



## **HCHS/SOL FLOR Ancillary Study (AS#2014.07) QxQs**

NIDDK grant: Ancillary to HCHS/SOL: Preconceptional health of Latinas and its association with child adiposity ([R01 DK116028](#), DT Sotres-Alvarez & AM Siega-Riz)

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**SSWB** - Saliva Biospecimen Collection QxQ

**WBQE** - Well Being Questionnaire QXQ



# HCHS/SOL- Family Lifestyle Outcomes Research

## Anthropometry (ANTE)

QXQ

11/19/2019

### General Instructions

The child's height and weight will be measured during this procedure. Obtaining an accurate height is essential to completion of the data collection.

### QxQ Instructions

#### ADMINISTRATIVE INFORMATION

0a. Completion Date and 0b. Staff ID are entered on the day child measurements were taken.

0c. is pre-filled on form creation with the child's assigned ID from the FVIN form.

#### A. HEIGHT

Q1. Assessment of ability to stand

Assess child's ability to stand on both feet and choose one answer:

1=Can stand erect on both feet

2=Can stand of both feet, but posture not erect

3=Cannot stand on both feet


If answer choice is 3=Cannot stand on both feet, END the procedure.

Q2. Standing height (round to nearest cm)

If answer choice on Q1 is 1 or 2 (child can stand on both feet), take two standing height measurements. Round the result up or down to the nearest centimeter (Ex. 100.5 centimeters should be rounded up to 101cm; 100.4 centimeters should be rounded down to 100 cm).

Q2a. Record 1<sup>st</sup> measurement

Q2b. Record 2<sup>nd</sup> measurement

Q2b1. Click the form SAVE button and wait for the Save to complete before clicking on the arrows button  in Q2b1 to run the algorithm.

If algorithm displays: NO, proceed to Q3 Weight

If algorithm displays: YES, this means the first two height measurements differed by more than 2 cms. Go to Q2c and take a 3<sup>rd</sup> measurement

Q2c. Record 3<sup>rd</sup> measurement




# HCHS/SOL- Family Lifestyle Outcomes Research

## Anthropometry (ANTE)

### QXQ

11/19/2019

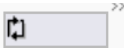
Q2c1. Click the form SAVE button and wait for the Save to complete before clicking on the arrows button  in Q2c1 to run the algorithm.

If algorithm displays: NO, proceed to Q3 Weight

If algorithm displays: YES, this means the 3<sup>rd</sup> measurement differed from both of the first two measurements by more than 2 cms. Start the height measurement procedure again at Q2a.

**NOTE:** If you must start the height measurement again, delete entries in 2a, 2b, and 2c, and return Question 1 to blank status, SAVE the form, and start again once the Save function is complete. This will re-set the algorithm.

Q3. Height for DXAE use.


This locked field will be computed and filled in by CDART. Click the form SAVE button and wait for the Save to complete before clicking on the arrows button  to run the algorithm. The average of the two closest height measurements from Q2 will be converted into inches for use on the DXAE form.

## B. WEIGHT

Q4. Weight

Measure the child's weight and record the result in kilograms. Round the results up or down to the nearest decimal place. (Ex. If the weight is 43.75, record as 43.8 kilos; if the weight is 43.72, record as 43.7 kilos)

Q5. Weight in pounds.

This locked field will be computed and filled in by CDART. Click the form SAVE button and wait for the Save to complete before clicking on the arrows button  to run the algorithm. The weight entered in Q3 will be converted into pounds (Lbs) for use on the DXAE form.

## Tanita Printout

Tanita print out will be scanned SEPARATELY and will uploaded to the DXAE form in CDART. Document should be named as follows:

CHILDSUBJID\_ ANTE

Follow upload instructions on DXAE QxQ

**[END PROCEDURE]**



# HCHS/SOL- Family Lifestyle Outcomes Research

Child Eating Behavior Questionnaire (CEBE)

**QXQ**

**3/4/2019**

## **General Instructions**

Read the statements listing some ways the participant's child may have felt or behaved. Ask the participant to choose an answer that best describes her child's eating behavior.

## **QxQ Instructions**

Questions 1 – 35: Select one answer for each question. Answer choices are:

- 1 = Never
- 2 = Rarely
- 3 = Sometimes
- 4 = Often
- 5 = Always

1. My child loves food
2. My child eats more when worried
3. My child has a big appetite
4. My child finishes her/his meal quickly
5. My child is interested in food
6. My child is always asking for a drink
7. My child refuses new foods at first
8. My child eats slowly
9. My child eats less when angry
10. My child enjoys tasting new foods
11. My child eats less when s/he is tired
12. My child is always asking for food
13. My child eats more when annoyed
14. If allowed to, my child would eat too much
15. My child eats more when anxious



# HCHS/SOL- Family Lifestyle Outcomes Research

Child Eating Behavior Questionnaire (CEBE)

**QXQ**

**3/4/2019**

16. My child enjoys a wide variety of foods
17. My child leaves food on her/his plate at the end of a meal
18. My child takes more than 30 minutes to finish a meal
19. Given the choice, my child would eat most of the time
20. My child looks forward to mealtimes
21. My child gets full before her/his meal is finished
22. My child enjoys eating
23. My child eats more when s/he is happy
24. My child is difficult to please with meals
25. My child eats less when upset
26. My child gets full up easily
27. My child eats more when s/he has nothing else to do
28. Even if my child is full up s/he finds room to eat her/his favourite food
29. If given the chance, my child would drink continuously throughout the day
30. My child cannot eat a meal if s/he has had a snack just before
31. If given the chance, my child would always be having a drink
32. My child is interested in tasting food s/he hasn't tasted before
33. My child decides that s/he doesn't like a food, even without tasting it
34. If given the chance, my child would always have food in her/his mouth
35. My child eats more and more slowly during the course of a meal



# HCHS/SOL- Family Lifestyle Outcomes Research

Child Feeding Habits Questionnaire (CFHE)

**QXQ**

**3/25/2019**

## General Instructions

This questionnaire is about child eating habits.

## QxQ Instructions

Select one answer for each question.

1. If your child says s/he's hungry while you are preparing dinner, how often do you give your child a snack to keep her/him calm until dinner is ready? (*if child throws a fit wanting food when waiting while dinner is being prepared, how often is food given?*)

1=Never  
2=Rarely  
3=Sometimes  
4=Often  
5=Always

2. Is your child allowed any choice in deciding what foods s/he has for breakfast or lunch? (*This means choice in what is being prepared*)

0=No choice  
1=Little choice  
2=Some choice  
3=A great deal of choice

3. Is your child allowed to choose certain favorite foods at the grocery store?

0=No  
1=Yes

4. How often is the TV on when your family is eating meals?

1=Never  
2=Rarely  
3=Sometimes  
4=Often  
5=Always

5. Who typically provides the meals for your child on weekdays?

1=You  
2=Child's father  
3=Grandparent  
4=Other relative  
5=Caregiver



# HCHS/SOL- Family Lifestyle Outcomes Research

Child Feeding Habits Questionnaire (CFHE)

**QXQ**

**3/25/2019**

6. Who typically provides the meals for your child on weekends?

- 1=You
- 2=Child's father
- 3=Grandparent
- 4=Other relative
- 5=Caregiver

7. How many times does your family, including this child, eat dinner together?

- 1=0 to 1 time per week
- 2=2 to 4 times per week
- 3=5 to 7 times per week

Questions 8 – 11: Answer choices are:

- 1=Strongly agree
- 2=Agree
- 3=Disagree
- 4=Strongly Disagree

- 8. My child is constantly sampling new and different foods.
- 9. My child doesn't trust new foods.
- 10. My child is afraid to eat things s/he has never had before.
- 11. If my child does not know what is in a food s/he will not try it.



# HCHS/SOL- Family Lifestyle Outcomes Research

Caregiver's Feeding Style Questionnaire (CFSE)

**QXQ**

**3/13/2019**

## **General Instructions**

These questions deal with the mother's interactions with her child during the dinner meal. The participant should choose the best answer that describes how often these things happen. If not certain, she should make her best guess.

## **QxQ Instructions**

Questions 1 – 19: Select one answer for each question. Answer choices are:

- 1 = Never
- 2 = Rarely
- 3 = Sometimes
- 4 = Most of the times
- 5 = Always

How often during the dinner meal do you:

1. Physically struggle with the child to get her/him to eat (for example, physically putting the child in the chair so s/he will eat).
2. Promise the child something other than food if s/he eats (for example, "If you eat your beans, we can play ball after dinner").
3. Encourage the child to eat by arranging the food to make it more interesting (for example, making smiley faces on the pancakes).
4. Ask the child questions about the food during dinner.
5. Tell the child to eat at least a little bit of food on her/his plate.
6. Reason with the child to get her/him to eat (for example, "Milk is good for your health because it will make you strong").
7. Say something to show your disapproval of the child for not eating dinner.
8. Allow the child to choose the foods s/he wants to eat for dinner from foods already prepared.
9. Compliment the child for eating food (for example, "What a good boy! You're eating your beans").



# HCHS/SOL- Family Lifestyle Outcomes Research

Caregiver's Feeding Style Questionnaire (CFSE)

**QXQ**

**3/13/2019**

10. Suggest to the child that s/he eats dinner, for example by saying, "Your dinner is getting cold".
11. Say to the child "Hurry up and eat your food".
12. Warn the child that you will take away something **other than food** if s/he doesn't eat (for example, "If you don't finish your meat, there will be no play time after dinner").
13. Tell the child to eat something on the plate (for example, "Eat your beans").
14. Warn the child that you will take a food away if the child doesn't eat (for example, "If you don't finish your vegetables, you won't get fruit").
15. Say something positive about the food the child is eating during dinner.
16. Spoon-feed the child to get her/him to eat dinner.
17. Help the child to eat dinner (for example, cutting the food into smaller pieces).
18. Encourage the child to eat something by using food as a reward (for example, "If you finish your vegetables, you will get some fruit").
19. Beg the child to eat dinner.



# HCHS/SOL- Family Lifestyle Outcomes Research

Child Care Questionnaire (CHCE)

**QXQ**

**3/25/2019**

## General Instructions

Ask the participant these questions regarding who cares for her child in addition to day care, preschool or school.

## QxQ Instructions

Questions 1 – 2.e.1: Select one answer for each question:

1. Besides you, are there other people who have a parental role in your child's life?

0 = No [If No, go to Question 5]

1 = Yes

[If Yes, for Q2, ask the participant about the person who has the next most important parental role in their child's life after herself]

2. Please tell me about this person.

- a. What is her/his relationship to your child?

1 = Child's Father

2 = Stepfather

3 = Grandparent

4 = Aunt/Uncle

5 = Sibling

6 = Other

2a1. If other, Specify: \_\_\_\_\_

- b. Does this person take care for your child on 2 or more days per week?

0 = No

1 = Yes

- c. Does s/he live with you (mom)?

0 = No

1 = Yes

- d. **In the last 12 months**, how often did s/he eat family meals with you (mom) and your child?

1 = Never

2 = Once a month

3 = 2-4 times a month

4 = 2-3 times a week

5 = 4 or more times per week or daily



# HCHS/SOL- Family Lifestyle Outcomes Research

Child Care Questionnaire (CHCE)

**QXQ**

**3/25/2019**

e. What is the highest-grade level of school this person has finished?

- 1 = Elementary/primary school (includes grades 1 – 5)
- 2 = Middle school/junior high (includes grades 6 – 8)
- 3 = High School/preparatory school/GED
- 4 = Trade school/vocational school
- 5 = University/college

Questions 3 – 4.e.1: Select one answer for each question:

3. Is there any other person who has a parental role in your child's life

- 0 = No [If No, go to Question 5]
- 1 = Yes

[If Yes, ask the participant about the third most important person with a paternal role in their child's life]

4. Please tell me about this person.

a. What is her/his relationship to your child?

- 1 = Child's Father
- 2 = Stepfather
- 3 = Grandparent
- 4 = Aunt/Uncle
- 5 = Sibling
- 6 = Other
- 4a1.If other, Specify \_\_\_\_\_

b. Does this person take care for your child on 2 or more days per week?

- 0 = No
- 1 = Yes

c. Does s/he live with you (mom)?

- 0 = No
- 1 = Yes

d. **In the last 12 months**, how often did s/he eat family meals with you (mom) and your child?

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3 = High School/preparatory school/GED

4 = Trade school/vocational school

5 = University/college

6 = Other

4e1. If other, please specify: \_\_\_\_\_

Questions 5 – 6: Answer choices are:

0 = No

1 = Yes

5. Has your child lived with anyone who has smoked regularly in the house?
6. Does your child currently spend time with anyone outside of your household (other family member, babysitter, etc.) who smokes regularly indoors?



# HCHS/SOL- Family Lifestyle Outcomes Research Clinic Checklist (CHKE)

QXQ

9/16/2019

## General Instructions

Complete this form as participant and child move through clinic visit tasks. Be sure to enter your staff code for each activity completed. If participant and child cancel their appointment, complete only some of the activities during the visit, or refuse the visit, enter the proper status code in Question 28. Only if all activities are completed should Question 28 be marked 1=Complete.

The Child ID number will be pre-filled upon creation of this CHKE Checklist form in CDART. Please refer to the form in CDART for this ID if you will be using a paper copy of the form during the clinic visit.

Item 0c. Please ascertain the mother's language preference and note it.

Item 0d. Please ascertain the child's language preference and note it.

## QxQ Instructions

Q1. Pre-visit-screen and reminders: Check box if these were completed. Add a comment if needed and enter staff ID to confirm this item is complete.

Q2. Does the mother or the child have Special Needs? If No, continue to the next item. If 1=Yes, add a comment as needed and enter staff ID to confirm this item is complete.

Q3. Has mother provided the provided the previous day's menu if the child attends daycare or pre-/school?

0=No

1-Yes

Q4. Note a start and stop time for completion of the items in this section. Confirm consent has been obtained from both parents and assent from the child, enter any comments, and enter your staff ID to confirm completion.

Q5 – 26: Note a start and stop time for completion of the items in this section. Check the box for each item as the form or procedure is completed, enter any comments, and enter your staff ID to confirm completion.

**NOTE: The Administrative forms, Procedures, and Questionnaires are listed in the order in which they should be performed.** In particular, the Saliva Swab (SSWB) must be completed before the Delayed Gratification (MATE) task, as it is meant to be done when the child hasn't had anything to eat or drink in 30 or more minutes. Likewise, the Anthropometry (ANTE)



# HCHS/SOL- Family Lifestyle Outcomes Research Clinic Checklist (CHKE)

**QXQ**

**9/16/2019**

measurements must be completed before the DXAE scan procedure, as it gathers information needed on the DXAE form.

Q27. Indicate a final status on the Home Food Inventory activity. Answer choices are:

1=Complete

2=Partially complete

3=Refusal

Q28. Enter the date of the 2<sup>nd</sup> Dietary Recall attempt and your staff ID number.

Q27a. Note method via which the recall was taken.

Q29. Indicate a final status on the 2<sup>nd</sup> Dietary Recall. Answer choices are:

1=Complete

2=Partially complete

3=Refusal

If rescheduled, enter the date the recall was completed plus your staff ID number.

Q30. Enter the final status of the FLOR visit. Answer choices are:

1=Complete

2=Partially complete

3=Refusal

4=Cancellation

Q31. Enter/update any comments regarding the visit



# HCHS/SOL- Family Lifestyle Outcomes Research

Child Health Questionnaire (CHQE)

**QXQ**

**5/2/2019**

## **General Instructions**

This questionnaire regards the child's health. Participant should think about the child's life and provide the most accurate answer.

## **QxQ Instructions**

Select one answer for each item and select all that apply. If other, specify.

Questions 1a – 1p: Answer choices are:

0 = No

1 = Yes

1. Since your child was born, has your child had any of the following illnesses or problems?

### **Has your child ever had?**

- a. Ear infection
- b. Eye infection
- c. Persistent cough/ wheeze
- d. Asthma
- e. Pneumonia
- f. Seizures or convulsions
- g. Vomiting
- h. Reflux
- i. Diarrhea
- j. Injury from bad fall or accident
- k. Diabetes
- l. Food allergies
  - l1. Specify type \_\_\_\_\_
- m. Other allergies
  - m1. Specify type: \_\_\_\_\_
- n. Delay in learning/ behavior
  - n1. Specify type: \_\_\_\_\_
- o. Physical impairment/ delay



# HCHS/SOL- Family Lifestyle Outcomes Research

Child Health Questionnaire (CHQE)

**QXQ**

**5/2/2019**

- o1. Specify type: \_\_\_\_\_
- p. Other problems
- p1. Specify type: \_\_\_\_\_

Question 2.a – 2.i.1: Select all that apply. Do not include urgent care or pediatric clinic visits.  
Answer choices are:

0 = No  
1 = Yes

2. Have you taken your child to the Emergency Department at any time?

**If yes, for what reason**

- a. Injury/Accident
- b. Diagnosis of bronchiolitis, respiratory syncytial virus (RSV), pneumonia
- c. Fever as only symptom
- d. General illness (e.g. diarrhea, vomiting, cold, flu)
- e. Ongoing or Chronic Medical Condition (asthma, diabetes, etc.)
- f. Inconsolable / Crying
- g. Allergic Reaction / Adverse Reaction to Medication / Sunstroke or Heatstroke
- h. Respiratory Distress/lapses in breathing
- i. Other
  - i1. Specify: \_\_\_\_\_

Questions 3 – 4d: Answer choices are:

0 = No  
1 = Yes

3. Does your child have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid?



# HCHS/SOL- Family Lifestyle Outcomes Research

Child Health Questionnaire (CHQE)

**QXQ**

**5/2/2019**

4. At any time DURING THE **PAST 12 MONTHS**, even for one month, did anyone in your family receive:
- Cash assistance from a government welfare program?
  - Food Stamps or Supplemental Nutrition Assistance Program (SNAP) benefits?
  - Free or reduced-cost breakfasts or lunches at school?
  - Benefits from the Woman, Infants, and Children (WIC) Program?

Question 5: Answer choices are:

- 1=Excellent
- 2=Very good
- 3=Good
- 4=Fair
- 5=Poor

5. How would you rate your child's general health?

Question 6. Include in the hospitalizations any extended infant hospital stay at time of birth, such as hospitalization for prematurity or for treatment of jaundice, where the mother was discharged home but the infant remained in the hospital. Do not include overnight Emergency Room visits, only formal admissions to an acute care hospital unit.

6. Was your child hospitalized at any time since birth?

- 0=No [End Form]
- 1=Yes

Question 7. If Yes on Q6, record the number of hospitalizations the child has had since birth. The programmed answer range for this question is 0-15 hospitalizations. If the child has been hospitalized more than 15 times, click **OVERRIDE** on the CDART message that will pop up on your screen when a number higher than 15 is entered.

7. How many times has your child been hospitalized?

\_\_\_\_\_ times

**[Note: Use Child Hospitalizations Form (HSPE/S) to enter reported hospitalizations, using one occurrence per hospitalization]**



# HCHS/SOL- Family Lifestyle Outcomes Research

Child Media Use Questionnaire (CMUE)

**QXQ**

**6/19/2019**

## **General Instructions**

Ask participant to think about their child when answering these questions. If the child is too young to do some of these things, the mother should just answer No.

## **QxQ Instructions**

Questions 1 – 3: select an answer for each item listed. Select all that apply. Answer choices are:

0=No

1=Yes

1. Which of the following items, if any, does your child have in her/his bedroom:
  - a. A television set
  - b. A DVD player or VCR
  - c. A video game player like Xbox, PlayStation, or Wii
  - d. A computer
  - e. Internet access
  
2. Which of the following items does child have, if any? Her/his own:
  - a. Educational game device like a Leapster Explorer or a V-Smile
  - b. Handheld video game player like a GameBoy, PSP, or Nintendo DS
  - c. Non-video iPod or other MP3 player
  - d. iTouch or other video iPod
  - e. Cell phone
  - f. iPad or similar tablet device
  - g. Kindle, Nook or other e-reader
  
3. We're interested in whether your child has ever used a cell phone, iPod, iPad, or similar device to do any of the following activities. Please indicate any of the activities your child has ever done:
  - a. Watch videos on a phone, iPod, or iPad
  - b. Watch TV shows or movies on a phone, iPod, or iPad
  - c. Play games on a phone, iPod, or iPad



# HCHS/SOL- Family Lifestyle Outcomes Research

Child Media Use Questionnaire (CMUE)

**QXQ**

**6/19/2019**

- d. Use apps on a phone, iPod, or iPad
- e. Read books on a phone, iPod, or iPad

We are interested in how often the participant's child does these activities, or if they have never done these activities. Also, at what age they first did the activity.

Questions 4 – 11: Select one answer and record the child's age. Answer choices are:

- 1=Several times a day
- 2=Once a day
- 3=Several times a week
- 4=Once a week
- 5=Less often than once a week
- 6=Has never done this (Go to the next question)

- 4. How often does your child: Read by herself/himself
  - a. How old was your child when s/he first read (*able to read a full sentence*):  
\_\_\_ \_\_\_ years \_\_\_ \_\_\_ months
- 5. How often does your child: Be read to
  - a. How old was your child when s/he first was read to:  
\_\_\_ \_\_\_ years \_\_\_ \_\_\_ months
- 6. How often does your child: Watch DVDs or videotapes
  - a. How old was your child when she/he first watched DVDs or videotapes:  
\_\_\_ \_\_\_ years \_\_\_ \_\_\_ months
- 7. How often does your child: Watch TV
  - a. How old was your child when she/he first watched TV:  
\_\_\_ \_\_\_ years \_\_\_ \_\_\_ months
- 8. How often does your child: Use the computer
  - a. How old was your child when she/he first used a computer:  
\_\_\_ \_\_\_ years \_\_\_ \_\_\_ months
- 9. How often does your child: Read books on a Kindle, Nook, or similar e-reader
  - a. How old was your child when she/he first read books on a Kindle, Nook, or similar e-reader:  
\_\_\_ \_\_\_ years \_\_\_ \_\_\_ months



# HCHS/SOL- Family Lifestyle Outcomes Research

Child Media Use Questionnaire (CMUE)

**QXQ**

**6/19/2019**

10. How often does your child: Play video games on a console player like an X-Box, PlayStation, or Wii
- a. How old was your child when she/he first played video games on a console player like an X-Box, PlayStation, or Wii:        \_\_\_ \_\_\_ years \_\_\_ \_\_\_ months

11. How often does your child: Play games, use apps, or watch videos on a cell phone, iPod, iPad, or handheld gaming device
- a. How old was your child when she/he first played games, use apps, or watch videos on a cell phone, iPod, iPad, or handheld gaming device:  
\_\_\_ \_\_\_ years \_\_\_ \_\_\_ months

Questions 12a-12o: Select one answer to each question plus the amount of time the child spent doing the activity YESTERDAY. If the child is too young to do the activity, the mother should just answer No. Answer choices are:

0=No

1=Yes

Time in Hours and Minutes

12. We're interested in how much time your child spent doing various activities yesterday. Some of these may be things your child is too young to do. If that is the case, just answer No. **[If 60 minutes or more, record in hours and minutes.]**
- a. Watching TV on a TV set (do NOT include time spent watching videos or DVDs)  
\_\_\_Hrs \_\_\_ Mins
- b. Watching DVDs or videotapes \_\_\_Hrs \_\_\_ Mins
- c. Listening to music \_\_\_Hrs \_\_\_ Mins
- d. Reading \_\_\_Hrs \_\_\_ Mins
- e. Being read to \_\_\_Hrs \_\_\_ Mins
- f. Playing games on a console video game player like an Xbox, PlayStation, or Wii  
\_\_\_Hrs \_\_\_ Mins
- g. Playing games on a computer (laptop or desktop) \_\_\_Hrs \_\_\_ Mins
- h. Playing games on a handheld game player like a GameBoy, PSP, or Nintendo DS  
\_\_\_Hrs \_\_\_ Mins
- i. Playing games on a cell phone, iPod, or iPad \_\_\_Hrs \_\_\_ Mins



# HCHS/SOL- Family Lifestyle Outcomes Research

Child Media Use Questionnaire (CMUE)

**QXQ**

**6/19/2019**

- j. Watching videos or TV shows on a computer (NOT on a DVD player)  
\_\_\_Hrs \_\_\_ Mins
- k. Using educational software on a computer (not games) \_\_\_Hrs \_\_\_ Mins
- l. Doing homework on a computer \_\_\_Hrs \_\_\_ Mins
- m. Watching videos or TV shows on a handheld device like a cell phone, iPod, or iPad  
\_\_\_Hrs \_\_\_ Mins
- n. Doing anything else on a computer (photos, graphics, social networking, other activities) \_\_\_Hrs \_\_\_ Mins
- o. Using other types of apps on a cell phone, iPod, or iPad \_\_\_Hrs \_\_\_ Mins

Questions 13a-13h: Record how often these activities occur. Answer choices are:

- 1=Often
- 2=Sometimes
- 3=Hardly ever
- 4=Never

13. How often, if ever, do you do any of the following:

- a. Let your child play with [his/her] GameBoy, PSP, or Nintendo DS when you are out running errands together
- b. Give your child your cell phone, iPod, or iPad to play with when you are out running errands together
- c. Give your child headphones and a video to watch when [HE/SHE] has to go with you to a meeting, class, or other activity
- d. Use media to keep your child occupied while you do chores around the house
- e. Use media to keep YOURSELF occupied while you're out playing with your child (for example, use a cell phone, iPod, or iPad while you're at the park or playground)
- f. Record TV shows for your child to watch on TV later
- g. Buy TV shows online for your child
- h. Put DVDs on in the car when you go somewhere with your child



# HCHS/SOL- Family Lifestyle Outcomes Research

Child Pediatric Provider (CPPB)

**QXQ**

**6/7/2019**

## **General Instructions**

This is a multiple occurrence form. Enter contact information for each child pediatric provider as a separate occurrence.

## **QxQ Instructions**

Complete one occurrence of this form for each provider.

### **A. Child Pediatric Information**

Ask mother to provide the best possible answer (as much detail as she can provide):

1. Where do you currently take your child for pediatric care?
  - a. Name of pediatrician or other healthcare provider:  
Enter the name of the provider; this may be a nurse practitioner, physician's assistant, family medicine physician, etc., whomever regularly sees the child.
  - b. Name of the pediatrician's office or clinic:  
Enter the clinic name or office location.
  - c. Address of the pediatrician/healthcare clinic or office:  
Enter detailed address for the clinic or office, whatever is needed in order to mail them a medical records request.
  - d. Phone number of healthcare clinic or office:  
Enter the phone number for the clinic or office, including area code.

**[Complete a new occurrence of the CPPB for each different pediatric or healthcare provider]**



# HCHS/SOL- Family Lifestyle Outcomes Research

Child Sleep Habits Questionnaire (CSHE)

**QXQ**

**3/26/2019**

## **General Instructions**

Read the statements to the participant concerning their child's sleeping habits and possible difficulties sleeping during **the past week**. If the last week was unusual for a specific reason, such as the child was ill and did not sleep well or the TV set was broken, they should choose the most recent typical week.

## **QxQ Instructions**

Select one answer for each question.

Questions 1 – 2: record the response in 24hr format:

### **A. BEDTIME**

1. What is your child's usual bedtime on **weeknights**:     \_\_ \_\_ : \_\_ \_\_ [Hr:Min]
2. What is your child's usual bedtime on **weekends**: \_\_ \_\_ : \_\_ \_\_ [Hr:Min]

Questions 3 – 11: Answer choices are:

- 1=Always (every night)
- 2=Usually (5 or 6 times a week)
- 3=Sometimes (2 to 4 times a week)
- 4=Rarely (1 time a week)
- 5=Never (It does not occur)

3. Child goes to bed at the same time at night.
4. Child falls asleep within 20 minutes after going to bed.
5. Child falls asleep alone in own bed.
6. Child falls asleep in parent's or sibling's bed.
7. Child falls asleep with rocking or rhythmic movements.
8. Child needs special object to fall asleep (doll, special blanket, stuffed animal, etc.).
9. Child needs parent in the room to fall asleep.
10. Child resists going to bed at bedtime.



# HCHS/SOL- Family Lifestyle Outcomes Research

Child Sleep Habits Questionnaire (CSHE)

**QXQ**

**3/26/2019**

11. Child is afraid of sleeping in the dark.

## **B. SLEEP BEHAVIOR**

12. What is your child's usual amount of sleep each day (combining nighttime sleep and naps)

\_\_ \_\_ : \_\_ \_\_ [Hr:Min]

Questions 13 – 18, Answer choices are:

- 1=Always (every night)
- 2=Usually (5 or 6 times a week)
- 3=Sometimes (2 to 4 times a week)
- 4=Rarely (1 time a week)
- 5=Never (It does not occur)

13. Child sleeps about the same amount each day.

14. Child is restless and moves a lot during sleep.

15. Child moves to someone else's bed during the night (parent, sibling, etc.).

16. Child grinds teeth during sleep (your dentist may have told you this).

17. Child snores loudly.

18. Child awakens during the night and is sweating, screaming, and inconsolable.

19. Child naps during the day.

a. What is the usual number of hours and minutes the nap usually lasts:

\_\_ \_\_ : \_\_ \_\_ [Hr:Min]

## **C. WAKING DURING THE NIGHT**

Questions 20 – 21: Answer choices are:

- 1=Always (every night)
- 2=Usually (5 or 6 times a week)
- 3=Sometimes (2 to 4 times a week)
- 4=Rarely (1 time a week)
- 5=Never (It does not occur)



# HCHS/SOL- Family Lifestyle Outcomes Research

Child Sleep Habits Questionnaire (CSHE)

**QXQ**

**3/26/2019**

- 20. Child wakes up once during the night.
- 21. Child wakes up more than once during the night.

## **D. MORNING WAKE UP**

Questions 22 – 23: Record answers in 24hr format:

- 22. What is the time your child usually wakes up in the morning on Weekdays  
\_\_ \_\_ : \_\_ \_\_ [Hr:Min]
- 23. What is the time your child usually wakes up in the morning on Weekends  
\_\_ \_\_ : \_\_ \_\_ [Hr:Min]

Questions 24 – 27: Answer choices are:

- 1=Always (every night)
- 2=Usually (5 or 6 times a week)
- 3=Sometimes (2 to 4 times a week)
- 4=Rarely (1 time a week)
- 5=Never (It does not occur)

- 24. Child wakes up by him/herself.
- 25. Child wakes up very early in the morning (or, earlier than necessary or desired).
- 26. Child seems tired during the daytime.
- 27. Child falls asleep while involved in activities.



# HCHS/SOL- Family Lifestyle Outcomes Research

Child Wellness Visits (CWVE)

**QXQ**

**11/19/2019**

## **General Instructions**

This is a multiple occurrence form. For each Child Wellness visit reported received on the Demographics Information Form (DEMB), enter a new occurrence of this CWVE form. CWVE forms may be entered in any date order.

## **QxQ Instructions**

Complete one occurrence of this form for each wellness visit listed in the pediatrician records provided by the participant or obtained from the pediatrician.

Wellness Visit Information:

Question 1. Date of wellness visit.

Record in MM/DD/YYYY format

Question 2. Age at time of the pediatrician wellness visit.

Record in Years and Months

For Questions 3 and 4, first select a unit of measurement that best matches each pediatrician record and then data-enter the measured height or weight. Be sure to enter a number in each field, using a zero (0) to represent any extra spaces. If necessary, you may round extra digits up or down appropriately when entering measurements that include decimals.

Example: if a height measurement in centimeters is recorded as 52.36, select 1=centimeters in Q3 and enter the height as 052.4 in Q3a.

If height or weight measurements are provided in both metric and imperial units, metric units (centimeters and kilograms) are preferred but you may enter both if you have them.

Question 3. Height (select unit of measurement): 1=centimeters or 2=feet/inches

Answer choices are:

a. \_\_\_ \_\_\_ . \_\_\_ centimeters

b. \_\_\_ feet    b1. \_\_\_ \_\_\_ . \_\_\_ inches

Be sure to enter a number into each field, using 0 to represent any blank field.

Example 1: For a wellness visit recorded height of 75 centimeters, select 1=centimeters in Q3 and enter a height of 075.0 in Q3a.



# HCHS/SOL- Family Lifestyle Outcomes Research

Child Wellness Visits (CWVE)

**QXQ**

**11/19/2019**

Example 2: For a recorded height of 3 ft 6.5 inches, select 2=feet/inches in Q3 and enter 3 feet in Q3b and 06.5 inches in Q3b1.

Example 3: For height recorded in only inches, i.e. 49 inches, select 2=feet/inches in Q3, enter 0 feet in Q3b and 49.0 inches in Q3b1.

Question 4. Weight (select unit of measurement): 1=kilograms or 2=pounds/ounces

Answer choices are:

a. \_\_\_ \_\_\_ .\_\_\_ kilograms

b. \_\_\_ \_\_\_ .\_\_\_ pounds b1. \_\_\_ \_\_\_ ounces

Be sure to enter a number into each field, using 0 to represent any blank field.

Example 1: for a wellness visit weight of 28 kilos 12 grams, select 1=kilograms in Q4 and enter a weight of 28.1 kilograms.

Example 2: for a wellness visit weight of 47 lbs 9 ounces, select 2=pounds/ounces in Q4 and enter a weight of 047.0 pounds in Q4b and 09 ounces in Q4b1.

In the case of a digital weight in pounds recorded for a wellness visit, enter the weight in Q4b, rounding up or down to one decimal place as needed.

Example 3: for a digital wellness visit weight of 36.721 pounds, select 2=pounds/ounces in Q4 and enter 036.7 pounds in Q4b and 00 ounces in Q4b1.

**Save and Close this occurrence of the CWVE form and open a new occurrence in the CDART form grid to complete data entry for the next wellness visit information received. Continue to enter new occurrences until all wellness visit records have been data entered into CDART.**

## **Growth Curve Printout**

In the event that a growth curve print out is presented, do not attempt to interpret the data points. Instead attach the growth curve as a PDF to the DXAE form in CDART. Document should be named as follows:

CHILDSUBJID\_CWVE

Follow upload instructions on DXAE QxQ



# HCHS/SOL- Family Lifestyle Outcomes Research

Demographic Information Form (DEMB)

**QXQ**

**7/1/2019**

## General Instructions

Use this bilingual form to confirm and obtain child and family member demographic data.

## QxQ Instructions

### Administrative Information

0a. and 0b: Enter the date you are completing the form as well as your Staff ID code.

### A. Child Demographics

Questions 1 through 2 are pre-filled by CDART. Confirm the information and only make changes to the pre-filled fields if necessary.

Question 1: Child gender

Answer choices are: 1=Male 2=Female

Question 2: Child's birth date

If change is needed, enter in MM/DD/YYYY format

Question 3: Child's social security number

Note: Children are not required to have a social security number until age 12.  
Enter a Notelog if child does not have a SSN.

Question 4: To be sure we have the right information, under what name is your child's medical record listed?

Enter the child's full name or name under which they are known at the clinic.

- a. First name\_\_\_\_\_
- b. Second name\_\_\_\_\_
- c. Paternal last name\_\_\_\_\_
- d. Maternal last name\_\_\_\_\_

### B. About the Child's Father

Now we would like to know something about the child's father.

Question 5: Is the father of the child a HCHS/SOL participant?

0=No **[Go to Question 6]**

1=Yes [If Yes, enter Father's HCHS/SOL ID number]

- a. Father ID Number (8 characters).

Investigator would like site staff to look up the father's HCHS/SOL ID from site records and enter the subject ID here.

Question 6: Do you know the child's father's approximate weight?



# HCHS/SOL- Family Lifestyle Outcomes Research

Demographic Information Form (DEMB)

**QXQ**

**7/1/2019**

0=No **[Go to Question 7]**

1=Yes

a. Father's weight \_\_\_\_\_ b. Lb or Kg (select one)

## **C. About the Child's Mother**

Now we would like to know something about you.

Question 7: Counting the income of all the members of your **family**, was your total **family** income for the year... (Include all money received from all sources)

1=Less than \$30,000 **[Go to Question 6]**

2=\$30,000 or more **[Go to Question 7]**

Question 8: Is that income...

1=Less than \$10,000

2=\$10,001-\$15,000

3=\$15,001-\$20,000

4=\$20,001-\$25,000

5=\$25,001-\$29,999

Question 9: Is that income...

1=\$30,000-\$40,000

2=\$40,001-\$50,000

3=\$50,001-\$75,000

4=\$75,001-\$100,000

5=More than \$100,000

Question 10: How many people in your family, including yourself, were supported by this income during the year?

\_\_\_ \_\_\_ Number of people

Question 11: Marital status (Mark only one)

1=Single

2=Married

3=Separated

4=Divorced

5=Widow

6=Living with partner

Question 12: Are you a...?



# HCHS/SOL- Family Lifestyle Outcomes Research

Demographic Information Form (DEMB)

**QXQ**

**7/1/2019**

Answer choices are: 0=No  
1=Yes

- a. Homemaker
- b. Student

Question 13: Please indicate your current employment status (Mark only one):

- 1=Employed full-time (30 or more hours/week in one or more jobs)
- 2=Employed part-time (less than 30 hours/week) **[Go to Question 15]**
- 3=Retired **[Go to Question 17]**
- 4=Not currently employed (not retired) **[Go to Question 17]**

Question 14: When you were working **during the past 12 months**, in an average month, how many full-time jobs (30 hours or more hours/week) did you have?

\_\_ \_\_ Number of full-time job(s)

Question 14a: On average, how many hours per week did you work in those full-time jobs?

\_\_ \_\_ Total average hours per week in full-time job(s)

Question 15: When you were working **during the past 12 months**, in an average month, how many part-time jobs (less than 30 hours/week) did you have?

\_\_ \_\_ Number of part-time job(s)

Question 15a: On average, how many hours per week did you work in those part-time jobs?

\_\_ \_\_ Total average hours per week in part-time jobs

Question 16: Which of the following best describes your usual work schedule?

- 1=Day shift
- 2=Afternoon shift
- 3=Night shift
- 4=Split shift
- 5=Irregular shift/on-call
- 6=Rotating shift

## **D. Child Wellness Visit Records**

Question 17: Did you bring your child's weight and height records?

- 0=No **[END]**
- 1=Yes **[Go to CWVE form to enter data for each wellness visit]**



# HCHS/SOL- Family Lifestyle Outcomes Research

Demographic Information Form (DEMB)

**QXQ**

**7/1/2019**

**[Complete one occurrence of Child Wellness Visits Form (CWVE) to record information for each wellness visit (date, height, and weight)]**



# HCHS/SOL- Family Lifestyle Outcomes Research

Bone Mineral Density Testing (DXAE)

**QXQ**

**12/2/2019**

## General Instructions

SOL FLOR staff will accompany participant and her child to the DXA scan location and take note of needed information using a printout of the DXAE form. This information will be data-entered in CDART as soon as possible after the scan is completed and the scan printout is received.

## QxQ Instructions

### Section A: Prefilled by CDART

Questions 1 – 5. Information in this section will be auto-filled by CDART from other FLOR forms completed during the visit. Please note: Q2 Weight and Q3 Height measurements taken for the Anthropometry (ANTE) form are calculated by CDART into pounds and inches and imported to the DXAE form, so **be sure to complete the Anthropometry measurements in ANTE first.**

In the event that the DXAE is mistakenly completed before the ANTE it will need to be re-entered. The steps are as follows:

1. Print DXAE form entered in CDART to prevent data loss
2. Delete DXAE form in CDART
3. Complete the ANTE with correct information
4. Re-enter DXAE using information from printed DXAE form and reattaching the printouts from DXAE tech.

### Section B: Entered by SOL FLOR staff

Questions 6. Record the Tech Staff ID number assigned to the DXA technician who conducted the scan. Tech staff expected for each site and their assigned ID is as follows:

Collette	Jones	Tech/Bronx	756
Carmen	Mauricio	Tech/Chicago	757
Patricia	Graham	Tech/Miami	758
David	Wing	Tech/San Diego	759
Jeanne	Nichols	Tech/San Diego	760

If a change occurs in technician staff during the study period, please notify the DCC so a new Tech Staff ID can be assigned.



# HCHS/SOL- Family Lifestyle Outcomes Research

Bone Mineral Density Testing (DXAE)

**QXQ**

**12/2/2019**

Question 7. Is DXA measurement the same day at the clinic date?

Answer choices are:

0=No

1=Yes

If 1=Yes, go to Question 8. If 0=No, enter the date the scan is actually performed and WEIGH the child before proceeding with the scan. Record the weight of the child IN POUNDS on the scan day.

Question 8. When was the last meal eaten?

This refers to the most recent meal before the scan. Record time last meal was eaten in hours and minutes using a 24-hour format (i.e. 12:00 = 12 noon and 13:00 = 1 p.m.):

\_\_\_ : \_\_\_ HH:MM

Question 9. Time when procedure was performed.

Record time the scan was performed in hours and minutes using a 24-hour format (i.e. 12:00 = 12 noon and 13:00 = 1 p.m.):

\_\_\_ : \_\_\_ HH:MM

Question 10. Did the child use the bathroom before the scan?

Answer choices are:

0=No

1=Yes

Question 11. Other positioning aids?

This refers to cushioned shapes, pillows, etc. that may have been used to help child hold position for the scan.

Answer choices are:

0=No

1=Yes [Go to Q11a]

Q11a. If Yes, specify type: \_\_\_\_\_

Question 12. Child moved during scan?



# HCHS/SOL- Family Lifestyle Outcomes Research

Bone Mineral Density Testing (DXAE)

**QXQ**

**12/2/2019**

Answer choices are:

0=No

1=Yes [Go to Q12a]

Q12a. If Yes, specify movement: \_\_\_\_\_

## Section C: Measurements

Question 13. DXA machine type:

Answer choices are:

1=Hologic

2=GE

Questions 13a – 13g enter values from the DXA scan printout:

	If Hologic	If GE	Units
13a.	Total BMC	Total BMC	grams
13b.	Total Fat Mass	Total fat	grams
13c.	Total Lean Mass	Total lean	grams
13d.	Total Mass	N/A	grams
13e.	N/A	Total Mass	kilos
13f.	Total % Fat	Region % fat	%
13g.	Android Fat Mass	Android fat	grams

Complete data-entry as soon as possible after the test.

## Attach forms

Scan the desired form as a pdf document and upload the pdf by dragging the file into the box at the bottom of the form in CDART:



# HCHS/SOL- Family Lifestyle Outcomes Research

Bone Mineral Density Testing (DXAE)

QXQ

12/2/2019



**Naming convention for attachments to CDART:** DXA, growth curves, Tanita print out. All documents will be scanned SEPARATELY and will be uploaded to the DXAE form in CDART. Documents should be named as follows:

CHILDSUBJID\_DXAE - All Printouts from the DXA machine

CHILDSUBJID\_ANTE - Tanita scale printout

CHILDSUBJID\_CWVE - Growth charts (if available)



# HCHS/SOL- Family Lifestyle Outcomes Research

Individual Eligibility (ELEB)

**QXQ**

6/11/2021

## General Instructions

Use this Individual Eligibility form to confirm a participant is eligible to participate in SOL FLOR with her child.

0a. and 0b. Please enter the date and your staff ID when completing this form.

0c. Please note if the form was administered in English or Spanish.

## QxQ Instructions

### A. Eligibility Screening Status for First-Born Child and Interest in Participation

Question 1: Are you the legal guardian of this child?

0=No **[Stop, ineligible]**

1= Yes

Question 2: Does your child live in your household at least 5 days/week?

0=No **[Stop, ineligible]**

1= Yes

Question 3: Does your child have any mental developmental or physical disabilities, for example, mental retardation?

0=No

1=Yes **[Stop, ineligible]**

Question 4: Mom/Child Participation Status

1=Unable to contact **[END]**

2=Refused screening **[END]**

3=Completed screen, Ineligible **[END]**

4=Eligible but refuses to participate **[END]**

5=Eligible and agrees to participate **[Schedule Visit]**

### B. Father/second parent availability **[2021: Skip Section B, Go to Question 7]**

Question 5: Is the child's father/second parent currently living with you?

0=No

1=Yes



# HCHS/SOL- Family Lifestyle Outcomes Research

Individual Eligibility (ELEB)

**QXQ**

**6/11/2021**

Question 6: Can we contact the father/second parent to request consent?

0=No **[Go to Question 6a]**

1=Yes **[Go to Question 7]**

Question 6a: Determine reason why child's father/second parent is unavailable to give parental consent, determine the reason (per SOL FLOR MOP) and enter it below:

1=Parent is deceased

2=Incompetent

3=Whereabouts are unknown

4=Only mother has legal responsibility for the care and custody of the child

5=Not reasonably available

## **C. Scheduling Appointment**

Question 7: Is your child able to stand and walk without the use of a **temporary** assisted movement devices (ex. crutches, wheelchair)?

0=No **[Recontact after injury recovery]**

1=Yes

Question 8: Does your child currently have any mouth injuries?

0=No **[Recontact after injury recovery]**

1=Yes

Question 9: Appointment Date:

Enter the agreed upon appointment date in MM/DD/YYYY format

Question 10: Appointment Time:

Enter the agreed upon appointment time in 24-hour format (i.e. 12:00 = 12 noon and 13:00 = 1 p.m.).

## **D. Safety Questions**

Question 11: Does your child have either a heart pacemaker or defibrillator or any other internal electronic device inserted in the body that your child cannot remove?

0=No

1=Yes → **[USE WEIGHT ONLY SETTING FOR TANITA SCALE]**

Question 12: Does your child have a prosthetic limb or a non-removable cast that your child cannot remove or that your child may not be comfortable removing?

0=No

1=Yes → **[USE WEIGHT ONLY SETTING FOR TANITA SCALE]**



# HCHS/SOL- Family Lifestyle Outcomes Research

Eligibility Safety Questions (ESQB)

**QXQ**

**6/25/2021**

## **General Instructions:**

Use this Eligibility Safety Questions form in conjunction with the Individual Eligibility form (ELEB) for participants who have already completed Mode 1 of FLOR and who are now coming in for Mode 2. Use this form to determine if additional safety precautions should be taken for certain eligible FLOR participants.

0a. and 0b. Please enter the date and your staff ID when completing this form.

0c. Please note if the form was administered in English or Spanish.

## **QxQ Instructions**

### **A. Safety Questions**

Question 1: Does your child have either a heart pacemaker or defibrillator or any other internal electronic device inserted in the body that your child cannot remove?

0=No

1=Yes → **[USE WEIGHT ONLY SETTING FOR TANITA SCALE]**

Question 12: Does your child have a prosthetic limb or a non-removable cast that your child cannot remove or that your child may not be comfortable removing?

0=No

1=Yes → **[USE WEIGHT ONLY SETTING FOR TANITA SCALE]**



# HCHS/SOL- Family Lifestyle Outcomes Research

Home Food Inventory Questionnaire (HFIE)

**QXQ**

**4/16/2019**

## General Instructions

Participant should look throughout their home for where food is stored when completing this form. Throughout food categories and types listed on the form, lower fat products will be labeled as “reduced-fat”, “low-fat”, “light”, “nonfat” or “skim” on product and can be interchangeable.

## QxQ Instructions

Questions 1 – 5: Select one answer for each item. If food in that category is not present in the home, select No and move on to the next food category. Answer choices are:

0=No  
1=Yes

1. Do you have **Cheese** in your home?

**If Yes, specify type you have at home**

- a. Shredded or block regular cheese (example: American, cheddar)
- b. Sliced regular cheese (example: American, cheddar)
- c. Shredded or block of reduced-fat cheese (example: low fat cheddar)
- d. Sliced reduced-fat cheese (example: low fat cheddar, low fat swiss)
- e. String cheese
- f. Mozzarella cheese
- g. Regular ricotta or cottage cheese (minimum of 4% fat)
- h. Reduced-fat ricotta or cottage cheese (2% or low fat on label)
- i. Regular cream cheese
- j. Reduced-fat cream cheese or neufchatel
- k. Cheez Whiz, Velveeta, canned cheese or other similar cheese

2. Do you have **Milk/Dairy** in your home (see the “other beverage” section for non-dairy beverages)

**If Yes, indicate which ones you have**

- a. Skim milk
- b. 1% or 2% low fat milk
- c. Whole milk
- d. Half and half, whipping cream or heavy cream
- e. Sour cream or sour cream/cheese dips
- f. Reduced-fat sour cream or low fat sour cream/cheese dips
- g. Chocolate or flavored milk
- h. Reduced-fat yogurt (with or without fruit)
- i. Regular yogurt (made from whole milk, with or without fruit)
- j. Reduced-fat yogurt drinks



# HCHS/SOL- Family Lifestyle Outcomes Research

Home Food Inventory Questionnaire (HFIE)

**QXQ**

**4/16/2019**

3. Do you have **Butter**, **Margarine**, and **Oils** in your home?

**If Yes, indicate which ones you have**

- a. Regular butter
- b. Light butter
- c. Regular margarine or butter substitute
- d. Light margarine or butter substitute
- e. Olive oil
- f. Vegetable oil (example: canola oil, corn oil)
- g. Seed oil (example: sunflower oil, sesame oil)
- h. Lard or shortening

4. Do you have **Salad Dressing** in your home?

**If Yes, indicate which ones you have**

- a. Regular dressing (e.g., blue cheese dressing, Caesar, ranch)
- b. Light/reduced fat dressing (example: light blue cheese, light Italian)

5. Do you have **Condiments** in your home?

**If Yes, indicate which ones you have**

- a. Regular mayonnaise
- b. Light/reduced fat mayonnaise
- c. Miracle Whip or other sandwich spread
- d. Mustard
- e. Ketchup

Question 6: If Yes on Q5, record how many other types of condiments are present.

6. How many other types of **condiments** (e.g., BBQ sauce, horseradish sauce, tartar sauce, steak sauce) do you estimate you have in your home? (mark only one response)

0=None

1=1 to 5

2=6-10

3=More than 10 types

Questions 7 – 15: Select one answer for each item. If food in that category is not present in the home, select No and move on to the next food category. Answer choices are:



# HCHS/SOL- Family Lifestyle Outcomes Research

Home Food Inventory Questionnaire (HFIE)

**QXQ**

**4/16/2019**

0=No

1=Yes

7. Do you have **Vegetables** in your home?

**If Yes, indicate which ones you have**

- a. Asparagus
- b. Beets
- c. Bell peppers (e.g. green, red)
- d. Broccoli
- e. Cabbage
- f. Cauliflower
- g. Carrots
- h. Celery
- i. Corn
- j. Cucumbers
- k. Green beans
- l. Lettuce (example: romaine, endive)
- m. Mushrooms
- n. Peas
- o. Potatoes
- p. Spinach/other greens (collard)
- q. Squash (example: butternut, zucchini)
- r. Sweet Potatoes
- s. Tomatoes
- t. Mixed vegetables
- u. Pumpkin
- v. Plantains

8. Do you have **Fruit** in your home?

**If Yes, indicate which ones you have**

- a. Apples
- b. Apple sauce
- c. Apricots
- d. Avocado
- e. Bananas
- f. Blueberries
- g. Cranberries
- h. Grapes (red or green)
- i. Grapefruit
- j. Tangerines/clementines
- k. Strawberries
- l. Papaya



# HCHS/SOL- Family Lifestyle Outcomes Research

Home Food Inventory Questionnaire (HFIE)

QXQ

4/16/2019

m. Oranges

9. Do you have **Deli, Luncheon, Sandwich Meat and Sausage** in your home?

**If Yes, indicate which ones you have**

- a. Sliced turkey or chicken deli meat
- b. Sliced ham, roast beef
- c. Bologna
- d. Salami, summer sausage, pepperoni
- e. Bacon, breakfast sausage

10. Do you have **Meats and Other Protein (Fresh, frozen, canned or jar)** in your home?

**If Yes, indicate which ones you have**

- a. Chicken/turkey (example: burgers, breasts, whole)
- b. Beef, pork, lamb (example: burgers, steaks, roasts, chops)
- c. Tofu, seitan, tempe, textured vegetable protein (TVP)
- d. Veggie burgers
- e. Fish (e.g., canned, packet, fresh or frozen tuna, salmon, cod)
- f. Shellfish (example: shrimp, scallops, crab)
- g. Lentils
- h. Beans (example: black beans, pinto beans, kidney beans)
- i. Peanut butter or other nut butter
- j. Eggs

11. Do you have **Frozen Desserts (Ice cream/yogurt type only)** in your home?

**If Yes, indicate which ones you have**

- a. Regular ice cream (any flavor)
- b. Reduced-fat ice cream (any flavor)
- c. Frozen yogurt (any flavor)
- d. Frozen treats made with ice cream or pudding
- e. Frozen treats made with ice milk, frozen yogurt, sherbet, sorbet
- f. Frozen fruit juice bars
- g. Frozen soy or rice desserts

12. Do you have **Microwavable or Quick-Cook Frozen Foods** in your home?

**If Yes, indicate which ones you have**

- a. Pizza (any variety)
- b. Hot Pockets (any flavor)



# HCHS/SOL- Family Lifestyle Outcomes Research

Home Food Inventory Questionnaire (HFIE)

**QXQ**

**4/16/2019**

**If Yes, indicate which ones you have**

- c. Pizza rolls or bagel snacks (any flavor)
- d. Burritos or other Mexican snacks
- e. Chicken nuggets
- f. French fries or tater tots
- g. Egg rolls
- h. Ramen noodles

13. Do you have **Bread** in your home?

**If Yes, indicate which ones you have**

- a. Wheat bread or rolls
- b. White bread/rolls (example: baguette)
- c. English muffins (wheat)
- d. English muffins (white)
- e. Bagels (wheat)
- f. Bagels (white, any flavor)
- g. Tortillas (wheat, sprout)
- h. Tortillas (flour, any flavors)
- i. Tortillas (corn)
- j. Pita bread (wheat, sprout)
- k. Pita bread (white, any flavor)
- l. Croissants

14. Do you have **Prepared Desserts (do not count boxed mixes that are not prepared)** in your home?

**If Yes, indicate which ones you have**

- a. Regular cookies (any flavor/variety)
- b. Reduced-fat cookies (any flavor/variety)
- c. Regular cake/cupcakes (any flavor)
- d. Reduced-fat cake/cupcakes (any flavor)
- e. Regular muffins (any flavor/variety)
- f. Brownies/bars (any variety)
- g. Other snack cakes (any variety)
- h. Pastry, sweet rolls, donuts

15. Do you have **Chips, Crackers and Other Snack Foods** in your home?

**If Yes, indicate which ones you have**

- a. Whole grain snack crackers (labeled “whole grain” or “whole wheat”, example: Triscuit)
- b. Regular snack crackers (example: Saltines, Wheat Thins, soda crackers)



# HCHS/SOL- Family Lifestyle Outcomes Research

Home Food Inventory Questionnaire (HFIE)

**QXQ**

**4/16/2019**

**If Yes, indicate which ones you have**

- c. Reduced-fat snack crackers (example: Reduced fat Wheat Thins)
- d. Regular potato chips
- e. Reduced-fat potato chips (example: Baked Lays)
- f. Corn chips (example: Fritos)
- g. Tortilla chips
- h. Reduced-fat tortilla chips (example: baked tortilla chips)
- i. Cheese curls or puffs
- j. Reduced-fat cheese curls or puffs (example: baked Cheetos)
- k. Regular bagel chips
- l. Reduced-fat bagel chips
- m. Graham crackers
- n. Pretzels, any shape
- o. Popcorn (microwave bags or bags of prepared popcorn)
- p. Peanuts, cashews or other nuts
- q. Regular granola bars, sports bars
- r. Reduced-fat granola bars, sports bars

Question 16: If Yes on Q15, are any in single serving packages?

16. Are any of the **chips, crackers or other snacks** checked above in prepackaged snack size or single size portions (do not count granola, sports bars, meal supplement bars)?

0=No

1=Yes

17. Do you have **Dry Breakfast Cereal** in your home?

0=No

1=Yes

Questions 18 – 20: If Yes on Q17, select one answer for each question. Answer choices are:

0=None

1=One

2=Two or three

3=Four or more

18. How many **ready-to-eat cereals** do you have that are labeled “whole grain”, “whole wheat” or have **at least 3 grams of fiber** per serving? (Check one response)

19. How many ready-to-eat cereals indicate on the nutrition label that they have **less than 6 grams of sugar per serving**? (Check one response)



# HCHS/SOL- Family Lifestyle Outcomes Research

Home Food Inventory Questionnaire (HFIE)

**QXQ**

**4/16/2019**

20. How many ready-to-eat cereals indicate on the nutrition label that they have **6 or more grams of sugar** per serving? (Check one response)

Questions 21 – 22: Select one answer for each item. If food in that category is not present in the home, select No and move on to the next food category. Answer choices are:

0=No  
1=Yes

21. Do you have **Beverages (do not include alcoholic beverages)** in your home?

**If Yes, indicate which ones you have**

- a. Regular soda pop (any variety, flavor)
- b. Diet soda pop (any variety, flavor)
- c. Prepared iced teas or lemonade (e.g., Snapple)
- d. Prepared light iced teas or lemonade (example: diet Snapple)
- e. Sports drinks (example: Gatorade)
- f. 100% fruit juice (labeled as 100% juice)
- g. Fruit drinks (example: less than 100% juice, Capri Sun)
- h. Bottled water (unsweetened, any variety, flavor)
- i. Soy milk, rice milk (any variety, flavor)

22. Do you have **Candy** in your home?

**If Yes, indicate which ones you have**

- a. Chocolate candy (any variety, except chocolate exclusively for baking)
- b. Hard candy
- c. Gummies
- d. Fruit rollups, fruit snacks or other fruit based candy
- e. Chewy candy (example: Skittles, caramel)

Questions 23 – 24: Select one answer for each item. Answer choices are:

0=No  
1=Yes

23. Now please look around your kitchen (countertop, top of refrigerator, table) and indicate which of the following items are **visible and readily accessible without moving the items around**.

**Indicate which items you can see**

- a. Fresh fruit
- b. Canned or dried fruit
- c. Fresh vegetables
- d. Regular snack crackers, pretzels, chips, popcorn
- e. Reduced-fat snack crackers, pretzels, chips, popcorn



# HCHS/SOL- Family Lifestyle Outcomes Research

Home Food Inventory Questionnaire (HFIE)

**QXQ**

**4/16/2019**

- f. Dry cereal
- g. Bread or rolls
- h. Regular soda pop
- i. Diet soda pop
- j. Candy
- k. Regular cookies, cake, cupcakes, muffins
- l. Reduced-fat cookies, cake, cupcakes, muffins

24. Now please open your refrigerator. Which of the following items are **visible and readily available, without moving the items around?**

**Indicate which items you can see**

- a. Skim milk (any flavor)
- b. 1% or 2% low fat milk (any flavor)
- c. Whole milk (any flavor)
- d. 100 % fruit juice (any flavor)
- e. Fruit drinks/sports drinks (not 100% juice)
- f. Regular soda pop
- g. Diet soda pop
- h. Bottled/contained water
- i. Regular cheese (example: american, cheddar, swiss, parmesan)
- j. Reduced-fat cheese (example: low fat cheddar, low fat Swiss)
- k. Reduced-fat yogurt (with or without fruit)
- l. Regular yogurt (made from whole milk, with or without fruit)
- m. Reduced-fat yogurt drinks
- n. Fresh ready-to-eat vegetables
- o. Fresh ready-to-eat fruit



# HCHS/SOL- Family Lifestyle Outcomes Research

Child Hospitalizations Questionnaire (HSPE)

**QXQ**

**3/26/2019**

## General Instructions

This is a multi-occurrence form. Complete one HSP form per child hospitalization reported on the Child Health Questionnaire (CHQE/S). Do not include overnight Emergency Room visits, only formal admissions to an acute care hospital unit. Include any extended infant hospitalization at time of birth, such as hospitalization for prematurity or for treatment of jaundice, where the mother was discharged home but the infant remained in the hospital. Hospitalizations may be recorded in any date order.

## QxQ Instructions

**Note: The [0c. Hospitalizations] field on this form will be auto-filled with the number of hospitalizations reported on the Child Health Questionnaire. Refer to this number to confirm the number of HSPE/S occurrences that should be completed.**

Question 1 – 2: Enter the first hospitalization date in (MM/DD/YYYY) format. Record at least the month and year if exact day is not known, plus number of days child was hospitalized.

1. Hospitalization Date:   /   /

2. How many total days did your child stay in the hospital     

Questions 3a1 – 3a9: Select all that apply. If other, specify. Answer choices are:

0 = No  
1 = Yes

### Why was your child hospitalized?

- a1. Injury/Accident
- a2. Diagnosis of bronchiolitis, respiratory syncytial virus (RSV), pneumonia
- a3. Fever as only symptom
- a4. General illness (e.g. diarrhea, vomiting, cold, flu)
- a5. Ongoing or Chronic Medical Condition (asthma, diabetes, etc.)
- a6. Inconsolable / Crying



# HCHS/SOL- Family Lifestyle Outcomes Research

Child Hospitalizations Questionnaire (HSPE)

**QXQ**

**3/26/2019**

- a7. Allergic Reaction / Adverse Reaction to Medication / Sunstroke or Heatstroke
- a8. Respiratory Distress/lapses in breathing
- a9. Other
  - 9i. Specify: \_\_\_\_\_

[Save and close the form. For more than one hospitalization, open a new occurrence of the HSPE/S form to record the next hospitalization.]



# HCHS/SOL- Family Lifestyle Outcomes Research

Remote Interview Informed Consent/Assent Tracking (ICRE)

**QXQ**

**7/8/2020**

## **General Instructions**

After obtaining the participant's verbal consent/assent during the phone interview, key the responses on this screen. Enter only one form per participant.

## **QxQ Instructions**

### **Administrative Information**

0a. and 0b. Staff member completes on day of phone interview when consent obtained.

### **A. Consent Elements**

Question 1: Mother **agrees to participate in the SOL-FLOR remote interview (mode 1)** as described in the recruitment/verbal informed consent script?

0=No [End form]

1=Yes



# HCHS/SOL- Family Lifestyle Outcomes Research

Informed Consent Tracking (ICTE)

**QXQ**

**7/1/2019**

## **General Instructions**

After obtaining the participant's witnessed signature on the informed consent document during the visit, key the responses on this screen from that document. Enter only one form per participant.

## **QxQ Instructions**

### **Administrative Information**

0a. and 0b. Staff member completes on day of clinic visit/informed consent signature.

0c. and 0c1. These items about the father's/second parent's availability to give consent are pre-filled by CDART on form creation from responses entered on the Eligibility form (ELEB6).

If 0=No, complete Questions 1 and 3 only

If 1=Yes, go to Question 1

### **A. Consent Elements**

Question 1: Mother **agrees for both her and her child to participate in the SOL-FLOR study** as described in the informed consent?

0=No [End form]

1=Yes

Question 2: Father/2nd parent **agrees for his/her child to participate in the SOL-FLOR study** as described in the informed consent?

0=No [End form]

1=Yes

### **B. Assent Elements**

Question 3: Child agrees to participate in the SOL-FLOR study as described in the informed assent? (Note: Only applicable for children 7 years old and above)

0=No

1=Yes

2=Child age < 7 years



# HCHS/SOL- Family Lifestyle Outcomes Research

Mother Acculturation Stress (MASE)

**QXQ**

**6/20/2019**

## **General Instructions**

For the next set of questions, please ask participant to think about their experiences in the US over the past year.

## **QxQ Instructions**

Questions 1 – 9: Select one answer for each item. Answer choices are:

- 1=Not at all
- 2=Very little
- 3=Moderately
- 4=Very often
- 5=Almost always

1. How often has it been hard for you to get along with others because you don't speak English well?
2. How often has it been hard to do well at work because of problems in understanding English?
3. How often have you had problems with your family because you prefer U.S. customs?
4. How often do you feel that you would rather be more American if you had a choice?
5. How often do you get upset at your children because they don't know U.S. ways?
6. How often do you feel uncomfortable having to choose between non-Hispanic/Latino and Hispanic/Latino ways of doing things?
7. How often do people dislike you because you are Hispanic/Latino?
8. How often are you treated unfairly at work because you are Hispanic/Latino?
9. How often do you see friends treated badly because they are Hispanic/Latino?



# HCHS/SOL- Family Lifestyle Outcomes Research

Delayed Gratification (MATE)

**QXQ**

**9/30/2019**

## General Instructions

This form will be used to record the child's behavior during the Delayed Gratification procedure. A separate script will be provided to guide the coordinator.

0a. and 0b.: Enter the date of the procedure and your staff ID.

0c. Child ID will be prefilled upon form creation.

## QxQ Instructions

Q1. Which one do you think is yummiest?

Child selects one answer:

1=Marshmallow

2=Oreo cookie

3=Pretzel

4=Hershey's kiss

5=Other

If Other, specify: \_\_\_\_\_

Q2. Do you want to wait for your treat?

Answer choices are:

0=No [**END** procedure]

1=Yes

Q3. Child waited entire 15 minutes without ringing the bell

Answer choices are:

0=No [**Go to Q4**]

1=Yes [**Go to Q6**]

Q4. Enter child's wait time in minutes and seconds: \_\_\_\_ \_\_\_\_:\_\_\_\_ \_\_\_\_ (MM:SS)

Q5. Reason for stopping watch

Answer choices are:

1=Child rang the bell

2=Child touched/grabbed/ate the treat or some of the treat

3=Child seemed distressed (e.g. started crying) but did not ring the bell



# HCHS/SOL- Family Lifestyle Outcomes Research

Delayed Gratification (MATE)

**QXQ**

**9/30/2019**

Q6. Observed behavior while waiting the 15 minutes

Check all that apply. However, we will record only the first time the child displays ANY of these behaviors (options 6a to 6f), BUT DO NOT STOP THE WATCH, Enter the first time into the corresponding behavior Notelog.

Answer choices are:

- 1=Child sat all the time
- 2=Child left chair and wandered around
- 3=Child touched the treat but did not eat it
- 4=Child ate some of the treat
- 5=Child ate all of the treat
- 6=Other

Q6a. Other, specify: \_\_\_\_\_



# HCHS/SOL- Family Lifestyle Outcomes Research

Modified Yale Food Addiction (MFAE)

**QXQ**

**6/24/2019**

## **General Instructions**

The following questions ask about the mother's eating habits **IN THE PAST 12 months**.

People sometimes have difficulty controlling their intake of certain foods such as:

Sweets like ice cream, chocolate, doughnuts, cookies, cake, and candy

Starches like white bread, rolls, pasta, and rice

Salty snacks like chips, pretzels, and crackers

Fatty foods like steak, bacon, hamburgers, cheeseburgers, pizza, and French fries

Sugary drinks like soda pop

While the following questions are about the type of foods listed above, the participant should include ANY food similar to those listed above or ANY OTHER foods they have had a problem with in the past year.

## **QxQ Instructions**

Select one answer for each question.

Questions 1 – 5, answer choices are:

1 = Never

2 = Once a month

3 = 2-4 times a month

4 = 2 -3 times a week

5 = 4 or more times per week or daily

**IN THE PAST 12 MONTHS:**

1. I find myself consuming certain foods even though I am no longer hungry.
2. I worry about cutting down on certain foods.
3. I feel sluggish or fatigued from overeating.
4. I have spent time dealing with negative feelings from overeating certain foods, instead of spending time in important activities such as time with family, friends, work, or recreation.
5. I have had physical withdrawal symptoms such as agitation and anxiety when I cut down on certain foods. (Do NOT include caffeinated drinks: coffee, tea, cola, energy drinks, etc.).



# HCHS/SOL- Family Lifestyle Outcomes Research

Modified Yale Food Addiction (MFAE)

**QXQ**

**6/24/2019**

Questions 6 – 7, answer choices are:

0 = No

1 = Yes

IN THE PAST 12 MONTHS:

6. I kept consuming the same types or amounts of food despite significant emotional and/or physical problems related to my eating.
7. Eating the same amount of food does not reduce negative emotions or increase pleasurable feelings the way it used to.

Questions 8 – 9, answer choices are:

1 = Never

2 = Once a month

3 = 2-4 times a month

4 = 2-3 times a week

5 = 4 or more times per week or daily

IN THE PAST 12 MONTHS:

8. My behavior with respect to food and eating causes significant distress.
9. I experience significant problems in my ability to function effectively (daily routine, job/school, social activities, family activities, health difficulties) because of food and eating.



# HCHS/SOL- Family Lifestyle Outcomes Research

Child PA & Transportation Questionnaire (PATE)

**QXQ**

**6/19/2019**

## General Instructions

Ask participant about their child's transportation for daycare, preschool, or school

## QxQ Instructions

Select one answer for each question.

Now we would like to know about your child's transportation when going to daycare, preschool, or school.

1. Does your child go to daycare, preschool, or school?

0=No (Go to Question 4)

1=Yes

1a. If Yes, which one?

1=Daycare

2=Preschool

3=School (from grades 1-5)

2. How does your child usually **get to** daycare/preschool/school?

1=Walking

2=Cycling (herself/himself)

3=By guardians bicycle

4=By school bus and/or public transport

5=By car/motorbike

6=Other

a. If other, specify: \_\_\_\_\_

b. Time to travel to daycare/preschool/school: Hrs \_\_\_\_ Mins \_\_\_\_

[For item 2b, include travel time via any mode of transportation to school, including Other. Enter 0 for any blank time field, i.e. 00 hours 25 minutes or 01 hours 00 minutes. **If more than 59 minutes, record in hours and minutes**]

3. How does your child usually **get back** from daycare/preschool/school?

1=Walking

2=Cycling (herself/himself)

3=By guardians bicycle

4=By school bus and/or public transport

5=By car/motorbike

6=Other

a. If other, specify: \_\_\_\_\_

b. Time to travel to daycare/preschool/school: Hrs \_\_\_\_ Mins \_\_\_\_



# HCHS/SOL- Family Lifestyle Outcomes Research

Child PA & Transportation Questionnaire (PATE)

**QXQ**

**6/19/2019**

[For item 3b, include travel time via any mode of transportation to school, including Other. Enter 0 for any blank time field, i.e. 00 hours 25 minutes or 01 hours 00 minutes. **If more than 59 minutes, record in hours and minutes**]

In the following questions, PHYSICAL ACTIVITY includes practicing a sport or exercising, activities that the child does before and after school and that make her/him breathe harder or sweat. [Examples of physical activities are walking, cycling, playing in the playground, team sports like football and organized activities such as swimming or dance lessons.]

4. Is your child a member of a sports team or club?

0=No (Go to Question 7)

1=Yes

5. How much time does your child spend doing sports in on this team or club per week? Enter 0 for any blank time field, i.e. 00 hours 25 minutes or 01 hours 00 minutes. **If more than 59 minutes, record in hours and minutes.**

\_\_\_ \_\_\_ hours

\_\_\_ \_\_\_ minutes

6. What kind of sport does your child do on this team or club? (Select all that apply). Answer choices are:

0=No

1=Yes

- a. Cycling
- b. Football
- c. Soccer
- d. Tennis
- e. Basketball
- f. Volleyball
- g. Swimming
- h. Running
- i. Martial Arts
- j. Baseball
- k. Lacrosse
- l. Dance
- m. Gymnastics
- n. Other



# HCHS/SOL- Family Lifestyle Outcomes Research

Child PA & Transportation Questionnaire (PATE)

**QXQ**

**6/19/2019**

How much time does the child spend in indoor/outdoor physical activities on a typical Weekday and on a typical Weekend day. Include the amount time spent on indoor and outdoor sports club or team activities. Answer in Hours and Minutes. Enter 0 for any blank time field, i.e. 00 hours 25 minutes or 01 hours 00 minutes. **If more than 59 minutes, record in hours and minutes.**

	Typical Weekday				Typical Weekend Day							
7. Free play indoors, where s/he moves about freely	<input type="text"/>	<input type="text"/>	Hrs	<input type="text"/>	<input type="text"/>	Min	<input type="text"/>	<input type="text"/>	Hrs	<input type="text"/>	<input type="text"/>	Min
8. Play outdoors	<input type="text"/>	<input type="text"/>	Hrs	<input type="text"/>	<input type="text"/>	Min	<input type="text"/>	<input type="text"/>	Hrs	<input type="text"/>	<input type="text"/>	Min



## SOL FLOR Study QxQ Instructions

### Pubertal Assessment (PDAE) – Child

#### **General Instructions**

Children go through many biological changes during puberty. Some of these changes include maturation of their bodies. This questionnaire is designed to assess the youth's perception related to their puberty.

#### **OXQ Instructions**

##### **Both Genders- Q1-3**

1. This scale assesses the youth's perception of their growth in height. The options range from growth not yet having begun to spurt to growth being completed.
2. This scale assesses the youth's perception of their bodily hair growth. "Body hair" refers to hair in any place other than the head, such as under arms, chest, legs, etc.
3. This scale assesses the youth's perception of any changes of the skin, such as pimples

##### **Males Only-Q4-5**

4. This question should only be answered for boys. The cross form dependency is with the DCE form question 1, which refers to the child's gender. This scale assesses the boy's perception of changes in their voice.
5. This question should only be answered for boys. The cross form dependency is with the DCE form question 1, which refers to the child's gender. This scale assesses the boy's perception facial hair growth.

##### **Females Only-Q6-7a**

6. This question should only be answered for girls. The cross form dependency is with the DCE form question 1, which refers to the child's gender. This scale assesses the girl's perception of breast growth.
7. This question should only be answered for girls. The cross form dependency is with the DCE form question 1, which refers to the child's gender. This question asks if the girl has begun to menstruate. If the answer is "No", the participant should end the questionnaire. If the answer is "Yes", the participant should proceed to answer question 7a.

7a. This question should only be answered for girls. The cross form dependency is with the DCE form question 1, which refers to the child's gender. This question should only be answered if the answer to question 7 was "Yes". This question asks the age in years the participant was when she started to menstruate.



# HCHS/SOL- Family Lifestyle Outcomes Research

Reward Based Eating Drive (REDE)

**QXQ**

**3/14/2019**

## **General Instructions**

Read the list of some of the ways the participant may have felt or behaved **during the past week**. Participant should indicate how much they agree or disagree with each statement.

## **QxQ Instructions**

Select one answer for each question.

Questions 1 – 13: Answer choices are:

- 0 = Strongly Disagree
- 1 = Disagree
- 2 = Neither Agree nor Disagree
- 3 = Agree
- 4 = Strongly Agree

1. I feel out of control in the presence of delicious food
2. When I start eating, I just can't seem to stop
3. It is difficult for me to leave food on my plate
4. When it comes to foods I love, I have no willpower
5. I get so hungry that my stomach often seems like a bottomless pit
6. I don't get full easily
7. It seems like most of my waking hours are preoccupied by thoughts about eating or not eating
8. I have days when I can't seem to think about anything else but food
9. Food is always on my mind
10. I feel hungry all the time
11. I can't stop thinking about eating no matter how hard I try
12. I find myself continuing to consume certain foods even though I am no longer hungry
13. If food tastes good to me, I eat more than usual



# HCHS/SOL- Family Lifestyle Outcomes Research

Saliva Biospecimen Collection (SSWB)

**QXQ**

**7/1/2019**

## **General Instructions**

See MOP Chapter 11 Saliva Swab Collection information for details on collecting the sample. Print out a copy of the SSWB pdf form and complete by hand at the time of swab collection.

## **QxQ Instructions**

### **Administrative Information**

Items 0a and 0b, enter the completion date and your staff ID on the day you complete this procedure.

Item 0c: is the Child ID, prefilled by CDART upon form creation.

Item Label barcode box: affix the Child ID and Lab ID barcodes in this section on the day the procedure is completed.

Item 0d: Use the provided hand scanner and scan the Child ID barcode into CDART

Item 0e: Use the provided hand scanner and scan the Lab ID barcode into CDART

### **A. Saliva Collection Information:**

1. Did your child eat, drink, chew gum, or brush their teeth in the last 30 minutes?  
0=No  
1=Yes **[Wait 30 minutes before collecting sample]**  
9=Don't know **[Wait 30 minutes before collecting sample]**
  
2. Will your child be able to spit into a collection tube?  
0=No **[If No or Don't know, use OGR-675 tube to collect an assisted sample]**  
1=Yes **[If Yes, use OGR-600 tube to collect an unassisted sample]**  
9=Don't know

### **B. Saliva Collection:**

3. Date of saliva collection  
Enter date in a MM-DD-YYYY format
  
4. Collection tube used:  
1=OGR-600 (unassisted)  
2=OGR-675 (assisted)
  
5. Collection start time:  
Enter time in 24-hour format, i.e. 14:00 for 2:00pm.
  
6. Collection end time:  
Enter time in 24-hour format



# HCHS/SOL- Family Lifestyle Outcomes Research

Saliva Biospecimen Collection (SSWB)

**QXQ**

**7/1/2019**

7. Any saliva collection incidents or problems?  
0=No [If No, go to Question 9]  
1=Yes [If Yes, specify in Question 8]
8. Saliva collection incidents – document problems: (Mark all that apply)  
0=No  
1=Yes

Sample not collected  
Partial sample collected  
Blood in sample  
Food particles or other  
Contaminants in sample  
Other, specify: \_\_\_\_\_

If a saliva sample was not collected, **END FORM.**

## **C. Saliva Storage:**

9. Were there any problems with storage of saliva at room temperature before shipping to the Human Genetics Center Laboratory?  
0=No  
1=Yes

9a. If Yes, describe incident or problem: \_\_\_\_\_



# HCHS/SOL- Family Lifestyle Outcomes Research

Well-Being Questionnaire (WBQE)

**QXQ**

**3/4/2019**

## **General Instructions**

Read the statements of some ways the participant may have felt or behaved during a specific time period. Participant should select one answer for each question.

## **QxQ Instructions**

A. CES-D 10 How often did the participant feel or behave this way **during the past week**.

Questions 1 – 10: Answer choices are:

- 0 = Rarely or none of the time (<1 day)
- 1 = Some or a little of the time (1-2 days)
- 2 = Occasionally or a moderate amount of time (3-4 days)
- 3 = All of the time (5-7 days)

1. I was bothered by things that usually don't bother me.
2. I had trouble keeping my mind on what I was doing.
3. I felt depressed.
4. I felt that everything I did was an effort.
5. I felt hopeful about the future.
6. I felt fearful.
7. My sleep was restless.
8. I was happy.
9. I felt lonely.
10. I could not "get going"

B. GAD-7 How often was the participant bothered by these problems **over the last two weeks**.

Questions 11 – 17: Answer choices are:



# HCHS/SOL- Family Lifestyle Outcomes Research

Well-Being Questionnaire (WBQE)

**QXQ**

**3/4/2019**

- 0 = Not at all
- 1 = Several days
- 2 = More than half the days
- 3 = Nearly every day

- 11. Feeling nervous, anxious or on edge
- 12. Not being able to stop or control worrying
- 13. Worrying too much about different things
- 14. Trouble relaxing
- 15. Being so restless that it is hard to sit still
- 16. Becoming easily annoyed or irritable
- 17. Feeling afraid as if something awful might happen