8 9
3. Reflects how you feel most of the time 1 2 3 4 5 6 7 8 9
4. Is your ideal figure (for you) 1 2 3 4 5 6 7 8 9
5. You think is ideal for men 1 2 3 4 5 6 7 8 9
6. You think is most preferred by men 1 2 3 4 5 6 7 8 9
7. You think is most preferred by women 1 2 3 4 5 6 7 8 9

Now show the female figures and ask—“Which image on the card do:”

8. You think is most preferred by men 1 2 3 4 5 6 7 8 9

If **female**, please show female figures and ask “Which image on the card:”

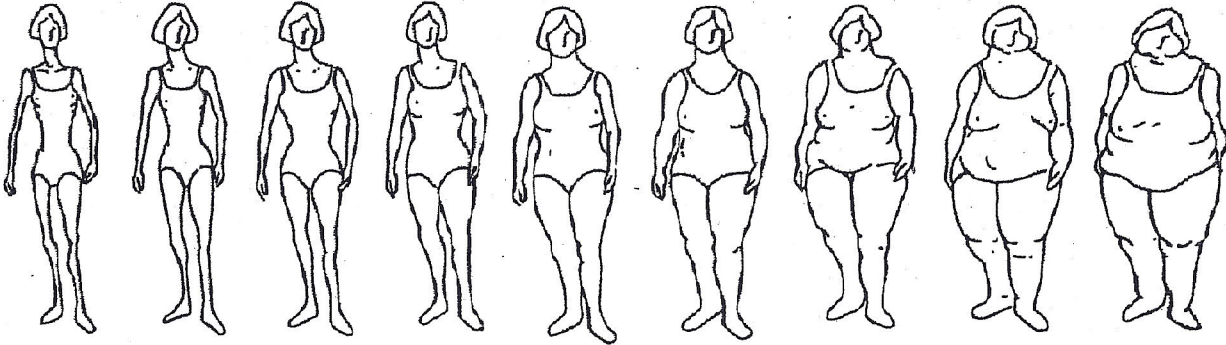
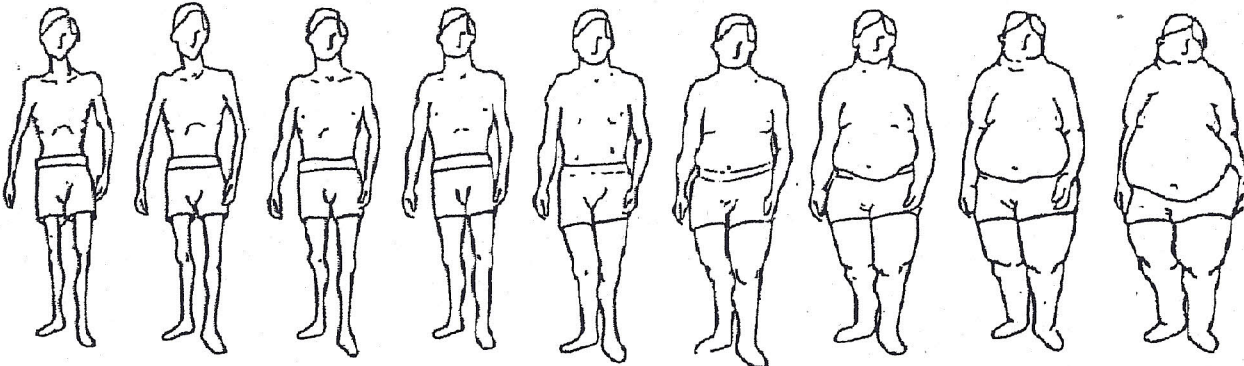
9. Reflects what you think you look like 1 2 3 4 5 6 7 8 9
10. Reflects how you feel most of the time 1 2 3 4 5 6 7 8 9
11. Is your ideal figure (for you) 1 2 3 4 5 6 7 8 9
12. You think is ideal for women 1 2 3 4 5 6 7 8 9
13. You think is most preferred by men 1 2 3 4 5 6 7 8 9
14. You think is most preferred by women 1 2 3 4 5 6 7 8 9

Now show the male figures and ask—“Which image on the card do:”

15. You think is most preferred by women 1 2 3 4 5 6 7 8 9

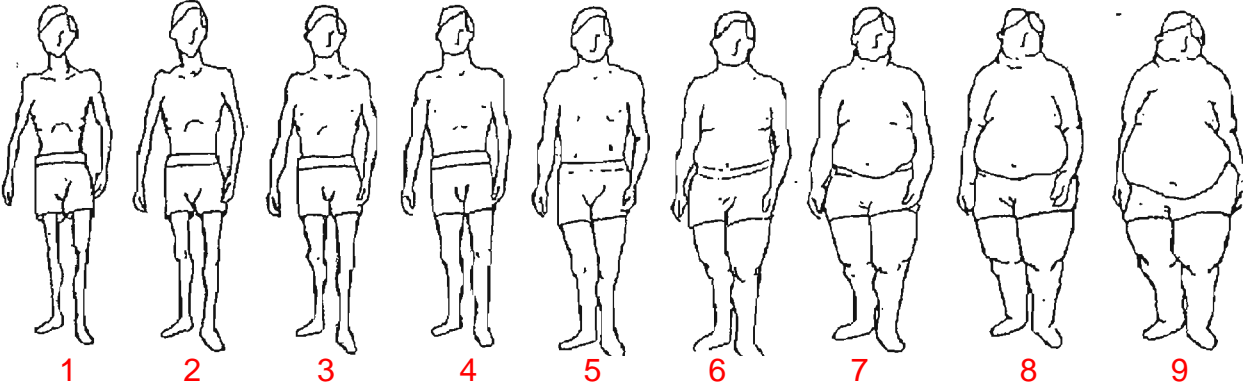
BI-Card Participant

© 2014 Pearson Education, Inc.

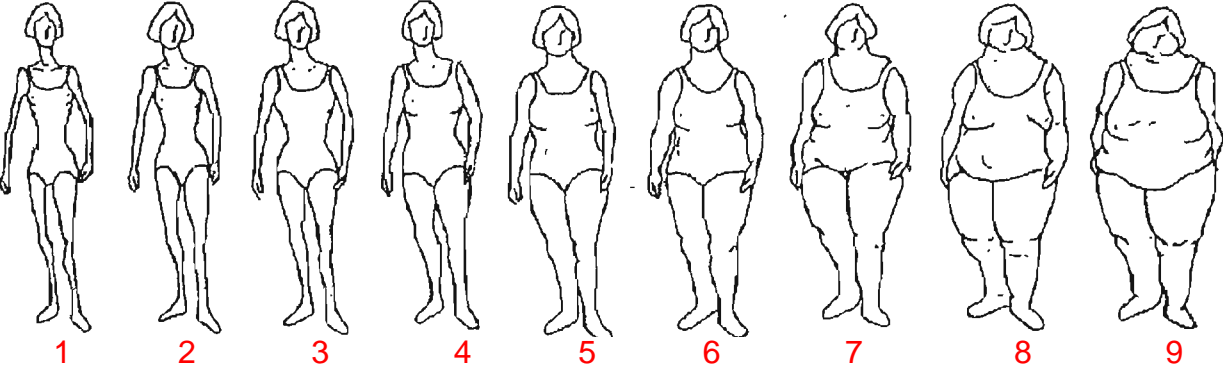


BODY IMAGE - BIE
HCHS/SOL SOLNAS Ancillary Study

MALE



FEMALE



SOLNAS Clinic Checklist HCHS/SOL SOLNAS Ancillary Study

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| ID | | | | | | | | | |
| NUMBER: | | | | | | | | | |

FORM CODE: CCE
VERSION: A 10/11/10

Contact Occasion

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SEQ #

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ADMINISTRATIVE INFORMATION

0a. Completion Date:

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0b. Staff ID:

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Instructions: Follow MOP protocol information for completion of this form.

(Check which one applies.)

- Refuses to participate 1.
- Unable to contact 2.
- Ineligible 3.
- Agrees to participate 4.
- Pending scheduling 5.
- Scheduled visit 1 6.
- Visit 1 complete 7.
- Visit 2 complete 8.
- Primary Study: Withdrew 9.
- Visit 3 complete (Reliability Visit 1) 10.
- Visit 4 complete (Reliability Visit 2) 11.
- Reliability Study: Declined 12.
- Reliability Study: Ineligible 13.
- Reliability Study : Unable to contact 14.
- Reliability Study: Withdrew 15.

HCHS/SOL SOLNAS Ancillary Study Calorimetry Summary Form

| | | | | | | | | | |
|---------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| ID NUMBER: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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FORM CODE: CSE
VERSION: A 04/01/11

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| Contact Occasion | <input type="text"/> | <input type="text"/> |
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| SEQ # | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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ADMINISTRATIVE INFORMATION

0a. Completion Date: //

0b. Staff ID:

Instructions: See the detailed QxQ instructions for completion of this form.

1. Start Time: : (am, pm)

2. Weight: . kg

3. Age:

CALORIMETRY SUMMARY:

4.

| | mean | SD | CV |
|----------------|---|--|--|
| a. VCO2 ml/min | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> . <input type="text"/> | <input type="text"/> <input type="text"/> . <input type="text"/> |
| b. VO2 ml/min | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> . <input type="text"/> | <input type="text"/> <input type="text"/> . <input type="text"/> |
| c. RQ | <input type="text"/> . <input type="text"/> <input type="text"/> | <input type="text"/> . <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> . <input type="text"/> |
| d. EE kcal/d | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> . <input type="text"/> |

5. Actual Duration of RMR Measurement Post Run-In: mins

Shipment to DLW Lab Form HCHS/SOL SOLNAS Ancillary Study

| | | | | | | | | | |
|---------------|--|--|--|--|--|--|--|--|--|
| ID Number: | | | | | | | | | |
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FORM CODE: DLS
VERSION: A 10/26/11

Styrofoam Box
Contact Occasion:

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|--|--|
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Specimen
Storage
Box (SEQ #):

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ADMINISTRATIVE INFORMATION

0a. Shipment Date: / /

0b. Staff ID:

Instructions: Scan the Lab ID from a vial for each ID in the specimen storage box (DLW Lab), enter the study sequence (Main Study (visits 1 and 2) or Reliability Study (visits 3 and 4)) and check mark whether the vial is included or not.

For "Study Sequence," please mark box 1 for the Main Study (visits 1 and 2)
or 3 for the Reliability Study (visits 3 and 4).

| Lab ID | Study Sequence | U30 | U33 | U34 | U50 | U51 | P40 | P20 |
|---|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | 1 <input type="checkbox"/> 3 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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Sedentary Behavior Weekday and Weekend Questionnaire

HCHS/SOL SOLNAS Ancillary Study

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|---------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| ID NUMBER: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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FORM CODE: SDE
VERSION: A 10/13/10

Contact Occasion

SEQ #

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| 0 | 1 |
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ADMINISTRATIVE INFORMATION

0a. Completion Date: / /

0b. Staff ID:

Instructions: See the detailed instructions in the SOLNAS Manual for completion of this form

Section A:

On a typical WEEKDAY, how much time do you spend...(from when you get up, until you go to bed)

| | None | 15 min or less | 30 min | 1 hr | 2 hrs | 3 hrs | 4 hrs | 5 hrs | 6 hrs or more |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Watching television (including videos on VCR/DVD). | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| 2. Playing computer or video games. | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| 3. Sitting and listening to music on the radio, tapes, or CDs. | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| 4. Sitting and talking on the phone | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| 5. Doing paperwork or computer work (office work, emails, paying the Bills, etc.) | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| 6. Sitting and reading books or magazines. | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| 7. Playing a musical instrument. | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| 8. Doing artwork or crafts. | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| 9. Riding or driving cars, buses, or trains. | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> |

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| ID NUMBER: | | | | | | | | |
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FORM CODE: SDE
VERSION: A 10/13/10

Contact
Occasion

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SEQ #

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Section B:

On a typical WEEKEND day, how much time do you spend...(from when you get up, until you go to bed)

| | None | 15 min or less | 30 min | 1 hr | 2 hr | 3 hr | 4 hr | 5 hr | 6 hr or more |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 10. Watching television (including videos on VCR/DVD). | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| 11. Playing computer or video games. | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| 12. Sitting and listening to music on the radio, tapes, or CDs. | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| 13. Sitting and talking on the phone | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| 14. Doing paperwork or computer work (office work, emails, paying the bills, etc.) | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| 15. Sitting and reading books or magazines. | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| 16. Playing a musical instrument. | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| 17. Doing artwork or crafts. | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| 18. Riding or driving cars, buses, or trains. | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> |

HCHS/SOL SOLNAS Ancillary Study PHANTOM Form

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| ID NUMBER: | | | | | | | | |
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FORM CODE: SPF
VERSION: A 10/4/11

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| Contact Occasion | | |
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| SEQ # | 0 | 1 |
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ADMINISTRATIVE INFORMATION

0a. Completion Date:

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0b. Staff ID:

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Instructions: Use this form to assign a phantom ID for Participants selected for QC sample in Q5 and Q16 on the VSE form. Visit 1-contact occasion 01. Visit 3 –contact occasion 03.

1. Phantom ID number:

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
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Affix Phantom ID label:

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Urine Collection Worksheet for Staff HCHS/SOL SOLNAS Ancillary Study

| | | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|--|
| ID NUMBER: | | | | | | | | | |
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FORM CODE: SUC
VERSION: A 10/27/10

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| Contact Occasion | | |
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| SEQ # | 0 | 1 |
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ADMINISTRATIVE INFORMATION

0a. Completion Date:

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0b. Staff ID:

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Instructions: See the detailed instructions in the SOLNAS Manual for completion of this form

1. Bottle #1

1.a At SOLNAS Visit 1 (or Visit 3): Transcribe weight of 24-hour urine collection Bottle # 1 before urine collection (weigh after boric acid has been placed inside and the appropriate stickers have been placed outside).

A = Bottle #1 without urine

| | | | |
|--|--|--|--|
| | | | |
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 grams

1.b At SOLNAS Visit 2 (or Visit 4): Transcribe weight of 24-hour urine collection Bottle # 1 as received by participant before any urine has been removed for processing.

B = Bottle #1 with urine

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

 grams

1.c At SOLNAS Visit 2 (or 4): Subtract pre-24-hour urine collection weight from post-24-hour urine collection weight to determine weight of 24-hour urine collection in Bottle #1.

C = B – A = Urine from Bottle #1

| | | | |
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| | | | |
|--|--|--|--|

 grams

2. Bottle #2

2.a At SOLNAS Visit 1 (or Visit 3): Transcribe weight of 24-hour urine collection Bottle # 2 before urine collection (weigh after boric acid has been placed inside and the appropriate stickers have been placed outside).

D = Bottle #2 without urine

| | | | |
|--|--|--|--|
| | | | |
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 grams

2.b At SOLNAS Visit 2 (or Visit 4): Transcribe weight of 24-hour urine collection Bottle # 2 as received by participant before any urine has been removed for processing.

E = Bottle #2 with urine

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

 grams

| | | | | | | | | | |
|---------------|--|--|--|--|--|--|--|--|--|
| ID NUMBER: | | | | | | | | | |
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FORM CODE: SUC
VERSION: A 10/27/10

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| Contact Occasion | | |
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| SEQ # | 0 | 1 |
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2.c At SOLNAS Visit 2 (or 4): Subtract pre-24-hour urine collection weight from post-24-hour urine collection weight to determine weight of 24-hour urine collection in Bottle #2.

F = E - D = Urine from Bottle #2

| | | | | |
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 grams

3. Total Weight of 24-Hour Urine Collection

At SOLNAS Visit 2 (or 4) :Add the weight of Urine from Bottle #1 (C) to the weight of Urine from Bottle #2 (F)

G = C + F = Urine from Bottle #1 plus Urine from Bottle #2

| | | | | |
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 grams

Action Item: Record the *Total Weight of the 24-Hour Urine Collection (G)* on *Visit 2 Form (or Visit 4 Form)* in Question re: (Total Weight of 24-Hr Urine).

Telephone Screening Questionnaire HCHS/SOL SOLNAS Ancillary Study

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| ID NUMBER: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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FORM CODE: TSE
VERSION: A 5/17/11

Contact
Occasion

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| <input type="text"/> | <input type="text"/> |
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SEQ #

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| <input type="text"/> | <input type="text"/> |
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ADMINISTRATIVE INFORMATION

0a. Completion Date: //

0b. Staff ID:

Instructions: Use SOLNAS telephone script and MOP instructions for completion of this form.
Use appropriate ancillary study recruitment or scheduling script when completing this form.

Check Form:

Visit 1
Visit 3

For Visit 1 only

A. Basic Eligibility information

1. Does the participant prefer Spanish or English?

Neither language 0 → **INELIGIBLE**
Spanish 1
English 2

2. Has second 24 Hour Dietary Recall Interview from SOL study been completed?

No 0 **Go to Question 19**
Must complete before ancillary study interview
(Please read second 24 hr dietary recall MOP instructions)
Yes 1

For Visit 1 and Visit 3

B. Screening Questionnaire

3. Gender: Male 1 → **Go to Question 6**
Female 2

Females Only

4. Are you pregnant or planning to become pregnant in the next six months?

No 0
Yes 1 **INELIGIBLE** (I'm sorry, we are not able to include women who are pregnant or planning to become pregnant because we can only include participants whose weights are stable and not changing as in pregnancy.)

5. Are you breastfeeding or planning to breastfeed in the next six months?

No 0
Yes 1 **INELIGIBLE** (I'm sorry, we are not able to include women who are breastfeeding because we can only include participants whose weights are stable and not changing as in pregnancy.)

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FORM CODE: TSE
VERSION: A 5/17/11

Contact
Occasion

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Males and Females

6. Do you take insulin or any other medication for diabetes?

No 0

Yes 1

INELIGIBLE (I'm sorry, we are not able to include participants who have diabetes that must be controlled with insulin or any other medication for diabetes. Unfortunately, diabetes can have an effect on the tests we will be doing. Thank you very much for your time and interest.)

7. Do you take any medications that are required to be taken with food?

No 0

Yes 1

INELIGIBLE (I'm sorry, we are not able to include participants who need to take their medication with food as this may interfere with fasting for corresponding visit (Visit 1 or Visit 3). Thank you very much for your time and interest.)

8. Do you routinely receive supplemental oxygen?

No 0

Yes 1

INELIGIBLE (I'm sorry, we are not able to include participants who use supplemental oxygen as this may affect the study measurements. Thank you very much for your time and interest.)

9. Do you have problems with bladder control that may make it difficult for you to collect urine?

No 0 Go to question 10

Yes 1

a. Do you need or wear special undergarments for bladder control?

No 0

Yes 1

INELIGIBLE (I am sorry, we are not able to include participants who use special undergarments for bladder control because a complete urine collection is important for accurate tests. Thank you very much for your time and interest.)

b. Do you take any medications to control bladder function? (e.g. Detrol™)

No 0

Yes 1

INELIGIBLE (I am sorry, we are not able to include participants who take bladder control medication due to the potential difficulty in collecting spot urine specimens at time intervals. Thank you very much for your time and interest.)

10. Have you tried to lose or gain weight during the past four weeks, by decreasing your food intake and/or increasing physical activity?

No 0 Go to question 11

Yes 1

a. Have you lost or gained more than 15 pounds during the past four weeks?

No 0

Yes 1

INELIGIBLE (I'm sorry, we cannot include participants who are gaining or losing weight since changes in weight affect energy measurements. Thank you very much for your time and interest.)

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| Contact Occasion | | | SEQ # | | |
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11. Have you gained or lost weight without trying during the past four weeks?

- No 0 Go to question 12
Yes 1

a. Have you lost or gained more than 15 pounds during the past four weeks?

- No 0
Yes 1

INELIGIBLE (I'm sorry, we cannot include participants who are gaining or losing weight since changes in weight affect energy measurements. Thank you very much for your time and interest.)

12. Are you starting new medications that affect weight such as thyroid, weight loss or chemotherapy medications or diuretics that are used irregularly?

- No 0
Yes 1

INELIGIBLE (I'm sorry, these medications affect energy measurements. Thank you very much for your time and interest.)

13. Are you interested in participating in this study?

- No 0 **INELIGIBLE** (Thank you very much for your time and interest in this study)
Yes 1 Let's schedule your appointments now.

a. Your first visit is on (Appointment Date): / / --

at Appointment Time: : (am, pm)

(Please bring any dietary supplements you currently use with you and remember to fast for at least 4 hours prior to your arrival.)

b. Can you schedule an appointment between (read the 11 to 13 day window) for the corresponding visit (Visit 2 or Visit 4)?

- No 0 Go to Q 13.a. and reschedule corresponding visit (Visit 1 or Visit 3).
Yes 1

c. Your second visit is on (Appointment Date): / / -- (Schedule appointment 12 days after corresponding visit (Visit 1 or Visit 3). If unable on that date, try 11 days after or 13 days after visit 1 or visit 3. If either date does not work-see Manual of Operations regarding collection of urine at home on Day 13 and later visit 2 or 4 date.)

Appointment Time: : (am, pm)

(You will need to fast for 12 hours prior to your arrival.)

d. Can you collect all urine for a 24-hour period one day before your next SOLNAS visit (Visit 2 or 4)? (Mention the date of 24-hour urine collection).

- No 0 (We will have to reschedule both SOLNAS visits again. The 24-hour urine collection has to be done one day before your SOLNAS Visit 2 or 4) Go to Q13.a and reschedule Visit 1 or 3.
Yes 1

| | | | | | | | | |
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VERSION: A 5/17/11

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| Contact Occasion | | | SEQ # | | |
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Before we confirm the SOLNAS visits, I have to ask you two more questions to make sure you are eligible for the study.

14. Are you expecting to receive blood transfusions or intravenous fluids during the two weeks before or after your corresponding SOLNAS visit (Visit 1 or Visit 3)? This includes IV fluids you might receive if you are scheduled for a colonoscopy? (Do you have any scheduled procedures where receiving blood or intravenous fluids are a part of the procedure?)

No 0
Yes 1

INELIGIBLE (I'm sorry, we are not able to include participants who will receive blood transfusions or intravenous fluids during this time period because they will affect the study measurements. Thank you very much for your time and interest.)

15. Will you be traveling 200 miles (or more) from home during the two weeks before or after your corresponding SOLNAS visit (Visit 1 or Visit 3)?

No 0 Read Section C
Yes 1

a. Would you be willing to reschedule your travel plans to participate in this study?

No 0 **INELIGIBLE** (I'm sorry, we are not able to include participants who will be this far away from home during this time period since differences in the content of local drinking water will affect study measurements. Thank you very much for your time and interest.)

Yes 1 **ELIGIBLE** (Thank you. We appreciate your willingness to change your travel plans so that you can participate in this special study.) Read Section C.

C. Congratulations, you are eligible to participate in the Hispanic Community Health Study/Study of Latinos (SOL) Nutrition and Physical Activity Assessment Study. (Briefly review the information for the visits) (Thank you for your participation in this study. We will see you on your first visit on (appointment date and time.))

D. Demographic Information

16. Age:

17. Hispanic/Latino background from PIE/PIS

- Dominican or Dominican Descent 0
- Central American or Central American descent 1
- Cuban or Cuban descent 2
- Mexican or Mexican descent 3
- Puerto - Rican or Puerto Rican descent 4
- South American or South American descent 5
- More than one heritage 6
- Other 7

If other, please specify: _____

| | | | | | | | | |
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VERSION: A 5/17/11

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| SEQ # | | |
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18. Self identification of racial group from PIE/PIS

- American Indian or Alaskan Native 1
- Asian 2
- Native Hawaiian or Other Pacific Islander 3
- Black or African – American 4
- White 5
- More than one race 6
- Unknown or Not reported 9

E. Final Disposition

19. Individual Participation Status:

- Refuses to participate 1 **End interview**
- Unable to contact, status unknown 2
- Ineligible 3 → **INELIGIBLE, closing script**
- Agrees to participate 4 → **ELIGIBLE, schedule visit**

COMPLETE FINAL DISPOSITION ON SOLNAS Checklist Form

Record Sheet for 24-hour Urine Collection HCHS/SOL SOLNAS Ancillary Study

| | | | | | | | | | |
|------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| ID NUMBER: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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FORM CODE: UCE
VERSION: A 11/10/10

Contact Occasion

SEQ #

| | |
|---|---|
| 0 | 1 |
|---|---|

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /

0b. Staff ID:

Instructions: Participant: Follow instructions attached with this form.

1. Start of collection:
 - 1.a Date: / /
 - 1.b Time: : AM PM *(This is the time when you discard your first urine, after which you start the collection.)*
2. Time of first PABA-B-Vitamin tablet: : AM PM
3. Time of second PABA-B-Vitamin tablet: : AM PM
4. Time of third PABA-B-Vitamin tablet: : AM PM
5. End of Collection:
 - 5.a Date: / /
 - 5.b Time: : AM PM *(24 hours after the "Start". Include this urine in the collection.)*

Problems if any (such as spilled urine, missed urine collections, or diarrhea):

Please mark "no" or "yes" (or write a number for Question 7) for each question below.

6. Did you miss any urine collections?

No 0

Yes 1
7. If you missed urine collections, how many did you miss?
8. Were you away from home during the collection period?

No 0

Yes 1

| | | | | | | | | |
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| ID NUMBER: | | | | | | | | |
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FORM CODE: UCE
VERSION: A 11/10/10

Contact
Occasion

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9. If you were away from home, were you able to collect your urine?

No 0

Yes 1

10. Were you able to collect your urine during the night?

No 0

Yes 1

11. Did you have any diarrhea during the collection period?

No 0

Yes 1

12. Did you spill any urine when pouring it into the bottle?

No 0

Yes 1

THANK YOU!

Shipment to UMN Lab Form HCHS/SOL SOLNAS Ancillary Study

| | | | | | | | | | |
|-------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Center ID Number: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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FORM CODE: UMN
VERSION: A 1/19/12

Styrofoam Box
Contact Occasion:

| | |
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| <input type="text"/> | <input type="text"/> |
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Specimen Storage
Box (SEQ #):

| | |
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| <input type="text"/> | <input type="text"/> |
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ADMINISTRATIVE INFORMATION

0a. Shipment Date: //

0b. Staff ID:

Instructions: Enter Lab ID # in the order in which the samples are placed in the specimen storage box. Make sure you place the first sample vial for each participant LabID in the correct location, see MOP for details (position 81 will always be empty). Select the collected samples to be shipped for each LabID. Print shipping form and affix extra corresponding participant LabID with barcode. Make copies of the form, send a copy to the CC, keep one for your records and ship original with samples to Central Lab.

Lab ID Number

Affix LabID Label

1.

Plasma Vials: #1: V10 #2: V11 #3: V12
 Serum Vials: #4: V00 #5: V01 #6: V02 #7: V03
 24 hr Urine: #8: V60 #9: V61 #10: V62

2.

Plasma Vials: #11: V10 #12: V11 #13: V12
 Serum Vials: #14: V00 #15: V01 #16: V02 #17: V03
 24 hr Urine: #18: V60 #19: V61 #20: V62

3.

Plasma Vials: #21: V10 #22: V11 #23: V12
 Serum Vials: #24: V00 #25: V01 #26: V02 #27: V03
 24 hr Urine: #28: V60 #29: V61 #30: V62

4.

Plasma Vials: #31: V10 #32: V11 #33: V12
 Serum Vials: #34: V00 #35: V01 #36: V02 #37: V03
 24 hr Urine: #38: V60 #39: V61 #40: V62

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| ID NUMBER: | | | | | | | | |
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FORM CODE: UMN
VERSION: A 1/19/12

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| Contact Occasion | | | SEQ # | | |
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Lab ID Number

Affix Label

5.

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Plasma Vials: #41: V10 #42: V11 #43: V12
Serum Vials: #44: V00 #45: V01 #46: V02 #47: V03
24 hr Urine: #48: V60 #49: V61 #50: V62

6.

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Plasma Vials: #51: V10 #52: V11 #53: V12
Serum Vials: #54: V00 #55: V01 #56: V02 #57: V03
24 hr Urine: #58: V60 #59: V61 #60: V62

7.

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Plasma Vials: #61: V10 #62: V11 #63: V12
Serum Vials: #64: V00 #65: V01 #66: V02 #67: V03
24 hr Urine: #68: V60 #69: V61 #70: V62

8.

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Plasma Vials: #71: V10 #72: V11 #73: V12
Serum Vials: #74: V00 #75: V01 #76: V02 #77: V03
24 hr Urine: #78: V60 #79: V61 #80: V62

VISIT 1 or 3 ELIGIBILITY Form

HCHS/SOL SOLNAS Ancillary Study

| | | | | | | | | | |
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| ID NUMBER: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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FORM CODE: VEE
VERSION: A 5/17/11

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| Contact Occasion | <input type="text"/> | <input type="text"/> | SEQ # | <input type="text"/> | <input type="text"/> |
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ADMINISTRATIVE INFORMATION

0a. Completion Date: //

0b. Staff ID:

Instructions: Questions to ask prospective SOLNAS participants when they arrive for SOLNAS Visit 1 or Visit 3. See the detailed instructions in the SOLNAS Manual for completion of this form.

1. Check Form:

Visit 1

Visit 3

2. Participant is: Male 1 **Go to question 5**

Female 2

3. Are you pregnant or planning to become pregnant in the next six months?

No 0

Yes 1 **INELIGIBLE**

4. Are you breastfeeding or planning to breastfeed in the next six months?

No 0

Yes 1 **INELIGIBLE**

Males and Females

5. Have you taken insulin or any other medication for diabetes since we last talked by phone?

No 0

Yes 1 **INELIGIBLE**

6. Have you received supplemental oxygen during the past two weeks?

No 0 **Go to question 7**

Yes 1 *(Let the participant know that the SOLNAS appointment will need to be rescheduled. This is because supplemental oxygen will affect study measurements.)*

6.a. Are you willing to reschedule?

No 0 **Refuse to Reschedule**

Yes 1 **RESCHEDULE**

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7. Have you received blood transfusions or intravenous fluids during the past two weeks?
(e.g. Had a colonoscopy or other medical procedure using IV fluids during the past two weeks?)
- No **Go to question 8**
- Yes *(Let the participant know that the SOLNAS appointment will need to be rescheduled. This is because blood transfusions or intravenous fluids will affect study measurements.)*
- 7.a. Are you willing to reschedule?
- No **Refuse to Reschedule**
- Yes **RESCHEDULE**
8. Have you taken any medications that affect weight such as thyroid, weight loss or chemotherapy medications or diuretics in the past two weeks?
- No **Go to question 9**
- Yes *(Let the participant know that the SOLNAS appointment will need to be rescheduled. This is because these medications will affect study measurements.)*
- 8.a. Are you willing to reschedule?
- No **Refuse to Reschedule**
- Yes **RESCHEDULE**
9. Have you traveled more than 200 miles (one-way) away from home during the past two weeks?
- No **Go to question 10**
- Yes *(Let the participant know that the SOLNAS appointment will need to be rescheduled. This is because differences in the content of local drinking water will affect study measurements.)*
- 9.a. Location of travel: _____
(Confirm on the Internet that destination is 200 miles or further away from field center)
- 9.b. Are you willing to reschedule?
- No **Refuse to Reschedule**
- Yes **RESCHEDULE**
10. Have you had anything to eat or drink besides water or non-caloric, decaffeinated beverages during the past four hours?
- No **Go to question 11**
- Yes
- 10.a. Are you willing to wait to start the SOLNAS procedures until it has been 4 hours since you have eaten?
- No
- Yes **Go to question 10.b**

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FORM CODE: VEE
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| Contact Occasion | | |
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| SEQ # | | |
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10.a.1. Are you willing to reschedule your SOLNAS appointment?

No 0 **Refuse to Reschedule**

Yes 1 **RESCHEDULE**

10.b. When did you last eat or drink anything except water or non-caloric, decaffeinated beverages?

10.b.1 Note time when participant last ate or drank: : __ __ (am/pm)

10.b.2 Note time when the 4-hour SOLNAS fast will be complete:

: __ __ (am/pm)

*(Escort the participant to a suitable waiting area until the participant has completed the 4-hour SOLNAS fasting period. After **the 4-hour fast is finished**, mark "Eligible" on question 11.)*

11. Visit Eligibility Summary

- Ineligible 0 *(Thank the participant and excuse him/her from further SOLNAS questions.)*
Refused to Reschedule 1 *(Thank the participant and excuse him/her from further SOLNAS questions.)*
Eligible 2 *(Ask the participant to empty his/her bladder and then start the SOLNAS consent procedures with the participant)*
Pending scheduling 3
Reschedule 4

11.a. Appointment Date: //

11.b. Appointment Time: : __ __ (am/pm)

(Thank the participant and excuse him/ her from further SOLNAS questions for the day.)

Visit 1 or Visit 3 Form HCHS/SOL SOLNAS Ancillary Study

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|------------|----------------------|--------------------------------------|------------------|----------------------|-------|----------------------|
| ID NUMBER: | <input type="text"/> | FORM CODE: VSE VERSION: A 5/17/11 | Contact Occasion | <input type="text"/> | SEQ # | <input type="text"/> |
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ADMINISTRATIVE INFORMATION

0a. Completion Date: / /

0b. Staff ID:

Instructions: See the detailed instructions in the SOLNAS Manual for completion of this form.

1. Check Form:
- Visit 1
- Visit 3

2. SOLNAS Consent Signed:
- No **INELIGIBLE** (Thank the participant and end the visit.)
- Yes **ELIGIBLE**

3. HEIGHT AND WEIGHT: Staff ID

3.a Height: . cm

3.b Weight: . kg

3.c Calculate DLW dosage:
Weight in kg X 1.4 = . g of DLW

4. Visit Lab ID:

5. Is participant in QC Sample?
- No **Go to Question 6**
- Yes Enter QC Lab ID#:

For participants in QC sample only: Collect double the samples of urine for Time 0, 3 and 4

6. TIME 0 (Fasting) Staff ID

(Collect urine in the hat and transfer 1.75 mL to one 2mL cryovial. If participant is in the QC sample, transfer two 1.75 mL aliquots to two 2mL cryovials).

Use "SOLNAS Urine corresponding Visit Time 0" label.

6.a. URINE COLLECTION Time: : (am, pm)

ID NUMBER:

FORM CODE: VSE
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Contact
Occasion

SEQ #

CAUTION – Do not administer DLW unless fasting urine is complete.

7. DOUBLY LABELED WATER DOSING:

Staff ID

7.a DLW Dose Weight: . g (Note: Q 7.a. should not be 10 grams more than Q 3.c. If difference is higher than 10 g, see SOLNAS Manual of Operations)

7.b DLW Lot Number: --SO

7.c Time of DLW Dose: : (am, pm)

7.d DLW Spillage: No 0

Yes 1 (Follow protocol for DLW spillage)

8. TIME 1 – One Hour After DLW: Was **Meal Replacement Beverage (MRB)** Consumed?

No 0 **Go to question 9.**

Yes 1 Amount: mL Time: : (am, pm)

9. TIME 2 – Two Hours After DLW:

(Make sure participant voids bladder. Note: urine is not collected.)

Bladder voided: No 0

Yes 1 Time: : (am, pm)

10. TIME 3 - Three Hours After DLW:

Staff ID

(Collect urine in the hat and transfer 1.75 mL to one 2mL cryovial. If participant is in the QC sample, transfer two 1.75 mL aliquots to two 2mL cryovials).

Use "SOLNAS Urine corresponding Visit Time 3" label.

10a. Time Collected: : (am, pm)

ID NUMBER:

FORM CODE: VSE
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Contact
Occasion

SEQ #

11. TIME 3 BLOOD DRAW

Staff ID

11.a Participant's Age: Less than 60 (Blood draw not required) **Go to Question 12**
60 or older Perform blood draw (date of birth is on or before today's date in 1951)

No=0 Yes=1
(proceed)

- | | | | |
|-------|--|--------------------------|--------------------------|
| 11.b. | 10 mL Lavender <u>dry</u> EDTA vacutainer | <input type="checkbox"/> | <input type="checkbox"/> |
| 11.c. | One 1.75 mL (in one 2 mL cryovial) | <input type="checkbox"/> | <input type="checkbox"/> |
| 11.d. | Label "SOLNAS corresponding Visit" Number 40 | <input type="checkbox"/> | <input type="checkbox"/> |

11.e. Time of Draw: : (am, pm)

12. OTHER BEVERAGES CONSUMED

(No more than 250 mL per hour between hour 2 and hour 4.
Offer second beverage only if needed to produce urine specimen.)

12.a Beverage 1 Amount: mL (If none, enter 0)
Time: : (am/ pm)

12.b Beverage 2 Amount: mL (If none, enter 0)
Time: : (am, pm)

12.c Beverage 3 Amount: mL (If none, enter 0)
Time: : (am/ pm)

12.d Beverage 4 Amount: mL (If none, enter 0)
Time: : (am, pm)

13. TIME 4 - Four Hours After DLW

Staff ID

(Collect urine in the hat and transfer 1.75 mL to one 2mL cryovial. If participant is in the QC sample, transfer two 1.75 mL aliquots to two 2mL cryovials).
Use "SOLNAS Urine corresponding Visit Time 4" label.

13.a. Time Collected: : (am, pm)

| | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|
| ID NUMBER: | | | | | | | | |
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FORM CODE: VSE
VERSION: A 5/17/11

Contact
Occasion

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| | | SEQ # | | |
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14. PABA (B-Vitamin) tablets for 24-hour urine collection

Is participant hypersensitive to PABA-containing sunscreens or allergic to PABA?

No 0 (Keep the three PABA (B-Vitamin) tablets in the 24-hour urine collection kit.)

Yes 1 (Remove the three PABA (B-Vitamin) tablets from the 24-hour urine collection kit.)

14.a. Are the three PABA (B-Vitamin) tablets removed from the 24-hour urine collection kit?

No 0 Yes 1

15. SPECIMEN INVENTORY CHECKLIST: (If the participant is under age 60, mark "No=0" for the plasma specimen. For all others "No=0; Yes=1".)

| | Tube # | Specimen | Collected? "No=0; Yes=1" |
|------|--------|----------------|-----------------------------|
| 15.a | 30 | Time 0 Urine | <input type="checkbox"/> |
| 15.b | 33 | Time 3 Urine | <input type="checkbox"/> |
| 15.c | 34 | Time 4 Urine | <input type="checkbox"/> |
| 15.d | 40 | Plasma 60 y.o. | <input type="checkbox"/> |

16. QUALITY CONTROL INVENTORY CHECKLIST: (Only if participant answered "yes" to question 5) ("No=0; Yes=1")

| | Tube # | Specimen | Collected? "No=0; Yes=1" |
|------|--------|--------------|-----------------------------|
| 16.a | 30 | Time 0 Urine | <input type="checkbox"/> |
| 16.b | 33 | Time 3 Urine | <input type="checkbox"/> |
| 16.c | 34 | Time 4 Urine | <input type="checkbox"/> |

If specimen collection is incomplete, please explain:

Visit 2 or Visit 4 Form HCHS/SOL SOLNAS Ancillary Study

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| ID NUMBER: | □ | □ | □ | □ | □ | □ | □ | □ | □ |
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FORM CODE: VTE
VERSION: A 8/19/11

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| Contact Occasion | □ | □ | SEQ # | □ | □ |
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ADMINISTRATIVE INFORMATION

0a. Completion Date: □□/□□/□□□□

0b. Staff ID: □□□

Instructions: See the detailed instructions in the SOLNAS Manual for completion of this form.

1. Check Form: Visit 2 Visit 4

2. Weight: Staff ID □□□

a. Weight: □□□. □ kg

b. Used Same Scale for Prior Visit Weight? No 0 Yes 1

3. Visit Lab ID: □□□□□□□□

4. Is participant in QC Sample? No 0 **Go to Question 5**
Yes 1 Enter QC Lab ID#: □□□□□□□□

For participants in QC sample only: Collect double the samples of spot urine for Time 0 and 1, 24hr urine collection and blood.

5. TIME 0 (Fasting) URINE COLLECTION Staff ID □□□

*(Collect urine in the hat and transfer 1.75 mL to one 2mL cryovial. If participant is in the QC sample, transfer two 1.75 mL aliquots to two 2mL cryovials).
Use "SOLNAS Urine corresponding Time 0" label.*

a. Time Collected: □□ : □□ (am, pm)

b. Collection Date: □□/□□/□□□□

Indirect Calorimetry may occur before or after the fasting blood draw.

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6. TIME 0 (Fasting) BLOOD DRAW

Staff ID

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a. 6 mL Royal Blue vacutainer

Four 0.5 mL (minimum) serum (in four 2 mL cryovials)

Label "SOLNAS Visit" Number 00, 01, 02, 03

(If participant is in the QC sample, use two 6 mL Royal Blue vacutainers. Collect eight 0.5 mL (minimum) in eight 2mL cryovials).

No Yes (proceed)

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b. 10 mL Lavender dry EDTA vacutainer

Three 0.5 mL (minimum) plasma (in three 2 mL cryovials)

Label "SOLNAS Visit" Number 10, 11, 12

(If participant is in the QC sample, use one 10 mL Lavender dry EDTA vacutainer. Collect six 0.5 mL (minimum) in six 2 mL cryovials).

No Yes (proceed)

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c. For participants 60 years or older **ONLY** (date of birth is on or before today's date in 1951)

One 1.75 mL plasma (in one 2mL cryovial)

Label "SOLNAS Visit" number 20

(For participants 60 years or older in the QC sample: Do not collect a second blood sample of 1.5 mL for participants. Use two 10 mL Lavender dry EDTA vacutainers to collect all plasma specimens).

No Yes (proceed)

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d. Time of Draw:

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 (am, pm)

Staff ID

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e. Collection Date:

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7. 24-HOUR URINE COLLECTION AND PROCESSING

Staff ID

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(Record the total volume in 7.a. Centrifuge and aliquot according to the list below.)

a. Total Weight:

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 grams

b. 10 mL Tube for centrifuging

Three 1.75 mL (in three 2mL cryovials)

Label "SOLNAS Visit" Number 60, 61, 62

(If participant is in the QC sample, collect six 1.75 mL in six 2 mL cryovials)

No Yes (proceed)

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c. Collection Date:

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VERSION: A 8/19/11

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| Contact Occasion | | | SEQ # | | |
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8. PABA (B-Vitamin) Adherence

a. Did the 24-hour urine kit contain the 3 PABA (B-Vitamin) tablets at the prior Visit?

No 0 **Go to question 9.**

Yes 1

b. How many PABA (B-Vitamin) tablets did the participant take (*check which one applies*)?

0 tablets 0

1 tablet 1

2 tablets 2

3 tablets 3

Don't know 9

c. Did the participant take any acetaminophen (for example, Tylenol®) during the urine collection?

No 0

Yes 1

Don't know 9

d. Did the participant take any vitamins, other than the PABA (B-Vitamin) tablets, during the urine collection?

No 0

Yes 1

Don't know 9

9. **TIME 1 URINE COLLECTION** – One Hour After Fasting Urine

Staff ID

(Collect urine in the hat and transfer 1.75 mL to one 2 mL cryovial. If participant is in the QC sample, transfer two 1.75 mL aliquots to two 2mL cryovials).

Use "SOLNAS Urine corresponding Visit Time 1" label.

a. Time Collected: : (am, pm)

b. Collection Date: //

10. SPECIMEN INVENTORY CHECKLIST ("No=0; Yes=1")

| | Tube # | Specimen | Collected? "No= 0, Yes=1" |
|-------|--------|-----------------------------|---------------------------|
| 10.a. | 00 | Serum #1 | <input type="checkbox"/> |
| 10.b. | 01 | Serum #2 | <input type="checkbox"/> |
| 10.c. | 02 | Serum #3 | <input type="checkbox"/> |
| 10.d. | 03 | Serum #4 | <input type="checkbox"/> |
| 10.e. | 10 | Plasma #1 | <input type="checkbox"/> |
| 10.f. | 11 | Plasma #2 | <input type="checkbox"/> |
| 10.g. | 12 | Plasma #3 | <input type="checkbox"/> |
| 10.h. | 20 | Plasma #4 (60y.o. or older) | <input type="checkbox"/> |

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| Contact Occasion | | | SEQ # | | |
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| | Tube # | Specimen | Collected? "No= 0, Yes=1" |
|-------|--------|---------------|---------------------------|
| 10.i. | 50 | Time 0 Urine | <input type="checkbox"/> |
| 10.j. | 51 | Time 1 Urine | <input type="checkbox"/> |
| 10.k. | 60 | 24hr Urine #1 | <input type="checkbox"/> |
| 10.l. | 61 | 24hr Urine #2 | <input type="checkbox"/> |
| 10.m. | 62 | 24hr Urine #3 | <input type="checkbox"/> |

11. QUALITY CONTROL SPECIMEN INVENTORY CHECKLIST (Only if participant answered "yes" to question 4) ("No=0; Yes=1")

| | Tube # | Specimen | Collected? "No= 0, Yes=1" |
|-------|--------|--------------------|---------------------------|
| 11.a. | 00 | QC Serum #1 | <input type="checkbox"/> |
| 11.b. | 01 | QC Serum #2 | <input type="checkbox"/> |
| 11.c. | 02 | QC Serum #3 | <input type="checkbox"/> |
| 11.d. | 03 | QC Serum #4 | <input type="checkbox"/> |
| 11.e. | 10 | QC Plasma #1 | <input type="checkbox"/> |
| 11.f. | 11 | QC Plasma #2 | <input type="checkbox"/> |
| 11.g. | 12 | QC Plasma #3 | <input type="checkbox"/> |
| 11.h. | 50 | QC Time 0 Urine | <input type="checkbox"/> |
| 11.i. | 51 | QC Time 1 Urine | <input type="checkbox"/> |
| 11.j. | 60 | QC 24hr Urine – #1 | <input type="checkbox"/> |
| 11.k. | 61 | QC 24hr Urine – #2 | <input type="checkbox"/> |
| 11.l. | 62 | QC 24hr Urine – #3 | <input type="checkbox"/> |

If specimen collection is incomplete, please explain:

12. Consent for Future SOLNAS Contact: Declined 0
Accepted 1
N/A 9

Visit 2 or 4 Participant Update Worksheet HCHS/SOL SOLNAS Ancillary Study

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FORM CODE: VUE
VERSION: A 5/17/11

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| Contact Occasion | | | SEQ # | | |
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ADMINISTRATIVE INFORMATION

0a. Completion Date: / /

0b. Staff ID:

Instructions: Questions to ask prospective SOLNAS participants when they arrive for SOLNAS Visit 2 or Visit 4. See the detailed instructions in the SOLNAS Manual for completion of this form.

1. Check form

Visit 2
Visit 4

2. Have you taken insulin or any other medication for diabetes since we last talked by phone?

No 0
Yes 1 **INELIGIBLE**

3. Have you received supplemental oxygen during the past two weeks?

No 0 **Go to question 4.**
Yes 1

3.a. Reason for supplemental oxygen: _____

3.b. Dates of supplemental oxygen:

From: / /
To: / /

3.c. Are you receiving supplemental oxygen on a permanent basis?

No 0 **Go to question 3.d** *(Let the participant know that the corresponding SOLNAS Visit 2 or Visit 4 appointment will need to be rescheduled two weeks after temporary treatment is completed. This is because supplemental oxygen will affect study measurements).*

Yes 1 **INELIGIBLE** *(I'm sorry, we are not able to include participants who use supplemental oxygen as this may affect the study measurements. Thank you very much for your time and interest.)*

3.d. Are you willing to reschedule (*corresponding Visit 2 or Visit 4*) two weeks after temporary treatment is completed?

No 0 **Refuse to Reschedule**
Yes 1 **RESCHEDULE Visit 2 or Visit 4**

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FORM CODE: VUE
VERSION: A 5/17/11

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| Contact Occasion | | | SEQ # | | |
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4. Have you received blood transfusions or intravenous fluids during the past two weeks?" (e.g. Had colonoscopy or other medical procedures using IV fluids during the past two weeks?)

No 0 **Go to question 5.**
Yes 1

4.a Reason for blood transfusion or intravenous fluids: _____

4.b Dates of blood transfusion or intravenous fluids:

From:

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4.c. Are you willing to reschedule (*corresponding Visit 2 or Visit 4*) two weeks after the blood transfusion or intravenous fluids treatment is completed?

No 0 **Refuse to Reschedule**
Yes 1 **RESCHEDULE Visit 2 or Visit 4**

5. Have you taken any medications that affect weight such as thyroid, weight loss or chemotherapy medications or diuretics in the past two weeks?

No 0 **Go to question 6.**
Yes 1

5.a. Reason for taking these medications: _____

5.b Dates of medication:

From:

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5.c. Are you willing to reschedule (*corresponding Visit 2 or Visit 4*) after weight is stabilized?

No 0 **Refuse to Reschedule**
Yes 1 **Pending Scheduling Visit 2 or Visit 4**

6. Have you traveled more than 200 miles (one-way) away from home during the past two weeks?

No 0 **Go to question 7.**
Yes 1

6.a . Note the participant's date (s) of travel: _____

From:

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6.b. Location of travel:

(Confirm on the Internet that destination is 200 miles or further away from field center)

6.c. Are you willing to reschedule (*corresponding Visit 2 or Visit 4*) two weeks after return from travel?

No 0 **Refuse to Reschedule**
Yes 1 **RESCHEDULE Visit 2 or Visit 4**

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FORM CODE: VUE
VERSION: A 5/17/11

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| Contact Occasion | | | SEQ # | | |
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7. Have you had anything to eat or drink besides water or non-caloric, decaffeinated beverages during the past twelve hours?

- No 0 Complete corresponding SOLNAS Visit tasks. (End)
Yes 1

7.a Are you willing to wait to start the SOLNAS blood draw and indirect calorimetry until it has been 12 hours since you have eaten? (We can still collect the last two urine samples).

- No 0
Yes 1 **Go to question 7.b.**

7.a.1 Are you willing to reschedule your SOLNAS blood draw and indirect calorimetry?

- No 0 Complete the remaining corresponding SOLNAS Visit tasks (**except blood draw and indirect calorimetry**). (End)
Yes 1 Complete the remaining corresponding SOLNAS Visit tasks (**except blood draw and indirect calorimetry**). **RESCHEDULE blood draw and indirect calorimetry** (Reschedule participant up to Day 20).

7.b (Ask participant when he/she last ate or drank anything except water or non-caloric, decaffeinated beverages.)

Time when participant last ate or drank: : (am/pm)

7.b.1 Time when the 12-hour SOLNAS fast will be complete: : (am/pm)

Complete the remaining corresponding SOLNAS Visit tasks (**except blood draw and indirect calorimetry until 12-hour fast is complete**).

8. Visit Eligibility Summary

- Ineligible 0 (Thank the participant and excuse him/her from further SOLNAS questions.)
Refused to Reschedule 1 (Thank the participant and excuse him/her from further SOLNAS questions.)
Eligible 2 (Start the corresponding SOLNAS Visit procedures with the participant.)
Pending scheduling 3
Reschedule 4

8.a. Appointment Date: //

8.b. Appointment Time: : __ __ (am/pm)

Body Image Questionnaire HCHS/SOL SOLNAS Ancillary Study

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FORM CODE: BIS
VERSION: A 03/09/11

Contact Occasion

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ADMINISTRATIVE INFORMATION

0a. Completion Date:

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0b. Staff ID:

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Instructions: See the detailed instructions in the SOLNAS Manual for completion of this form. Show image card to participant.

1. Participant is: Male **Skip Questions 9 to 15** Female **Go To Question 9**

Si es **hombre**, por favor muéstrelle las figuras masculinas y pregúntele “Cuál imagen en la ficha:”

2. Refleja cómo Ud. piensa que se ve 1 2 3 4 5 6 7 8 9
3. Refleja cómo Ud. se siente la mayoría del tiempo 1 2 3 4 5 6 7 8 9
4. Es la figura ideal (para Ud.) 1 2 3 4 5 6 7 8 9
5. Usted cree que es ideal para los hombres 1 2 3 4 5 6 7 8 9
6. Ud. piensa que es preferida por los hombres 1 2 3 4 5 6 7 8 9
7. Ud. piensa que es preferida por las mujeres 1 2 3 4 5 6 7 8 9

Ahora muéstrelle las figuras femeninas y pregúntele “Cuál imagen en la ficha:”

8. Ud. piensa que es preferida por los hombres 1 2 3 4 5 6 7 8 9

Si es **mujer**, por favor muéstrelle las figuras femeninas y pregúntele “Cuál imagen en la ficha:”

9. Refleja cómo Ud. piensa que se ve 1 2 3 4 5 6 7 8 9
10. Refleja cómo Ud. se siente la mayoría del tiempo 1 2 3 4 5 6 7 8 9
11. Es la figura ideal (para Ud.) 1 2 3 4 5 6 7 8 9
12. Usted cree que es ideal para las mujeres 1 2 3 4 5 6 7 8 9
13. Ud. piensa que es preferida por los hombres 1 2 3 4 5 6 7 8 9
14. Ud. piensa que es preferida por las mujeres 1 2 3 4 5 6 7 8 9

Ahora muéstrelle las figuras masculinas y pregúntele “Cuál imagen en la ficha:”

15. Ud. piensa que es preferida por las mujeres 1 2 3 4 5 6 7 8 9

Sedentary Behavior Weekday and Weekend Questionnaire

HCHS/SOL SOLNAS Ancillary Study

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FORM CODE: SDS
VERSION: A 10/13/10

Contact Occasion

SEQ #

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ADMINISTRATIVE INFORMATION

0a. Completion Date: / /

0b. Staff ID:

Instructions: See the detailed instructions in the SOLNAS Manual for completion of this form

Sección A.

En un DÍA típico LABORABLE, cuánto tiempo está...
(desde cuando se despierta hasta que se va a la cama)

| | Nada | 15 min o menos | 30 min | 1 hr | 2 hrs | 3 hrs | 4 hrs | 5 hrs | 6 hrs o más |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Viendo la televisión (incluyendo vídeos de VCR / DVD). | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| 2. Jugando juegos de computadora o vídeo. | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| 3. Relajándose y escuchando música en la radio, casete o CDs. | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| 4. Relajándose y hablando por teléfono. | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| 5. Haciendo papeleo o trabajo en la computadora (trabajo de oficina, correos electrónicos, pagar las cuentas, etc.) | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| 6. Relajándose y leyendo un libro o una revista. | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| 7. Tocando un instrumento musical. | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| 8. Haciendo obras de arte o artesanía. | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| 9. Manejando o paseando en coche, autobús o tren. | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> |

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FORM CODE: SDS
VERSION: A 10/13/10

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Sección B.

En un DIA típico de FIN DE SEMANA , cuánto tiempo está...
(desde cuando se despierta hasta que se va a la cama)

| | None | 15 min or less | 30 min | 1 hr | 2 hr | 3 hr | 4 hr | 5 hr | 6 hr or more |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 10. Viendo la televisión (incluyendo vídeos de VCR / DVD). | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| 11. Jugando juegos de computadora o vídeo. | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| 12. Relajándose y escuchando música en la radio, casete o CDs. | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| 13. Relajándose y hablando por teléfono. | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| 14. Haciendo papeleo o trabajo en la computadora (trabajo de oficina, correos electrónicos, pagar las cuentas, etc.) | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| 15. Relajándose y leyendo libros o revistas. | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| 16. Tocando un instrumento musical. | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| 17. Haciendo obras de arte o artesanía. | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| 18. Manejando o paseando en coche, autobús o tren. | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> |

Telephone Screening Questionnaire HCHS/SOL SOLNAS Ancillary Study

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FORM CODE: TSS
VERSION: A 5/17/11

Contact Occasion

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ADMINISTRATIVE INFORMATION

0a. Completion Date:

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0b. Staff ID:

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Instructions: Use SOLNAS telephone script and MOP instructions for completion of this form.
Use appropriate ancillary study recruitment or scheduling script when completing this form.

Check Form:

Visit 1
Visit 3

For Visit 1 only

A. Basic Eligibility information

1. ¿El participante prefiere hablar en Inglés o en Español?

Neither language 0 → **INELIGIBLE**
Spanish 1
English 2

2. ¿El participante ha completado el segundo recordatorio de dieta de 24 horas del estudio SOL?

No 0 **Must complete before ancillary study interview**
Yes 1

For Visit 1 and Visit 3

B. Screening Questionnaire

3. Gender: Male 1 → **Go to Question 6**
Female 2

Females Only

4. ¿Está usted embarazada (encinta) o espera estarlo en los próximos seis meses?

No 0

Sí 1 **INELIGIBLE** (Lo siento, no podemos incluir mujeres que estén embarazadas o esperan estarlo porque solamente incluimos participantes con peso estable y que no varíe como sucede durante el embarazo.)

5. ¿Está usted amamantando/lactando en este momento o estará amamantando/lactando en los próximos seis meses?

No 0

Sí 1 **INELIGIBLE** (Lo siento, no podemos incluir mujeres que estén amamantando/lactando porque solamente incluimos participantes con peso estable y que no varíe como puede suceder durante la lactancia.)

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Contact
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Males and Females

6. ¿Está tomando insulina u otro medicamento para la diabetes?

No 0

Sí 1 **INELIGIBLE** (Lo siento, no podemos incluir participantes con diabetes que deban controlarse con insulina u otros medicamentos. Lamentablemente, la diabetes puede alterar las pruebas que realizaremos. Muchas gracias por su tiempo e interés.)

7. ¿Está tomando algún medicamento que requieren ser tomado con comida?

No 0

Sí 1 **INELIGIBLE** (Lo siento, no podemos incluir participantes que necesiten tomar medicamentos con la comida ya que interfieren con el ayuno de la correspondiente visita (Visita 1 ó Visita 3). Muchas gracias por su tiempo e interés.)

8. ¿Recibe habitualmente oxígeno suplementario?

No 0

Sí 1 **INELIGIBLE** (Lo siento, pero no podemos incluir participantes que usen oxígeno suplementario ya que ello puede alterar las mediciones del estudio. Gracias por su tiempo e interés.)

9. ¿Tiene algún problema con el control de la vejiga que pueda dificultar el proceso de recogida de la orina?

No 0 Vaya a la pregunta 10

Sí 1

a. ¿Tiene que usar o usa ropa interior especial para el control de la vejiga?

No 0

Sí 1 **INELIGIBLE** (Lo siento, pero no podemos incluir participantes que usen ropa interior especial para el control de la vejiga porque la recogida de toda la orina es importante para la precisión de los análisis. Muchas gracias por su tiempo e interés.)

b. ¿Tiene que tomar medicamentos para controlar el funcionamiento de su vejiga? (Ej. Detrol™)

No 0

Sí 1 **INELIGIBLE** (Lo siento, pero no podemos incluir participantes que tomen medicamentos para controlar el funcionamiento de la vejiga debido a la potencial dificultad de recoger especímenes de orina en determinados intervalos. Muchas gracias por su tiempo e interés.)

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Contact
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10. ¿Ha intentado bajar o aumentar de peso en las últimas cuatro semanas disminuyendo la ingesta de alimentos o aumentando la actividad física?

No 0 Vaya a la pregunta 11

Sí 1

a. ¿Ha bajado o aumentado más de 15 libras durante las últimas cuatro semanas?

No 0

Sí 1 **INELIGIBLE** (Lo siento, pero no podemos incluir participantes que estén bajando o subiendo de peso ya que los cambios en el peso alteran las mediciones de energía. Muchas gracias por su tiempo e interés.)

11. ¿Ha aumentado o bajado de peso sin proponérselo en las últimas cuatro semanas?

No 0 Vaya a la pregunta 12

Sí 1

a. ¿Ha bajado o aumentado más de 15 libras durante las últimas cuatro semanas?

No 0

Sí 1 **INELIGIBLE** (Lo siento, pero no podemos incluir participantes con un reciente cambio en el peso ya que los cambios en el peso alteran las mediciones de energía. Muchas gracias por su tiempo e interés.)

12. ¿Está por comenzar nuevos medicamentos que afectan el peso corporal, así como medicamentos para la tiroides, adelgazamiento, quimioterapia o diuréticos que consuma irregularmente?

No 0

Sí 1 **INELIGIBLE** (Lo siento, estos medicamentos afectan las mediciones de energía. Muchas gracias por su tiempo e interés.)

13. ¿Está interesado/a en participar en este estudio?

No 0 **INELIGIBLE** (Muchas gracias por su tiempo e interés en el estudio.)

Sí 1 Programemos sus citas ahora mismo.

a. Su primera visita será el día (Appointment Date):

| | | | | | | | | | |
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(Appointment Time):

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 (am, pm)

(Por favor traiga todos los suplementos dietéticos que use en la actualidad y recuerde hacer el ayuno de 4 horas antes de su llegada)

b. Puede hacer una cita (read the 11 to 13 day window) para la correspondiente visita (Visita 2 ó Visita 4)?

No 0 Go to Q 13.a. and reschedule corresponding visit (Visit 1 or Visit 3).

Yes 1

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VERSION: A 5/17/11

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| Contact Occasion | | | SEQ # | | |
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- c. Su segunda visita será el día (*Appointment Date*): //
(*Schedule appointment 12 days after corresponding visit (Visit 1 or Visit 3). If unable on that date, try 11 days after or 13 days after visit 1 or visit 3. If either date does not work-see Manual of Operations regarding collection of urine at home on Day 13 and later visit 2 or 4 date.*)

(Appointment Time): : (am, pm)
(Será necesario que ayune durante las 12 horas anteriores a su llegada.)

- d. *Puede recolectar toda la orina por un periodo de 24 horas un día antes de su Visita 2 de SOLNAS? (Mention the date of 24-hour urine collection).*

No (Tendremos que reprogramar ambas visitas de SOLNAS nuevamente. La recogida de orina de 24 horas tiene que hacerse un día antes de su segunda visita de SOLNAS) Go to Q 13.a. and reschedule Visit 1.

Yes

Antes de confirmar las visitas de SOLNAS tengo que hacerle dos preguntas para asegurarme que cumple con los requisitos del estudio.

14. ¿Anticipa recibir transfusiones de sangre o líquidos intravenosos en las dos semanas anteriores o posteriores a su *correspondiente visita de SOLNAS (Visita 1 ó Visita 3)*? Esto incluye fluidos intravenosos que se suministran durante una colonoscopia. (¿Ha programado algún procedimiento médico que requiera recibir sangre o líquidos intravenosos?)

No

Sí **INELIGIBLE** (*Lo siento, pero no podemos inscribir participantes que vayan a recibir transfusiones de sangre o líquidos por vía intravenosa durante este período porque se verán afectadas las mediciones del estudio. Muchas gracias por su tiempo e interés. Adiós.*)

15. ¿Viajará a 200 millas o más de su casa durante las dos semanas anteriores o posteriores a la primera visita de *correspondiente visita de SOLNAS (Visita 1 ó Visita 3)*?

No Read Section C

Sí

- a. ¿Estaría dispuesto/a a reprogramar sus planes de viaje para participar en este estudio?

No **INELIGIBLE** (*Lo siento, pero no podemos incluir participantes que estarán tan lejos de su casa durante este período de tiempo debido a que las diferencias en el contenido del agua potable local alterarán las mediciones del estudio. Muchas gracias por su tiempo e interés.*)

Sí **ELIGIBLE** (*Muchas gracias. Agradecemos su disposición a cambiar sus planes de viaje para poder participar en este estudio especial.*)

C. Felicidades, usted cumple con los requisitos para participar en el Estudio de Evaluación de Nutrición y Actividad Física de Hispanic Community Health Study/Study of Latinos (SOL).

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(Repase brevemente la información de las visitas). Gracias por su participación en este estudio Lo/a veremos en su primera visita el día (appointment date and time).

D. Demographic Information

16. Age:

17. Hispanic/Latino background from PIE/PIS

- Dominican or Dominican Descent 0
- Central American or Central American descent 1
- Cuban or Cuban descent 2
- Mexican or Mexican descent 3
- Puerto - Rican or Puerto Rican descent 4
- South American or South American descent 5
- More than one heritage 6
- Other 7

If other, please specify: _____

18. Self identification of racial group from PIE/PIS

- American Indian or Alaskan Native 1
- Asian 2
- Native Hawaiian or Other Pacific Islander 3
- Black or African – American 4
- White 5
- More than one race 6
- Unknown or Not reported 9

E. Final Disposition

19. Individual Participation Status:

- Refuses to participate 1 → **End interview**
- Unable to contact, status unknown 2
- Ineligible 3 → **INELIGIBLE, closing script**
- Agrees to participate 4 → **ELIGIBLE, schedule visit**

COMPLETE FINAL DISPOSITION ON SOLNAS Checklist Form

Record Sheet for 24-hour Urine Collection HCHS/SOL SOLNAS Ancillary Study

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| ID NUMBER: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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FORM CODE: UCS
VERSION: A 11/10/10

Contact Occasion

SEQ # 0 1

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /

0b. Staff ID:

Instrucciones: Participante: Siga las instrucciones adjuntas con este formulario

1. Inicio de la recolección:

1.a Fecha: / /

1.b Hora: : AM PM (Ésta es la hora en que desechó la primera orina, después de lo cual usted comienza la recolección.)

2. Hora de la primera pastilla de vitamina B, PABA: : AM PM

3. Hora de la segunda pastilla de vitamina B, PABA: : AM PM

4. Hora de la tercera pastilla de vitamina B, PABA: : AM PM

5. Fin de la recolección:

5.a Fecha: / /

5.b Hora: : AM PM (24 horas después del "Inicio" Incluya esta orina en la recolección.)

Anote los problemas que tenga (por ejemplo, si se le derrama orina, se olvida de recolectar o tiene diarrea):

Anote "no" o "sí" (o un número en el caso de la Pregunta 7) en cada una de las preguntas de abajo.

6. ¿Se olvidó de recolectar orina alguna vez?

No 0

Sí 1

7. Si se olvidó de recolectar orina, ¿cuántas veces le pasó?

8. ¿Estuvo fuera de su casa durante el período de recolección?

No 0

Sí 1

9. Si estuvo fuera de su casa, ¿pudo recolectar la orina?

No 0

Sí 1

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VERSION: A 11/10/10

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10. ¿Pudo recolectar la orina durante la noche?

No 0

Sí 1

11. ¿Tuvo diarrea durante el período de recolección?

No 0

Sí 1

12. ¿Derramó orina al verterla en el frasco?

No 0

Sí 1

¡GRACIAS!

VISIT 1 or 3 ELIGIBILITY WORKSHEET

HCHS/SOL SOLNAS Ancillary Study

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ADMINISTRATIVE INFORMATION

0a. Completion Date:

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0b. Staff ID:

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Instructions: Questions to ask prospective SOLNAS participants when they arrive for SOLNAS Visit 1 or Visit 3. See the detailed instructions in the SOLNAS Manual for completion of this form.

1. Check Form:

Visit 1

Visit 3

2. Participant is: Male 1 Go to question 5

Female 2

3. ¿Está usted embarazada (encinta) o espera estarlo en los próximos seis meses?

No 0

Sí 1 **INELIGIBLE**

4. ¿Está usted amamantando/lactando en este momento o estará amamantando/lactando en los próximos seis meses?

No 0

Sí 1 **INELIGIBLE**

Males and Females

5. ¿Ha tomado insulina u otro medicamento para la diabetes desde la última vez que hablamos por teléfono?

No 0

Sí 1 **INELIGIBLE**

6. ¿Ha recibido oxígeno suplementario en las últimas dos semanas?

No 0 **Vaya a la pregunta 7**

Sí 1 *(Hágale saber que la cita de SOLNAS debe ser reprogramada. Esto se debe a que el oxígeno suplementario afecta los resultados del estudio.)*

6.a. ¿Está dispuesto/a a reprogramar esta cita para otro día?

No 0 **Refuse to Reschedule**

Sí 1 **RESCHEDULE**

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| Contact Occasion | | | SEQ # | | |
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7. ¿Ha recibido transfusiones de sangre o líquidos intravenosos durante las últimas dos semanas? (Por ejemplo, ¿se le realizó una colonoscopia u otros procedimientos médicos en los cuales se utilizaron líquidos intravenosos durante las dos últimas semanas?)

No **Vaya a la pregunta 8**

Sí *(Hágale saber que la cita de SOLNAS debe ser reprogramada. Esto se debe a que las transfusiones de sangre o líquidos intravenosos administrados afectan los resultados del estudio)*

7.a. ¿Está dispuesto/a a reprogramar esta cita para otro día?

No **Refuse to Reschedule**

Sí **RESCHEDULE**

8. ¿Ha tomado medicamentos que afecten el peso corporal, así como medicamentos para la tiroides, adelgazamiento, quimioterapia o diuréticos en las últimas dos semanas?

No **Vaya a la pregunta 9**

Sí *(Hágale saber a el/la participante que la cita de SOLNAS debe ser reprogramada, Esto se debe a estos medicamentos afectan los resultados del estudio.)*

8.a. ¿Está dispuesto/a a reprogramar esta cita para otro día?

No **Refuse to Reschedule**

Sí **RESCHEDULE**

9. ¿Ha viajado a más de 200 millas (en un solo sentido) de su casa durante las dos últimas semanas?

No **Vaya a la pregunta 10**

Sí *(Hágale saber que la cita de SOLNAS debe ser reprogramada. Esto se debe a que las diferencias que hay en el contenido del agua de diferentes localidades afectan los resultados del estudio.)*

9.a. Lugar de viaje: _____

(Confirm on the Internet that destination is 200 miles or further away from field center)

9.b. ¿Está dispuesto/a a reprogramar esta cita para otro día?

No **Refuse to Reschedule**

Sí **RESCHEDULE**

10. ¿Ha comido o bebido algo que no sea agua, bebidas sin calorías, o descafeinadas, durante las últimas cuatro horas?

No **Vaya a la pregunta 11**

Sí

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| Contact Occasion | | | SEQ # | | |
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10.a. ¿Está dispuesto/a a esperar para iniciar los procedimientos de SOLNAS hasta que se cumplan 4 horas después de haber comido?

No 0

Sí 1 **Vaya a la pregunta 10.b**

10.a.1. ¿Está dispuesto/a a reprogramar esta cita para otro día?

No 0 **Refuse to Reschedule**

Sí 1 **RESCHEDULE**

10.b. ¿Cuándo comió o bebió algo que no sea agua, bebidas sin calorías, o descafeinadas?

10.b.1 Anote la hora en que el/la participante comió o bebió: : __ __ (am/pm)

10.b.2 Anote la hora en que se completará el ayuno de 4 horas de SOLNAS:

: __ __ (am/pm)

*(Escort the participant to a suitable waiting area until the participant has completed the 4-hour SOLNAS fasting period. After **the 4-hour fast is finished**, mark "Eligible" on question 11.)*

11. Resumen de Elegibilidad de la Visita 1 o Visita 3 de SOLNAS

Ineligible 0 *(Agradezca a el/la participante y excúselo/a de futuras preguntas de SOLNAS.)*

Refused to Reschedule 1 *(Agradezca a el/la participante y excúselo/a de futuras preguntas de SOLNAS.)*

Eligible 2 *(Pídale a el/la participante que vacíe su vejiga y luego comience el procedimiento de consentimiento de SOLNAS con el/la participante.)*

Pending scheduling 3

Reschedule 4

11.a. Fecha: //

11.b. Hora: : __ __ (am/pm)

(Agradezca a el/la participante y excúselo/a de futuras preguntas de SOLNAS por el resto del día.)

Visit 2 or 4 Participant Update Worksheet HCHS/SOL SOLNAS Ancillary Study

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VERSION: A 5/17/11

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| Contact Occasion | | | SEQ # | | |
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ADMINISTRATIVE INFORMATION

0a. Completion Date: / /

0b. Staff ID:

Instructions: Questions to ask prospective SOLNAS participants when they arrive for SOLNAS Visit 2 or 4. See the detailed instructions in the SOLNAS Manual for completion of this form.

1. Check form
 Visit 2
 Visit 4

2. ¿Ha tomado insulina u otro medicamento para la diabetes desde la última vez que hablamos por teléfono?
 No 0
 Sí 1 **INELIGIBLE**

3. ¿Ha recibido oxígeno suplementario durante las últimas dos semanas?
 No 0 **Vaya a la pregunta 4**
 Sí 1

3.a. Razones por las cuales recibió oxígeno suplementario: _____

3.b. Fechas del oxígeno suplementario:
 Desde: / /
 Hasta: / /

- 3.c. ¿Está recibiendo oxígeno suplementario de forma permanente?
 No 0 **Vaya a la pregunta 3.d** (*Hágale saber que la correspondiente Visita 2 or Visita 4 de SOLNAS debe ser reprogramada hasta que el tratamiento temporario sea terminado. Esto se debe a que el oxígeno suplementario afecta los resultados del estudio.*)
 Sí 1 **INELIGIBLE** (*Lo siento, no podemos incluir participantes que usen oxígeno suplementario de forma permanente debido a que el oxígeno suplementario afecta los resultados del estudio. Muchas gracias por su tiempo e interés.*)

- 3.d. ¿Está dispuesto/a a reprogramar la (*correspondiente Visita 2 o Visita 4*) dos semanas después de que el tratamiento temporario sea terminado?
 No 0 **Refuse to Reschedule**
 Sí 1 **RESCHEDULE Visit 2 or Visit 4**

| | | | | | | | | | |
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4. ¿Ha recibido transfusiones de sangre o líquidos intravenosos durante las últimas dos semanas? (Por ejemplo, ¿se le realizó una colonoscopia u otros procedimientos médicos en los que se usaron líquidos intravenosos durante las dos últimas semanas?)

No 0 **Vaya a la pregunta 5**
Sí 1

4.a Razones por las cuales recibió transfusiones de sangre o líquidos intravenosos: _____

4.b Fechas de transfusión de sangre o líquidos intravenosos:

Desde: /

Hasta: /

4.c. ¿Está dispuesto/a a reprogramar la (*correspondiente Visita 2 o Visita 4*) dos semanas después de que el tratamiento de transfusiones de sangre o líquidos intravenosos haya sido terminado?

No 0 **Refuse to Reschedule**
Sí 1 **RESCHEDULE Visit 2 or Visit 4**

5. ¿Ha tomado medicamentos que afecten el peso corporal, así como medicamentos para la tiroides, adelgazamiento, quimioterapia o diuréticos en las últimas dos semanas?

No 0 **Vaya a la pregunta 6.**
Sí 1

5.a Razones por las cuales tomó estos medicamentos: _____

5.b Fechas del medicamento:

Desde: /

Hasta: /

5.c. ¿Está dispuesto/a a reprogramar la (*correspondiente Visita 2 o Visita 4*) dos semanas después de que su peso esté estabilizado?

No 0 **Refuse to Reschedule**
Sí 1 **Pending Scheduling Visit 2 or Visit 4**

6. ¿Ha viajado a más de 200 millas (en un solo sentido) de su casa durante las dos últimas semanas?

No 0 **Vaya a la pregunta 7.**
Sí 1

6.a Anote la(s) fecha (s) de viaje de el/la participante: _____

Desde: /

Hasta: /

6.b. Lugar de viaje:

(*Confirm on the Internet that destination is 200 miles or further away from field center*)

| | | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|--|
| ID NUMBER: | | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|--|

FORM CODE: VUS
VERSION: A 5/17/11

| | | | | | |
|------------------|--|--|-------|--|--|
| Contact Occasion | | | SEQ # | | |
|------------------|--|--|-------|--|--|

6.c. ¿Está dispuesto/a a reprogramar la (*correspondiente Visita 2 o Visita 4*) dos semanas después de que haya regresado de su viaje?

| | | | |
|----|---|--------------------------|--------------------------------------|
| No | 0 | <input type="checkbox"/> | Refuse to Reschedule |
| Sí | 1 | <input type="checkbox"/> | RESCHEDULE Visit 2 or Visit 4 |

7. ¿Ha comido o bebido algo que no sea agua, bebidas sin calorías, o descafeinadas, durante las últimas doce horas?

| | | | |
|----|---|--------------------------|--|
| No | 0 | <input type="checkbox"/> | Complete SOLNAS corresponding Visit tasks. (End) |
| Sí | 1 | <input type="checkbox"/> | |

7.a ¿Está dispuesto/a a esperar para iniciar las extracciones de sangre y la calorimetría indirecta de SOLNAS hasta 12 horas después de haber comido? (*Podemos recolectar las dos últimas muestras de orina*).

| | | | |
|----|---|--------------------------|-------------------------------|
| No | 0 | <input type="checkbox"/> | |
| Sí | 1 | <input type="checkbox"/> | Vaya a la pregunta 7.b |

7.a.1 ¿Está dispuesto/a a reprogramar su cita para otro día para extraer sangre y calorimetría indirecta de SOLNAS?

| | | | |
|----|---|--------------------------|---|
| No | 0 | <input type="checkbox"/> | Complete the remaining corresponding SOLNAS Visit tasks. (except blood draw and indirect calorimetry) (End) |
| Sí | 1 | <input type="checkbox"/> | Complete the remaining corresponding SOLNAS Visit tasks (except blood draw and indirect calorimetry). RESCHEDULE blood draw and indirect calorimetry (Reschedule participant up to Day 20). |

7.b (*Pregúntele a el/la participante cuándo comió o bebió algo que no sea agua, bebidas sin calorías o descafeinadas*)

Hora en que el/la participante comió o bebió: : (am/pm)

7.b.1 Anote la hora en que el ayuno de 12 horas de SOLNAS se completará:

: (am/pm)

Complete the remaining SOLNAS corresponding Visit tasks (**except blood draw and indirect calorimetry until 12-hour fast is complete**). (End)

8. Resumen de Elegibilidad de la Visita de SOLNAS

| | | | |
|-----------------------|---|--------------------------|---|
| Ineligible | 0 | <input type="checkbox"/> | (Agradezca a el/la participante y excúselo/a de futuras preguntas de SOLNAS.) |
| Refused to Reschedule | 1 | <input type="checkbox"/> | (Agradezca a el/la participante y excúselo/a de futuras preguntas de SOLNAS.) |
| Eligible | 2 | <input type="checkbox"/> | (Comience el procedimiento de consentimiento de SOLNAS con el/la participante.) |
| Pending scheduling | 3 | <input type="checkbox"/> | |
| Reschedule | 4 | <input type="checkbox"/> | |

8.a. Fecha: //

8.b. Hora: : __ __ (am/pm)