



HCHS/SOL SOL YOUTH Ancillary Study (AS#2008.05) QxQs

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SSE - Social Support from Friends QxQ
SST - Safety Checklist for Fitness Step Test QxQ
STE - School Type QxQ
Tanner Staging Assessment QxQ
TUE - Tobacco Susceptibility QxQ
TVE - Food Practices with TV Video Viewing QxQ
UNE - AHISMA Scale QxQ
WEE - Workout Equipment Use at Home QxQ

SOL Youth Study QxQ Instructions
AEE After School Physical Activity Environment – Child

1. This scale consists of two questions that assess the after school environment as it pertains to promoting physical activity.
2. Responses to the questions are made on a 5-point frequency response from 0=never to 4=always.
 - a. There are no specific time frames associated with the responses.
3. If the youth is responding to these questions during the summer, ask him/her to think about the previous school year.
4. Elaboration on Question 1:
 - a. Supervised activities can include but are not limited to programs offered by the Boys and Girls club, sports leagues, Girl Scouts, Boy Scouts or other similar activities/organizations that promote physical activities and that are supervised by an adult. For example, you would not count a pick-up basketball game as a supervised activity.
 - b. In order for an activity to count, it must occur on the child's school campus and not in an off-site location.
 - c. If activities were available in the past, please do not count these. They have to be occurring presently or this school year or in the case of a summer interview, during the previous school year).
5. Elaboration on Question 2:
 - a. This question is assessing whether the school will allow kids to play on school grounds after hours. Some schools have joint use agreements whereby they will allow kids to use the school grounds for active play.
 - b. If activities were available in the past, please do not count these. They have to be occurring presently or this school year or in the case of a summer interview, during the previous school year).

SOL Youth Study QxQ Instructions
AFE Away from home foods – Child

1. This scale consists of six questions that ask the child how often he/she has eaten at these various locations in the past week.
 - a. To help the child think about the time frame, please consider saying what day it is today, and then saying orienting them to the past week. For example, “Today is Tuesday, so thinking about last Tuesday until today,....”
2. Responses to the questions are made on a 7-point frequency response from 1= 1 day to 7 = 7 days.
3. Please make sure the child understands that this can include prepared food that is purchased outside the home and then brought home (for example, if mom stops at a fast food restaurant on the way home or to sports practice).
4. These questions are not limited to actual meals but rather to any foods (including snacks) that are consumed or purchased outside the home from these locations.
5. If the youth reports that the previous week was not typical, please make a note of this on the clinic check-list but proceed as normal with the question.
6. The child does not have to be the person paying for the food; however, he/she must consume the food purchased. For example, if the child was with a friend who ordered food at a fast food restaurant, but did not consume the food, this would not count.
7. Elaboration on Question 1: Relatives and friends can include any one, including eating at someone’s home for a special event.
8. Elaboration on Question 2: Any type of fast food restaurant counts. In general, fast food restaurant are those in which a customer goes up to a window or counter, orders the food, and then pays for it prior to receiving the food. Wait staff may be involved in delivering the food to the table but this is rare.
9. Elaboration on Question 3: Any type of sit-down restaurant counts, including buffet restaurants, sit-down restaurants, etc.
10. Elaboration on Question 4: Many grocery stores offer prepared foods at a counter, some with seating. Please do not count prepackaged sandwiches that may be available.
11. Elaboration on Question 5: If a child is on free and reduced lunch, it is likely that he/she eats breakfast or lunch at school. Confirm how frequently the child has eaten these free/reduced price meals at school during the past week. If the child was off of school because of summer break or holidays, this would be coded as “0”.

12. Elaboration on Question 6: This question is getting at other outlets for purchasing foods, including vending machines, mobile vendors that are quite common in front of schools.

SOL Youth Study QxQ Instructions, Anthropometry Form and scripts

x Q ANTHROPOMETRY FORM (ANT) AND SCRIPTS

Instructions: Enter the answer given by the participant for each response. If a response is unknown or cannot be measured then enter the special missing value, “==”, in the item. In order to measure bioimpedance, the participant must be barefoot. Set the Tanita analyzer to report *metric* units (cm/kg).

GENERAL INSTRUCTIONS:

The same ANT form is used to record anthropometry form for both children and their parents. However, one form should be completed for each individual. That is, fill out one form for the child, and another separate form for the parent.

Also, as described below, parents have to answer the question about internal electronic devices for themselves and for their children. Children, especially young children may not report this information adequately, thus, it is better to ask the parent.

Before the start of the procedure introduce yourself to the participant if this is the first time you are seeing him/her:

Hi, my name is *[your name]* and I am going to be doing some measurements..

I’m going to measure how tall you are on the board right there *[point to the board]*, how much you weigh on the scale *[point to the scale]*, I’m going to measure your waist and hip *[point to your waist and hip]*, and I’m going to do all these measures 3 times.

Can you please take everything out of your pockets and take off any jewelry you have on and put everything in this basket. Please take your shoes off too. *[If the participant is wearing a sweater, sweatshirt, or jacket over his/her shirt, ask him/her to remove it also to reduce excess weight. Make sure belts, cell phones, etc. are removed as well.]*

Before I take your measures I need to ask you some questions about you and your child *[proceed to safety questions as described below]*

A. SAFETY QUESTIONS

Q1. This question is always answered by parents/legal guardians.

If you are taking measures on the parent, ask:

Do you have either a heart pacemaker or defibrillator or any other internal electronic device inserted in the body that you cannot remove?

If you are taking measures on a child, you should ask the parent not the child:

Does your child has either a heart pacemaker or defibrillator or any other internal electronic device inserted in the body that you or your child cannot remove?

If a participants answer YES, then use the Tanita Scale in weight only setting.

Other examples of internal electronic device include cochlear implants, insulin pump. However, if the child has an insulin pump, ask if the child has Type 1 diabetes (also called juvenile diabetes). A child with type 1 diabetes is not eligible for SOL Youth. Notify the study coordinator.

Q2. This question applies only to mothers or female legal guardians. For parents or male legal guardians, skip and go to Q2.

If the mother/female guardian is pregnant, ask questions 2b and 2c. Skip anthropometric measures (skip section B).

If mother/female guardian is not pregnant, continue with the rest of the protocol/form.

Q3. This question applies only to girls between 10 and 18 years old. SKIP this question for girls < 10 years old and for boys.

ASKING ABOUT PREGNANCY IN GIRLS IS ACQUIRING SENSITIVE INFORMATION. THIS INFORMATION IS PROTECTED BY LAW IN THE STATES OF CALIFORNIA, FLORIDA, ILLINOIS AND NEW YORK. THIS QUESTION HAS TO BE ASKED ENSURING TOTAL PRIVACY. THE GIRL MUST BE ALONE, AND THE EXAMINER HAS TO REASSURE HER THAT THE INFORMATION SHE PROVIDES WILL BE KEPT STRICKLY CONFIDENTAL, UNLESS THE CHILD IS IN DANGER.

BEFORE ASKING QUESTION ABOUT PREGNANCY. THE EXAMINER READS TO THE CHILD THE FOLLOWING STATEMENT:

In the state of [CA, FL, IL, NY] some information a child reports is confidential which means that we cannot tell this information to your parents without your permission. This includes information about pregnancy. The only exception to this is if you are in danger of hurting yourself or others or if others have hurt or threatened you. In this case we

would want to make sure you get the help you need from adults that can help you..

IF GIRL IS PREGNANT, CONTINUE WITH ALL ANTHRO MEASURES, BUT USE THE TANITA SCALE IN WEIGHT MODE ONLY. NOTE IT ON THE ANT FORM. REMEMBER THAT A GIRL HAS THE RIGHT TO HER PRIVACY. **EXAMINERS CANNOT DISCLOSE THIS INFORMATION TO HER PARENT.**

B.1. Establish ability to stand erect according to procedures outlined in section 9.3.1. of MOP #1.

B2.-D. Follow procedures outlined in chapter 9 of MOP #1.

B.2. HEIGHT MEASUREMENT

OK, first I'm going to measure your height.

[If the person has a hair accessory or hair is up, ask them to remove it. If it would be too difficult to remove or if he/she refuses, allow him/her to keep it in and follow the instructions in Section 9.3.2. "Inflexible hairdos" (depending on the hairdo) and write "inflexible hairdo" in the 'comments' section on the ANT form.]

Please step backward onto the board until the first part of your body touches the board (like your heels, shoulders, or bottom). Now, bring your feet toward each other like this *[demonstrate for them]* until your ankles or knees touch each other, whichever touch first. Stand up nice and tall against the board. Put your arms straight down at your sides with your palms facing in *[like this & demonstrate]*.

[Check that the participant is properly aligned, both from front and from left side.]

Now, I am going to position your head so you can be the tallest you can be. I will tell you to move it up or down, just move it a little at a time.

[Position head in the Frankfurt horizontal plane so an imaginary horizontal line can be drawn between the bottom of the eye socket and the center of the opening of the ear.]

Please keep your head just like that until we finish. Now, hold your head still, keep your feet flat on the floor, and take a deep breath and hold it. Stand up nice and tall.

[Verify body is properly aligned and head position did not shift with deep breath. Move the headboard down onto the head with sufficient pressure to compress hair. Record the height on the form.]

Now let your breath out and you can step off the board.

C. WEIGHT MEASUREMENT

Now, I'm going to measure your weight. Please do not step on the scale until I ask you to.

[Follow procedures for starting the scale described in section 9.3.3 of Mop #1]

Ok, please step onto the scale. Stand with your feet next to each other in the center of the scale. Make sure your weight is balanced between your two feet. Keep your hands at your sides and look straight ahead at the [sticker or poster or any other reference point] on the wall.

Great! Now you may step off the scale.

D. WAIST MEASUREMENT

Next I am going to measure your waist and your hip.

I need to take a look at your waist and hip for these measurements. Can you please lift up your shirt just above your belly button and hold it for me so that it is out of the way?

Also, to make sure I get it right; could you point where your hip bone is? Just to make sure I have it right, I need to make some marks on your hip with this marker *[show the marker]*. It will not hurt, and you can take it easily right after we are finish.

Now I am going to put this tape measure around your waist so I can measure it. Please bring your feet together *[they should be just slightly apart]*, stand up straight. *[Wrap tape measure around participant's waist as described in the protocol. Adjust as necessary.]*

I just need to make sure the tape is in the same place in the front and back. *[Get tape in place in one horizontal plane around the entire waist.]* Now take a nice, easy breath in and let it out. *[Once the child lets his/her breath out, take the measurement at the end of the exhale.]* *[Remove tape from around waist, and record measure.]*

Great, now I need to take your hip.

Now we are going to do each of those measures two more times.

I need to do some math really quick to be sure I did all of the measures okay? *[Verify that the measures for all 3 are within the edit specifications. If not, perform an additional set of measures as necessary.]*

Thank you so much for all of your help today with our measures. You did a great job!

Go ahead and put your shoes back on *[and remind to collect or put on anything else they removed]* **now**
we have a few other things to complete *[continue with the rest of the protocol]*



SOL Youth Study QxQ Instructions

APE Youth Authoritative Parenting Index – Parent (each child)

Youth

General Instructions

If an answer to a question was not resolved in the interview, please refer to MOP 5 for instruction on how to record information on the CDART system.

QxQ Instructions

1. This scale assesses how much the parent relates to checking to see if their child does his/her homework. If this assessment is being completed during a school break, please refer the parent participant to the most recent period when school was in session for their child.
2. This scale assesses how well the parent relates to being pleased with the child's overall behavior.
3. This scale assesses how well the parent relates to being a parent that listens to what their child has to say.
4. This scale assesses how well the parent relates to being a parent that makes sure the child tells them where they are going. Some examples might be if the child is meeting up with friends, going for a walk, etc.
5. This scale assesses how well the parent relates to being a parent that knows where the child is after school.
6. This scale assesses how well the parent relates to being a parent that wants to hear about the child's problems. If needed, some examples of this could be if the child had a bad day at school or a disagreement with a friend.
7. This scale assesses how well the parent relates to being a parent that tells the child when he/she must come home. This question is intended to be answered in the general sense and does not differentiate between week/school days and weekends. If needed, some examples would be setting a time for the child to be home after school or a curfew when hanging out with friends.
8. This scale assesses how well the parent relates to being a parent that sets rules that must be followed.
9. This scale assesses the extent to which the parent likes the way the child is. This question refers to the child's personality and how the child conducts him/herself, not physical appearance.
10. This scale assesses how well the parent relates to being a parent that makes the child feel better when he or she is upset.

11. This scale assesses how well the parent relates to being a parent that makes rules without asking the child's opinion. In cases where the parent asks what the child thinks from time to time; their response to this question may be "Sort of like me" or "A lot like me", for example.
12. This scale assesses how well the parent relates to being a parent that makes sure the child goes to bed on time. If needed; if the parent was strict on the bedtime when the child was younger and became more lenient as the child got older; we are interested in the parent's most current practice when it comes to the child's bedtime.
13. This scale assesses how well the parent relates to being a parent that is too busy to talk to the child. This question is not referring to the one-off instance when the parent was pressed for time to pick up a prescription before the drug store closed and couldn't talk to the child.
14. This scale assesses how the parent relates to being a parent that tells the child what to do.
15. This scale assesses how the parent relates to being a parent that asks what the child does with friends.
16. This scale assesses how much the parent relates to being a parent that tells the child he/she is doing a good job of things. If needed, "things" could refer to how the child does things around the house such as chores or how the child performs in school.



SOL Youth Study QxQ Instructions

Anthropometry QC (AQC)

Youth

General Instructions

In order to estimate the reliability of body composition measures, anthropometric measures should be repeated by a second technician on the same visit for some participants. A sample of participants is automatically selected by the data management system software during data entry for repeat measurements by a different technician. It is important that the second technician follow the same procedures for collection of anthropometric data as outlined in MOP 1. It is also important that the second technician collect anthropometric data independently from the first technician. The collection of AQC data is similar to that for the ANT data.

QxQ Instructions

Please refer to the ANT QxQ document for specifics on collecting that various items on the AQC form.

SOL Youth Study QxQ Instructions, Acculturative Stress – Both (ASE)

1-9 Acculturation refers to the process of adjusting to cultural differences when two different cultural groups interact (e.g. foreign-born vs. us-born; or minority vs. majority). In this case, we are interested in cultural exchanges that can cause conflict or promote stress. Higher scores indicate higher levels of stress or conflict on this scale. The first two questions evaluate stress associated with language conflicts. The next four questions identify stress associated with family and value conflicts. The last three questions identify stress associated with ethnic discrimination in the participants' community. In answering the questions, respondents should think about their OWN experiences in the PAST 12 MONTHS. If needed the following clarifications can be provided about the response categories.

- | | |
|------------------|---|
| 1. NOT AT ALL | You never had this experience in the past 12 months. |
| 2. VERY LITTLE | You've had this experience a few times in the past year but less than once every other month. |
| 3. MODERATELY | You had this experience several times within the past 12 months, perhaps as much as once every other month. |
| 4. VERY OFTEN | You had this experience at least once each month. |
| 5. ALMOST ALWAYS | You had this experience almost weekly or even daily. |

SOL Youth Study QxQ Instructions
AUE Alcohol susceptibility – Child

1. This scale assesses how susceptible the youth is to alcohol use, including whether he/she is currently using alcohol. As indicated in the instructions, it does not matter what type of alcohol the youth drank.
2. There are a number of skip patterns here that need to be followed carefully.
 - a. For example, if the youth indicates that he/she has never had a drink, then the interviewer should skip to Question 5.
3. Elaboration on Question 1: This can include consumption of alcohol in any situation, including with friends and family. However if the youth only had a few sips, this does not count.
4. Elaboration on Question 2: If the youth is unable to remember, ask him/her to respond as best as possible. For example, “Okay, I understand that it might be hard to remember. Can you give me your best guess of how many days you have had at least one alcoholic beverage?”
5. Elaboration on Question 3: The timeframe becomes more proximal and the youth is asked about alcohol use during the past 30 days.
6. Elaboration on Question 4: This question assesses binge drinking. Here it is important to consider that all 5 (if male) or 4 (if female) drinks must be consumed within a few hours to be classified as binge drinking.
7. Elaboration on Questions 5: These questions are the main ones to assess whether a youth is susceptible to alcohol given that he/she has not started drinking yet.
8. This scale may be challenging to administer to younger children and those children who may be a little young for their age (possibly because their family is very protective). The most important thing to keep in mind is to just ask the questions without reacting to the youth’s responses. Be careful with your own body language (e.g., raising your eyes in surprise) so as not to influence the youth’s responses in any way.

SOL Youth Study QxQ Instructions
BAE ARSMA scale – Child and Parent

1. This scale is a brief bidimensional measure of acculturation. It captures how often or how much each youth/parent uses the Spanish and English languages. By using this scale, we will be able to classify youth/parents as being bicultural (they use Spanish and English equally), assimilated (they mainly or only use English), traditional (they mainly or only use Spanish), or marginalized (they don't feel comfortable using either language).
2. Responses are made on a 5-point Likert-type scale from 1=not at all to 5=almost always.
 - a. There are no set time frames for the responses so just ask the youth/parent to give their best estimate of how often or how much they do each of the following.
3. If the youth/parent never writes letters, it is okay to ask them to think about other writing (for example, if they need to leave a note for their mom/child or they write a note to their friend).
4. If the youth/parent does not know what 'Anglo' means, it is okay to say "Whites" or "non-Hispanic Whites".
5. If the youth/parent is not sure what language he/she thinks in, ask him/her to think about a time when he/she was thinking about their day or day dreaming or rehearsing what he/she would say to someone and then to tell you how often he/she does this in the language indicated by the statement.

SOL Youth Study QxQ Instructions
BIE Body Image – Child

1. This scale assesses the youth's body image dissatisfaction. The youth is instructed to circle the figure that he/she considers his/her ideal (what they want to look like) and then to draw a box around the figure that best represents them now (what they think they look like). We will use this to determine how far away they are from their ideal.
2. Use the images that best fits the youth – if he/she looks more like a child, use the child images and he/she is older, use the adolescent images. There is no set age for determining which set of images to use.
3. Sometimes boys want to be bigger than they are so it is not wrong if their ideal is bigger than their current status.

QxQ Instructions for the HCHS/SOL/Youth Biospecimen Collection Form

I. General Instructions

The BIOSPECIMEN COLLECTION FORM is completed during the participant's clinic visit to record information on the collection and processing of blood samples. Technicians performing venipuncture and processing blood samples must be certified and should have a working knowledge of the relevant Manuals of Operations.

Place a bar code participant ID and Lab ID# labels in the appropriate spots at the top of the form.

A. Safety Questions: *Ask the participant's parent or guardian the safety questions 1-3.*

1. If the participant has had any surgery where lymph nodes were removed from their armpits, specify in Q11 and do not perform venipuncture on that arm. If lymph nodes were removed from both armpits, venipuncture cannot be performed on this participant.
2. If participant has a bleeding disorder, specify in Q11 and consult with the field center physician, physician assistant or nurse practitioner before proceeding with the venipuncture. If the participant does not know whether he/she has a bleeding disorder, offer the explanation, "If you have a bleeding disorder you would have symptoms like excessive nose bleeds, or very easy bruising, or problems with bleeding after tooth extractions, or any type of surgery." If the participant is still unsure, consult with field center medical personnel before going on.
3. If a participant has a graft or shunt for kidney dialysis, specify in Q11 and do not perform venipuncture from the arm with the graft or shunt. If the participant has a graft or shunt in both arms, venipuncture cannot be performed on this participant.

B. Fasting Blood Collection Information: *Ask the participant's parent or guardian the fasting blood collection questions 4-5.*

4. Check the box for the last day the participant ate or drank anything (other than water).
5. Enter the time that the participant ate or drank anything (other than water).

C. Blood Collection

6. Enter the date of the blood collection.
7. Enter the time of the blood collection.
8. Enter the number of venipuncture attempts. Include all venipuncture attempts by all phlebotomists. The same technician should not attempt a venipuncture more than twice.
9. Indicate if there were any problems with the blood collection.
10. Note any blood drawing incidents or problems, and document in the table provided. Place an "X" in box(es) corresponding to the tubes in which the blood drawing problem(s) occurred. If an incident or problem is not listed below, document it on Item 11. If no incidents or problems, skip to Item 12.

11. Enter any blood drawing problems/comments that were not listed in Item 10. Indicate use of LMX4 cream if used.
12. Enter the ID code for the technician who collected the blood. If more than one technician attempts to draw the blood, enter the code of the first technician.

D. Blood Processing

13. Record the time at which the centrifuge containing tubes 3, 4, and 5 began to spin.
14. Record the time at which the centrifuge containing tubes 1 and 2 began to spin.
15. Record the time at which samples from tubes 1, 2, 3, 4, and 5 were placed in the freezer.
16. Enter the code number of the technician who began processing blood tubes.
17. Indicate if there were any problems with the blood processing.
18. Note any blood processing incidents or problems, and document in the table provided. Place an "X" in box(es) corresponding to the tubes in which the blood processing problem(s) occurred. If an incident or problem is not listed below, document it on Item 19.
19. Enter any blood processing problems that were not listed in Item 18.



SOL Youth Study QxQ Instructions

Barriers to Activity in Neighborhood – (BNE)

Youth

General Instructions

This questionnaire is designed to assess potential barriers to being active in the local park or streets/neighborhood from the perspective of the parent participant. A 4-point Likert scale is utilized to assess the parent's level of agreement with each statement.

OXO Instructions

1 – 9 Each statement refers to a potential barrier to neighborhood activities. Some of the barriers are related to available options, crime, lack of equipment, supervision, and safety.

SOL-Youth Child Depression Inventory

Kids sometimes have different feelings and ideas. This form lists the feelings and ideas in groups. From each group of three sentences, pick one sentence that describes you best for the past two weeks. After you pick a sentence from the first group, go on the next group. There is no right or wrong answer. Just pick the sentence that best describes the way you have been recently. Remember, pick out the sentences that describe you best in the PAST TWO WEEKS.

For each of the 10 items the youth should select the one sentence that best describes how they have been feeling in the past two weeks.

(There should not be an option for I don't know/refuse to answer.)

Items 1-5 are self-explanatory.

Item 6: bother means to feel upset or uncomfortable or irritated.

Item 8: feeling alone means that even when others are around, you still feel removed from others, or isolated, like no one else is close to you.



SOL Youth Study QxQ Instructions

Clinic Check List-Child (CKC)

Youth

General Instructions

The clinic exam check list for each child is used to keep track of parent/child identification information, child preferred language, special needs, a list of administered SOL Youth Study forms as well as the times data collection for each form began and ended. The majority of items on the form have a designated space for comments that should be used when necessary. Staff who completed or administered a particular item should always enter their 3-digit staff ID in the designated space for each questionnaire item.

Keep in mind that the CKP/CKC forms will provide summary information for all the forms. The CC strongly recommends that you complete these forms fully. The completion of these forms will streamline the QC/Missing items queries.

QXQ Instructions

1. Prior to the child's visit, information on morbidity and special needs should have been recorded on the safety screening form (PSE). This box should be checked in order to confirm that a pre-visit screen was completed. Record any necessary comments in the designated section.
2. Staff should indicate if the 1st incentive was given to the participant by selecting "Y" or "N". Record any necessary comments in the designated section. Select "N" if it is not applicable for the FC.
3. Staff should indicate if the 2nd incentive was given to the participant by selecting "Y" or "N". Select "N" if it is not applicable for the FC. Record any necessary comments in the designated section.
4. Select "Y" if there were any special needs recorded on the safety screening form (PSE) during the pre-visit screen. Any special needs information should be transferred from the PSE form to the CKC form and recorded in the "Comments" section for this item. For example, if the participant wears glasses for reading, this information should be recorded on both the PSE and CKC forms.
5. Mark the mark corresponding boxes as they apply. Record start/end times, staff ID and any necessary comments, in the designated section.
6. Mark this box if the participant changed clothes prior to examination. Record start/end times, staff ID and any necessary comments in the designated section. Record N/A when it does not apply and leave Staff ID and start/end times blank.



SOL Youth Study QxQ Instructions

Clinic Check List-Child (CKC)

Youth

7. Mark this box if Anthropometry data was collected. Record start/end times, staff ID and any necessary comments in the designated section.
8. Record SB (SBP) information as it applies. Record start/end times, staff ID and any necessary comments in the designated section.
9. Mark the “Phlebotomy (BIO)” box if blood samples were obtained from the participant as recorded on the BIO form. Mark the “QC Sample” box if this participant has been selected for an additional blood draw for quality control purposes. Record start/end times, staff ID and any necessary comments in the designated section.
10. -12. Mark the box for each item if it was completed. Record start/end times, staff ID and any necessary comments in the designated section.
13. Record information as specified in the specific Field Center protocol.
- 14-39. These questionnaires are administered to the child. Mark the box for each completed item. Record start/end times, staff ID and any necessary comments in the designated section. ** Denotes self-administered questionnaires.
- 40-45. These questionnaires are administered to the parent about the child. Mark the box for each completed item. Record start/end times, staff ID and any necessary comments in the designated section.
46. Mark the box when the questionnaire is administered to the parent about the child. Record start/end times, staff ID and any necessary comments in the designated section.
Note: Record N/A when it does not apply, leave Staff ID and start/end times blank.
Also, when you select N/A you DO NOT need to enter the form on CDART.
- 47-49 These questionnaires are administered to the parent about the child. Mark the box for each completed item. Record start/end times, staff ID and any necessary comments in the designated section.
50. If an activity monitor was issued to the participant, enter all of the requested information in this section. If an activity monitor was reissued because of some malfunction for example, fill in the information for the reissued monitor in this section as well. Record the staff ID.
Note: 1. If refused to use at time of visit, note on form.
In CDART select “Refused” in the notelog selection screen. Dates: stay blank.
2. Monitor issued but not returned, make a note on form.



SOL Youth Study QxQ Instructions

Clinic Check List-Child (CKC)

Youth

In CDART set return date as “missing.” You might want to enter a notelog to describe situation.

51. Complete the information as it applies. Record staff ID.
52. Record information when final decision is made. Enter date of last call and type of contact on final determination date as it applies. Record staff ID.
53. Select the option that applies. Record the staff ID.
54. Record any necessary comments about the exam. Record the staff ID.



SOL Youth Study QxQ Instructions

Clinic Check List-Parent (CKP)

General Instructions

The clinic exam check list for the parent is used to keep track of parent preferred language, special needs, the number of children brought to participate, and the list of administered SOL Youth study forms as well as the times data collection for each form began and ended. The majority of items on the form have a designated space for comments that should be used when necessary. Staff who completed or administered a particular item should enter their 3-digit staff ID in the designated space for each questionnaire item.

QxQ Instructions

1. Prior to the parent's visit, information on morbidity and special needs should have been recorded on the safety screening form (PSE) for *each* child brought to participate in the study. This checkbox should be checked in order to confirm that a pre-visit screen was completed. Record any necessary comments in the designated section.
2. Staff should indicate what type of transportation the participants took to the clinic. Enter the amount reimbursed for transportation expense. If no reimbursement was given enter 0.00 for Q2a. Record any necessary comments. For those FC's that do not provide compensation for transportation purposes, you can code it as Not-Applicable.
3. If there were any special needs recorded on the safety screening form (PSE) for any of the children during the pre-visit screen, "Y" should be selected for this questionnaire item. Record any necessary comments like if the participant wears glasses or hearing aids.
4. Record the number of children the parent brought to the clinic to participate in the SOL-Youth study.
5. Mark the mark corresponding boxes as they apply. Record start/end times, staff ID and any necessary comments, in the designated section.
6. - 23. Mark the box if each item in the form or procedure was completed. Record any necessary comments in the designated section, start/end times, and staff ID. If any procedure or form was not completed record in the comment section the reason why the procedure or form was not completed.
24. Mark the status of the baseline exam visit.
25. Include any other comments.
- 40-46. These questionnaires are administered to the parent about *each* child. For each child, record the child ID in the top right-hand corner. Mark the checkbox for each form/procedure if completed. Record any necessary comments in the designated section, start/end times, and staff ID. Transfer this information to each child's clinic exam checklist (CKC) form. This information will not be completed in the CDART system under CKP (it will be entered under CKC).



SOL Youth Study QxQ Instructions Demographics – Child (DCE)

General Instructions

This form was designed to obtain Demographic information reported by the child.

QXQ Instructions

1. This item refers to children's biological sex.
2. This question refers to children's ethnic identity. Hispanic/Latino identity in the US is associated with individuals of Latin American, Puerto Rican, Cuban or Dominican. Children may have parents who are Hispanic/Latino but may not consider themselves Hispanic/Latino. This is a self-reported identity. The interviewers should not impose their own judgments about the respondent's identity on the respondent. Answers "Yes" or "No" **GO TO Q2a**.
- 2a. *Note: PIs agreed to remove Q2 skip pattern on 3/14/13. Question 2a should be asked no matter what response is given for Q2.* Children are asked to identify their specific background. If clarification is needed, interviewers may ask in what countries were you, your parents, or your grandparents born. However, country of birth is asked separately and is not necessarily the same as a child's specific Latino identity.

The category MIXED (6) can be used by children who have parents and grandparents of multiple origins and who do not identify with a single Hispanic or Latino background.

The category CENTRAL AMERICAN (1) does NOT include Mexican. A separate category is provided for Mexican. The Central American category should be checked only if child indicates that s/he is from a Central American country other than Mexico. Central American countries include the following: Belize, Costa Rica, Guatemala, Honduras, El Salvador, Nicaragua and Panama.

The category SOUTH AMERICAN (5) include: Argentina, Bolivia, Brazil, Chile, Colombia, Ecuador, Falkland Islands, French Guiana, Guyana, Paraguay, Peru, South Georgia and the South Sandwich Islands, Suriname, Uruguay, Venezuela

3. This is a standard question based on the US Census. In the US, race is reported separately from ethnic identity. Hispanic/Latino children may be of any racial background. This is a racial self-identity defined by the child. If they have parents of multiple racial backgrounds (e.g., one white parent and one black parent), they may choose to indicate that they are of MORE THAN ONE RACE (5). Hispanic children often do not distinguish between their ethnicity and their race. Thus, they may choose to indicate OTHER (6) but should be encouraged to identify a racial category that fits them best.

SOL Youth Study QxQ- Child (DCE)

4. This question refers to where children were physically born. As with question 2a, the category Central America (4) does NOT include Mexico. A separate category is provided for Mexico. In addition, we do provide separate categories for each country in South America. If a child is born in any county in South America, the category South American should be selected.

The CENTRAL AMERICAN category should be checked only if child indicates that s/he is from a Central American country other than Mexico. Central American countries include: Belize, Costa Rica, Guatemala, Honduras, El Salvador, Nicaragua and Panama.

The category SOUTH AMERICAN includes: Argentina, Bolivia, Brazil, Chile, Colombia, Ecuador, Falkland Islands, French Guiana, Guyana, Paraguay, Peru, South Georgia and the South Sandwich Islands, Suriname, Uruguay, Venezuela

- 5-6. These questions are asked only of youth who were born outside of the US mainland and moved to the US mainland after their birth. Thus, children born in Puerto Rico should be asked this question. We are interested in potentially stressful experiences that occurred during their migration (but not before or after) and their evaluations of how stressful the move to the US was. If additional explanation is needed, the interviewer may clarify that, "A stressful experience is one that makes you worried, scared, or anxious. If you had these feelings a lot, then the experience was very stressful. If you had these feelings only a little, then the experience was not at all stressful."

- 7-8. These questions are only about paid work and not about volunteer work or work done to help around the house. Most children under age 14 do not work. Thus, many children in our sample will indicate they do not work and a ZERO will be entered for these items.

A non-summer week is a week when they child is enrolled in school. If they child did not work while enrolled in school, then a ZERO should be entered. Assuming 8 hours of school per day and 8 hours of sleep, the maximum number of hours a child could possibly work in a week while enrolled in school is about 65 hours. But, typically it will be much lower than this. For example, a child might work after school each day for 5 hours each day or on weekends. Thus, if a child indicates more than 16 hours/wk, the interviewer should probe to make sure. If a child has difficulty calculating the hours they worked per week, ask the child to think about the number of days worked in a week and the typical number of hours they worked on those days. Then calculate the typical hours worked per week as #days worked * hours/day.

A summer week is a week when the child is not enrolled in school and is on a 2-3 month vacation. If they child did not work while out of school, then a ZERO should be entered. Children, especially older children, may work as much as 40 hours per week. If a child provides an unusually high number of hours or has difficulty calculating the hours they worked per week, probe further. Ask the child to think about the number of days worked in a week and the typical number of hours they worked on those days. Then calculate the typical hours worked per week as #days worked * hours/day.

If a child provides an estimate of the number of hours (e.g. 10-15 hours per week), then write in the midpoint of the estimate (i.e. 12.5 hours in this case).

SOL Youth Study QxQ- Child (DCE)

9. If a child indicates that their parents do not provide an allowance, enter 0.00. If the child provides an estimate (e.g., \$8-10 per week), then fill in the midpoint of the estimate (i.e. \$9 in this case).
10. Children may need assistance answering this question. Ask them to think about all the snacks, beverages, and fast food items they bought last week and make a list of those items. Then, think about how much they cost and add up the cost with the child. The costs do not need to be exact. It is fine to round to the nearest dollar.

This question is only about what children themselves spend on snacks, etc... If the parent buys snacks, etc... for them, these are not included here. Many snacks may be bought as part of a school lunch. These are included here.

If children do not work and do not receive an allowance, we would generally expect the answer to this question to be 0.00 or none. Thus, if they indicate a number here but do not indicate a source of money (i.e. a job or an allowance), the interviewer should follow-up and ask them where they get their money – from a job or an allowance. Then, edit questions 7, 8, and 9 appropriately.



SOL Youth Study QxQ Instructions Demographics – Parent (DPE)

General Instructions

This form is designed to collect Demographic information on the participant's parent.

QXQ Instructions

1. Please provide the parent's birth date. Always indicate the YEAR. If the parent cannot remember the exact month or day, enter QQ. If the parent cannot remember the YEAR they were born, probe by asking them their age and then determine the year of their birth (current year-age).
2. This item refers to parent's biological sex and NOT their gender orientation.
3. This question refers to parent's self-reported ethnic identity. Hispanic/Latino identity in the US is associated with individuals of Latin American, Puerto Rican, Cuban or Dominican. Not all individuals appearing to be Hispanic/Latino will identify as Hispanic/Latino. Answers "Yes" or "No"
GO TO Q3a.

- 3a. *Note: The PIs agreed to remove Q3 skip pattern on 3/14/13. Question 3a should be asked no matter what response is given for Q3.* Parents are asked to identify their specific background. If clarification is needed, interviewers may ask in which countries were you or your parents born.

The category MIXED (6) can be used by respondents who have parents and grandparents of multiple origins and who do not identify with a single Hispanic or Latino background.

The category CENTRAL AMERICAN (1) does NOT include Mexican. A separate category is provided for Mexican. The Central American category should be checked only if the respondent is from a Central American country other than Mexico. Central American countries include the following: Belize, Costa Rica, Guatemala, Honduras, El Salvador, Nicaragua and Panama.

The category SOUTH AMERICAN (5) include: Argentina, Bolivia, Brazil, Chile, Colombia, Ecuador, Falkland Islands, French Guiana, Guyana, Paraguay, Peru, South Georgia and the South Sandwich Islands, Suriname, Uruguay, Venezuela

4. This is a standard question based on the US Census. In the US, race is reported separately from ethnic identity. Hispanic/Latino respondents may be of any racial background. If a respondent has parents of multiple racial backgrounds (e.g., one white parent and one black parent), s/he may choose to indicate that they are of MORE THAN ONE RACE (5). Hispanic respondents often do not distinguish between their ethnicity and their race. Thus, they may choose to indicate OTHER (6). Please write in their identity using the respondents own words (e.g., Mayan, Guatemalan).
5. This question refers to where the respondent was physically born. As with question 3a, the category Central America (4) does NOT include Mexico. A separate category is provided for Mexico. In addition, we do provide separate categories for each country in South America. If the

SOL Youth Study QxQ - Parent (DPE)

respondent is born in any county in South America, the category South American should be selected.

The CENTRAL AMERICAN category should be checked only if the respondent indicates that s/he is from a Central American country other than Mexico. Central American countries include: Belize, Costa Rica, Guatemala, Honduras, El Salvador, Nicaragua and Panama.

The category SOUTH AMERICAN includes: Argentina, Bolivia, Brazil, Chile, Colombia, Ecuador, Falkland Islands, French Guiana, Guyana, Paraguay, Peru, South Georgia and the South Sandwich Islands, Suriname, Uruguay, Venezuela

- 5a. This question is asked only of respondents who were born outside of the US mainland and moved to the US mainland after their birth. Thus, respondents born in Puerto Rico should be asked this question. Please indicate the age at which the respondent moved to the US to live permanently. If the respondent was less than 1 year old when s/he moved to the US, then enter 00.

If the respondent has lived in the US for a long time or if they came at a young age, the respondent may have difficulty remembering the exact age. **Do not leave the item blank.** In these cases, the interviewer should probe to estimate the age. The following probes and calculations can be helpful.

- What grade in school were you in when you first moved to the US?

If the respondent had never enrolled in school, then the respondent was less than 5 years old when s/he moved to the US. Ask the respondent to provide their best guess for the child's age between 0-5. If the respondent was enrolled in school, then enter the average age of students enrolled in that grade level. For example, first graders are typically 6 years old. Write 6 in the space provided.

- About how many years have you lived in the US?

The age of the respondent when s/he moved to the US is equal to their current age minus the number of years they have lived in the US. Therefore, if a respondent indicates that they have lived in the US for 5 years and they are currently 40 years old, then the respondent was $40-5=35$ years old when s/he moved to the US.

- What year was it when you moved to the US?

As with the other probes, this may help the respondent recall his/her age when s/he moved to the US. These interviews are being conducted in 2011-2012. Thus, if the respondent moved to the US in 1999, then the respondent has lived in the US for at most $2012-1999 = 13$ years. If the respondent is currently 44 years old, then they would have moved to the US when they were approximately $44-13=31$ years old. A 31 should be entered into the space provided.



SOL Youth Study QxQ Instructions Demographics – Partner-Spouse – Parent (DSE)

General Instructions

Complete only if respondent indicates on the SES-Parent form that s/he has a spouse (SPE question 1=3) or is living with a romantic partner (SPE question 1=2).

QXQ Instructions

1. Please provide the partner's birth date. Always indicate the YEAR. If the parent cannot remember the exact month or day, enter QQ. If the respondent cannot remember the YEAR their partners birthdate, probe by asking them their age and then determine the year of their birth (current year-age).
2. This item refers to partner's biological sex and NOT their gender orientation.
3. Here we want to know the relationship of the partner to the CHILD.
4. This question refers to the partner's ethnic identity. Hispanic/Latino identity in the US is associated with individuals of Latin American, Puerto Rican, Cuban or Dominican. Answers "Yes" or "No" **GO TO Q4a**.
- 4a. *Note: Pls agreed to remove Q4 skip pattern on 3/14/13. Question 4a should be asked no matter what response is given for Q4.* The respondent is asked to identify her partner's specific background.

The category MIXED (6) can be used by respondents whose partners have parents and grandparents of multiple origins and who do not identify with a single Hispanic or Latino background.

The category CENTRAL AMERICAN (1) does NOT include Mexican. A separate category is provided for Mexican. The Central American category should be checked only if the partner is from a Central American country other than Mexico. Central American countries include the following: Belize, Costa Rica, Guatemala, Honduras, El Salvador, Nicaragua and Panama.

The category SOUTH AMERICAN (5) include: Argentina, Bolivia, Brazil, Chile, Colombia, Ecuador, Falkland Islands, French Guiana, Guyana, Paraguay, Peru, South Georgia and the South Sandwich Islands, Suriname, Uruguay, Venezuela

5. This is a standard question based on the US Census. In the US, race is reported separately from ethnic identity. Hispanic/Latino respondents may be of any racial background. If a respondent's partner has parents of multiple racial backgrounds (e.g., one white parent and one black parent), s/he may choose to indicate that their partner is of MORE THAN ONE RACE (5). If none of these categories fit, the respondent can indicate OTHER (6). Please write in their identity using the respondents own words (e.g., Mayan, Guatemalan).

SOL Youth Study QxQ – Parent (DSE)

6. This question refers to where the respondent was physically born. As with question 3a, the category Central America (4) does NOT include Mexico. A separate category is provided for Mexico. In addition, we do provide separate categories for each country in South America. If the respondent's partner was born in any county in South America, the category South American should be selected.

The CENTRAL AMERICAN category should be checked only if the respondent indicates that her partner is from a Central American country other than Mexico. Central American countries include: Belize, Costa Rica, Guatemala, Honduras, El Salvador, Nicaragua and Panamá.

The category SOUTH AMERICAN includes: Argentina, Bolivia, Brazil, Chile, Colombia, Ecuador, Falkland Islands, French Guiana, Guyana, Paraguay, Peru, South Georgia and the South Sandwich Islands, Suriname, Uruguay, Venezuela

- 6a. This question is asked only of respondents whose partners were born outside of the US mainland and moved to the US mainland after their birth. Thus, respondents with partners born in Puerto Rico should be asked this question. Please indicate the age at which the respondent moved to the US to live permanently. If the respondent's partner was less than 1 year old when s/he moved to the US, then enter 00.

If the respondent's partner has lived in the US for a long time or if they came at a young age, the respondent may have difficulty remembering the exact age. **Do not leave the item blank.** In these cases, the interviewer should probe to estimate the age. The following probes and calculations can be helpful.

- About how many years has your partner lived in the US?

The age of the respondent's partner when s/he moved to the US is equal to their current age minus the number of years they have lived in the US. Therefore, if a respondent indicates that his/her partner has lived in the US for 5 years and the partner is currently 40 years old, then the partner was $40-5=35$ years old when s/he moved to the US.

- What year was it when your partner moved to the US?

As with the other probes, this may help the respondent recall his/her partner's age when the partner moved to the US. These interviews are being conducted in 2011-2012. Thus, if the partner moved to the US in 1999, then the partner has lived in the US for at most $2012-1999 = 13$ years. If the partner is currently 44 years old, then they would have moved to the US when they were approximately $44-13=31$ years old. A 31 should be entered into the space provided.

SOL Youth Study QxQ – Parent (DSE)

- 7-10. These questions are NOT mutually exclusive. An individual may be retired, employed, disabled, and a student all at the same time.
7. A person who is earning some income in return for the services or work they provide is considered employed. Please read the response categories in their entirety. The question distinguishes between part-time (less than 35 hours) and full-time (over 35 hours) workers. If the partner works multiple jobs, ask them to think of ALL their jobs and indicate how many hours they work in a typical week.
- The question also distinguishes between the unemployed (i.e. persons looking for work) and persons not in the labor force (e.g. homemakers or full-time students). If the respondent indicates that her partner is unemployed, please probe to determine whether they are still looking for work. If the respondent indicates that her or his partner is a stay-at-home mother or father, then confirm that they are not employed and not looking for work. Check box (4) in this case.
8. This question refers to PERMANENT DISABILITIES which may prevent the partner from working (e.g., deafness, blindness, missing limb, etc...). A temporary illness or chronic illness (e.g., asthma) is not considered a disability.
9. Individuals may retire from one job and work at another. If an individual has ever retired from a job, please indicate that they are retired even if they continue to be working at another job.
10. If an individual is a full-time or part-time student, then indicate that s/he is a student. A student is anyone in K-12th grade or enrolled in a vocational/trade school, community college program, 4-year college program, or graduate degree program.
11. Indicate the highest level of schooling completed. If the respondent's partner is currently enrolled in school, fill in the highest level completed as of the previous year. For example, an individual currently enrolled in a 4-year college degree program but who has not yet graduated with their degree would be coded as having completed "some college or a 2-year degree."

SOL Youth Study QxQ Instructions, Ethnic Affirmation and Belonging – Both (EAE)

- 1-8. Ethnic identity is a critical component of self-concept and is measured frequently among children and young adults ages 12-25. However, it is also important to older adults and children as young as 3 make distinctions between racial and ethnic groups.

A strong sense of ethnic identity has been found to promote resilience in reduce the likelihood of negative physical and mental health outcomes in minority individuals exposed to chronic stressors. Participants in the study will have been asked if they identify as Hispanic/Latino in the demographic section of the survey. For those that do identify as Hispanic/Latino, this is their ethnic identity. Individuals that do not identify as Hispanic/Latino will have reported an alternative racial identity such as white, black, or Asian or, in some cases, a country of origin identity such as Puerto Rican.

If a respondent is unclear about the term ethnic group, the interviewer may indicate that the respondent should think about “the cultural, social, or national group that you feel like you belong to the most.”

This set of questions allows individuals to express how important their ethnic identity is to them. Questions 1-4 and 8 are indicators of affirmation and belonging to one’s ethnic group. Questions 5-6 are indicators of how central the participant’s ethnic identity is to their life. Question 7 measures the degree of regard that individuals have for their own ethnic group.

Respondents should indicate how strongly they agree or disagree with each statement. The higher the level of agreement with each statement, the more important ethnic identity is to that individual’s self-concept.



SOL Youth Study QxQ Instructions

Equipment Checklist in Home-Parent (ECE)

Youth

General Instructions

This seven (7) item questionnaire provides information regarding the number of working non-portable electronic devices in a participating household. It is completed by the parent.

If an answer to a question was not resolved in the interview, please refer to MOP 5 for instruction on how to record information on the CDART system.

QxQ Instructions

1-7 Read the prompt, emphasizing the questions concern only *working* devices.

The number of devices in child(ren)'s bedroom(s) requires the parent to count the number of devices in all of their children's bedrooms, not just the children participating in the Sol-Youth study. Note the number of devices in the child(ren)'s bedroom should always be equal to or less than the total number in the home.

SOL-Youth Eating Disorders Questionnaire

These questions ask about how you feel and act with regard to your recent eating habits and feelings about eating. Please answer each question honestly.

Item 2: feeling out of control means that you find it difficult to control your eating behavior

Item 4:

a: ipecac is a medicine that makes you throw up.

b: laxatives are medicines that make you feel like you have to go to the bathroom to have a bowel movement (BM) or have to do "number 2."

d: diuretics or water pills are medicines that make you have to pee a lot.



HCHS/SOL Youth Study Question by Question Instructions Individual Eligibility Form (ELE)

General Instructions

This form is completed after the Household Screening Form (HSR) to assess individual eligibility. Unless instructed, record only one response and complete only one form per child. Only an HCHS/SOL participant who is the parent/legal guardian of the child can answer these questions.

Record the information on this form into the HCHS/SOL study data entry system live or within 48-72 hours after collection depending on the field site.

The child participant ID number used on the ELE form will be taken from a list of unused person level ID numbers provided to each field center by the coordinating center. Use the next available number from the list and record it on the form.

The participant ID number will be used on the ELE and all subsequent clinic visit related forms for the duration of the study. If the child meets all inclusion criteria, then an appointment is scheduled. If it is not possible to schedule a visit at this time, make a note for the household to be contacted at a later date/time.

Question by Question Instructions

Q1. This question asks if the respondent is the parent/legal guardian of the child scheduling the appointment. Record “yes” or “no”. If the answer is “no”, stop administration of this form. If the answer is “yes”, continue to Q2.

Q2. This question asks for the relationship between the respondent and the child. Read all options to the participant and mark the appropriate box. If the selection is “other” use space provided and record response. Continue to Q3.

Q3. This question asks if the child lives in the household at least 5 days/week for at least 9 months of the year. Record “yes” or “no”. If the answer is “no”, stop administration of this form. If the answer is “yes”, continue to Q4.

Q4. This question asks the child’s language preference. Mark the child’s language preference from the options provided. If the child does not feel comfortable communicating in either Spanish or English, the child is ineligible. Mark “0, neither language” and stop administration of this form. If the parent reports that the child says “It does not matter”, probe further to determine his/her language preference. Mark either Spanish or English. Continue to Q15.

Q5. This question asks for the age of the child. Fill in the age in the boxes provided. Enter the child’s age as a two digit value, i.e. 01, 05, etc... Continue to Q6. If the child is younger than 8 or older than 16 years of age, he/she is ineligible to participate at this time (in the case of children younger than 8 years old, he/she may age within study duration), stop administration of this form.

Q6. This question asks if the child has any developmental disabilities. Exclude children whose parents report the following developmental disabilities: autism, mental retardation, or cerebral palsy. Record “yes” or “no”. If the answer is “yes”, stop administration of this form. If the answer is “no”, continue to Q7.

Q7. This question asks if the child is able to stand and walk without the use of permanent assisted movement devices, such as wheelchair. Record “yes” or “no”. If the answer is “no”, stop administration of this form. If the answer is “yes”, continue to Q8.

Q8. This question asks if the child has ever been told by a doctor or health professional that he/she has Type 1 diabetes. Record “yes” or “no”. If the answer is “yes”, stop administration of this form. If the answer is “no”, continue to Q9.

Q9. This question asks if the child is under treatment for any of the following diseases: cancer, sickle cell trait, cystic fibrosis, Turner’s syndrome or kidney disease. Record “yes” or “no”. If the answer is “yes”, stop administration of this form. If the answer is “no”, continue to Q10.

Q10. This question asks if the child has had an organ transplant. Record “yes” or “no”. If the answer is “yes”, stop administration of this form. If the answer is “no”, continue to Q11.

Q11. This question asks if the child is currently receiving growth hormone treatment. Record “yes” or “no”. If the answer is “yes”, stop administration of this form. If the answer is “no”, continue to Q12.

Q12. This question is for administrative purposes only. It is a status code at the individual eligibility level. This question should not be read to participants

- Code 1 - Unable to contact, eligibility unknown– No contact has been made after 10-12 attempts.
- Code 2 – Refused screening, eligibility is unknown – Respondent refused to answer individual eligibility questions.
- Code 3 - Completed screen, but ineligible – Respondent is ineligible due to exclusion criteria.
- Code 4 - Eligible, parent or child refuses to participate – Parent or child refuses to participate after eligibility is confirmed.
- Code 5- Eligible, parent and child agrees to participate – If both parent and child are eligible and agree to participate, go to 12a to schedule clinic visit.

Q12a. Set appointment date and record with two digit month, two digit day, and four digit year.

Q12b. Set appointment time and record with two digit hour and two digit minute.

Q12c. Use the space provided to note the complete name of the parent/legal guardian who will accompany the child if the HCHS/SOL participant is not able to attend appointment.

SOL Youth Study QxQ Instructions, Familism – Parent (FAE)

The following introduction may be read when the familism questions are introduced.

Individuals in the US have different viewpoints about their responsibilities towards family members, including extended family or more distant family such as cousins, aunts, or uncles. The questions are about your personal viewpoints and expectations for how you and your children should help each other or other family members.

- 1-5 The familism scale taps into perceptions and attitudes related to family systems. These 5 questions measure one aspect of attitudinal familism – familial support. They identify commonly held beliefs or values held by individuals from families with high levels of familism. Other aspects of attitudinal familism (e.g., interconnectedness) are not measured in this study. In addition, other behavioral and structural components of familism are not measured in this study.

Some degree of sensitivity should be employed when administering these items. For instance, some of our participants may be conflicted by not being able to fulfill some culturally-expected familial roles due to financial or job constraints.

This scale also taps into perceptions that can be independent of actual behavior. For example, a participant may “agree a lot” that an aging parent should live with relatives but not be able to provide such living arrangements for his or her parent. **It is important that the participant’s response is based on agreement or disagreement with the statement and not on actual circumstances.** The higher the level of agreement with each statement, the more the participant values familism.

SOL-Youth Family Function

These questions ask about how families function together. Each of the 12 items is answered as either strongly agree, agree, disagree, or strongly disagree. Strongly agree means you agree all the time; agree means you agree most of the time. Same with strongly disagree—that means all the time; disagree means you disagree most of the time. The youth should be encouraged to answer how their usually family interacts with each other in the recent past.

Item 2: crisis means when there are serious problems or emergency situations affecting the family.

Item 4: accepted means that family members don't feel like individuals should be other than who and what they are.

Item 7: bad feelings refers to feelings of anger or irritation between family members, or not liking other family members.

Item 9: This item means that families have trouble making decisions about how to handle different types of situations.

Item 11: not getting along well means arguing with each other or not talking at all or hardly talking with family members.

Item 12: Confide means to talk with each other and trust that what we talk about is not shared with others.



SOL Youth Study QxQ Instructions

Family Meals – Parent (FME)

Youth

General Instructions

The Family Meals Questionnaire comprises three (3) items, and is meant to capture information regarding dietary behavior. The questions assess the frequency families eat meals together which has been shown to be an influential factor on youth's eating behaviors.

QxQ Instructions

1-3 Read the prompt. Emphasis should be placed on the timeframe; participants should reflect how often they ate as a family **over the past 7 days**.

Responses to the questions are made on an 8-point frequency response from 0=None to 7=7days.



SOL Youth Study QxQ Instructions

Food and Neighborhood Environment – Parent (FNE)

Youth

General Instructions

The Food and Neighborhood Environment questionnaire is meant to capture information about participants' dietary behavior and the availability of food in their surrounding area.

If an answer to a question was not resolved in the interview, please refer to MOP 5 for instruction on how to record information on the CDART system.

QxQ Instructions

1-5 Read the prompt. Emphasize that these questions concern the food stores in the participants' surrounding neighborhood and *not* necessarily where they shop. If the participant asks what is meant by 'neighborhood' the following explanation can be given: "Your neighborhood is the geographic area in which you live and spend most of your time outside of work." [Area geográfica donde usted vive y pasa la mayor parte de su tiempo] If they ask more questions about how they should define neighborhood, interviewers should prompt participants to define neighborhood in whatever way is most meaningful to them. The interviewer should also allow participants to self-define the terms "cost too much", "a large selection" and "high-quality".

Proceed by asking each question and then reading the response categories.

Mark only one response category.

6-11 Read the prompt following Q5. Note the response set for these questions differs from the previous set of questions.

For Q7 and Q8 if participants have questions about what is meant by 'ethnic food store' and 'non-ethnic food store', the interviewer can explain: "a 'non-ethnic food stores' refers to stores commonly found in the US offering typical American food items while an 'ethnic food store' offers a food selection traditional to countries outside of the US." ['Tienda de alimentos que no son típicos', se refiere a las tiendas que se encuentran comúnmente en los Estados Unidos que ofrecen productos típicamente americanos. 'Tienda de alimentos típicos', son tiendas que ofrecen productos de otros países.]

If a participant reports any other type of store that does not fall into one of the above categories it should be included in Q11. If the participant lists more than one other type of store, ask the participant which type of store the main food shopper frequents most often and record the answer for Q11.



SOL Youth Study QxQ Instructions

Food Security – Parent (FOE)

Youth

General Instructions

The Food Security questionnaire is meant to assess the prevalence and severity of food insecurity and hunger caused by income limitations. There are several skip patterns that need to be followed carefully.

If an answer to a question was not resolved in the interview, please refer to MOP 5 for instruction on how to record information on the CDART system.

QxQ Instructions

1-5 Read the prompt. Respondents should indicate how often each statement was true for them in the *past 12 months*.

Follow the skip pattern after Q5. If at least one question in Q1-Q5 is answered with an affirmative response (ie 1=Often true OR 2=Sometimes True) continue on to Q6. If not, end the questionnaire.

6 Respondents should indicate how often this statement was true for them in the *past 12 months*.

7-7a Only answer Q7a if Q7=1. For Q7a, if the participant or other adults in the household cut the size or skipped meals due to money at least one day per month that month should be counted.

8-11 Read the questions and mark one response choice per question.

Follow the skip pattern after Q10. If there is at least one affirmative response to Q6-10 (ie Q6= 1 or 2 OR Q7-10 = 1) continue to Q11. If not, end the questionnaire.

12-15 These questions are similar in nature to Q7-Q11. Make sure to emphasize that these questions concern the child(ren) whereas the previous set of questions (Q7-Q11) concerned the adults living in the household and/or the parent participant themselves. The interviewer should follow all skip patterns.

SOL Youth Study QxQ Instructions
FSE Dietary PA Family Support – Child

1. This scale consists of two subscales assessing family support for eating fruits and vegetables and being physically active, as well as two subscales assessing friend support for eating fruits and vegetables and being physically active. The scale assesses many different types of support from instrumental support (provided transportation) to emotional support (encouraged you).
2. Responses are made on a 5-point frequency scale from 1=never to 5=every day.
3. The time frame is a typical week. If the youth is not sure what is meant by a typical week, ask him/her if the past week was like most other weeks. If this is the case, then ask him/her to think about the past week and whether his/her family/friends provided this type of support.
4. Some adolescents will feel like the questions are redundant. Tell him/her that they do seem redundant but actually they are asking slightly different things. You can provide an example, “for example, one parent may provide frequent support by watching their child play sports but may not ever really do any physically activities with their child.

SOL Youth QxQ Instructions, Fitness Step Test (FST)

Q1

Height measurement will be taken from the Anthropometry section. Choose the third measurement.

Q2

Use the child's height to figure out what bench height to use. Round up if needed. Move the bench up or down as needed and use the 1-inch plywood when "W" appears next to the hole number.

Q3

Let the child rest after practicing. During this time, find the radial pulse and check "yes" once it is found. If the carotid pulse is used instead of the radial pulse, check "no."

Q4

After the child has rested for 5 minutes, find the resting heart rate for 15 seconds. Enter the total beats for 15 seconds into the FST form or DMS.

Q5

Once the child's 3 minutes of exercise is up, use the first 5 seconds to find the pulse. Start counting the heart beats from 3:05 to 3:20 and enter the total number of heart beats counted during these 15 seconds.

Q6

Before moving on to the next procedure, make sure the heart rate has gone back to normal. Wait a few minutes and count the heart beats again for a total of 15 seconds. The total heart beats counted should be 25 beats or less. Enter this number into the FST form or DMS. If the total heart beats is still greater than 25, wait a few more minutes and count again.

Q7

Check "yes" or "no" depending on whether the procedure was completed or not. If it wasn't, explain why. The child must complete all 3 minutes for the test to be valid.

SOL Youth Study QxQ Instructions, Health Insurance – Parent EC (HCE)

Questions in this section refer to health insurance coverage in the PAST YEAR. For individuals interviewed in 2011, the past year would be 2010. For individuals interviewed in 2012, the past year would be 2011. Please indicate the appropriate year when interviewing respondents.

1. This question is asked to determine if participating CHILDREN had health care insurance at any time during the year. Children may be covered by insurance when parents are not and visa versa. Health care insurance may include any privately provided insurance or publicly provided insurance. Regardless of the answer to this question, all participants should be asked the subsequent question on specific types of health insurance. This is because individuals may remember that their CHILD had health insurance during the year when probed about specific types of health insurance.
2. The goal of this question is to document how participants **currently** pay for all or part of their CHILD's medical care, excluding their own resources. This refers to private or public health insurance plans which pay for at least part of the participant's medical care, such as hospital, doctor, clinic, or surgeon's bills. It can include, but is not limited to, coverage for dental care. The third party payment options are read aloud to the participant. If the participant responds affirmatively to a category, the corresponding box is marked to indicate 'yes.'

Types of coverage are not necessarily mutually exclusive; therefore, more than one option may have a positive response. In some cases, a person may have a supplemental plan provided by a different insurer. In those cases, the primary insurer should be chosen. Definitions of the types of medical payment plans are offered, **only if** the participant requests clarification.

EMPLOYER/UNION
PROVIDED COVERAGE

Private (in contrast to public) health insurance plans that individuals pay for through their employer or employee union to receive coverage for medical care, such as hospital, doctor, clinic or surgeon's bills. The employer or union (i.e. workers' organization) may pay for some or all of the insurance premiums. Employer or union provided health insurance may include COBRA coverage. COBRA provides certain former employees, retirees, spouses, former spouses, and dependent children the right to temporary continuation of health coverage at group rates

| | |
|---|--|
| PRIVATELY PURCHASED PLAN | Private (in contrast to public) health insurance plans that individuals pay for on their own to receive coverage for medical care, such as hospital, doctor, clinic or surgeon's bills. <u>This does not include payment for Medicare supplemental plans.</u> |
| MEDICARE | A government payment program for medical care, especially for those over age 65. Children with some types of disabilities may also be covered under Medicare. |
| MEDICAID | A government financed insurance program designed for those unable to afford regular medical service. It typically covers low-income women and children. Some states have unique names for their programs. For example, the program in California is called Medi-Cal; in Illinois it is called Medi-Plan; in Florida it is called MediPass; in New York it is called MAX. |
| CHIP or Children's Health Insurance Program | CHIP is a government assistance program that pays for health care. It is similar to Medicaid but open to individuals with higher income levels who do not qualify for Medicaid. States may have special names for their CHIP programs. |
| TRICARE or CHAMPUS | The military provides its own health insurance plans to military employees. If the respondent works full-time for the military, it is likely that they have TRICARE or CHAMPUS coverage. |
| CHAMPVA | This is the civilian health and medical program of the Department of Veterans Affairs. To be eligible for CHAMPVA, a beneficiary cannot be eligible for TRICARE or CHAMPUS. |
| VA | The VA provides health care to individuals who have been discharged from active military service |
| OTHER MILITARY HEALTH | Health care or health insurance provided by |

| | |
|------------------------|--|
| CARE | the military that is not one of the options above (i.e. TRICARE, CHAMPVA, VA) |
| INDIAN HEALTH SERVICES | Persons of American Indian heritage can receive health care through the Indian health services. This is a federally funded health care program. |
| OTHER | This is checked only if none of the other categories fit the type of insurance coverage that the respondent has. In some cases, states operate special health care programs for low-income individuals that would fall under this rubric. For example, California provides care through CMSP (County Medical Service Program and CCS (County Children's Services; Florida has Health Kids; New York offers Home Relief and Child Health Plus; Illinois has General Assistance Programs (State Child and Family Assistance, SCFA or Transitional Assistance, TA) |
| NONE | This should be checked if the respondent does not have had any medical insurance coverage in the past year. |

- 2a. Parents are not always familiar with the generic CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) name. Thus, to obtain accurate data, it has become standard practice to ask for additional clarification. In this question, please probe further, and ask parents whether their child is covered by the specific CHIP program in their state. For example, the CHIP program in California is referred to as HEALTHY FAMILIES. Florida's program is known as KIDCARE. Illinois program is also known as KIDCARE. In New York, the program is CHILDHEALTH PLUS
3. Children may be uninsured for part of a year or an entire year. This question is asked to determine if the child was uninsured at any time during the year. Even if an individual was uninsured for one week, please mark YES to indicate they were uninsured for part of the year.
- 3a. Indicate the approximate number of months the child was uninsured. If the child was uninsured for less than 1 month, enter 00.

SOL Youth Study QxQ Instructions, Health Insurance – Parent (HPE)

Questions in this section refer to health insurance coverage in the PAST YEAR. For individuals interviewed in 2011, the past year would be 2010. For individuals interviewed in 2012, the past year would be 2011. Please indicate the appropriate year when interviewing respondents.

1. This question is asked to determine if parents had health care insurance at any time during the year. Health care insurance may include any privately provided insurance or publicly provided insurance. Regardless of the answer to this question, all participants should be asked the subsequent question on types of health insurance. This is because individuals may remember that they had health insurance during the year when probed about specific types of health insurance.
2. The goal of this question is to document how participants **currently** pay for all or part of their medical care, excluding their own resources. This refers to private or public health insurance plans which pay for at least part of the participant's medical care, such as hospital, doctor, clinic, or surgeon's bills. It can include, but is not limited to, coverage for dental care. The third party payment options are read aloud to the participant. If the participant responds affirmatively to a category, the corresponding box is marked to indicate 'yes.'

Types of coverage are not necessarily mutually exclusive; therefore, more than one option may have a positive response. In some cases, a person may have a supplemental plan provided by a different insurer. In those cases, the primary insurer should be chosen. For example, a person on Medicare who has supplemental Medicare insurance from their employer should indicate that they have "Medicare." Definitions of the types of medical payment plans are offered, **only if** the participant requests clarification.

EMPLOYER/UNION
PROVIDED COVERAGE

Private (in contrast to public) health insurance plans that individuals pay for through their employer or employee union to receive coverage for medical care, such as hospital, doctor, clinic or surgeon's bills. The employer or union (i.e. workers' organization) may pay for some or all of the insurance premiums. Employer or union provided health insurance may include COBRA coverage. COBRA provides certain former employees, retirees, spouses, former spouses, and dependent children the right to temporary continuation of health coverage at group rates

| | |
|----------------------------|--|
| PRIVATELY PURCHASED PLAN | Private (in contrast to public) health insurance plans that individuals pay for on their own to receive coverage for medical care, such as hospital, doctor, clinic or surgeon's bills. <u>This does not include payment for Medicare supplemental plans.</u> |
| MEDICARE | A government payment program for medical care, especially for those over age 65. |
| MEDICAID | A government financed medical aid designed for those unable to afford regular medical service. It typically covers low-income women and children. Some states have unique names for their programs. For example, the program in California is called Medi-Cal; in Illinois it is called Medi-Plan; in Florida it is called MediPass; in New York it is called MAX. |
| TRICARE or CHAMPUS | The military provides its own health insurance plans to military employees. If the respondent works full-time for the military, it is likely that they have TRICARE or CHAMPUS coverage. |
| CHAMPVA | This is the civilian health and medical program of the Department of Veterans Affairs. To be eligible for CHAMPVA, a beneficiary cannot be eligible for TRICARE or CHAMPUS. |
| VA | The VA provides health care to individuals who have been discharged from active military service |
| OTHER MILITARY HEALTH CARE | Health care or health insurance provided by the military that is not one of the options above (i.e. TRICARE, CHAMPVA, VA) |
| INDIAN HEALTH SERVICES | Persons of American Indian heritage can receive health care through the Indian health services. This is a federally funded health care program. |
| OTHER | This is checked only if none of the other |

categories fit the type of insurance coverage that the respondent has. In some cases, states operate special health care programs for low-income individuals that would fall under this rubric. For example, California provides care through CMSP (County Medical Service Program and CCS (County Children's Services; Florida has Health Kids; New York offers Home Relief and Child Health Plus; Illinois has General Assistance Programs (State Child and Family Assistance, SCFA or Transitional Assistance, TA)

NONE

This should be checked if the respondent does not have any medical insurance coverage in the past year.

3. Respondents may be uninsured for part of a year or an entire year. This question is asked of ALL respondents to determine if they were uninsured at any time during the year. Even if an individual was uninsured for one week, please mark YES to indicate they were uninsured for part of the year.
- 3a. Indicate the approximate number of months an individual was uninsured. If they were uninsured for less than 1 month, enter 00.



HCHS/SOL Youth Study Question by Question Instructions Household Screening Form

General Instructions

In this form you will write in the appropriate response in the boxes provided. The screening questions refer to individuals who are living in the household at the time and date of the recruitment call. Unless instructed, record only one response and complete only one form per household. Please record all responses directly into DMS. Only a HCHS/SOL participant can answer these questions.

Question by Question Instructions

Q1.

This question asks for the total of people that live at the participant's current address, including children. Enter the number of persons as a two digit value, i.e. 01, 05, etc... continue to Q2.

Q2.

This question asks for the total number of children who live in the household who are under the age of 18. Enter the number of children as a two digit value, i.e. 00, 01, 05, etc...

If the respondent reports that there are no, zero (00), children under the age of 18, **end call** (see closing recruitment script). If the respondent reports 01 person or more, then continue to Q3.

Q3.

This question asks the respondent to report how many children living in the household are between 8 –14 years of age. Enter the number of children in a two digit value, i.e. 00, 01, 05, etc..., continue to Q4.

Q4

This question asks the respondent to list the name of each child, aged 0-17, who considers the household being screened their permanent residence. We will need the child's first name and last name initial, gender, age, the name of one of their parent/legal guardian and telephone number. Mark Y for Yes or N for No in the last column of the roster if the parent/legal guardian noted is a SOL participant. **When recording the parent/legal guardian for each child, record the parent/legal guardian that is the SOL participant, if applicable.**



SOL Youth Study QxQ Instructions

Informed Assent Tracking-Child (IAT) and Informed Assent Update Tracking-Child (IAU)

Youth

Informed Assent Tracking-Child (IAT)

The participants witnessed signature on the informed assent document should be obtained during the visit. The responses from the signed informed assent document can be transferred to the IAT. Enter “0” in the box if the participant did not agree to participate in SOL Youth examinations and procedures. Enter “1” in the box if the participant agreed to participate in SOL Youth examinations and procedures.

Informed Assent Update Tracking-Child (IAU)

This form is to be used if any aspect of the original assent (IAT) is modified by the child participant at a later date.



SOL Youth Study QxQ Instructions

Informed Consent Tracking-Child (ICT)

Youth

General Instructions

The purpose of this form is to keep track of the different aspects of the study the *parent* participant agrees for each of their child(ren) to participate in, how their child's **genetic** data can be used, and if they agree to be contacted in the future for health related studies.

The informed consent tracking form should be completed under the child ID for every child the parent participant brings to the field center.

QxQ Instructions

- 1-2 If the answer to this question is “No”, end the questionnaire. The participant has not agreed (or agreed for their child) to participate in the SOL Youth examinations and questionnaires, thus it is unnecessary to answer the remaining questionnaire items.
- 3-11 Enter “0” for “No” or “1” for “Yes” in the designated box for each question. If the answer to question 8 is “No”, proceed to question 12, skipping questions 9, 10, and 11. If the answer to question 8 is “Yes”, proceed to question 9.
- 12-12a If the response to question 12 is “1” for “Other restriction”, specify any other restrictions in the space provided.



SOL Youth Study QxQ Instructions

Informed Consent Update Tracking-Child (ICU)

Youth

General Instructions

The informed consent update tracking form should be completed in the event the parent participant wants to modify the former scope of their consent or consent for their child to participate in the different elements of the study. Each question addresses a different component of the study, update only those elements that the participant wants to modify.

QxQ Instructions

1-12 The same guidelines from the ICT QxQ apply. The form completion date for ICU should reflect the date the consent changes became effective. Any consent elements the participant wishes to modify should be updated.



SOL Youth Study QxQ Instructions

Informed Assent Young Adult-Child (IYT) Version 2

Youth

General Instructions

The purpose of this form is to keep track of the different aspects of the study the child participant agrees to be a participant in, how their **genetic** data can be used, and if they agree to be contacted in the future for health related studies.

Questions 1 and 3 are the only questions that should be answered for participants in Chicago. The remaining questions should be left blank.

The Bronx, Miami, and San Diego should complete the entire form.

QxQ Instructions

1. If the answer to this question is “No”, proceed to the end of the questionnaire. The participant has not agreed to participate in the SOL Youth examinations and questionnaires, thus it is unnecessary to answer the remaining questionnaire items.

2. -6. Enter “0” for “No” or “1” for “Yes” in the designated box for each question.
If the answer to question 6 is “No”, proceed to question 10, skipping questions 7,8, and 9.
If the answer to question 6 is “Yes”, proceed to question 7.

- 8 -11. Enter “0” for “No” or “1” for “Yes” in the designated box for each question.

- 11a. If the response to question 11 is “1” for “Other restriction”, specify the restriction in the space provided.



SOL Youth Study QxQ Instructions

Informed Assent Young Adult Update Tracking-V2 (IYU)-Child

Youth

General Instructions

The purpose of this form is to keep track of the different aspects of the study the child participant agrees to be a participant in, how their **non-genetic** data can be used, and if they agree to be contacted in the future for health related studies.

If an answer to a question was not resolved in the interview, please refer to MOP 5 for instruction on how to record information on the CDART system.

QxQ Instructions

Chicago Site participant will only answer Questions 1, 6, 10 and 11. The remaining questions should be left blank.

Other Sites: Bronx, Miami, and San Diego should complete the entire form.

1. If the answer to this question is “No”, the participant has not agreed to participate in the SOL Youth examinations and questionnaires. Please follow FC protocol for ending consent/assent process.
2. - 5. Enter “0” for “No” or “1” for “Yes” in the designated box for each item.
6. If the answer to question 6 is “No”, proceed to question 10, skipping questions 7,8, and 9. If the answer to question 6 is “Yes”, proceed to question 7.
7. - 11. Enter “0” for “No” or “1” for “Yes” in the designated box for each question.
- 11a. If the response to question 11 is “1” for “Other restriction”, specify the restriction in the space provided.

SOL-Youth How I Feel Scale (LSE Scale)

Here are some sentences that tell how some people think and feel about themselves. Read each sentence carefully. Answer yes if you think it is true about you or no if you think it is not true about you. Answer every question even if some are hard to decide, either yes or no. There are no right or wrong answers. Only you can tell how you think and feel about yourself. Remember, after you read each sentence, ask yourself "Is it true about me?" If it is, answer yes, if it is not, answer no.

Items 1-9 are self explanatory, however there may be some questions about some words.

Item 3: Good manners means behaving politely, like saying please and thank you, or yes sir and yes ma'm.

Item 4: Always good means behaving well at all times. Like not saying mean things or hurting others or taking things that don't belong to you.

Item 9: Lie means not telling the truth or being dishonest.

(Note: There should not be an option for don't know/refused.)

SOL-Youth Multidimensional Anxiety Scale

For each item, answer how true the statement is about how you have been feeling recently. The choices for answering are: 0, never true about me; 1, rarely true about me (that means almost never); 2, sometimes true about me; or 3, often true about me (that means most of the time or always).

(Note: There should not be an option for I don't know/refuse to answer. Youth should be encouraged to answer every item.)

Item 1: going away to camp means a sleep-away camp away from your family overnight for at least one night, but maybe a week or more.

Item 4: dizzy or faint feelings mean like when you feel like you might fall down, lose your balance, like the room is spinning, or you might pass out.

Item 5: restless and on edge means you feel like you can't sit still and that you feel tense.

Item 7: perform in public means like being on stage and singing or speaking in front of an audience.

Item 8: heights means being in tall buildings or looking out over the edge of a bridge or window from up high above the ground (like being up in the air in a plane or in a tall building).

Item 10: shy means feeling like you don't want to speak with people you don't know or that you are afraid to talk with people.



SOL Youth Study QxQ Instructions

Minor Adverse Event Form (MEE)

Youth

General Instructions

This form should be completed within 7 days of a minor adverse event. An event is minor if it DOES NOT affect a pregnant study participant, a fetus or a newborn, or if it DOES NOT result in any of the following outcomes: Death, A threat to life, Requires (inpatient) hospitalization, Likely causes persistent or significant disability or incapacity, Likely associated with a congenital anomaly or birth defect, Requires treatment to prevent one of the outcomes listed above, other than for pre-existing conditions detected as a result of participation in SOL Youth, its tests and examination protocol. Minor adverse events are anticipated and expected to occur as stated risks in the study protocol, whether study related or otherwise.

Refer to SOL Youth MOP 1-Section 20-Participant Safety- for detail instructions in how to handle and report emergencies.

QXQ Instructions

A. Event Information

- 1-5. Fill in the requested information as thoroughly as possible. No abbreviations should be used for any of the items.
6. If the source of event is “d. Other”, be sure to give a brief description in the space provided.
7. Describe the event as thoroughly as possible in a notelog in the CDART. Otherwise, this item should be left blank.
8. An ongoing event is... a resolved event is...Mark the appropriate box.
9. Regardless of if the event is “Ongoing” or “Resolved” as indicated in question 8; describe the action that was take in response to the event as thoroughly as possible in a notelog in the CDART.
10. If this event was anticipated or expected as outlined in the Informed Consent or study MOP, select “Yes” and proceed to the end of the questionnaire. Otherwise, proceed to question 11.
11. Select the box that best represents the likelihood of this event being related to participation in SOL Youth.

B. Actions Taken by Investigators

- 12-16. Fill in the requested information as thoroughly as possible. No abbreviations should be used for any of the items.

SOL Youth QxQ Instructions, Medical History – Parent, Each Child (MHE)

General Instructions:

This section of the interview asks questions about the participant's child's/children's medical history as well as the medical history of immediate family members (i.e. blood relatives). Participants are asked to estimate age at onset or diagnosis for some diseases/conditions. A code of "==" is used when the participant states that the age of onset is "unknown."

The overall layout of this form starts with a determination of doctor-diagnosed medical conditions. Age of onset is determined for each condition. A separate form will be used for each child that is participating in the study.

Question by Question Instructions:

Q1

This question asks for the child's birthday. Record the MM/DD/YYYY.

Q2a-2f

Questions assess the child's history of doctor or healthcare provider-diagnosed asthma. Q2-Q2c ask whether the child has ever been diagnosed with asthma by a doctor or other healthcare provider, the age of diagnosis, and whether the child still has asthma. If the child has previously been diagnosed with asthma, even though he/she may not have the condition any longer, Q2c and Q2d ask whether the child is being seen regularly by a doctor or healthcare provider because of the condition and whether he/she is taking medication to control the asthma. Q2e-2f ask how many times in the past year the child has been hospitalized and/or how many days the child has missed school due to asthma complications.

Q3a-3c

Q3 assesses whether the child has ever had any symptoms of asthma. If the child has shown symptoms of asthma in the past, Q3a-3c also assess the last time the child manifested these symptoms, how many times in the past year, if any, the child has been hospitalized due to these asthma symptoms, and how many school days within the past year, if any, the child has missed due to these symptoms.

Q4a-4

Questions assess the child's history of obesity. Q4 asks if the child has been diagnosed with this condition. If there has been a diagnosis, Q4a-4c also assess the age of diagnosis, whether the child still is still overweight/obese, and whether the child is currently being seen by a healthcare provider for the condition. Q4d- 4g ask whether the child has undertaken any lifestyle changes to help treat the condition including formal programs offered by his/her medical care provider or efforts initiated within the family, whether he/she is currently taking medication for being overweight/obese and how many times, if any, the child has been hospitalized for this condition and/or how many days, if any, the child has missed school due to the condition within the past year.

Q5a-5i

Questions assess the child's history of diabetes. Diabetes mellitus is a group of diseases in which the body cannot produce or effectively use insulin, a hormone which is used by the body to process sugars and other foods as energy for the body. This inability to process sugars and other energy sources can lead to chronically high levels of glucose circulating through the body. Some participants may indicate that a doctor has told them their child has "pre-diabetes." These individuals do not meet the strict definition of diabetes and should be coded "no" for Q5.

Participants that answer "yes" will then be administered Q5b-5i. Q5b-5c ask age of diagnosis and if the child still has the condition. Q5d-5e ask if the child is currently seeing a doctor or healthcare provider to treat the condition and if the child participates in any program to help treat the diabetes. Q5f-5g assess if the child treats the condition through oral medication and/or insulin shots. Q5h-5i ask how many times the child has been hospitalized due to diabetes complications and/or how many days the child has missed school because of the condition within the past year.

Q6a-6g

Questions assess participant history of doctor or healthcare provider-diagnosed high blood pressure or hypertension. Occasionally, participants will indicate that their doctor told them they have "pre-hypertension." This should be coded as "no." If the child has been diagnosed with the condition, administer Q6a-6g. Q6a-6b ask the age of diagnosis and whether the child still has the condition. Q6c-6d assess if the child is currently seeing a healthcare provider to treat the condition, participating in a lifestyle change program to help treat the condition, or taking medication to treat hypertension. Q6f-6g ask how many times, if any, the child has been hospitalized due to the condition, and how many school days, if any, the child has missed due to the condition within the past year.

Q7a-7g

Questions assess the child's medical history of a diagnosis of high blood cholesterol, which can be represented by high total cholesterol, high triglycerides and high LDL-C or low HDL cholesterol. Cholesterol is carried in the blood on lipoproteins, which are made of fatty substances and proteins. The two lipoproteins that are most important in the development of coronary heart disease are LDL (low-density lipoprotein) and HDL (high-density lipoprotein). LDL increases the risk of development of coronary heart disease when present in the blood in high levels. HDL protects against the development of coronary heart disease when present in the blood in high levels; an abnormally low level of HDL increases the risk of coronary heart disease. High triglycerides are also a risk factor for heart disease. If the child has any of these conditions, administer Q7a-7g. Q7a-7b ask the age of diagnosis and whether the child still has the condition. Q7c-7e assess if the child is currently seeing a healthcare provider to treat the condition, participating in a lifestyle change program to help treat the condition, or taking medication. Q7f-7g ask how many times, if any, the child has been hospitalized due to the condition, and how many school days, if any, the child has missed due to the condition within the past year.

Q8a-8f

Questions assess the child's medical history of cancer, including lymphoma and leukemia. If the child has been diagnosed with cancer, administer Q8a-8f. Q8a-8b ask the age of diagnosis and whether the child still has cancer. Q8c-8d assess if the child is currently seeing a healthcare provider to treat the condition or taking medication. Q8e-8f ask how many times, if any, the child has been hospitalized due to the condition, and how many school days, if any, the child has missed due to the condition within the past year.

Q9a-9f

Question 9 asks whether the child has ever been diagnosed with attention problems such as ADD or ADHD. If the child has been diagnosed with any of these conditions, administer Q9a-8f. Q9a-9b ask the age of diagnosis and whether the child still has the condition. Q9c-9d assess if the child is currently seeing a healthcare provider to treat the condition or taking medication. Q9e-9f ask how many times, if any, the child has been hospitalized due to the condition, and how many school days, if any, the child has missed due to the condition within the past year.

Q10a-10g

Question 10 asks whether the child has ever been diagnosed with any other health conditions not listed. If the child has been diagnosed with additional health problems, administer Q10a-10f. Q 10 asks for an explanation. Ask the parent to specify the condition or symptoms. Q10b-10c ask the age of diagnosis and whether the child still has the condition. Q10d-10e assess if the child is currently seeing a healthcare provider to treat the condition or taking medication. Q10f-10g ask how many times, if any, the child has been hospitalized due to the condition, and how many school days, if any, the child has missed due to the condition within the past year.

Q11

This question assesses whether the child has difficulty moving his/her hands, arms, legs, or feet due to a permanent physical condition.

For male participants, the interviewer can continue to Q13. Female participants go on to Q12.

Q12-12a

Questions assess the child's age at which her menses began (also known as menarche). If the child says she has not begun her menstrual cycle yet, mark "no" for Q12, then skip Q12a and continue to Q13. If the child has begun her menstrual cycle, mark "yes" for Q12. Then, ask the age at which the child began her menses and record in Q12a. If the child is uncertain as to when her menses began, encourage the participant to provide her best estimate.

Q13-19

These questions assess family medical history of the conditions mentioned previously (asthma, obesity, diabetes, high blood pressure, high cholesterol, cancer, and ADD/ADHD) in blood relatives of the child. If any of these conditions have been diagnosed in the biological mother, biological father, maternal grandmother, maternal grandfather, paternal grandmother, and paternal grandfather mark "yes" in the corresponding box. If family members have not been diagnosed, mark "no." If the participant is unsure or refuses to answer, mark "Q."

Q20-20a

Q20 assesses where the child is most likely to receive treatment when he/she is sick or needs health care. If the child does not have a place where he or she can regularly go to for health care, mark "no" and continue to Q21. If the child does have a place where he/she regularly goes to for health care, mark "yes" and continue to Q20a. Q20a provides a list possible places where healthcare can be sought. Read the option choices to the parent and then mark the place the child most often goes to for healthcare. If the parent chooses "other," ask the parent to specify where they go for their healthcare needs.

Q21

This question assesses when the child last had a routine check-up.

If the parent has an additional child(ren) participating in the study, read through the form again for every additional child.

SOL Youth Study QxQ Instructions, Medication/Supplements Use – Parent EC (MUE)

I. GENERAL INSTRUCTIONS

The purpose of the Medication Use Survey is to assess medication usage in the four weeks preceding the examination date. Information on both prescription and over-the-counter medications is ascertained via scanning of bar code symbols, transcription of labels, and interview. To obtain this information, the participant is asked prior to the clinic visit to bring to the field center all medications, over-the counter preparations, vitamins, minerals, and dietary supplements taken in the four-week period preceding the visit, or their containers. Notification of this request is mailed to the participant with the written instructions for the exam visit, and is re-stated during the appointment reminder call. Interviewers require certification in interviewing techniques and familiarity with the data entry procedures for electronic and paper versions of the form (references: Data Entry System [DES] manual and the “General Instructions for Completing Paper Forms”). Paper data entry and subsequent keying will only be used in the event of equipment malfunction or DES inaccessibility. Scanners / transcribers of medication information also require certification. Header information (ID Number, Contact Occasion, and Seq #) are completed in the format described in the cited document.

II. DETAILED INSTRUCTIONS FOR EACH ITEM

ADMINISTRATIVE INFORMATION

Item 0a: Enter the date the participant was seen in the clinic. Use leading zeroes where necessary to fill all boxes. For example, September 3, 2007 would be entered as:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 9 | / | 0 | 3 | / | 2 | 0 | 0 | 7 |
|---|---|---|---|---|---|---|---|---|---|

Item 0b: The staff person completing this form must enter their three-digit HCHS/SOL Staff ID number in the boxes provided.

Item 0c: The staff person completing this form must indicate the language that was used to administer the questionnaire (1=English, 2=Spanish).

A. Reception

Item 1: Read the question as written.

1. Did you bring all the medications that [CHILD' NAME] used in the past four weeks, or their containers?

- Yes, all of them 1 → **GO TO SECTION B, QUESTION 5**
No, some of them 2 → **GO TO SECTION A, QUESTION 3**
No, none of them 3

If the response is “Yes, all”, go to Section B (MEDICATION RECORD) and begin the scanning / transcription. This can take place at the reception station or while the participant proceeds with the clinic visit. As the parent delivers the child’s medications, indicate where (and by whom) they will be returned before he / she leaves. Mention that medication names will be scanned / copied from the labels, and that if required, medications will be taken out of their container only in the presence of, and with approval of the participant. Verify that the medications bag is clearly identified with the

participant's name. Do not open the medications bag or scan / transcribe medications until both the parent and the child participants has signed the informed consent and assent.

If the response is "Some of them", go to Item 3 to make arrangements for those medications which were not brought and scan / transcribe those medications which were brought in Section B (MEDICATION RECORD).

If the response is "No", proceed to the next item.

Item 2: Read the question as written.

2. Is this because you forgot, because [CHILD' NAME] has not taken any medications at all in the last four weeks, or because you could not bring [CHILD' NAME] medications?

Took no medication 1 → **END QUESTIONNAIRE**
Forgot or was unable to bring medication 2

If the response is "Took no medications" in the past four weeks, the questionnaire ends here. Leave Section B (MEDICATION RECORD) blank.

If the response is "Forgot or was unable to bring medications", reassure the respondent and proceed to the next item.

Items 3-4: Read item 3 as written. Ideally, follow-up involves the parent returning to the field center with the child's medications for Scanning / Transcription. Reasonable alternatives to the ideal include a telephone interview, et cetera.

3. May we follow up on this after the visit so that we can get the information from the other medication labels? (Explain follow-up options)

No or not applicable 0 →
Yes 1

Scan / transcribe what you can in Section B. Attempt to convert refusals and indicate this on tracking form

If the participant agrees to follow-up, make arrangements for obtaining the information Describe the method of follow-up in item 4. If the participant brought some medications, complete as much of Section B (MEDICATION RECORD) as possible before going on to Item 33.

In case of deliberate omission to bring medications to the field center, attempt participant conversion at the reception desk or a subsequent workstation. If participant conversion is to be attempted after reception, write a note to that effect on the tracking form. Leave Section B (MEDICATION RECORD) blank if no medications were brought in. If the parent has not brought his/her child's medications, but remembers the medication name, strength and units of all medications taken during the previous four weeks with confidence, the interviewer should record this information, but arrange a follow-up to confirm its accuracy.




B. MEDICATION RECORD

Introduction: Section B (MEDICATION RECORD) is designed to document information about each medication used by participants. Bar Code Scanning / Transcription includes recording the Universal Product Code (UPC) / National Drug Code (NDC) in section (a), the name in section (b), the strength in section (c), and the units in section (d) for each medication used within the four weeks prior to the interview.

Medication UPC / NDC, Medication Name, Strength, and Units (Items 5-29a-d)

Overview: Open the participant's medications bag and remove all medication containers. Separate the medications into those with and without a UPC-labeled container. Attempt to scan the UPC-labeled containers. Set aside containers that are scanned *successfully* (automatically linked to information in sections [b-d] that matches information on their labels). For medications in UPC-labeled containers that cannot be scanned *successfully* (as defined above), transcribe the UPCs. When UPCs cannot be transcribed *successfully*, transcribe NDCs, if available, or medication names. When NDCs and medication names cannot be transcribed *successfully*, manually transcribe as much information as possible in sections (a-d).

Scanning: A UPC bar code symbol is a pattern of black bars and white spaces, below (or above) which are twelve numbers. In example [1], the first six numbers—614141—comprise the globally unique company prefix assigned by the Uniform Code Council. The next five—54321—comprise the item reference. The last—2—is a computer-generated check digit used to verify accuracy. The symbol encodes all twelve numbers (collectively referred to as the Global Trade Item Number [GTIN]). In this context, we informally refer to the GTIN as a Universal Product Code (UPC). A ten- or eleven-digit National Drug Code (NDC), which by federal law is assigned to all pharmaceuticals sold in the U.S., is often represented within the UPC and recorded elsewhere on medication packaging. Several variations in UPC / NDC spacing, and hyphenation are illustrated in examples [2-3]. Scan the bar code symbol with the wand to capture the UPC / NDC. Rescan it as needed. ***EXTREMELY IMPORTANT: JUDGE SUCCESS OF THE SCAN BY VERIFYING THAT THE INFORMATION THAT AUTOMATICALLY POPULATES SECTIONS (B-D) MATCHES INFORMATION ON THE MEDICATION LABEL.***

| | | |
|---|--|---|
| <p>[1] Bars and Spaces</p>  <p>Numbers</p> | <p>[2].....[3]</p>  <p>N 3 0603-0048-16 7</p> |  <p>3 11017-110-01 0</p> |
| UPC / NDC: | 306030048167 | 311017110010 |
| Name: | Azo-Septic..... Dr. Scholl's Clear Away Plantar | |
| Strength: | 95 | 40 |
| Units: | MG | % |

Transcription: Transcribe all medications without a UPC-labeled container *and* those with a UPC-

labeled container that cannot be scanned *successfully* (as defined above). Specifically, in section (a), transcribe the unsuccessfully scanned UPC, if possible. If the UPC cannot be transcribed *successfully*, transcribe the NDC in section (a). The NDC is often recorded elsewhere on the medication packaging. If the NDC cannot be transcribed *successfully* transcribe in section (b) the complete medication name as written on the container. Medication labels may contain standard abbreviations (Table 1). In section (c), transcribe the numeric strength (weight for solids and concentration for non-solids). In section (d), transcribe the units that measure strength using a standard abbreviation (Table 2). Formatting and transcription standards are detailed below.

Table 1. Standard abbreviations of medication names

| Medication Name | Abbreviation | Medication Name | Abbreviation | Medication Name | Abbreviation |
|---------------------------------|--------------------|--------------------------------|--------------|------------------------------|--------------|
| A Acetaminophen | APAP | Aluminum | AL | Amitriptyline | AMITRIP |
| Antibiotic | ANTIBIO | Antihistamine | ANTI HIST | Arthritic | ARTHR |
| Aspirin | ASA | Aspirin, phenacetin & caffeine | APC | Ammonium | AMMON |
| B Balanced Salt Solution | BSS | Buffered | BUF | Capsules | CAP |
| C Caffeine | CAFF | Calcium | CA | Chlordiazepoxide | CHLORDIAZ |
| Carbonate | CARBON | Chewable | CHEW | Codeine | COD |
| Chloride | CL | Chlorpheniramine | CHLORPHEN | | |
| Compound | CPD or CMP or CMPD | Concentrate | CON | | |
| D Decongestant | DECONG | Dextromethorphan | DM | Diocytlsodium sulfosuccinate | DSS |
| E Expectorant | EXP | Extra | EX | | |
| F Ferrous | FE | Fluoride | FL | Formula | FORM |
| G Gluconate | GLUCON | Glyceryl Guacolate | GG | Guaifenesin | GG |
| H Hydrochloride | HCL | Hydrochlorothiazide | HCTZ | Hydrocortisone | HC |
| Hydroxide | HYDROX | | | | |
| I Inhalation | INHAL | Injection | INJ | Intravenous | IV |
| J Junior | JR | | | | |
| L Laxative | LAX | Liquid | LIQ | Long acting | LA |
| Lotion | LOT | | | | |
| M Magnesium | MG | Maximum | MAX | Minerals | M |
| Multivitamins | MULTIVIT | | | | |
| N Nitroglycerin | NTGN | | | | |
| O Ointment | OINT | Ophthalmic | OPHT | | |
| P Penicillin | PCN | Pediatric | PED | Perphenazine | PERPHEN |
| Phenobarbital | PB | Phenylephrine | PE | Phenylpropanolamine | PPA |
| Potassium | K | Potassium Chloride | KCL | Potassium Iodide | KI |
| Powder | PWD | Pyrimidine | PYRIL | | |
| R Reliever | REL | | | | |
| S Simethicone | SIMETH | Sodium | SOD | Solution | SOLN |
| Strength | STR | Suppository | SUPP | Suspension | SUSP |
| Sustained action | SA | Sustained release | SR | Syrup | SYR |
| T Tablets | TAB | Theophyllin | THEOPH | Therapeutic | T |
| Time disintegration | TD | | | | |
| V Vaccine | VAC | Vitamin | VIT | | |
| W With | W | | | | |

Table 2. Standard abbreviations of metric units

| Units | Standard Abbreviation | Units | Standard Abbreviation |
|--|-----------------------|--|-----------------------|
| Anti-Clotting Factor Xa International Units/Milliliter | A-XA IU/ML | Milligram/Drop | MG/DROP |
| Billion Cells of Lactobacilli | B CELL | Milligram/Gram | MG/GM |
| Bioequivalent Allergy Units/Milliliter | BAU/ML | Milligram/Inhalation‡ | MG/INH |
| Actuation* | ACT | Milligram/Hour | MG/HR |
| Enzyme-Linked Immunosorbent Assay Units/Milliliter | ELU/ML | Milligram/Milligram | MG/MG |
| Gram‡ | GM | Milligram/Milliliter | MG/ML |
| Gram/Dose | GM/DOSE | Milligram/Spray | MG/SPRAY |
| Gram/Gram | GM/GM | Milligram/Teaspoon§ | MG/TSP |
| Gram/Milliliter | GM/ML | Milliliter | ML |
| Kallikrein Inactivator Units/Milliliter | KIU/ML | Milliliter/Milliliter | ML/ML |
| Flocculation Units | LFU | Millimole | MMOLE |
| Megabecquerels/Milliliter | MBQ/ML | Millimole/Milliliter | MMOLE/ML |
| Microgram‡ | MCG | Million International Units | MIU |
| Microgram/Actuation | MCG/ACT | Million International Units/Milliliter | MIU/ML |
| Microgram/Hour | MCG/HR | Million Units | MU |
| Microgram/Inhalation‡ | MCG/INH | Million Units/Gram | MU/GM |
| Microgram/Milliliter | MCG/ML | Million Units/Milliliter | MU/ML |
| Microgram/Spray | MCG/SPRAY | Minim | MINIM |

| | | | |
|-----------------------------|----------|------------------------------------|----------|
| Microgram/Square Centimeter | MCG/SQCM | Minim/Milliliter | MINIM/ML |
| Millicuries/Milliliter | MCI/ML | Percent | % |
| Milliequivalent | MEQ | Plaque Forming Units/Milliliter | PFU/ML |
| Milliequivalent/Gram | MEQ/GM | Protein Nitrogen Units/Milliliter¶ | PNU/ML |
| Milliequivalent/Liter | MEQ/L | Unit | UNIT |
| Milliequivalent/Milligram | MEQ/MG | Unit/Actuation | UNIT/ACT |
| Milliequivalent/Milliliter | MEQ/ML | Unit/Gram | UNIT/GM |
| Milligram† | MG | Unit/Milligram | UNIT/MG |
| Milligram/Actuation | MG/ACT | Unit/Milliliter | UNIT/ML |

*Actuation = activation of a dispensing device. †1 GM = 1000 MG; 1 MG = 1000 MCG. ‡Of aerosolized powder. §Of e.g. powdered or granulated oral medications. ¶Of allergenic extracts.

Standard Format: Beginning with item 5, transcribe the numeric UPC / NDC (a) working from the right-most box. Transcribe all parts of each medication name as written on the container (b), numeric strength (c), and standard units (d). If using the paper form, carefully transcribe medication name and units in UPPER CASE CHARACTERS (CAPITAL LETTERS). When necessary, use a period (.) to indicate the location of a decimal point in strength and a forward slash (/) to separate active ingredients of generic products, their respective strengths and units. In every case, transcribe in standard format even when the same information or a portion of the information appears in the previous item. Do not use ditto marks ("") to indicate a repeat of the previous item.

Medication UPC / NDC (Items 5-14a): Transcribe the UPC / NDC when it cannot be scanned *successfully* (as defined above). Be sure to transcribe the first and last numbers of the UPC which may be found in the lower (middle or upper) left and right regions of the UPC bar code symbol (e.g. 6 and 2 in example [1], above).

Medication Name (Items 5-14b): Transcribe the medication name using a forward slash (/) to separate active ingredients of generic medications. ***EXTREMELY IMPORTANT: DO NOT TRANSCRIBE E.G. MANUFACTURER NAME, FLAVOR, WHETHER MEDICATIONS ARE SUGAR-FREE, OR LOW-SODIUM.*** Since a few companies have trademarked their formulation (dosage form), the complete medication name may include it. Although we do not transcribe the number of pills dispensed, the prescribed dose, actual dose, or frequency of medications taken, medication names also may include numbers or characters that can be mistaken for number dispensed, dose or frequency. If in doubt, it is preferable to include questionable information in the medication name to facilitate identification, coding and classification. Therefore, transcribe all formulations, numbers and characters that may be part of the medication name. Examples are provided in Table 3. Standard abbreviations of medication names were provided in Table 1 (above).

Table 3. Examples of medication names that include special formulations, numbers or characters

| Medication Name | |
|--------------------|-----------------------------|
| DILANTIN KAPSEALS* | ORTHO-NOVUM 10/11-28 |
| ASA ENSEALS† | STUARTNATAL 1 + 1 |
| ANACIN-3 | NPH ILETIN I |
| ACEROLA-C | SK-AMPICILLIN |
| TRIAMINIC-12 | CALTRATE 600 PLUS VITAMIN D |
| OVRAL-28 | HCTZ/TRIAMTERENE‡ |

*Kapseals = capsules. †Enseals = enteric-coated capsules. ‡The "/" separates HCTZ (hydrochlorothiazide) and triamterene, two active ingredients.

Strength (Items 5-14c): The strength of most solid medications is given in number of milligrams. Transcribe the numeric strength (weight for solids and concentration for non-solids) using a period (.) to indicate the location of a decimal point and a forward slash (/) to separate the strength of active ingredients of generic products (e.g. medication name = HCTZ/TRIAMTERENE, strength = 25/37.5).

Units (Items 5-14d): Transcribe the metric units that measure strength using one of the standard abbreviations in Table 2 (continuing the above example, units = MG/MG). Prior metric conversion of non-standard units (e.g. for liquids: 1 fluid ounce = 30 ML; 1 tablespoon = 15 ML; 1 teaspoon = 5 ML; and for solids: 1 grain = 65 MG; 1 ounce = 31 GM) may be necessary in unusual cases. Note that for insulin, strength is often given in number of units per milliliter (e.g. 100U/ML, 100/ML and U100). All three of these non-standard abbreviations are equivalent to the preferred format (strength = 100; units = UNIT/ML).

Combination Medications: Combination medications contain multiple active ingredients (two or more medications in a single formulation). For example, consider a brand name combination of HCTZ 25 MG and TRIAMTERENE 37.5 MG called DYZIDE. In the U.S., it is sold only in this fixed combination. Because fixed combination medications do not generally list a strength (c) or units (d), these fields may be left blank when transcribing them (i.e. medication name = DYZIDE; strength = [blank] ; units = [blank]). Other combination medications are sold in more than one fixed combination. For example, consider a brand name combination of HCTZ and PROPRANOLOL called INDERIDE (LA). In the U.S., it is sold in many different combinations (HCTZ 25 or 50 MG and PROPRANOLOL 40, 80, 120 or 160 MG). Because variable combination medications generally list the strength and units, complete these fields when transcribing them (i.e. medication name = INDERIDE; strength = 25/40 or 25/80; units = MG/MG; or medication name = INDERIDE LA; strength = 50/80, 50/120 or 50/160; units = MG/MG).

Examples: Feosol Iron Supplement Therapy 45 mg

| # | (a) Medication UPC / NDC | | | | | | | | | | | Medication name (b) | |
|----|--------------------------|---|---|---|---|---|-----------|---|---|---|---|---------------------|--------------------------------|
| 5. | 3 | 4 | 9 | 6 | 9 | 2 | 9 | 4 | 1 | 6 | 0 | 5 | FEOSOL IRON SUPPLEMENT THERAPY |
| | (c) Strength | | | | | | (d) Units | | | | | | |
| | 45 | | | | | | MG | | | | | | |

Lipitor 10 mg

| # | (a) Medication UPC / NDC | | | | | | | | | | | Medication name (b) | |
|----|--------------------------|---|---|---|---|---|-----------|---|---|---|---|---------------------|---------|
| 6. | 3 | 0 | 0 | 7 | 1 | 0 | 1 | 5 | 5 | 2 | 3 | 7 | LIPITOR |
| | (c) Strength | | | | | | (d) Units | | | | | | |
| | 10 | | | | | | MG | | | | | | |

Regular Strength Tylenol 325 mg

| # | (a) Medication UPC / NDC | | | | | | | | | | | Medication name (b) | |
|----|--------------------------|---|---|---|---|---|-----------|---|---|---|--|---------------------|--------------------------|
| 7. | 5 | 0 | 5 | 8 | 0 | 4 | 9 | 6 | 6 | 0 | | | REGULAR STRENGTH TYLENOL |
| | (c) Strength | | | | | | (d) Units | | | | | | |
| | 325 | | | | | | MG | | | | | | |

Neosynephrine Regular Strength ½ percent

| # | (a) Medication UPC / NDC | Medication name (b) |
|----|--------------------------|--------------------------------|
| 8. | 3 0 0 2 4 1 3 5 3 0 1 0 | NEOSYNEPHRINE REGULAR STRENGTH |
| | (c) Strength | (d) Units |
| | 0.5 | % |

Metamucil 3.4 g per dose

| # | (a) Medication UPC / NDC | Medication name (b) |
|----|--------------------------|---------------------|
| 9. | 0 3 7 0 0 0 7 4 0 7 8 0 | METAMUCIL |
| | (c) Strength | (d) Units |
| | 3.4 | G/DOSE |

Robitussin 100 mg per teaspoon

| # | (a) Medication UPC / NDC | Medication name (b) |
|-----|--------------------------|---------------------|
| 10. | 3 0 0 3 1 8 6 2 4 1 2 8 | ROBITUSSIN |
| | (c) Strength | (d) Units |
| | 100/5 | MG/ML |

Magnesium Citrate Solution 1.745 g per ounce

| # | (a) Medication UPC / NDC | Medication name (b) |
|-----|--------------------------|----------------------------|
| 11. | 8 4 0 9 8 6 0 1 0 2 5 5 | MAGNESIUM CITRATE SOLUTION |
| | (c) Strength | (d) Units |
| | 1.745/30 | G/ML |

Prioritizing Transcription: Polypharmacy tends to increase with age, but even if a participant is using more than 25 medications, only 25 can be transcribed in items (5-29). Therefore, prioritize transcription if there are more than 25 medications. If it is clearly necessary to defer prioritization, transcribe the UPC (a), name (b), strength (c), and units (d) of additional medications on the back of the last page of the form. Deferral may allow more effective prioritization based on the number and type of medications available for transcription. In any case, use the following algorithm to guide prioritization: [1] prescription medications; then [2] aspirin, aspirin-containing medications and non-steroidal anti-inflammatory drugs (e.g. Alka-Seltzer, headache powders, cold or arthritis medications, et cetera); followed by [3] other over-the-counter preparations; and finally [4] vitamins and food supplements.

The Medication Dictionary: For reference, paper versions of the Medication Dictionary will be distributed to each Field Center. The dictionary lists medication names (trade / brand and generic ingredient) in alphabetical order. Medication names that begin with a number, ditto ("), or a hyphen (-) are listed first. If a medication name is separated by a hyphen (-), the portion of the name preceding the hyphen is listed in alphabetical order. Strength and units are not included in the dictionary, so only use the numbers appearing in it to differentiate between medications.

Preparing to Use the Medication Dictionary: Before using the medication dictionary to look up a medication, first check the spelling of its transcribed name against its container's label. Verify that numbers referring to quantity dispensed, dose, or frequency were not inappropriately transcribed as part of the medication name because they should not be used in the matching process. Be aware that while some pharmacists use standardized abbreviations (Table 1, above) others do not. Also be

aware that some medications use suffixes to distinguish between different combinations containing the same primary ingredient (Table 4).

Table 4. Examples of medication suffixes used to distinguish combinations

| Medication Name | 1° Ingredient | 2° Ingredients | |
|-----------------|----------------------------|----------------|----------|
| DARVON | propoxyphene hydrochloride | | |
| DARVON N | propoxyphene napsylate | | |
| DARVON W ASA | propoxyphene hydrochloride | aspirin | |
| DARVON CMPD | propoxyphene hydrochloride | aspirin | caffeine |

Using the Medication Dictionary: Use the dictionary as needed to look up medications (that when scanned or transcribed) do not automatically populate sections [a-d] with an appropriate match or list of potential matches from which to choose. For medication names containing more than one word, look for a match of the complete medication name in the dictionary. If the complete name matches, enter the corresponding UPC. If a complete match cannot be found, but the dictionary contains a single entry for the ingredient(s) in the medication (usually the first word of the medication name), and there are no other entries containing this word, select the corresponding UPC. This often occurs when [1] the brand *and* generic medication name are transcribed, but only one is in the dictionary; [2] the formulation of the medication is transcribed, but is not in the dictionary; [3] the manufacturer name is transcribed, but is not in the dictionary; or [4] words referring to other ingredients are transcribed, but are not in the dictionary or are in the dictionary in a different order (Table 5). ***EXTREMELY IMPORTANT: IF A MEDICATION NAME IS NOT IN THE DICTIONARY, DO NOT GUESS AT A MATCH. SIMPLY SET THE STATUS CODE TO Q (QUESTIONABLE) SO THAT THE COLLABORATIVE STUDIES COORDINATING CENTER CAN INVESTIGATE.***

Table 5. Examples of medication names that may not automatically populate sections [a-d]

| Medication Name Transcribed As | Reason For Failure | Re-Transcribe As |
|--------------------------------|---|------------------|
| CORDARONE/AMIODARONE | CORDARONE is the brand name for AMIODARONE | AMIODARONE |
| DIMETAPP ELIXIR | ELIXER is the formulation | DIMETAPP |
| ECKERD ALLERGY RELIEF TABS | ECKERD is the manufacturer | ALLERGY RELIEF |
| TYLENOL NO. 3 | NO. 3 refers to another active ingredient (codeine) | APAP W CODEINE |

Items 15-16: Once all medications that can be successfully scanned or transcribed have been processed, count the total number of different medications (including those that cannot be successfully scanned or transcribed). Enter this number in Item 15. Count the actual medications to determine the total. Do not refer to the record numbers on the screen or form. Set aside loose pills, containers that are unmarked, unclearly labeled, or hold more than one medication (e.g. medisets), if necessary in consultation with another trained staff person, for later examination by a trained interviewer. Add the number of medications that you are unable to successfully scan or transcribe. Enter this number in Item 16. For example, if there were 7 medications in the bag, and you were able to successfully scan or transcribe 5 of them, Items 15 and 16 would be completed as follows:

15. Total number of medications in bag.....

| | |
|---|---|
| 0 | 7 |
|---|---|
16. Number of medications unable to successfully scan or transcribe..

| | |
|---|---|
| 0 | 2 |
|---|---|

Items 17a,b: The staff person scanning / transcribing the medications must enter their three-digit HCHS/SOL Staff ID number in item 32a and the date of medication scanning / transcription in item 32b. Return the medications to their bag. If necessary, make a note on the Medication Survey Form, and inform the participant that a trained interviewer will ask for help identifying loose pills and medications in containers that are unmarked, unclearly labeled, or hold more than one medication. Place the Medication Survey paper form (if appropriate) in the medication bag and take it to the workstation where the interview will be administered or to a secure place at the physical exam workstation. ***EXTREMELY IMPORTANT: AT NO TIME SHOULD MEDICATIONS BE LEFT UNATTENDED IN THE RECEPTION AREA OR MEDICATION CONTAINERS BE OPENED IN THE ABSENCE OF THE PARTICIPANT.***

List #1: Commonly Used Aspirin-Containing Medications (3 page list, page 1)

| | |
|--|--|
| 1/2HALFPRIN | ASPIRIN / ANTACID |
| ACETAMINOPHEN / MAGNESIUM SALICYLATE / CAFFEINE | ASPIRIN / CAFFEINE |
| ACETAMINOPHEN / SALICYLAMIDE | ASPIRIN / ACETAMINOPHEN / CAFFEINE |
| | ASPIRIN / ALUMINUM HYDROXIDE / MAGNESIUM HYDROXIDE / CALCIUM CARBONATE |
| ACETAMINOPHEN / SALICYLAMIDE / CAFFEINE | ASPIRIN / ALUMINUM HYDROXIDE / MAGNESIUM HYDROXIDE |
| ACETAMINOPHEN / SALICYLAMIDE / PHENYLTOLOXAMINE | ASPIRIN / ACETAMINOPHEN / CAFFEINE / CALCIUM GLUCONATE |
| ACETYL SALICYLIC ACID | ASPIRIN / ACETAMINOPHEN / SALICYLAMIDE / CAFFEINE |
| ADDED STRENGTH HEADACHE R | ASPIRIN / CAFFEINE |
| ADDED STRENGTH PAIN RELIE | ASPIRIN / CAFFEINE / BUTALBITAL |
| ADPRIN B | ASPIRIN / CA CARBONATE |
| ADULT STRENGTH ANALGESIC | ASPIRIN / CINNAMEDRINE / CAFFEINE |
| ADULT STRENGTH PAIN RELIE | ASPIRIN / SALICYLAMIDE / CAFFEINE |
| AF-MIGRAINE | ASPIR-LOW |
| ALBERTSON'S EFFERVESCENT | ASPIR-MOX |
| ALBERTSON'S ENTERIC COATE | ASPIRTAB |
| ALBERTSON'S HEADACHE FORM | ASPIR-TRIN |
| ALKA-SELTZER | ASPRIDROX |
| AMIGESIC | BACK PAIN-OFF |
| ANABAR | BACKACHE MAXIMUM STRENGTH |
| ANACIN | BACKACHE RELIEF EXTRA STR |
| ANALGESIC | BAYER LOW STRENGTH |
| ACETAMINOPHEN / SALICYLAMIDE / PHENYLTOLOXAMINE / CAFFEINE | BAYER PLUS EXTRA STRENGTH |
| ARTHRITIS PAIN FORMULA | BC |
| ARTHRITIS STRENGTH BC | BL MIGRAINE FORMULA |
| ARTHROPAN | BUFFASAL |
| ASA | BUFFERIN |
| ASCRIPITIN | BUFPININ |
| ASP | BUTALBITAL / ASA / CAFFEINE |
| ASPERGUM | BUTALBITAL / ASPIRIN / CAFFEINE |
| ASPIR-81 | BUTALBITAL COMPOUND |
| ASPIRCAF | CETAZONE-T |
| ASPIRIN | CHOLINE / MAGNESIUM SALICYLATES |
| ASPIRIN GUM | CHOLINE MAGNESIUM TRISALICYLATE |
| ASPIRIN / DIPHENHYDRAMINE EFFERVESCENT | |

List #1: Commonly Used Aspirin-Containing Medications (3 page list, page 2)

| | | |
|-----------------------------|--|---|
| CHOLINE SALICYLATE | GENACOTE | OSCO ADDED STRENGTH PAIN |
| CMT | GOODY'S | OSCO ANALGESIC ADULT STRE |
| COPE | HALFPRIN | OSCO EFFERVESCENT ANTACID |
| CVS BACKACHE RELIEF | HCA PAIN RELIEVER | OSCO LOW STRENGTH ENTERIC |
| CVS EFFERVESCENT ANTACID | HEADACHE FORMULA ADDED ST | P-A-C |
| CVS HEADACHE RELIEF | HEADACHE RELIEF | PAIN RELIEF |
| CVS MIGRAINE RELIEF | HEADRIN EX STRENGTH PAIN | PAIN RELIEF EXTRA STRENGT |
| DEWITT'S PILLS | HM ADULT ANALGESIC | PAIN RELIEF EXTRA STRENGT |
| DIFLUNISAL | LEVACET | PAIN RELIEVER ADDED STREN |
| DISALCID | LOBAC | PAIN RELIEVER PLUS |
| DOAN'S | MAGAN | PAINAID |
| DOLOBID | MAGNAPRIN | PAIN-OFF |
| DOLOREX | MAGNESIUM SALICYLATE | PANRITIS FORTE |
| DURABAC | MAGNESIUM SALICYLATE / ACETAMINOPHEN | PHENYLTOLOXAMINE / MAGNESIUM SALICYLATE |
| DURAXIN | MAGNESIUM SALICYLATE / DIPHENHYDRAMINE | PIROSAL |
| EASPRIN | MAG-PHEN | QC PAIN RELIEVER PLUS |
| ECASA | MAGSAL | RA ANTACID PAIN RELIEF |
| ECK MIGRAINE RELIEF | MEDI-SELTZER | RA MIGRAINE RELIEF |
| ECOTRIN | MEPROBAMATE / ASPIRIN | RID-A-PAIN COMPOUND |
| ECPirin | MIDOL MAXIMUM STRENGTH | SALETO |
| ED-FLEX | MIGRAINE FORMULA | SALICYLAMIDE / CAFFEINE |
| EFFERVESCENT ANTACID / PAIN | MIGRAINE RELIEF | SALFLEX |
| EFFERVESCENT PAIN RELIEF | MINITABS | SALSALATE |
| EFFERVESCENT PAIN RELIEVE | MOBIDIN | SAV-ON ADDED STRENGTH PAI |
| EQUAGESIC | MOBIGESIC | SAV-ON ANALGESIC ADULT ST |
| EXCEDRIN | MOMENTUM MUSCULAR BACKACH | SAV-ON BACKACHE RELIEF EX |
| EX-PAIN | MONO-GESIC | SAV-ON EFFERVESCENT ANTAC |
| EXTRA STRENGTH BAYER | MP ENCOPRIN | SB BACKACHE EXTRA STRENGT |
| EXTRAPRIN | MP REGRIPRIN | SB EFFRSCENT ANTACID/PAIN |
| FARBITAL | MST 600 | SB LOW DOSE ASA EC |
| FIORINAL | MYOGESIC | SB MENSTRUAL |
| FORTABS | NEUTRALIN | SB PAIN RELIEF F/ACT |
| FRENADOL | NINOPRIN | SB PAIN RELIEF X-STR |
| GENACED | NOVASAL | SG EFFERVESCENT ANTACID/P |

List #1: Commonly Used Aspirin-Containing Medications (3 page list, page 3)

| | | |
|---------------------------|---------------------------|---------------------------|
| SG PAIN RELIEVER ADDED ST | SUPAC | UNI-TREN |
| SM HEADACHE ADDED STRENGT | SUPER STRENGTH PAIN RELIE | VANQUISH |
| SM HEADACHE PAIN RELIEVER | SUREPRIN | V-R EFFERVESCENT PAIN REL |
| SOBA ANALGESIC | TETRA-MAG | ZEE-ZELTZER |
| SOBA PAIN RELIEVER HEADAC | THERAPY BAYER | ZORPRIN |
| SODIUM SALICYLATE | THIOCYL | |
| ST JOSEPH ADULT | TRICOSAL | |
| STANBACK | TRILISATE | |

List #2: Commonly Used Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

| | |
|---------------------------|-------------------------|
| ACTRON | KETOPROFEN |
| ADDAPRIN | KETOROLAC |
| ADVANCED PAIN RELIEF | LANSOPRAZOLE / NAPROXEN |
| ADVIL | LODINE |
| ALEVE | MECLOFENAMATE |
| ALL DAY RELIEF | MEDI-PROFEN |
| ANAPROX | MEDIPROXEN |
| ANSAID | MEFENAMIC ACID |
| ARTHROTEC | MELOXICAM |
| BEXTRA | MENADOL |
| CATAFLAM | MIDOL |
| CELEBREX | MOBIC |
| CELECOXIB | MOTRIN |
| CLINORIL | NABUMETONE |
| CVS INFANTS' CONCENTRATED | NALFON |
| DAYPRO | NAPRELAN |
| DICLOFENAC | NAPROSYN |
| DICLOFENAC / MISOPROSTOL | NAPROXEN |
| DYSPEL | NUPRIN |
| ELIXSURE | ORUDIS |
| ETODOLAC | ORUVAIL |
| FELDENE | OXAPROZIN |
| FENOPROFEN | PHENYLBUTAZONE |
| FLURBIPROFEN | PIROXICAM |
| GENPRIL | PONSTEL |
| HALTRAN | PREVACID / NAPRAPAC |
| IBU | PROFEN |
| IBU-DROPS | PROVIL |
| IBUPROFEN | Q-PROFEN |
| IBUTAB | RELAFEN |
| INDOCIN | ROFECOXIB |
| INDOMETHACIN | RUFEN |
| I-PRIN | SULINDAC |
| TAB-PROFEN | VALDECOXIB |
| TOLECTIN | VIOXX |
| TOLMETIN | VOLTAREN |
| TORADOL | |

SOL Youth Study QxQ Instructions, Neighborhood SES – Parent (NSE)

- 1a-e. These questions identify common problem in neighborhoods. The respondent should indicate how much of a problem each item is in their neighborhood. Respondents are allowed to self-define their neighborhoods.

If a respondent is unsure how to define their neighborhood, the interviewer may indicate that “Your neighborhood is the geographic area in which you live and spend most of your time outside of work.”

If something is not a problem, it is something that does not occur frequently in the neighborhood and that the respondents don’t worry about. If something is a major problem, then it is something that occurs frequently (e.g., daily or weekly) and that the respondents are concerned about.



SOL Youth Study QxQ Instructions

Youth Physical Activity – Child (PAE)

Youth

General Instructions

The purpose of this form is to get a sense for the types of physical activities youth do. The participant should estimate how often they have participated in a particular activity during the last month. Make sure you keep the one-month time reference clear for the child. If the child participant did the activity in a period greater than a month ago, for example 6 months ago, they should select “never”. Each question is followed by a 6-point Likert Scale.

OXQ Instructions

- 1-68. Please indicate the answer that most represents the child’s participation in each activity. If the activity was performed more than a month ago, select “1=never”

65. “Other” If the participant has done something in the last month that is not listed on the form, mark one of boxes from 2-6 only, to indicate how frequently this activity was done. If an “Other” activity is added by the participant, this activity cannot have a frequency of “1=never.” Other” activity has had to be performed within the last month.

- 65a. If one of the boxes 2-6 was marked in question 65, briefly describe the “Other” activity in the space provided.

- 69-72. The participant should indicate how many hours and minutes they spend doing the listed activities. If the participant indicates that the time varies between weekdays and weekends, they should estimate a daily amount of time.

SOL Youth Study QxQ Instructions
PCE Parenting for Eating and PA – Child

1. This scale consists of five subscales assessing youth report of their parents' parenting strategies related to eating and activity.
2. Responses are made on a 5-point Likert type scale from 1=disagree to 5=agree (for the first 12 questions) and from 1=never to 5=always (for the next 14 items).
 - a. For the first 12 items: sometimes younger children have a hard time with 5-point scales. The best approach to this is to determine if they are in agreement or disagreement first (so determine whether they are more to the right of neutral or to the left of neutral. Once you determine which end of the scale they are on, then you can ask them if they feel that way 'strongly' or 'just so-so'. If they feel that way strongly, then mark 'agree' or 'disagree'. If they feel that way 'so-so' then select 'slightly agree' or 'slightly disagree'. The point here is to not overwhelm them with the full scale if you already know they are on one end versus another.
 - b. For the second 14 items: there are no specific time frames for what 'rarely' or 'most of the time' means. With these you just need to allow the youth to pick the option that best fits their family.
3. If the youth says that his/her parents are different, ask him/her to think about the parent who brought him/her into the clinic visit today since this is the person who will respond to the adult version. Ultimately we want to compare their responses.
4. If a youth does not drink soda, for example, then the question is n/a and this should be noted in the clinic checklist.
5. Elaboration on Questions 13-18: if the youth is not sure what is meant by keeping track, this can be explained as watching what you eat or how you spend your time, keeping a log, etc.
6. Elaboration on Questions 21-22: if the youth is not sure what is meant by praise, this can be explained as telling you are doing a good job, giving you a prize for good behavior, etc.
7. Elaboration on Questions 23-26: If the youth is not sure what is meant by discipline, this can be explained as punishment, getting a time out, losing a privilege, etc.



SOL Youth Study QxQ Instructions

Pubertal Assessment (PDE) – Child

Youth

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.

QXQ 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.



SOL Youth Study QxQ Instructions

Phantom Form– (PHT)

Youth

General Instructions

This form should be completed for any participants selected for the QC blood draw. PHT keeps track of the match between the QC and regular Sol-Youth specimens. Be sure to enter the form in the CDART system under the PHANTOM ID. Special attention should be paid to ensure the appropriate ID number is recorded throughout the form.

Refer to SOL Youth MOP 2-Section 6-Quality Control- for detail instructions.

QXQ Instructions

- 1 Record the date the phantom ID was assigned.
- 1a Record the LAB ID.
- 2 Enter the staff ID of the person assigning the phantom ID
- 3-5 Record the matching PARTICIPANT Sol-Youth ID, the date the specimen was collected and the technician ID of the person who collected each specimen for each of these items. The participant ID number should be recorded immediately after blood draw completion for that participant to minimize the chance of recording the wrong ID number.

SOL Youth Study QxQ Instructions, Pre-migration – Parent EC (PME)

Questions in this section are asked only of children who were born in a foreign-country or in a US territory such as Puerto Rico. This background is important to understanding the health of young children.

1. Indicate the age that a child moved to the US to permanently live. If the child was less than 1 year old when s/he moved to the US, then enter 00.

If the respondent's children have lived in the US for a long time or if they came at a young age, the respondent may have difficulty remembering the exact age. Do not leave the item blank. In these cases, the interviewer should probe to estimate the age. The following probes and calculations can be helpful.

- What grade in school was your child in when s/he moved to the US?

If the child had never enrolled in school, then the child was less than 5 years old when s/he moved to the US. Ask the respondent to provide their best guess for the child's age between 0-5.

If the child was enrolled in school, then enter the average age of students enrolled in the child's grade level. For example, first graders are typically 6 years old. Write 6 in the space provided.

- About how many years has your child lived in the US?

The age of the child when they moved to the US is equal to their current age minus the number of years they have lived in the US. Therefore, if a respondent indicates that their 12 year old child has lived in the US for about 5 years, then the child was $12-5=7$ years old when s/he moved to the US. Write 7 in the space provided.

- What year was it when your child moved to the US? About how old was your child that year?

As with the other probes, this may help the respondent recall the child's age. These interviews are being conducted in 2011-2012. Thus, if the child moved to the US in 1999, then the child has lived in the US for at most $2012-1999 = 13$ years. If the child is currently, 14 years old, then they would have moved to the US when they were approximately 1 year old. A 1 should be entered into the space provided.

2. Enter the relationship of the person(s) that they child traveled to the US with. Individuals may travel as part of a group. In these cases, indicate all the relevant relationships – family, relatives, friends, and strangers. If the respondent starts to provide specific relatives (e.g. cousin, aunt) do not check other, simply check the

OTHER RELATIVE category. The OTHER category should generally not need to be used.

3. Enter the type of housing the child lived in before moving to the US. If the child lived in multiple residences, then identify the one the child spent the most time in during the year prior to moving to the US.

This question helps to provide information on the socio-economic status of the child's family. Children may sometimes live separately from their parents before moving to the US and may move to the US at different times from their siblings. Therefore, not all children will have lived in the same home or type of housing. Please use the following definitions to determine the type of housing children lived in:

RENTED APARTMENT An apartment is considered to be a home with multiple units. It is not owned by the child's caregiver but owned by the government or a private citizen. The child's caregiver would have paid monthly or annually to rent space.

If children lived in a house with multiple bedrooms rented to different families, this should be classified as a rented apartment.

RENTED HOUSE A house is one which stands alone and does not share multiple walls, ceilings, or floors with another family's residence. The house is considered rented if it is owned by the government or a private citizen and the child's caregiver had to pay a monthly or annual fee to live in the house.

OWNED HOUSE, APARTMENT, OR CONDO If the child's caregiver owned the residence and/or had a mortgage on the residence, then this box should be checked. All types of residences which are owned by a caregiver should be included here. They do not need to be stand alone homes but can include apartments, condominiums, or trailers owned by the child's caregiver.

TEMPORARY SHELTER Many types of temporary shelters exist. These can include tents, hotel rooms, or homeless shelters.

OTHER Please use this category, if it is unclear in what type of home the respondent's child lived. Please describe the type of dwelling in the space provided.

4. Please indicate the type of flooring in the home. If the home had multiple types of flooring, indicate what type of flooring was most common on the ground level of the home. We are most interested in whether the home had a dirt floor since this is an indicator of high poverty in developing countries. In developing countries, cement floors are more common. Wood floors and floors with tile typically indicate a higher socio-economic status.
5. This question identifies whether the home the child lived in had indoor plumbing. If the answer to 6 (see below) is yes, then the answer to this question must also be yes.
6. In developing countries, not all homes with indoor plumbing have indoor bathrooms. But, all homes with indoor bathrooms must have indoor plumbing. If the only bathroom was separated from the house and/or did not have running water, then you should indicate that no inside bathroom was available in the home. If the home had multiple bathrooms and at least one was inside, then the interviewer should mark, YES, the home had inside bathrooms.



SOL Youth Study QxQ Instructions

Youth Parenting for Eating and Physical Activity (PPE) – Parent

Youth

General Instructions

This questionnaire is designed to assess parenting practices for the SOL Youth participants related to nutrition and other activities. Statements on this form are followed by a 5-point Likert scale to assess level of agreement, usage or intake, with each statement.

OXQ Instructions

- 1-7. These statements refer to the parent's practices as they pertain to the nutritional intake of their children. Moreover, these questions are concerned with assessing sufficiency of the children's nutritional intake as well as the level of sweets the children intake.
- 8-12. These statements are meant to assess the parent's involvement in limiting the amount of interaction the children have with electronic devices such as TV and/or video games during the week and weekend.
- 13-18. These statements assess how often the parent keeps track of their children's intake of junk food, fruits and vegetables, amount of TV watched, and exercise.
- 19-20. These statements are concerned with how often their children must ask permission before getting a snack or drinking soda.
- 21-22. These statements are concerned with how often the parent praises their children for eating a healthy snack or being physically active.
- 23-26. These statements assess how frequently the parent disciplines their children for a particular behavior without permission related to using electronic devices such as a computer or TV, and consuming soda or a snack.



HCHS/SOL Youth Study Question by Question Instructions Participant Safety Screening Form (PSE)

General Instructions

This form is completed after the Individual Eligibility Checklist Form (ELE) to assess individual safety measures. Unless instructed, record only one response and complete only one form per child. Only an HCHS/SOL participant who is the parent/legal guardian of the child can answer these questions.

Record the information on this form into the HCHS/SOL study data management system live or within 48-72 hours after collection depending on the field site.

Question by Question Instructions

- Q1.** Ask to FEMALES ONLY. If the child is currently pregnant Record “yes” and stop administration of this form. Child can be rescheduled to continue the administration of this **form 6 weeks after** the delivery or termination of pregnancy. If answer is “no”, continue to Q2.
- Q2.** If the child has been diagnosed with asthma Record “yes” and go to Q2a. If the answer is “no”, continue to Q3.
- Q2a.** If the child uses an inhaler more than twice a week Record “yes” and Exclude the Step Test. If “no” Continue to Q3.
- Q3.** If a doctor Currently told the child to abstain from strenuous activities due to an orthopedic disorder Record “yes” and Exclude from Step Test. If “no”, continue to Q4.
- Q4.** If the child is currently using temporary assisted movement devices like crutches, leg brace or a wheelchair Record “yes” and stop administration of this form. Plan to continue the administration of this form after the child is able to stand on both feet without assistance. If the answer is “no” continue to Q5.
- Q5.** If the child needs any kind of assistance with reading, hearing questions, or getting onto an examination table Record “yes”, go to Q5a, specify type of assistance. Proceed to follow field center specific protocol to provide needed assistance, and go to Q6. If the answer is “no”, go to Q6.
- Q6 – Q6b. Do not read** this section to the participants. It is for study staff to note any other conditions that could exclude the child from components of the study.

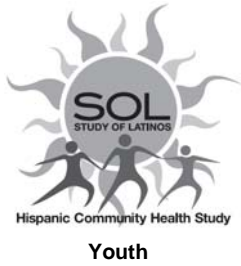
Examples of issues/conditions that warrant rescheduling a study visit for a later date:

- Recent child birth/termination (information voluntarily given by parent/child, i.e. this question is NOT to be asked by the interviewer).
- Action: Re-schedule an examination visit a minimum of 6 weeks after delivery/termination, and ask parent to provide a date by which the SOL Youth staff can re-contact them for this purpose.

Examples of issues/conditions that warrant a component(s) exclusion: N/A

SOL Youth Study QxQ Instructions, Family Relationship – Parent EC (RPE)

1. In most cases, the primary caregiver should be the person who has accompanied the child to the interview and is completing the questionnaire. If not, this question will allow us to know that.
2. If the person accompanying the child to the interview is not the primary caregiver, this question will tell us who the primary caregiver is. Please read each response category and mark only one.
3. Mark only the item that best describes the relationship of the respondent to the child. The other category may be used in rare cases. For example, a legal guardian who is a friend but who is not related to the child biologically or through marriage.
4. If the child has lived with the parent for 1 year or more, indicate the number of years. If the child has lived with the parent for less than a full year, then indicate the number of months.
- 5-5a. Some children have lived separately from their parents. We are interested in periods of separation from the primary caregiver that lasted AT LEAST 6 months. If a child has lived in separate residence from the parent for 6 months or more at any time in their lives, the parent should indicate which years of the child's life they lived separately.
- 6-9a These questions are only asked if the BIOLOGICAL mother is NOT the parent accompanying the child. Please pay close attention to the skip patterns. The questions allow us to determine if the child's biological mother is alive and how much time the child has spent living with the mother or living separately. Many children live part year with one parent and part year with another. In some cases, a child may have never met his/her biological mother.
- 10-13a These questions are only asked if the BIOLOGICAL father is NOT the parent accompanying the child. Please pay close attention to the skip patterns. The questions allow us to determine if the child's biological father is alive and how much time the child has spent living with the biological father or living separately from him. Many children live part year with one parent and part year with another. In some cases, a child may have never met his/her biological father.



INSTRUCTIONS FOR THE REPEAT VISIT ID FORM RVI Version 1, 8/19/11

General Instructions:

A few participants will be invited to come back for a repeat visit 4-8 weeks after the original visit under a different ID. The Repeat Visit ID form is to document both the original participant ID and the repeat visit ID for these participants. This form is different from the Phantom form (PHT). The Repeat Visit ID form documents the phantom ID number **between** visits while the Phantom form documents the phantom ID **within** the same visit. Both the Phantom form and this Repeat Visit ID forms contain confidential information and should not be revealed outside the participants' field center and the Coordinating Center .

Both the participant ID labels and phantom ID labels (for data collection forms) will be generated by a web-based Data Management System (DMS). Field center staff will print the ID labels locally.

The field center IDs for the Data Entry System are B0000000, C0000000, M0000000 and S0000000 for Bronx, Chicago, Miami, and San Diego, respectively.

Specific Instructions:

Item 1. Affix the original participant ID labels for Item 1 if data is collected on paper first. Scan the ID labels to auto-fill Item 1 in the Data Entry System.

Item 2. Affix the repeat visit ID labels for Item 2 if data is collected on paper forms first. Scan the ID labels to auto-fill Item 2 in the Data Entry System.

Item 3. Record date of the repeat visit of a participant in MM/DD/YYYY format.

Item 4. Record code number for the staff who assigned the repeat visit ID number.

SOL Youth Study QxQ Instructions
SAE Youth social attitudes toward weight scale – Child

1. This 7-item scale is a modified version of a previous scale measuring the youth's attitude about their weight given social norms and social pressure. Essentially this question is asking how strongly social norms are influencing the youth.
2. Responses are made on a 5-point Likert type scale from 1=completely disagree to 5=completely agree.
 - a. Sometimes younger children have a hard time with 5-point scales. The best approach to this is to determine if they are in agreement or disagreement first (so determine whether they are more to the right of neutral or to the left of neutral. Once you determine which end of the scale they are on, then you can ask them if they feel that way 'strongly' or 'just so-so'. If they feel that way strongly, then mark 'agree' or disagree'. If they feel that way 'so-so' then select 'slightly agree' or slightly disagree'. The point here is to not overwhelm them with the full scale if you already know they are on one end versus another.



SOL Youth Study QxQ Instructions

Sitting Blood Pressure–(SBP)

Youth

General Instructions

This form records information on the collection and results of blood pressure and pulse measurements. Average systolic and diastolic blood pressure values will be reported to the participant's parent at the end of the field center examination. Staff should follow all guidelines and procedures described in section 10 of MOP 1.

If SBP is outside of normal values, according to age and gender, follow procedures described in **MOP 1-Section 21-Report Of Study Results, Medical Referrals and Notifications.**

QXQ Instructions

- Q1 Select which arm was used to take measurements.
- Q2 Record the participant's arm circumference (in *cm*).
- Q3 Mark which cuff size was used for measurements.
- Q4 Record the time of measurement.
- Q5-7 Record average measurements using the OMRON monitor as indicated in **MOP 1-Section 10.4.-Recording OMRON Results.**
- Q8-16 Record the systolic and diastolic blood pressures and pulse rates for the first, second, and third measurements.



HCHS/SOL Question by Question Instructions, Screening Call Tracking Form (SCT), Version 1 SOL Youth

General Instructions

Screening Call Tracking Form (SCT) is completed at the conclusion of household screening. The form contains a single summary status code for the household. This form is used to report household level eligibility after completing the Household Screening Form (HSR) for a household.

Each SCT form should then be entered into the SOL Youth study data management system within 48-72 hours after completion. Recruitment information reports are being generated from data entered on CDART to be shared with the SOL Youth Steering Committee.

Note: If the participant (i.e. parent/legal guardian) no longer lives in the address he/she lived when they participated in the HCHS/SOL study, a new Household-ID needs to be assigned. Proceed to select an unused HHID from the HCHS/SOL study assigned to your site.

Question by Question Instructions

Q1 Date of initial contact taken from the worksheet portion of the form. This date marks when the screening process began for a household. Fully complete the fields in month / day / year format.

Q2 The question captures the final summary status code that results from administration of the household screen and roster.

Unable to contact household after repeated attempts – all contacts have been unsuccessful in reaching a respondent at the selected address, including in person visits and phone calls.

Able to contact household but household refused screening – the respondent contacted at the selected sample address refused to answer screening questions. This is a hard refusal.

Able to contact household but screening not fully completed, household eligibility is unknown – the recruiter started the screening process, but did not complete the first page of the HSR where household eligibility is determined.

Screening completed, household not eligible – the household screens out on the HSR because there are no children from HCHS/SOL participants in the eligible age range.

Screening completed and present household not eligible, contact reported that eligible participants have moved to a new address. Proceed to assign new HouseholdID when participant is contacted for screening and roster completion.

Screening completed, household eligible, but parent/legal guardian or child refuses to participate there are children in this address that meet selection criteria, but the gatekeepers refuse the roster and/or participate any further. The roster was not completed for this household.

Screening completed, household eligible, and respondent agrees to participate– there are children of Hispanics /Latinos that participated in the HCHS/SOL study at the address who meet the selection criteria, and the gatekeeper agrees to the roster of the household. The roster was completed for this household.

Q3 Date of final contact taken from either the worksheet portion of the form, or from the HSR. This date is when the eligibility of the Household itself has been determined, and the final status code was assigned as a result of that screen.



SOL Youth Study QxQ Instructions

Serious Adverse Event Form (SEE)

Youth

General Instructions

This form should be completed within 24 hours of an serious adverse event. An adverse event is serious if it affected a pregnant study participant, a fetus or a newborn, or if it results in any of the following outcomes: Death, A threat to life, Requires (inpatient) hospitalization, Likely causes persistent or significant disability or incapacity, Likely associated with a congenital anomaly or birth defect, Requires treatment to prevent one of the outcomes listed above, other than for pre-existing conditions detected as a result of participation in SOL Youth, its tests and examination protocol. Serious adverse events are therefore unanticipated and unexpected, whether study related or otherwise.

Refer to SOL Youth MOP 1-Section 20-Participant Safety- for detail instructions in how to handle and report emergencies.

QXQ Instructions

A. Event Information

- 1-5. Fill in the requested information as thoroughly as possible. No abbreviations should be used for any of the items.
6. If “d. Other”, be sure to give a brief description in the space provided.
7. If “d. Other”, be sure to give a brief description in the space provided.
8. Describe the event as thoroughly as possible in a notelog in the CDART.
9. Mark the appropriate box to specify if it is “Ongoing” or “Resolved” event.
10. Regardless of if the event is “Ongoing” or “Resolved” as indicated in question 9; describe the action that was take in response to the event as thoroughly as possible in a notelog in the CDART.
11. Select the box that best represents the likelihood of this event being related to participation in SOL Youth.

B. Actions Taken by Investigators

- 12-16. Fill in the requested information as thoroughly as possible. No abbreviations should be used for any of the items.

SOL Youth Study QxQ Instructions
SFE Youth School Food Environment – Child

1. This scale assesses the youth's perceptions of the school's food environment. It includes questions on nutrition information, food and drink vending machines,
2. There are numerous skip patterns and it is important to follow these correctly. For example, if there are no food vending machines in the school, then skip to Question 3.
3. If the interview is occurring during the summer, ask the youth to think about the past school year when answering the questions.
4. Elaboration on Question 1: This question is assessing how often the school sends information home about the nutrition of foods offered at the school. This could include but is not limited to information about healthy offering at snack bars, the number of calories in a particular dish, initiatives to promote healthy eating, etc.
5. Elaboration on Question 2-5: If the food and drink vending machines are only available to adults in the school, then just log 2a, 3a, 4a, and 5a as zero.
6. Elaboration on Question 2a, 3a, 4a, and 5a: For ease, ask the child to think about a typical week.
7. Elaboration on Question 3: Fruits is provided as an example but other examples can include pretzels or other healthier items (compared with just candy and chips). Importantly, this question asks about vending machines that ONLY sell healthy options. Do not count vending machines that may have one or more healthy options but also unhealthy options like chips and candy.
8. Elaboration on Question 5: 100% juice and water are provided as examples but other examples can include sparkling water and lower-fat milk.
9. Elaboration on Question 6: If the salad bar is only available to adults in the school, then just log 6a as zero. Salad bars can be large or small but in general should include a variety of fruits and vegetables that are self-serve.
10. Elaboration on Question 7: Similar to the questions on away-from-home foods, this question is asking about whether the youth buys any food from mobile vendors. In addition to carts and trucks, this can also include ice cream wagons or people on a bicycle with a cart.
11. Elaboration on Question 11 and 12: It does not matter whether the youth pays for the meals or not. Thus, determine how often they eat at the school cafeteria or snack bar, whether or not they are on free and reduced school food program.

12. Elaboration on Question 10 and 12: Responses to questions 10 and 12 should not total more than 5 days per week.

SPE – SOCIO-ECONOMIC STATUS – PARENT

Questions in this section refer to health insurance coverage in the PAST YEAR. For individuals interviewed in 2010, the past year would be 2009. For individuals interviewed in 2011, the past year would be 2010. Please indicate the appropriate year when interviewing respondents.

1. These questions refer to individual's CURRENT relationship status. To allow for the fact that many individuals are not legally married but live with a partner, we have provided separate categories for single individuals who have never married and are not living with a partner and single individuals who have never married and who are living with a partner. Individuals who are divorced or widowed but who are currently single and living with a partner, should be classified as single and living with a partner. Individuals who were divorced or widowed and have re-married should be classified as legally married. Only individuals who were divorced or widowed and are now living alone should be classified as divorced or widowed. Individuals who are still legally married and have separated from their legal partner, but have begun living with a new partner would be classified as single, living with a romantic partner. Individuals who have separated from their partner cannot legally remarry.
2. This question is only asked of individuals who are legally married. For a variety of reasons (e.g., jobs in separate states), legally married individuals are not always able to live together.
3. A person who is earning some income in return for the services or work they provide is considered employed. Please read the response categories in their entirety. The question distinguishes between part-time (less than 35 hours) and full-time (over 35 hours) workers. If the partner works multiple jobs, ask them to think of ALL their jobs and indicate how many hours they work in a typical week.

The question also distinguishes between the unemployed (i.e. persons looking for work) and persons not in the labor force (e.g. homemakers or full-time students). If the respondent indicates that her partner is unemployed, please probe to determine whether they are still looking for work. If the respondent indicates that her or his partner is a stay-at-home mother or father, then confirm that they are not employed and not looking for work. Check box (4) in this case.
4. Many people work at more than one job. For example, they may have one full-time job in the day and a second job on evenings or weekends. Indicate the number of paid jobs that the individual is currently working at in a typical week. Do not include voluntary work that provides no pay.
5. This question refers to PERMANENT DISABILITIES which may prevent the partner from working (e.g., deafness, blindness, missing limb, etc...). A temporary illness or chronic illness (e.g., asthma) is not considered a disability.

6. Individuals may retire from one job and work at another. If an individual has ever retired from a job, please indicate that they are retired even if they continue to be working at another job.
7. If an individual is a full-time or part-time student, then indicate that s/he is a student. A student is anyone in K-12th grade or enrolled in a vocational/trade school, community college program, 4-year college program, or graduate degree program.
8. Indicate the highest level of schooling completed. If the respondent is currently enrolled in school, fill in the highest level completed as of the previous year. For example, an individual currently enrolled in a 4-year college degree program but who has not yet graduated with their degree would be coded as having completed "some college or a 2-year degree."
9. Individuals can obtain income from several different sources. Please read each response category and indicate whether the respondent has received income from that source. It would be highly unusual for a person to have no source of income (n). If a person indicates that they have no income, please probe and ask how they obtained money in the past 12 months and repeat the income categories provided. Individuals earning money through illicit activities would be considered self-employed and can either indicate that they obtain money through employment (a) or self-employment (m).
10. These questions ask about public assistance programs available to lower income families. Mark all the boxes that apply.
- 11-13. This question refers to the past TAX YEAR. For individuals interviewed in 2011, the past TAX YEAR is January 2010-December 2010. For individuals interviewed in 2012, the past TAX year is January 2011-December 2011. If individuals complete a tax return each year, it may help them to recall the total amount of income that they reported on their income tax form. Because individuals have difficulty remembering the exact amount of income, we utilize unfolding brackets and approximate income within \$5,000 increments for individuals with less than \$30,000 per year and in \$10,000-\$25,000 increments for individuals earning over \$30,000 per year.
14. Include all persons supported by the income in 11-13 regardless of whether they physically live in the household.
- 15a-e. These items measure economic stress. Please read each item and indicate whether the respondent has experienced the problem in the past 12 months.

16. Check the box that best describes the children's primary residence. The primary residence is the residence where the child lives for the majority of the week or year. Individuals living in motels or homeless shelters should indicate "other."
17. Please only include vehicles where are operational.
18. Indicate all persons living in the primary residence of the child. Household members may include individuals who are not part of the family unit but who share the home.

STE – SCHOOL TYPE -- PARENT

1. This question aims to identify the type of school children attend. If clarification is needed for the respondent, the interviewer may use the definitions below. These types are defined as follows:

PUBLIC

A public school is one owed and operated by a state or local government. Individuals are not required to pay to attend a public school.

Although CHARTER schools are considered public schools, if a respondent indicates that their child attends a charter school, then check the OTHER category. MAGNET schools and other specialty schools operated by the public sector should be classified as public.

PRIVATE- NON RELIGIOUS

A private school is one that costs money to attend. A private school which does not have any religious affiliation is a private, non-religious school.

PRIVATE – RELIGIOUS

A private school is one that costs money to attend. A private school operated by a religious organization is a private-religious school. For example, a CATHOLIC school would be a private religious school.

OTHER – CHARTER SCHOOL

Most schools should be classified as public or private. In some areas of the country, children may attend a charter school. These schools are quasi-public schools. Charter schools are nonsectarian public schools of choice that operate with freedom from many of the regulations that apply to

traditional public schools. Charter schools are funded by the state and students do not typically have to pay to attend them.

SOL Youth Study QxQ Instructions, Social Support from Friends – Child (SSE)

1-4 The Multidimensional Scale of Perceived Social Support (PSSS) is a validated 12-item instrument designed to assess perceptions about support from family, friends and a significant other. The items are focused on the friends subscale relating to the source of support, with scores ranging from 1 to 4. High scores indicate high levels of perceived support. Social support is believed to contribute a moderating influence between stressful life events and depression. The four questions identify perceived level of social support. In answering the questions, respondents should think about their OWN experiences in the PAST 12 MONTHS. If needed the following clarifications can be provided about the response categories.

- | | |
|----------------------|---|
| 1. STRONGLY DISAGREE | This statement does NOT describe my feelings at all. |
| 2. DISAGREE | This statement does NOT really describe my feelings except maybe once in a while. |
| 3. AGREE | This statement sometimes describes my feelings but not always. |
| 4. STRONGLY AGREE | This statement (almost) always describes my feelings. |



SOL Youth Study QxQ Instructions

Safety Checklist for Fitness Step Test v2–(SST v2)

Youth

General Instructions

This questionnaire assesses eligibility for the Fitness Step Test. If at any point the participant is deemed ineligible, end the questionnaire.

QXQ Instructions

- Q1-1c These questions ask if the participant has ever been diagnosed with asthma and how often/what medications are used to control it. Mark the participant's responses. Follow the skip patterns and end the questionnaire if the participant is deemed ineligible.
- Q2-3 These questions assess whether the participant has any injuries or surgeries that would make him/her ineligible for the step test. Mark the participant's response and end the questionnaire if ineligible.
- Q4 Collection and listing of medication in MUE must be done before the Fitness Step Test. Use the medication listing in MUE and the contra-indicate medication listing in Appendix 1 of MOP 1 to determine eligibility. Select the appropriate response.

SOL Youth Study QxQ Instructions, School Type – Parent EC (STE)

1. This question aims to identify the type of school children attend. If clarification is needed for the respondent, the interviewer may use the definitions below. These types are defined as follows:

PUBLIC

A public school is one owned and operated by a state or local government. Individuals are not required to pay to attend a public school.

Although CHARTER schools are considered public schools, if a respondent indicates that their child attends a charter school, then check the OTHER category. MAGNET schools and other specialty schools operated by the public sector should be classified as public.

PRIVATE- NON RELIGIOUS

A private school is one that costs money to attend. A private school which does not have any religious affiliation is a private, non-religious school.

PRIVATE – RELIGIOUS

A private school is one that costs money to attend. A private school operated by a religious organization is a private-religious school. For example, a CATHOLIC school would be a private religious school.

OTHER – CHARTER SCHOOL

Most schools should be classified as public or private. In some areas of the country, children may attend a charter school. These schools are quasi-public schools. Charter schools are nonsectarian public schools of choice that operate with freedom from many of the regulations that apply to traditional public schools. Charter schools are funded by the state and students do not typically have to pay to attend them.

HCHS/SOL Youth Study QxQ Instructions, Tanner Assessment Female & Male Forms

General instructions:

First, read the suggested script that appears in the protocol to the parent and child:

“Children go through many biological changes around the same age as your own child(ren). Some of these changes include maturation of their bodies. We would like to determine at what stage of maturation your child is in. In order to accurately assess this, we would like to briefly visually examine your child. This examination will be similar to how your own doctor periodically assesses your child, except we will not touch your child. For girls, we will view their breasts and genitalia and for boys we will only view their genitalia. This visual inspection will take less than 1-2 minutes. You may stay in the room with your child during this part of the visual examination.”

If either the child or parent does not agree to the examination, then ask if they will agree to a self-assessment. If either the parent or the child declines the self-assessment, then no assessment will be made. If they both agree to the self-assessment, then provide the appropriate forms to the child (male or female) and read the instructions to the child. After the child has completed the forms, collect the forms. The assessment is complete.

If both the child and parent agree to a visual examination, provide an examination gown for the child to change into and give the child a few minutes to change. Once the physician is in the room, he or she asks the child to disrobe and completes the assessment forms following the guidelines described in each. Further instructions for each question and section in the Tanner Assessment forms used during visual examinations and for self-assessments are below.

After the visual examination, remember to ask the parent and child if they also agree to complete a self-assessment for quality control purposes. If they both agree, provide the appropriate forms to the child (male or female) and read the instructions to the child. If either disagrees, then the assessment is complete.

Q1 (during visual examination for both females and males)

If the participant has no pubic hair or seems to shave, ask him/her whether he/she shaves or trims his/her pubic hair. If the participant is female and responds “yes,” only conduct a breast development visual examination. Ask the participant whether she agrees to fill out a self-assessment for pubic hair development only, providing the necessary forms and reading the instructions if she agrees. If she does not agree, the assessment will only be made for breast development and a note will be added to DMS to indicate why only a partial assessment appears.

Similarly, if the participant is male and responds “yes,” only conduct a genitalia development visual examination. Ask the participant whether he agrees to fill out a self-assessment for pubic hair development only, providing the necessary forms and reading the instructions if he agrees.

If he does not agree, the assessment will only be made for genitalia development and a note will be added to DMS to indicate why only a partial assessment appears.

Male Self-Assessments

Part A:

Part A assesses the genitalia development of males. Read the instructions to the participant. Let the participant know he must look at the drawings and also read the description for each of the five stages. He must then mark only one box that is closest to his current stage of development.

Part B:

Part B assesses the pubic hair development of males. Read the instructions to the participant. Let the participant know he must look at the drawings and also read the description for each of the five stages. He must then mark only one box that is closest to his current stage. If the participant shaves or trims his pubic hair, he should mark how it would look if he has not shaved. If the participant is unable to answer, then the section should be coded as “=” in the DMS.

Male Visual Assessments

Part A:

Part A assesses the pubic hair development of males. If the participant has indicated that he does not shave or trim his pubic hair, this assessment will be made. Forms the physician uses have more detailed pictures and descriptions. Look at each picture and read each description to then mark the stage that the participant is currently in.

Part B:

Part B assesses the genitalia development of males. Forms the physician uses have more detailed pictures and descriptions. Look at each picture and read each description to then mark the stage that the participant is currently in.

Female Self-Assessments

Part A:

Part A assesses the breast development of females. Read the instructions to the participant. Let the participant know she must look at the drawings and also read the description for each of the five stages. She must then mark only one box that is closest to her current stage of development.

Part B:

Part B assesses the pubic hair development of females. Read the instructions to the participant. Let the participant know she must look at the drawings and also read the description for each of the five stages. She must then mark only one box that is closest to her current stage. If the participant shaves or trims her pubic hair, she should mark how it would look if she has not shaved. If the participant is unable to answer, then the section should be coded as “=” in the DMS.

Female Visual Assessments

Part A:

Part A assesses the pubic hair development of females. If the participant has indicated that she does not shave or trim her pubic hair, this assessment will be made. Forms the physician uses have more detailed pictures and descriptions. Look at each picture and read each description to then mark the stage that the participant is currently in.

Part B:

Part B assesses the breast development of females. Forms the physician uses have more detailed pictures and descriptions. Look at each picture and read each description to then mark the stage that the participant is currently in.

SOL Youth Study QxQ Instructions
TUE Tobacco susceptibility – Child

1. This scale assesses how susceptible the youth is to tobacco use, including whether he/she is currently using tobacco. As indicated in the instructions, this scale is about cigarette use and **not** other types of tobacco (e.g., pipe smoking)
2. There are a number of skip patterns here that need to be followed carefully.
 - a. For example, if the youth indicates that he/she has never smoked a cigarette, then the interviewer should skip to Question 3.
3. Elaboration on Question 5: If the youth is unable to remember, ask him/her to respond as best as possible. For example, “Okay, I understand that it might be hard to remember. Can you give me your best guess of how many days you smoked during the past 30 days?”
4. Elaboration on Question 6: If the youth is unable to remember, ask him/her to respond as best as possible. For example, “Okay, I understand that it might be hard to remember. Can you give me your best guess of how many cigarettes you smoked?”

SOL Youth Study QxQ Instructions

TVE Youth Food Practices with TV/Video viewing – Child

1. This scale assesses how often during the past week, the family ate dinner with the TV on and in front of the TV.
2. Response options are from 0=Never to 4=Every-day.
3. Elaboration Question 1: It does not matter if the family can actually watch the TV, it is just whether the family eats meals together with the TV on.

SOL Youth Study QxQ Instructions
UNE Youth Unger AHISMA scale – Child

1. This scale is a brief bidimensional measure of acculturation. It captures whether the youth is more closely connected to the US, their country of origin, both or neither. This is quite consistent with the acculturation scale and will help us classify the youth as assimilated, traditional, bicultural, or marginalized.
2. Responses are made using four options: 1=US, 2=Country of origin, 3=both, and 4=neither.
3. The response option of “The United States” is not limited to Whites. It can include any non-White such as African-Americans, Asian-Americans, etc.
4. If the youth has family from many different countries, ask him/her to think about the country that makes their family Latino/Hispanic, for example, Mexico, Guatemala, Peru, or any other Central American or South American country.

SOL Youth Study QxQ Instructions
WEE Youth Workout Equipment Use at Home – Child

1. This scale assesses whether various types of activity promoting equipment are available in the home, and if available how often the youth uses them. The scale includes up to 9 different types of equipment.
2. It does not matter whether the equipment and toys belong to the child or a sibling but the equipment/toys must reside in the home.
3. If the youth has only used one of the items in the row, that is okay, please code that information.
4. If needed, it is okay to tell the youth to think about a typical week when responding to the questions.