



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

NHLBI grant: Ancillary to HCHS/SOL: Hispanic Community Children's Health Study of Latino Youth ([R01 HL102130](#); S Bangdiwala, G Ayala, M Carnethon, A Delamater, J Eckfeldt, J Himes, C Isasi, & K Perreira)

SOL Youth CDART Forms and ID Types

Administrative Forms

CKC - Clinic Checklist Child
CKP - Clinic Checklist Parent
IAT - Informed Assent Tracking Child
IAU - Informed Assent Update Tracking Child
ICT - Informed Consent Tracking Parent
ICU - Informed Consent Update Tracking Parent
IYT - Informed Assent Young Adult Tracking
IYU - Informed Assent Young Adult Update Tracking
MEE - Minor Adverse Event Form
PHT - Phantom Form
PSE - Participant Safety Screening ES
RET - Report Tracking
SEE - Serious Adverse Event

Both Parent & Child Forms

ASE - Acculturative Stress ES
BAE - ARSMA ES
EAE - Ethnic Affirmation and Belonging ES
FFE - Family Function ES

Child Forms

AEE - After School Physical Activity Environment ES
AFE - Away from Home Foods ES
AUE - Alcohol Susceptibility ES
BIE - Body Image ES

CDE - Child Depression Inventory ES
DCE - Demographics Child ES
EDE - Eating Disorders ES
FSE - Dietary and Physical Activity Support ES
LSE - How I Feel Scale ES
MAE - Multidimensional Anxiety Scale ES
PAE - Physical Activity ES
PCE - Parenting for Eating and Physical Activity ES
PDE - Pubertal Development Scale ES
RCE - Family Relationship ES
RVI - Repeat Visit ID Form
SAE - Social Attitudes Toward Weight ES
SFE - School Food Environment ES
SLE - Sleep Duration ES
SSE - Social Support from Friends ES
TUE - Tobacco Susceptibility ES
TVE - Food Practices with TV Video Viewing ES
UNE - AHISMA Scale ES
WEE - Workout Equipment Use at Home ES

Parent Forms (Each Child)

APE - Authoritative Parenting Index ES
HCE - Health Insurance Child ES
MHE - Medical History ES
MUE - Medication Use ES
PME - Premigration ES
RPE - Family Relationship ES
STE - School Type ES

Parent Forms

BNE - Barriers to Activity in Neighborhood ES
DPE - Demographics Parent ES
DSE - Demographics Partner Spouse ES
ECE - Equipment Checklist in Home ES
FAE - Familism ES
FHE - Foods in the Home ES
FME - Family Meals ES
FNE - Food and Neighborhood Environment ES
FOE - Food Security ES
HPE - Health Insurance Parent ES
NSE - Neighborhood SES ES
PPE - Parenting for Eating and Physical Activity ES
SPE - SES ES

Procedures Forms

ANT - Anthropometry ES

AQC - Anthropometry QC ES

BIO - Biospecimen Collection ES

FST - Fitness Step Test

SBP - Sitting Blood Pressure

SST - Safety Checklist for Fitness Step Test ES

TPF - Tanner Staging Procedure Female ES

TPM - Tanner Staging Procedure Male ES

TSF - Tanner Staging Female Child

TSM - Tanner Staging Male Child English

TSM - Tanner Staging Male Child Spanish

Tanner Staging Female Child Drawing References

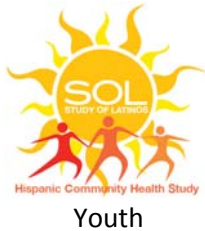
Tanner Staging Male Child Drawing References

Recruitment Forms

ELE - Individual Eligibility Checklist ES

HSR - Household Screening Form ES

SCT - Screening Call Tracking



SOL Youth CDART Forms and ID Types

HCHS/SOL Youth ID types

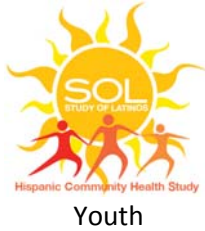
- 1.) **Field Center IDs** identify the field center to which the participant belongs.
- 2.) **Household IDs** (HHID) identify a particular eligible household that has been randomized by the Coordinating Center. The list of HHIDs identifies active HCHS/SOL participants who have completed core components of HCHS/SOL and who may have children living in their households.
- 3.) **Parent IDs** identify the HCHS/SOL participant that will also be a HCHS/ SOL Youth participant.
- 4.) **Child IDs** identify the eligible child of the HCHS/SOL participant.
- 5.) **Phantom IDs**

SOL Youth participant IDs are 8 characters long with the following format:

- Character 1: Site Identifier (B, C, M, S for Bronx, Chicago, Miami, San Diego, respectively.)
- Characters 2-7: Participant ID number
- Character 8: Check Digit (based on published algorithm, used for input validation of ID)

Study ID numbers for participants enrolled in the SOL Youth study are created and assigned to each field center by the CC as part of the recruitment process (see section “Eligibility Criteria”, of manual 1 for more details). Bar coded study ID labels for use on data collection forms can be generated in CDART by selecting the study ID for which you want to print a sheet of label stock.

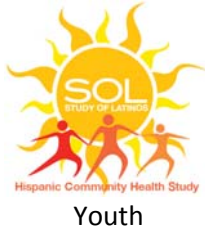
The following table specifies which ID type should be used for each form. The **Questionnaires** column lists the form name, **Acronym** lists the form code, **ID Type** specifies which of the above IDs to use. The form list is separated into sections by type of form (administrative, both, child, each child, etc.) and ordered alphabetically by the form code within each section. Forms that should be completed under *both* the parent and child IDs will have “Child, Parent” listed as their ID type. The exception to this is for the MEE and SEE forms, which can be completed for the parent OR the child in the event of a minor or serious adverse event.



SOL Youth CDART Forms and ID Types

Questionnaires	Acronym	ID Type
Administrative		
Clinic Checklist - Child	CKC	Child
Clinic Checklist - Parent	CKP	Parent
Informed Assent Tracking - Child	IAT	Child
Informed Assent Update Tracking - Child	IAU	Child
Informed Consent Tracking - Parent	ICT	Child
Informed Consent Update Tracking - Parent	ICU	Child
Informed Assent Older Children Tracking - Child	IYT	Child
Informed Assent Older Children Update Tracking - Child	IYU	Child
Minor Adverse Event Form	MEE	Child, Parent
Phantom Form	PHT	Phantom
Participant Safety Checklist	PSE	Child
Report Tracking	RET	Child
Repeat Visit ID	RVI	Field Center
Serious Adverse Event	SEE	Child, Parent
Both Parent and Child		
Acculturative Stress	ASE	Child, Parent
ARSMA	BAE	Child, Parent
Ethnic Affirmation and Belonging	EAE	Child, Parent
Family Function	FFE	Child, Parent
Children Only		
After School Physical Activity Environment	AEE	Child
Away from Home Foods	AFE	Child
Alcohol Susceptibility	AUE	Child
Body Image	BIE	Child
Child Depression Inventory	CDE	Child
Demographics	DCE	Child
Eating Disorders	EDE	Child
Dietary and Physical Activity Support	FSE	Child
How I Feel Scale	LSE	Child
MASC-10	MAE	Child
Physical Activity	PAE	Child
Parenting for Eating and Physical Activity	PCE	Child
Pubertal Assessment	PDE	Child
Family Relationship	RCE	Child

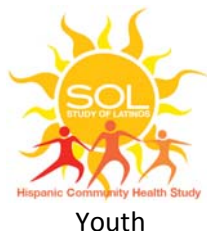
*MEE/ SEE -can be completed for the parent or the child in the event of a minor/serious adverse event.
 SOL_Youth_FormsandIDTypes_100912



SOL Youth CDART Forms and ID Types

Questionnaires	Acronym	ID Type
Children Only		
School Food Environment	SFE	Child
Sleep Duration	SLE	Child
Social Support from Friends	SSE	Child
Tobacco Susceptibility	TUE	Child
Food Practices with TV Video Viewing	TVE	Child
AHISMA Scale	UNE	Child
Workout Equipment Use at Home	WEE	Child
School Food Environment	SFE	Child
To Parent About Each Child		
Authoritative Parenting Index	APE	Child
Health Insurance	HCE	Child
Medical History	MHE	Child
Medication Use	MUE	Child
Pre-migration	PME	Child
Family Relationship	RPE	Child
School Type	STE	Child
Parent Only		
Barriers to Activity in Neighborhood	BNE	Parent
Demographics	DPE	Parent
Demographics - Partner/Spouse	DSE	Parent
Equipment Checklist in Home	ECE	Parent
Familism	FAE	Parent
Food in the Home	FHE	Parent
Family Meals	FME	Parent
Food and Neighborhood Environment	FNE	Parent
Food Security	FOE	Parent
Health Insurance	HPE	Parent
Neighborhood SES	NSE	Parent
Parenting for Eating and Physical Activity	PPE	Parent
SES	SPE	Parent

*MEE/ SEE -can be completed for the parent or the child in the event of a minor/serious adverse event.
SOL_Youth_FormsandIDTypes_100912



SOL Youth CDART Forms and ID Types

Questionnaires	Acronym	ID Type
Procedures/Exams		
Anthropometry	ANT	Child, Parent
Anthropometry QC	AQC	Child, Parent
Biospecimen Collection	BIO	Child
Fitness Step Test	FST	Child
Sitting Blood Pressure	SBP	Child
Safety Checklist for Fitness Step Test	SST	Child
Tanner Staging Procedure - Female	TPF	Child
Tanner Staging Procedure - Male	TPM	Child
Tanner Staging - Female - Child	TSF	Child
Tanner Staging - Male - Child	TSM	Child
Recruitment		
Individual Eligibility Checklist	ELE	Child
Household Screening Form	HSR	HHID
Screening Call Tracking	SCT	HHID



**HCHS/SOL: SOL-Youth
Clinic Check List (CKC vers. 1)**

Child

Child ID NUMBER:									
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Contact Occasion	0	1	SEQ #	0	1
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Visit Date: ___/___/_____

Child Preferred Language:
English Spanish

Parent ID NUMBER:									
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1. Pre-visit screen and reminders <input type="checkbox"/>	Comment:	Staff ID:		
2. 1 st Incentive (Gift-card): Y N	3. 2 nd Incentive (\$): Y N	Comment:		
4. Special Needs: N Y	Comment:	Staff ID:		
Start Time	End Time	Form/Procedure	Comments/Notes	Staff ID:
5.		Assent: <input type="checkbox"/> Contact: <input type="checkbox"/> HIPAA: <input type="checkbox"/> Follow Up: <input type="checkbox"/>		
6.		Change clothes <input type="checkbox"/>		
7.		Anthropometry (ANT) <input type="checkbox"/>		
8.		Seated BP (SBP) Av. SBP: _____ / DBP: _____ <input type="checkbox"/>		
9.		Phlebotomy (BIO) <input type="checkbox"/> QC Sample <input type="checkbox"/>		
10.		Snack <input type="checkbox"/>		
11.		24-hr dietary recall, 24hr. supplements <input type="checkbox"/>		
12.		Fitness Step Test (FST) <input type="checkbox"/>		
13.		Tanner Staging (TSF/TSM) Selected <input type="checkbox"/> Conducted <input type="checkbox"/>		
		Questionnaires – administer to child:		
14.		Demographics - Child (DCE) <input type="checkbox"/>		
15.		ARSMA Scale (BAE) <input type="checkbox"/>		
16.		Ethnic Affirmation and Belonging (EAE) <input type="checkbox"/>		
17.		AHISMA Scale (UNE) <input type="checkbox"/>		
18.		Acculturative Stress (ASE) <input type="checkbox"/>		
19.		**Child Depression Inventory - Short (CDE) <input type="checkbox"/>		
20.		**MASC-10 (MAE) <input type="checkbox"/>		
21.		Eating Disorders (EDE) <input type="checkbox"/>		
22.		Family Relationship - Child (RCE) <input type="checkbox"/>		
23.		Family Function (FFE) <input type="checkbox"/>		
24.		Social Support from Friends (SSE) <input type="checkbox"/>		
25.		Dietary/Physical Activity Support (FSE) <input type="checkbox"/>		
26.		Parenting for Eating and PA - Child (PCE) <input type="checkbox"/>		
27.		Body Image (BIE) <input type="checkbox"/>		
28.		Social Attitudes Towards Weight (SAE) <input type="checkbox"/>		
29.		Physical Activity (PAE) <input type="checkbox"/>		
30.		Workout Equipment Use in Home (WEE) <input type="checkbox"/>		
31.		After-School Environment (AEE) <input type="checkbox"/>		

Start Time	End Time	Form/Procedure	Comments/Notes	Staff ID
32.		Away from Home Foods (AFE) <input type="checkbox"/>		
33.		School Food Environment (SFE) <input type="checkbox"/>		
34.		Food Practices w/ TV/Video Viewing (TVE) <input type="checkbox"/>		
35.		Sleep Duration (SLE) <input type="checkbox"/>		
36.		**Pubertal Development Scale (PDE) <input type="checkbox"/>		
37.		**Tobacco Susceptibility (TUE) <input type="checkbox"/>		
38.		**Alcohol Susceptibility (AUE) <input type="checkbox"/>		
39.		**How I feel (LIE) Scale (LSE) <input type="checkbox"/>		
		Questionnaires – administer to parent about child:		
40.		Medical History – Parent EC (MHE) <input type="checkbox"/>		
41.		Family Relationship – Parent EC (RPE) <input type="checkbox"/>		
42.		Med Use/Supplements – Parent EC (MUE) <input type="checkbox"/>		
43.		Health Insurance – Parent EC (HCE) <input type="checkbox"/>		
44.		School Type – Parent EC (STE) <input type="checkbox"/>		
45.		Auth. Parenting Index – Parent EC (APE) <input type="checkbox"/>		
46.		Pre-Migration of Child – Parent EC (PME) <input type="checkbox"/>		
47.		Change clothes <input type="checkbox"/>		
48.		Exit interview & incentive <input type="checkbox"/>		
49.		Activity monitoring instructions <input type="checkbox"/>		
50. Issue of /Return of Activity monitor #: _____ Date out: __/__/____ Date returned: __/__/____				
Re-issue required: Y N monitor #: _____ Date out: __/__/____ Date returned: __/__/____				
51. Summary of Baseline Exam Visit (Circle one): Complete Partial Refusal Cancellation				
52. 2nd Dietary Recall Date: _____ 52a. Type (Circle one): In Person By Phone				
53. Summary of 2nd Dietary Recall (Circle one): Complete Partial Refusal Cancellation				
If Rescheduled, Date: _____				
54. Comments on exam:				

**Denotes self-administered questionnaires.



**HCHS/SOL: SOL-Youth
Clinic Check List - Parent (CKP vers. 1)**

Parent

Parent ID NUMBER:									
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Contact Occasion	0	1	SEQ #	0	1
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Visit Date: _ _ / _ _ / _ _ _ _ _ _

Parent Preferred Language:
English Spanish

1. Pre-visit screen and reminders <input type="checkbox"/>	Comment:	Staff ID:
2. Transportation: Parking <input type="checkbox"/> Pick-Up <input type="checkbox"/> Taxi <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> 2a. Amount Reimbursed (\$):	Comment:	
3. Special Needs: N Y Comment:	Staff ID:	
4. Number of children brought in to participate: _ _ _ _		

Start Time	End Time	Form/Procedure	Comments/Notes	Staff ID:
5.		Consent <input type="checkbox"/> Contact: <input type="checkbox"/> HIPAA: <input type="checkbox"/> Follow Up: <input type="checkbox"/>		
6.		Anthropometry (ANT) <input type="checkbox"/>		
		Questionnaires – administer to parent:		
7.		Demographics - Parent (DPE) <input type="checkbox"/>		
8.		Family Function (FFE) <input type="checkbox"/>		
9.		ARSMA Scale (BAE) <input type="checkbox"/>		
10.		Ethnic Affirmation and Belonging (EAE) <input type="checkbox"/>		
11.		Acculturative Stress (ASE) <input type="checkbox"/>		
12.		Family Meals (FME) <input type="checkbox"/>		
13.		Parenting for Eating and PA - Parent (PPE) <input type="checkbox"/>		
14.		SES-Parent (SPE) <input type="checkbox"/>		
15.		Demographics - Partner/Spouse (DSE) <input type="checkbox"/>		
16.		Health Insurance - Parent (HPE) <input type="checkbox"/>		
17.		Familism (FAE) <input type="checkbox"/>		
18.		Neighborhood SES (NSE) <input type="checkbox"/>		
19.		Foods in the Home (FHE) <input type="checkbox"/>		
20.		Food Security (FOE) <input type="checkbox"/>		
21.		Food and Neighborhood Environment (FNE) <input type="checkbox"/>		
22.		Barriers to Activity in Neighborhood (BNE) <input type="checkbox"/>		
23.		Equipment Checklist in Home (ECE) <input type="checkbox"/>		

24. Summary of Baseline Exam Visit (Circle one): Complete Partial Refusal Cancellation	
25. Comments on exam:	

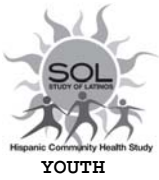
Worksheet to track forms administered to parent about each child (print multiple pages as needed and transfer information to each child's clinic exam checklist (CKC) form, respectively):

Questionnaires – administer to parent about EACH child:			Child ID:	
Start Time	End Time	Form/Procedure	Comments/Notes	Staff ID:
40.		Medical History – Parent EC (MHE) <input type="checkbox"/>		
41.		Family Relationship – Parent EC (RPE) <input type="checkbox"/>		
42.		Med Use/Supplements – Parent EC (MUE) <input type="checkbox"/>		
43.		Health Insurance – Parent EC (HCE) <input type="checkbox"/>		
44.		School Type – Parent EC (STE) <input type="checkbox"/>		
45.		Auth. Parenting Index – Parent EC (APE) <input type="checkbox"/>		
46.		Pre-Migration of Child – Parent EC (PME) <input type="checkbox"/>		

Questionnaires – administer to parent about EACH child:			Child ID:	
Start Time	End Time	Form/Procedure	Comments/Notes	Staff ID:
40.		Medical History – Parent EC (MHE) <input type="checkbox"/>		
41.		Family Relationship – Parent EC (RPE) <input type="checkbox"/>		
42.		Med Use/Supplements – Parent EC (MUE) <input type="checkbox"/>		
43.		Health Insurance – Parent EC (HCE) <input type="checkbox"/>		
44.		School Type – Parent EC (STE) <input type="checkbox"/>		
45.		Auth. Parenting Index – Parent EC (APE) <input type="checkbox"/>		
46.		Pre-Migration of Child – Parent EC (PME) <input type="checkbox"/>		

Questionnaires – administer to parent about EACH child:			Child ID:	
Start Time	End Time	Form/Procedure	Comments/Notes	Staff ID:
40.		Medical History – Parent EC (MHE) <input type="checkbox"/>		
41.		Family Relationship – Parent EC (RPE) <input type="checkbox"/>		
42.		Med Use/Supplements – Parent EC (MUE) <input type="checkbox"/>		
43.		Health Insurance – Parent EC (HCE) <input type="checkbox"/>		
44.		School Type – Parent EC (STE) <input type="checkbox"/>		
45.		Auth. Parenting Index – Parent EC (APE) <input type="checkbox"/>		
46.		Pre-Migration of Child – Parent EC (PME) <input type="checkbox"/>		

Questionnaires – administer to parent about EACH child:			Child ID:	
Start Time	End Time	Form/Procedure	Comments/Notes	Staff ID:
40.		Medical History – Parent EC (MHE) <input type="checkbox"/>		
41.		Family Relationship – Parent EC (RPE) <input type="checkbox"/>		
42.		Med Use/Supplements – Parent EC (MUE) <input type="checkbox"/>		
43.		Health Insurance – Parent EC (HCE) <input type="checkbox"/>		
44.		School Type – Parent EC (STE) <input type="checkbox"/>		
45.		Auth. Parenting Index – Parent EC (APE) <input type="checkbox"/>		
46.		Pre-Migration of Child – Parent EC (PME) <input type="checkbox"/>		



SOL Youth Informed Assent Tracking

ID NUMBER:

FORM CODE: IAT
VERSION: 1 9/22/11

Contact Occasion 01 SEQ # 01

ADMINISTRATIVE INFORMATION

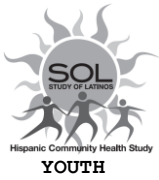
0a. Completion Date: / /
Month Day Year

0b. Staff ID:

Instructions: After obtaining the participants witnessed signature on the informed assent document during the visit, key the responses on this screen from that document. Enter only one form per participant.

1. I agree to participate in the SOL Youth examination and procedures as described in this informed assent.....

No 0
Yes 1



SOL Youth Informed Assent Update Tracking

ID NUMBER:

FORM CODE: IAU
VERSION: 1 4/2/12

Contact Occasion 0 1 SEQ # 0 1

ADMINISTRATIVE INFORMATION

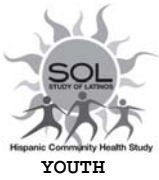
0a. Completion Date: / /
Month Day Year

0b. Staff ID:

Instructions: If any aspect of the original assent (IAT) is modified by the child participant at a later date then enter the completion date and staff ID fields to reflect the time of that change and who recorded the change in consent and key the updated response on this form. Enter only one form per participant.

1. I agree to participate in the SOL Youth examination and procedures as described in this informed assent.....

- No 0
- Yes 1



SOL Youth Informed Consent Tracking

ID NUMBER:

FORM CODE: ICT
VERSION: 1 12/23/11

Contact Occasion SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

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

1. I agree to participate to participate in the SOL Youth examinations and questionnaires as described in this informed consent.....

No 0 → **Go to END**
Yes 1

2. I agree to allow my child to participate in the SOL Youth examinations and questionnaires as described in this informed consent.....

No 0 → **Go to END**
Yes 1

3. I agree to allow the SOL Youth staff to release the results of my child's examinations and **non-genetic tests** to my child's doctor or persons that I designate

No 0
Yes 1

4. I agree to allow my child's samples (blood) to be used for current and future studies done by scientists who collaborate with the SOL Youth investigators.....

No 0
Yes 1

5. I agree to be contacted for future follow ups or additional health-related studies by SOL Youth staff or SOL Youth affiliated staff.....

No 0
Yes 1

6. I agree to allow my child's anonymous (de-identified) **non-genetic data**, information, and samples to be used by investigators not associated with SOL Youth and specialized laboratories.....

No 0
Yes 1

ID NUMBER:							
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FORM CODE: ICT
 VERSION: 1
 12/23/11

Contact Occasion	0	1
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SEQ #	0	1
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7. I agree to allow my child's anonymous (de-identified) **non-genetic data**, information, and samples to be used by commercial or for-profit companies that are not part of SOL Youth to do research to develop new diagnostic tests and medical treatments that may benefit many people.

No 0
 Yes 1

8. I agree to allow my child's samples (blood) to be used to obtain **genetic material** (DNA/RNA) to be stored for future use by SOL Youth and investigators they work with.....

No 0 → **SKIP TO QUESTION 12**
 Yes 1

9. I agree to be notified of **genetic** results that are significant to my child's health or the health of my family. If my child is at least 18 years of age at the time of notification, I understand that he/she will be notified of these results.....

No 0
 Yes 1

10. I agree to allow my child's anonymous (de-identified) **genetic data**, information, and samples to be used by investigators not associated with SOL Youth and specialized laboratories.....

No 0
 Yes 1

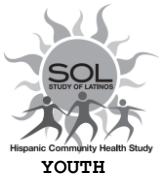
11. I agree to allow my child's anonymous (de-identified) **genetic data**, information, and samples to be used by commercial or for-profit companies that are not part of SOL Youth to do research to develop new diagnostic tests and medical treatments that may benefit many people.....

No 0
 Yes 1

12. Any other restrictions noted ?

0 No restrictions
 1 Other restriction

12a. If Other, specify restriction _____



SOL Youth Informed Consent Update Tracking

ID NUMBER:

FORM CODE: ICU
VERSION: 1 4/2/12

Contact Occasion SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

Instructions: If any aspect of the original consent (ICT) is modified by the parent at a later date then enter the completion date and staff ID fields to reflect the time of that change and who recorded the change in consent and key the updated response on this form. Enter only one form per participant.

1. I agree to participate to participate in the SOL Youth examinations and questionnaires as described in this informed consent.....

No 0 → **Go to END**
Yes 1

2. I agree to allow my child to participate in the SOL Youth examinations and questionnaires as described in this informed consent.....

No 0 → **Go to END**
Yes 1

3. I agree to allow the SOL Youth staff to release the results of my child's examinations and **non-genetic tests** to my child's doctor or persons that I designate

No 0
Yes 1

4. I agree to allow my child's samples (blood) to be used for current and future studies done by scientists who collaborate with the SOL Youth investigators.....

No 0
Yes 1

5. I agree to be contacted for future follow ups or additional health-related studies by SOL Youth staff or SOL Youth affiliated staff.....

No 0
Yes 1

6. I agree to allow my child's anonymous (de-identified) **non-genetic data**, information, and samples to be used by investigators not associated with SOL Youth and specialized laboratories.....

No 0
Yes 1

ID NUMBER:							
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FORM CODE: ICU
VERSION: 1 4/2/12

Contact
Occasion

0	1
---	---

SEQ #

0	1
---	---

7. I agree to allow my child's anonymous (de-identified) **non-genetic data**, information, and samples to be used by commercial or for-profit companies that are not part of SOL Youth to do research to develop new diagnostic tests and medical treatments that may benefit many people.

No 0
Yes 1

8. I agree to allow my child's samples (blood) to be used to obtain **genetic material** (DNA/RNA) to be stored for future use by SOL Youth and investigators they work with.....

No 0 → **SKIP TO QUESTION 12**
Yes 1

9. I agree to be notified of **genetic** results that are significant to my child's health or the health of my family. If my child is at least 18 years of age at the time of notification, I understand that he/she will be notified of these results.....

No 0
Yes 1

10. I agree to allow my child's anonymous (de-identified) **genetic data**, information, and samples to be used by investigators not associated with SOL Youth and specialized laboratories.....

No 0
Yes 1

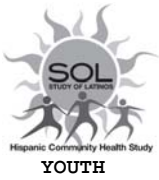
11. I agree to allow my child's anonymous (de-identified) **genetic data**, information, and samples to be used by commercial or for-profit companies that are not part of SOL Youth to do research to develop new diagnostic tests and medical treatments that may benefit many people.....

No 0
Yes 1

12. Any other restrictions noted ?

0 No restrictions
1 Other restriction

12a. If Other, specify restriction _____



SOL Youth Informed Assent Young Adult Tracking

ID NUMBER:

FORM CODE: IYT
VERSION: 2 7/20/12

Contact Occasion SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Field Center (B, C, M, S) → **If =C, then answer Q1 and Q3 only**

Instructions: After obtaining the participants witnessed signature on the informed assent document during the visit, key the responses on this screen from that document. Enter only one form per participant.

1. I agree to participate in the SOL Youth examinations and questionnaires as described in this informed assent.....
No 0 → **Go to END**
Yes 1

2. I agree to allow my samples (blood) to be used for current and future studies done by scientists who collaborate with the SOL Youth investigators.....
No 0
Yes 1

3. I agree to be contacted for future follow ups or additional health-related studies by SOL Youth staff or SOL Youth affiliated staff.....
No 0
Yes 1

4. I agree to allow my anonymous (de-identified) **non-genetic data**, information, and samples to be used by investigators not associated with SOL Youth and specialized laboratories.....
No 0
Yes 1

5. I agree to allow my anonymous (de-identified) **non-genetic** information, and samples to be used by commercial or for-profit companies that are not part of SOL Youth to do research to develop new diagnostic tests and medical treatments that may benefit many people.....
No 0
Yes 1

ID NUMBER:							
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FORM CODE: IYT
VERSION: 2 7/20/12

Contact
Occasion

0	1
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SEQ #

0	1
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6. I agree to allow my samples (blood) to be used to obtain **genetic material** (DNA/RNA) to be stored for future use by SOL Youth and investigators they work with.....

No 0 → **Go to Question 10**
Yes 1

7. I agree to be notified of genetic results that are significant to my health or the health of my family if I am at least 18 years of age at the time of notification.....

No 0
Yes 1

8. I agree to allow my anonymous (de-identified) **genetic data**, information, and samples to be used by investigators not associated with SOL Youth and specialized laboratories.....

No 0
Yes 1

9. I agree to allow my anonymous (de-identified) **genetic data** information, and samples to be used by commercial or for-profit companies that are not part of SOL Youth to do research to develop new diagnostic tests and medical treatments that may benefit many people.....

No 0
Yes 1

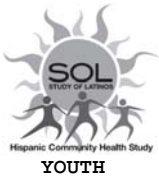
10. I agree to allow SOL Youth personnel to audiotape my answers interviews for quality control purposes only.....

No 0
Yes 1

11. Any other restrictions noted ?

0 No restrictions
1 Other restriction

11a. If Other, specify restriction _____



SOL Youth Informed Assent Young Adult Update Tracking

ID NUMBER:

FORM CODE: IYU
VERSION: 1 7/9/12

Contact Occasion SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Field Center (B, C, M, S) → **If =C, then answer Q1 and Q6 only**

Instructions: After obtaining the participants witnessed signature on the informed assent document during the visit, key the responses on this screen from that document. Enter only one form per participant.

1. I agree to participate in the SOL Youth examinations and questionnaires as described in this informed assent.....

No 0 → **Go to END**
Yes 1

2. I agree to allow the SOL Youth staff to release the results of my examinations and **non-genetic tests** to my doctor or persons that I designate

No 0
Yes 1

3. I agree to allow my samples (blood) to be used for current and future studies done by scientists who collaborate with the SOL Youth investigators.....

No 0
Yes 1

4. I agree to allow my samples (blood) to be used to obtain **genetic material** (DNA/RNA) to be stored for future use by SOL Youth and investigators they work with.....

No 0
Yes 1

5. I agree to allow SOL Youth personnel to audiotape my answers interviews for quality control purposes only.....

No 0
Yes 1

6. I agree to be contacted for future follow ups or additional health-related studies by SOL Youth staff or SOL Youth affiliated staff.....

No 0
Yes 1

ID NUMBER:							
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FORM CODE: IYU
VERSION: 1 7/9/12

Contact
Occasion

0	1
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SEQ #

0	1
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7. I agree to allow my anonymous (de-identified) **non-genetic data**, information, and samples to be used by investigators not associated with SOL Youth and specialized laboratories.....

No 0
Yes 1

8. I agree to allow my anonymous (de-identified) **genetic data**, information, and samples to be used by investigators not associated with SOL Youth and specialized laboratories.....

No 0
Yes 1

9. I agree to allow my anonymous (de-identified) **non-genetic and genetic data**, information, and samples to be used by commercial or for-profit companies that are not part of SOL Youth to do research to develop new diagnostic tests and medical treatments that may benefit many people.....

No 0
Yes 1

10. Any other restrictions noted ?

0 No restrictions
1 Other restriction

10a. If Other, specify restriction _____

ID NUMBER:

FORM CODE: MEE
VERSION: 1 1/13/2012

Contact Occasion:

SEQ #

8. Indicate whether the event is: 1 Ongoing 2 Resolved

9. Describe what action was taken (*Enter in a notelog on DMS.*)

10. Is this type of event foreseen in the Informed Consent or study MOP?

Yes (Go to End) No Don't know

11. Likelihood of relationship to participation in SOL Youth:

- 1- Unrelated (clearly not related)
- 2- Unlikely (doubtful related)
- 3- Possible (may be related)
- 4- Probable (likely related)
- 5- Definite (clearly related)

B. ACTIONS TAKEN BY INVESTIGATORS - Completed by the SOL Youth Coordinating Center

12. Reported to: NHLBI / / OSMB / /

13. Was a change to the protocol made because of this event?

Yes No
If Yes, date changed: / /

14. Were any other actions taken by the investigators in response to this event?

Yes No
If Yes, date actions taken: / /

15. If yes to either of the above questions, please specify: _____

16. Completion Date: / / CSCC Staff ID:



SOL Youth Phantom Form

PHANTOM ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Contact Occasion:	<input type="text" value="01"/>	SEQ #	<input type="text" value="00"/>
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FORM CODE: PHT
VERSION: 1 2/20/2012

Instructions: This form should be completed during participants' visit. Affix the PHANTOM SOL-Youth ID label above. Affix the matching PARTICIPANT SOL-Youth ID labels for the corresponding QC blood sample below. Note: Lab IDs will be linked through the corresponding Laboratory Collection form for each Participant ID, including the Phantom ID.

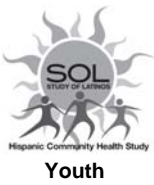
1. Date phantom ID assigned: / /

M M D D Y Y Y Y

1a. LAB ID#: **Affix Spec.Label**

2. Code number of person assigning phantom ID: ...

PROCEDURE	MATCHING PARTICIPANT ID#	DATE COLLECTED (MM / DD / YYYY)	TECHNICIAN ID
Blood Samples			
3. Tubes 1 & 2 - 5 mL red-stoppered (serum)			
4. Tube 3 - 4.5 mL blue-stoppered (Citrate)			
5. Tubes 4 & 5 - 5 mL lavender-stoppered (EDTA)			



SOL Youth Participant Safety Screening

CHILD ID NUMBER:							
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FORM CODE: PSE
VERSION: 2 8/15/12

Contact Occasion

0	1
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SEQ #

0	1
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ADMINISTRATIVE INFORMATION

0a. Completion Date (mm/dd/yyyy): / /

0b. Staff ID:

0c. Language Administered: 1=English 2=Spanish

Instructions: This safety screening form must be completed with the parent/legal guardian before the youth can participate in his/her Baseline Examination. Record the language administered in administrative item "0c". Use corresponding QxQ when completing this form.

1. FEMALES only: Is your child currently pregnant? No 0
 MUJERES solamente: ¿Está su niña embarazada? Yes 1 → **STOP, Reschedule after Delivery**

2. Has your child been diagnosed with asthma? No 0
 ¿Ha sido su niño/a diagnosticado con asma? Yes 1 → **Go to Question 2a**

2a. Does your child use a rescue inhaler more than twice a week?
 ¿Usa su niño/a un inhalador de rescate más de dos veces por semana?

No 0
 Yes 1 → **Exclude from Step Test**

3. Has a doctor told your child to currently abstain from strenuous activities due to an orthopedic disorder?
 ¿Le ha dicho un doctor a su niño/a que se abstenga, en la actualidad, de actividades agotadoras debido a algún problema ortopédico?

No 0
 Yes 1 → **Exclude from Step Test**

4. Is your child currently using assisted movement devices such as crutches or a wheelchair?
 ¿Está su niño/a usando algún instrumento que le ayude a moverse, como muletas o silla de ruedas?

No 0
 Yes 1 → **Exclude from Step Test**

5. Does your child need any kind of assistance reading, hearing questions, or getting on an examination table?
 ¿Necesita su niño/a algún tipo de ayuda para leer, escuchar preguntas, o para subirse a una mesa de examinación?

No 0
 Yes 1 → **Go to Question 5a**

5a. Specify/Especifique: _____

Other Exclusions / Otras exclusiones

6. Specify condition or circumstance: _____
 Especifique condición o circunstancia: _____

6a. Procedures/tests exclusions: _____

6b. Staff ID authorizing this exclusion:

****END QUESTIONNAIRE****



SOL Youth Report Tracking Form

ID NUMBER:									
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Contact Occasion:

01	SEQ#	00
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FORM CODE: RET
VERSION: 1 9/30/11

Participant Name: _____

Instructions: This form is completed following the participant's visit if a referral is required, and is updated as new study results are received at the field center. Each update to the form requires updating the Administrative Information. If working on a hard copy, affix the participant ID label and name label above. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry.

1. Participant's instructions for the release of results to physician (from the Informed Consent Tracking Form)

- Release results to provider of medical care, if needed..... A
- Release no results B
- Release partial results` C

a. If release partial results, specify restrictions: _____

2. Expedited Notifications. For all expedited notifications, fill in the date the test result was received at the SOL Field Center (FC), the date the notification was made, and the method used.

Reason for <u>Expedited</u> Notification	1. Date Result Reported or Alert Received by the FC (MM/DD/YYYY)	2. Date of Notification by the Field Center (MM/DD/YYYY)	3. Method(s) used: Phone Call.....A LetterB Face-to-face....C Other (specify).D	4. Code of Staff who Made the Notification
A. Seated blood pressure				
B. Triglyceride				
C. Fasting glucose				
D. Hemoglobin A1c				
E. Other (specify) _____				

3. Was an incomplete summary report sent ?
 NoN
 YesY

3a. If yes, date an incomplete summary report sent //
M M D D Y Y Y Y

4. Date Complete (Final) Report of Study Results sent //
M M D D Y Y Y Y

ADMINISTRATIVE INFORMATION

5. Last date of data collection: //
M M D D Y Y Y Y

6. Code number of person completing this form:

INSTRUCTIONS FOR THE SOL REPORT TRACKING FORM, Version 1, Date:

I. General Instructions

The report tracking form is designed to track when and how referrals were made for medical care, and to track the final study results being sent to the participants. Referrals can occur while the participant is at the field center and following receipt by the field center of any study result requiring notification of the participant or his/her provider of primary care. The field center personnel responds to a finding during the clinic visit (such as abnormal blood pressure) and to results received from a central lab or reading center according to the potential clinical or safety impact of the result.

Study results and findings are classified as routine reports to the study participant and/or his/her physician, or alert values that are notified promptly according to the time line for alert values specified in sections 20-21 of MOP 1. If the participant and/or physician could not be contacted within the time frame specified for an alert value the Field Center PI must be notified on the day of expiration of that notification time window.

Notification of results and also alert values requires that the field center technician review the instructions for reporting study results provided by the participant in his/her informed consent. These instructions are also to be recorded in Item 3 of the Informed Consent Tracking (ICT) Form.

Some study participants do not identify a personal physician or another provider of medical care. SOL field centers keep a list of local physicians whom participants can call. The local medical society is typically a good source for such a list and one that is acceptable to practitioners in the community.

This form may be accessed more than once, since alert value information may be obtained from the central laboratories or the study reading centers at different times. Similarly, it is possible that notification may take place on a different date than the date of receipt of the alert notification at the field center.

This form can be completed (and/or updated) on paper form first by the field center staff when study results or an alert value is received and data-entered into the Data Entry System (DES) later. When updating this form, use "change" mode in the DES (do not create a new record for the same person under a different sequence number). The study participant does not need to be present when this form is completed. The information required is gathered at the time of the study visit or after laboratory tests have been completed, retinal photographs read, and/or MRI images reviewed.

Because more than one technician may be involved in filling out the form and performing the referral, only the staff person who implemented the referral enters his/her code number in the boxes provided under column 4, Item 2. The Administrative Section serves to record date and code of the staff person who enters the data into the DES and is updated each time any item on the form is updated.

ID NUMBER:																				
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FORM CODE: SEE
VERSION: 1 1/13/2012

Contact Occasion:

0	1
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SEQ #

0	0
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8. Describe the event (Enter in a notelog on DMS.)

9. Indicate whether the event is: 1 Ongoing 2 Resolved

10. Describe what action was taken (Enter in a notelog on DMS.)

11. Likelihood of relationship to participation in SOL Youth:

- 1- Unrelated (clearly not related)
- 2- Unlikely (doubtful related)
- 3- Possible (may be related)
- 4- Probable (likely related)
- 5- Definite (clearly related)

B. ACTIONS TAKEN BY INVESTIGATORS - Completed by the SOL Youth Coordinating Center

12. Reported to: NHLBI

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 OSMB

--	--	--	--	--	--	--	--

13. Was a change to the protocol made because of this event?
 Yes If Yes, date changed:

--	--	--	--	--	--	--	--

 No

14. Were any other actions taken by the investigators in response to this event?
 Yes If Yes, date actions taken:

--	--	--	--	--	--	--	--

 No

15. If yes to either of the above questions, please specify: _____

16. Completion Date:

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 CSCC Staff ID:

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SOL-Youth Acculturative Stress - Both

ID NUMBER:

FORM CODE: ASE
VERSION: 1
7/9/2012

Contact Occasion SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Language Administered: 1=English 2=Spanish

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

For the next set of questions, please think about your experiences in the US over the past year.
Para la siguiente serie de preguntas, por favor piense acerca de sus experiencias en los Estados Unidos durante el último año.

- 1= Not at all/*Nunca*
- 2= Very little/*Muy poco*
- 3= Moderately/*Moderadamente*
- 4= Very often/*Muy a menudo*
- 5= Almost always/*Casi siempre*

1. How often has it been hard for you to get along with others because you don't speak English well? 1 2 3 4 5
¿Con qué frecuencia ha sido difícil para usted llevarse bien con los demás porque no habla buen inglés?

2. How often has it been hard to [GET GOOD GRADES/ DO WELL AT WORK] because of problems in understanding English? 1 2 3 4 5
¿Con qué frecuencia ha sido difícil para usted [OBTENER BUENAS NOTAS/TENER ÉXITO EN EL TRABAJO] debido a problemas para comprender el inglés?

3. How often have you had problems with your family because you prefer U.S. customs? 1 2 3 4 5
¿Con qué frecuencia ha tenido problemas con su familia porque prefiere costumbres de los Estados Unidos?

4. How often do you feel that you would rather be more American if you had a choice? 1 2 3 4 5
¿Con qué frecuencia siente que preferiría ser más americano/a si pudiera elegir?

5. How often do you get upset at your [PARENTS/ CHILDREN] because they don't know U.S. ways? 1 2 3 4 5
¿Con qué frecuencia se enoja con sus [PADRES/NIÑOS] porque no conocen el modo de vivir en los Estados Unidos?

ID NUMBER:							
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FORM CODE: ASE
VERSION: 1
7/9/2012

Contact
Occasion

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SEQ #

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- 1= Not at all/*Nunca*
2= Very little/*Muy poco*
3= Moderately/*Moderadamente*
4= Very often/*Muy a menudo*
5= Almost always/*Casi siempre*

6. How often do you feel uncomfortable having to choose between non-Hispanic/Latino and Hispanic/Latino ways of doing things? 1 2 3 4 5

¿Con qué frecuencia se siente incómodo/a al tener que elegir entre el modo de hacer las cosas de los hispanos/latinos y los no-hispanos/latinos?

7. How often do people dislike you because you are Hispanic/Latino? 1 2 3 4 5

¿Con qué frecuencia usted no le agrada a la gente por ser hispano/latino?

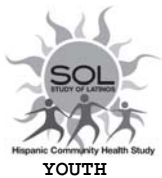
8. How often are you treated unfairly at [SCHOOL/WORK] because you are Hispanic/Latino? 1 2 3 4 5

¿Con qué frecuencia es tratado injustamente en [LA ESCUELA/EL TRABAJO] por ser hispano/latino?

9. How often do you see friends treated badly because they are Hispanic/Latino? 1 2 3 4 5

¿Con qué frecuencia ve que sus amigos son tratados mal por ser hispanos/latinos?

END QUESTIONNAIRE



SOL-Youth Bauman 12-Item Brief ARSMA II - Both

ID NUMBER:

FORM CODE: BAE
VERSION:1 2/29/12

Contact Occasion SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

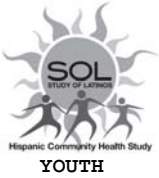
0c. Language Administered: 1=English 2=Spanish

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

- 1= Not at all/*Para Nada*
- 2= Very little/*Muy poco*
- 3= Moderately/*Moderadamente*
- 4= Very often/*Muy a menudo*
- 5= Almost always/*Casi siempre*

- | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. I speak Spanish.
<i>Yo hablo español.</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 2. I speak English.
<i>Yo hablo inglés.</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 3. I enjoy speaking Spanish.
<i>Me gusta hablar español.</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 4. I associate with non-hispanic Americans.
<i>Me asocio con americanos que no son hispanos.</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 5. I enjoy English language movies.
<i>Me gusta ver películas en inglés.</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 6. I enjoy Spanish language TV.
<i>Me gusta ver programas en la televisión que sean en español.</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 7. I enjoy Spanish language movies.
<i>Me gusta ver películas en español.</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 8. I enjoy reading books in Spanish.
<i>Me gusta leer libros en español.</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 9. I write letters in English.
<i>Escribo cartas en inglés.</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 10. My thinking is done in the English language.
<i>Mis pensamientos ocurren en el idioma inglés.</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 11. My thinking is done in the Spanish language.
<i>Mis pensamientos ocurren en el idioma español.</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 12. My friends are of "non-hispanic" origin.
<i>Mis amigos no son de origen hispano.</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

END QUESTIONNAIRE



SOL-Youth Ethnic Affirmation and Belonging - Both

ID NUMBER:

FORM CODE: EAE
VERSION:1 2/29/12

Contact Occasion SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Language Administered: 1=English 2=Spanish

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

Here in the United States there are many groups of people from many different backgrounds or ethnic groups. Now, I am going to read you some statements about your feelings about the ethnic group that you belong to. Please let me know how much you disagree or agree with each statement.

Aquí en los Estados Unidos, hay muchos grupos de personas de muchos orígenes o grupos étnicos diferentes. Ahora, voy a leerle algunas declaraciones sobre sus sentimientos hacia el grupo étnico al que usted pertenece. Por favor dígame qué tan de acuerdo o en desacuerdo está con cada una de ellas.

- 1= Strongly Disagree/*Muy en desacuerdo*
- 2= Somewhat Disagree/*Algo en desacuerdo*
- 3= Neither Agree nor Disagree/*No estoy ni de acuerdo ni en desacuerdo*
- 4= Somewhat Agree/*Algo de acuerdo*
- 5= Strongly Agree/*Muy de acuerdo*

- | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. I have a strong sense of belonging to my own ethnic group.
<i>Tengo un fuerte sentido de pertenencia a mi grupo étnico.</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 2. I feel good about my cultural or ethnic background.
<i>Me siento bien sobre mi origen cultural o étnico.</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 3. I am happy that I am a member of the group I belong to.
<i>Estoy feliz de ser parte del grupo al que pertenezco.</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 4. I feel a strong attachment towards my own ethnic group.
<i>Siento un fuerte apego a mi propio grupo étnico.</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 5. In general, being a member of my ethnic group is an important part of my self-image.
<i>Por lo general, ser miembro de mi grupo étnico es una parte importante de mi imagen personal.</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 6. Being a part of my ethnic group is an important reflection of who I am.
<i>Ser parte de mi grupo étnico es un reflejo importante de la persona que soy.</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

ID NUMBER:							
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FORM CODE: EAE
VERSION: 1 2/29/12

Contact
Occasion

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SEQ #

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- 1= Strongly Disagree/*Muy en desacuerdo*
- 2= Somewhat Disagree/*Algo en desacuerdo*
- 3= Neither Agree nor Disagree/*No estoy ni de acuerdo ni en desacuerdo*
- 4= Somewhat Agree/*Algo de acuerdo*
- 5= Strongly Agree/*Muy de acuerdo*

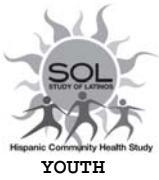
7. I feel that the people in my ethnic group have made major accomplishments and advancements. 1 2 3 4 5

Siento que las personas de mi grupo étnico han hecho grandes logros y avances.

8. I have a lot of pride in my ethnic group. 1 2 3 4 5

Tengo mucho orgullo en mi grupo étnico.

END QUESTIONNAIRE



SOL-Youth Family Function - Both

ID NUMBER:

FORM CODE: FFE
VERSION: 1 2/17/12

Contact Occasion SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Language Administered: 1=English 2=Spanish

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

- 1= Strongly Agree/*Muy de acuerdo*
- 2= Agree/*De acuerdo*
- 3= Disagree/*En desacuerdo*
- 4= Strongly Disagree/*Muy en desacuerdo*

- | | | | | |
|---|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| <p>1. Planning family activities is difficult because we misunderstand each other.
<i>Planificar actividades de familia es difícil porque nos malentendemos el uno al otro.</i></p> | <p>1 <input type="checkbox"/></p> | <p>2 <input type="checkbox"/></p> | <p>3 <input type="checkbox"/></p> | <p>4 <input type="checkbox"/></p> |
| <p>2. In times of crisis we turn to each other for support.
<i>En tiempos de crisis nos apoyamos los unos a los otros.</i></p> | <p>1 <input type="checkbox"/></p> | <p>2 <input type="checkbox"/></p> | <p>3 <input type="checkbox"/></p> | <p>4 <input type="checkbox"/></p> |
| <p>3. We cannot talk to each other about the sadness we feel.
<i>No podemos hablar entre nosotros sobre la tristeza que sentimos.</i></p> | <p>1 <input type="checkbox"/></p> | <p>2 <input type="checkbox"/></p> | <p>3 <input type="checkbox"/></p> | <p>4 <input type="checkbox"/></p> |
| <p>4. Individuals are accepted for what they are.
<i>Las personas son aceptadas por lo que son.</i></p> | <p>1 <input type="checkbox"/></p> | <p>2 <input type="checkbox"/></p> | <p>3 <input type="checkbox"/></p> | <p>4 <input type="checkbox"/></p> |
| <p>5. We avoid discussing our fears and concerns.
<i>Evitamos discusiones sobre nuestros temores y preocupaciones.</i></p> | <p>1 <input type="checkbox"/></p> | <p>2 <input type="checkbox"/></p> | <p>3 <input type="checkbox"/></p> | <p>4 <input type="checkbox"/></p> |
| <p>6. We express feelings to each other.
<i>Expresamos sentimientos el uno al otro.</i></p> | <p>1 <input type="checkbox"/></p> | <p>2 <input type="checkbox"/></p> | <p>3 <input type="checkbox"/></p> | <p>4 <input type="checkbox"/></p> |
| <p>7. There are lots of bad feelings in our family.
<i>Hay bastantes sentimientos negativos en nuestra familia.</i></p> | <p>1 <input type="checkbox"/></p> | <p>2 <input type="checkbox"/></p> | <p>3 <input type="checkbox"/></p> | <p>4 <input type="checkbox"/></p> |
| <p>8. We feel accepted for what we are.
<i>Nos sentimos aceptados por lo que somos.</i></p> | <p>1 <input type="checkbox"/></p> | <p>2 <input type="checkbox"/></p> | <p>3 <input type="checkbox"/></p> | <p>4 <input type="checkbox"/></p> |
| <p>9. Making decisions is a problem for our family.
<i>Tomar decisiones es un problema en nuestra familia.</i></p> | <p>1 <input type="checkbox"/></p> | <p>2 <input type="checkbox"/></p> | <p>3 <input type="checkbox"/></p> | <p>4 <input type="checkbox"/></p> |

ID NUMBER:							
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FORM CODE: FFE
VERSION: 1 2/17/12

Contact
Occasion

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SEQ #

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- 1= Strongly Agree/*Muy de acuerdo*
- 2= Agree/*De acuerdo*
- 3= Disagree/*En desacuerdo*
- 4= Strongly Disagree/*Muy en desacuerdo*

10. We are able to make decisions about how to solve problems. 1 2 3 4

Somos capaces de tomar decisiones sobre como resolver problemas.

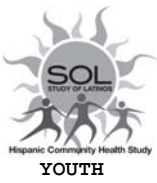
11. We don't get along well together. 1 2 3 4

No nos llevamos bien cuando estamos juntos.

12. We confide in each other. 1 2 3 4

Confiamos el uno del otro.

END QUESTIONNAIRE



SOL-Youth After-School Physical Activity Environment - Child

ID NUMBER:

FORM CODE: AEE
VERSION: 1 1/10/12

Contact Occasion SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Language Administered: 1=English 2=Spanish

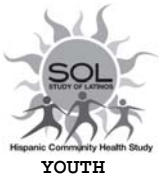
Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

- 1= Never/*Nunca*
- 2= Rarely/*Rara vez*
- 3= Sometimes/*Algunas veces*
- 4= Mostly/*La mayoría de las veces*
- 5= Always/*Siempre*

1. How often does your school have supervised physical activities after school? 1 2 3 4 5
 ¿Con qué frecuencia tu escuela supervisa actividades físicas después de la escuela?

2. How often does your school allow students to use play areas or fields after school? 1 2 3 4 5
 ¿Con qué frecuencia tu escuela permite a los estudiantes utilizar el área o el campo de juego después de la escuela?

END QUESTIONNAIRE



SOL-Youth Away from Home Foods - Child

ID NUMBER:

FORM CODE: AFE
VERSION:1 2/29/12

Contact Occasion SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Language Administered: 1=English 2=Spanish

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

In the PAST WEEK, on how many days did you go out to eat at or bring home ready-to-eat foods from...
En la SEMANA PASADA, ¿cuántos días comiste fuera de casa, o trajiste a casa comida preparada de cualquiera de los siguientes lugares?

1. Relatives' or Friends' homes?
¿De la casa de parientes o amigos?

- None/Ninguno 0
- 1 Day/Día 1
- 2 Days/Días.....2
- 3 Days/Días.....3
- 4 Days/Días.....4
- 5 Days/Días.....5
- 6 Days/Días.....6
- 7 Days/Días.....7

2. Fast food restaurants (McDonalds, Pizza Hut, Taco Bell, Panda Express or Pick Up Stix)?
¿De restaurantes de comida rápida (McDonalds, Pizza Hut, Taco Bell, Panda Express o Pick Up Stix)?

- None/Ninguno 0
- 1 Day/Día 1
- 2 Days/Días.....2
- 3 Days/Días.....3
- 4 Days/Días.....4
- 5 Days/Días.....5
- 6 Days/Días.....6
- 7 Days/Días.....7

ID NUMBER:							
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FORM CODE: AFE
VERSION: 1 2/29/12

Contact
Occasion

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SEQ #

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3. Other restaurants including sit down restaurants with table service, buffet restaurants, and pick-up-and-take-home?

¿De otros restaurantes incluyendo restaurantes con servicio de mesa, restaurantes tipo bufet y restaurantes de comida para llevar?

- None/Ninguno 0
- 1 Day/Día 1
- 2 Days/Días.....2
- 3 Days/Días.....3
- 4 Days/Días.....4
- 5 Days/Días.....5
- 6 Days/Días.....6
- 7 Days/Días.....7

4. Grocery stores (hot or cold ready-to-eat food from a store)?

¿De supermercados (comidas frías o calientes, listas para servir)?

- None/Ninguno 0
- 1 Day/Día 1
- 2 Days/Días.....2
- 3 Days/Días.....3
- 4 Days/Días.....4
- 5 Days/Días.....5
- 6 Days/Días.....6
- 7 Days/Días.....7

5. Cafeterias (school or work)?

¿De cafeterías (escuela o trabajo)?

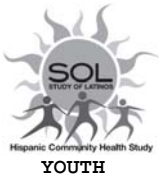
- None/Ninguno 0
- 1 Day/Día 1
- 2 Days/Días.....2
- 3 Days/Días.....3
- 4 Days/Días.....4
- 5 Days/Días.....5
- 6 Days/Días.....6
- 7 Days/Días.....7

6. Other outlets including vending machines and on-street vendors (trucks, carts, wagons)?

¿De otros lugares incluyendo máquinas que venden comida y puestos en la calle de comida (carritos y puestos ambulantes)?

- None/Ninguno 0
- 1 Day/Día 1
- 2 Days/Días.....2
- 3 Days/Días.....3
- 4 Days/Días.....4
- 5 Days/Días.....5
- 6 Days/Días.....6
- 7 Days/Días.....7

END QUESTIONNAIRE



SOL-Youth Alcohol Susceptibility - Child

ID NUMBER:

FORM CODE: AUE
VERSION:1 2/29/12

Contact Occasion SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Language Administered: 1=English 2=Spanish

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

The next questions ask about drinking alcohol. Remember, this includes drinking beer, wine, wine coolers, and liquor, such as rum, gin, vodka, tequila or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

Las siguientes preguntas son acerca de tomar alcohol. Acuérdate que esto incluye tomar cerveza, vino, wine coolers, licor como ron, ginebra, vodka, tequila o whisky. En estas preguntas, tomar alcohol no incluye tomar unos pocos sorbos (probaditas) de vino como propósito religioso.

1. How old were you when you had your first alcoholic beverage other than a few sips?
¿Cuántos años tenías cuando tuviste tu primera bebida alcohólica aparte de tomar unos pocos sorbos ("probaditas")?

Years of age/Años de edad → **GO TO QUESTION/IR A 2**

OR

Never had a drink/Nunca he tomado..... → **GO TO QUESTION/IR A 5**

2. During your life, on how many days have you had at least one alcoholic beverage?
Durante tu vida, ¿cuántos días has tomado por lo menos una bebida alcohólica?

Number of Days/Número de días **[IF 0 THEN GO TO QUESTION 6]**
[NINGUNO, IR A 6]

3. During the past 30 days, on how many days did you have at least one alcoholic beverage?
Durante los últimos 30 días, ¿cuántos días has tomado por lo menos una bebida alcohólica?

Number of Days/Número de días **[IF 0 THEN GO TO QUESTION 6]**
[NINGUNO, IR A 6]

4. During the past 30 days, on how many days did you have (boys: 5 or more; girls: 4 or more) alcoholic beverages in a row, that is, within a couple of hours?

Durante los últimos 30 días, ¿cuántos días has tomado (niños: 5 o más; niñas: 4 o más) bebidas alcohólicas seguidas, es decir, en un par de horas?

Number of Days/Número de días **[IF 0 THEN GO TO QUESTION 6]**
[NINGUNO, IR A 6]

ID NUMBER:							
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FORM CODE: AUE
VERSION: 1 2/29/12

Contact
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SEQ #

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5. Do you think that you will try a drink of alcohol soon?
¿Crees que vas a probar un trago de alcohol pronto?

No..... 0
Yes/Sí..... 1

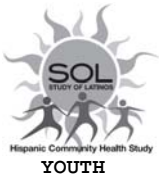
6. Do you think you will be drinking alcohol one year from now?
¿Piensas que vas ha estar tomando alcohol dentro de un año?

Definitely Yes/*Definitivamente sí*..... 1
Probably Yes/*Probablemente sí*..... 2
Probably Not/*Probablemente no*..... 3
Definitely Not/*Definitivamente no*..... 4

7. If one of your best friends were to offer you a drink of alcohol, would you drink it?
Si uno de tus mejores amigos te ofreciera un trago de alcohol, ¿lo tomarías?

Definitely Yes/*Definitivamente sí*..... 1
Probably Yes/*Probablemente sí*..... 2
Probably Not/*Probablemente no*..... 3
Definitely Not/*Definitivamente no*..... 4

END QUESTIONNAIRE



SOL-Youth Body Image Questionnaire - Child

ID NUMBER:	□	□	□	□	□	□	□	□	□
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FORM CODE: BIE
VERSION:1 2/29/12

Contact Occasion	□	□	SEQ #	□	□
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ADMINISTRATIVE INFORMATION

0a. Completion Date: □□/□□/□□□□
Month Day Year

0b. Staff ID: □□□

0c. Language Administered: 1=English 2=Spanish

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

1. Circle the figure that you consider **ideal** and **write ideal at the top of the figure**. Then, **draw a box around** the figure that you consider to be **how you currently look** and **write current at the top of the figure**.

Círcula la figura que consideras **ideal** y **escribe ideal arriba de la figura**. Luego, ***dibuja un cuadro alrededor*** de la figura que consideras **que sea como te vez actualmente** y **escribe actual arriba de la figura**.

- a. Response Card: (1= Adolescent, 2= Child).....
- b. Ideal.....
- c. Current.....

END QUESTIONNAIRE

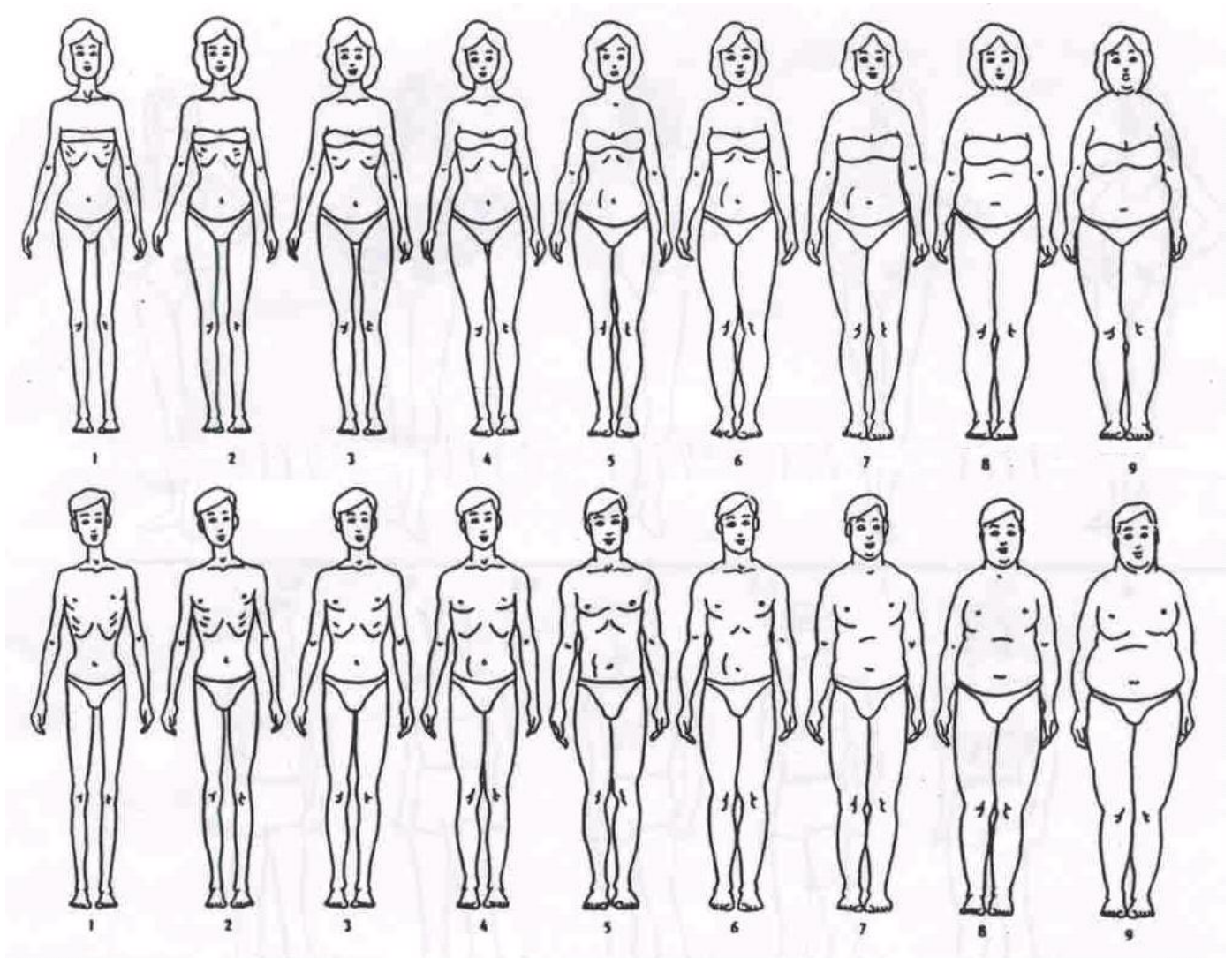
ID NUMBER:

FORM CODE: BIE
VERSION:1 2/29/12

Contact
Occasion

SEQ #

Body Image Response Card – Adolescent



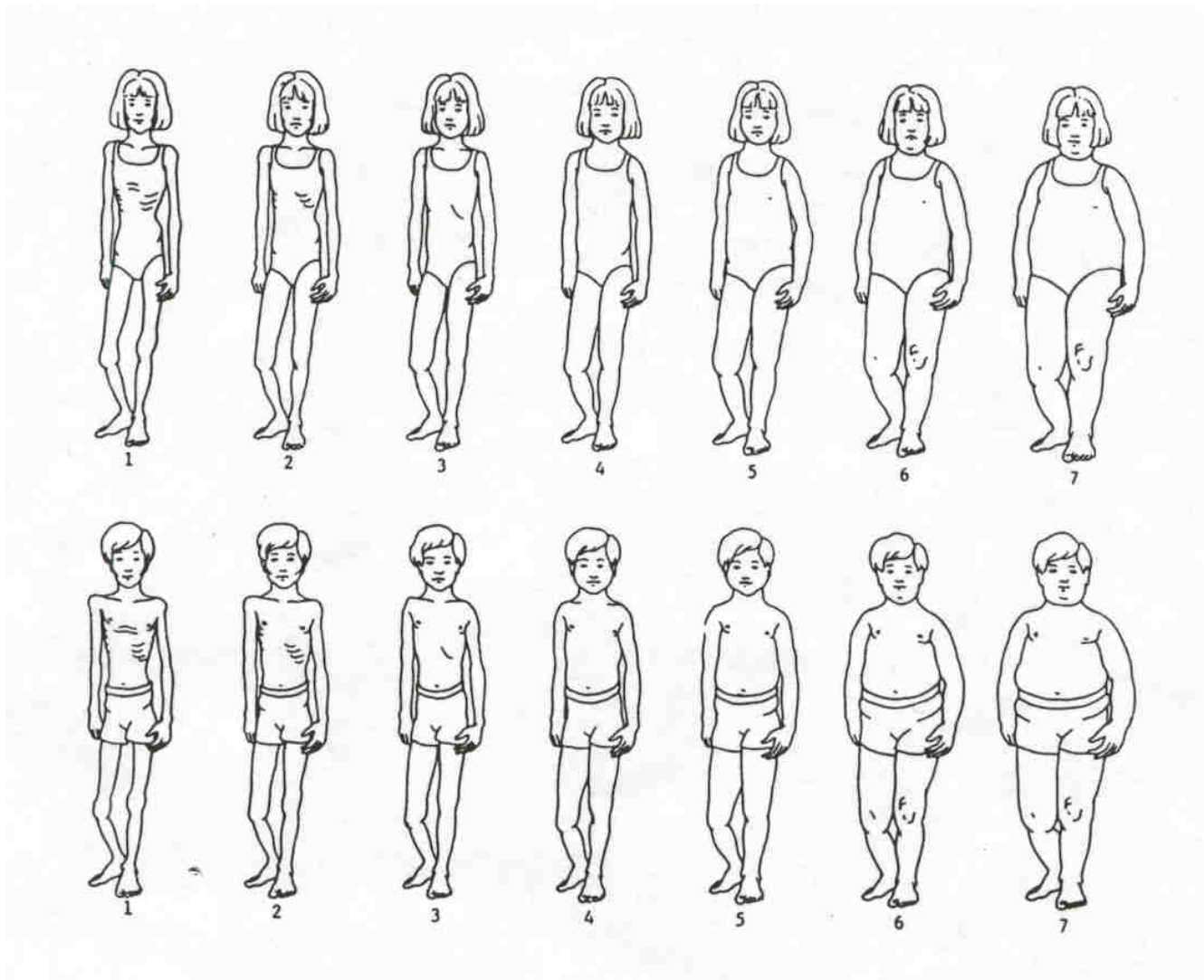
ID NUMBER: [] [] [] [] [] [] [] []

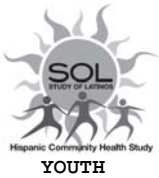
FORM CODE: BIE
VERSION:1 2/29/12

Contact
Occasion [] []

SEQ # [] []

Body Image Response Card – Child





SOL-Youth Child Depression Inventory - Child

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORM CODE: CDE
VERSION:1 7/24/2012

Contact Occasion SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Language Administered: 1=English 2=Spanish

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

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** in the past 2 weeks. After you pick a sentence from the first group, go on to the next group. Remember, pick out the sentence that describes you best in the **PAST TWO WEEKS**.

Los jóvenes algunas veces tienen distintos sentimientos e ideas. Este formulario agrupa algunos sentimientos e ideas acerca de ti mismo. De cada grupo de tres oraciones, escoge una que te describa mejor durante las últimas 2 semanas. Después de escoger la oración del primer grupo, pasa al grupo siguiente. Recuerda, de cada grupo de tres oraciones, selecciona la que mejor te describa durante las ÚLTIMAS DOS SEMANAS.

1. I am sad once in a while/*Estoy triste de vez en cuando*..... 0
 I am sad many times/*Estoy triste muchas veces*..... 1
 I am sad all the time/*Estoy triste todo el tiempo*..... 2

2. Nothing will ever work out for me/*Nada nunca me saldrá bien*..... 0
 I am not sure if things will work out for me/
No estoy seguro si las cosas me van a salir bien..... 1
 Things will work out for me OK/*Las cosas me van a salir bien (okey)*.....2

3. I do most things OK/*Hago bien la mayoría de las cosas*..... 0
 I do many things wrong/*Hago muchas cosas mal*..... 1
 I do everything wrong/*Todo lo hago mal*.....2

4. I hate myself/*Me odio a mí mismo* 0
 I do not like myself/*No me quiero a mí mismo* 1
 I like myself/*Me quiero a mí mismo*..... 2

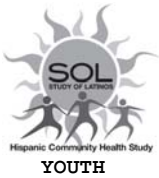
5. I feel like crying every day/*Siento ganas de llorar todos los días*.....0
 I feel like crying many days/*Siento ganas de llorar muchos días*.....1
 I feel like crying once in a while/*A veces siento ganas de llorar*..... 2

6. Things bother me all the time/*Las cosas me molestan todo el tiempo*..... 0
 Things bother me many times/*Las cosas me molestan muchas veces*..... 1
 Things bother me once in a while/*Las cosas me molestan de vez en cuando* 2

ID NUMBER:								FORM CODE: CDE	Contact			SEQ #		
								VERSION:1 7/24/2012	Occasion					

7. I look OK/*Me veo bien (okey)*..... 0
 There are some bad things about my looks/
Hay algunas cosas de mi apariencia que no me gustan..... 1
 I look ugly/*Me veo feo(a)*..... 2
8. I do not feel alone/*Nunca me siento solo*..... 0
 I feel alone many times/*Muchas veces me siento solo*..... 1
 I feel alone all the time/*Todo el tiempo me siento solo*..... 2
9. I have plenty of friends/*Tengo bastantes amigos*..... 0
 I have some friends but I wish I had more/
Tengo algunos amigos pero me gustaría tener más..... 1
 I do not have any friends/*No tengo ningunos amigos*..... 2
10. Nobody really loves me/*No hay nadie que realmente me quiera*..... 0
 I am not sure if anybody loves me/*No estoy seguro si alguien me quiere*..... 1
 I am sure that somebody loves me/*Estoy seguro de que alguien me quiere*..... 2

END QUESTIONNAIRE



SOL-Youth Demographics - Child

ID NUMBER:

FORM CODE: DCE
VERSION: 1 4/12/13

Contact Occasion SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Language Administered: 1=English 2=Spanish

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

A. Demographics

1. Are you a/Eres ... Boy/Niño.....1 Girl/Niña.....2

2. Are you of a Hispanic/Latino background? No.....0
 ¿Eres de origen o descendencia hispano/latino? Yes/Sí.....1

2a. What is your Hispanic or Latino background? (Mark only one)
 ¿Cuál es tu origen hispano o latino? (marca solo una)

- Dominican/dominicano..... 1
- Puerto Rican/puertorriqueño..... 2
- Cuban/cubano..... 3
- Central American (e.g., El Salvadoran, Honduras)/centroamericano (ej. salvadoreño, hondureño).....4
- Mexican/Mexican American/Chicano/Chicana /mexicano/mexicano-americano/chicano 5
- South American (e.g., Argentinean, Colombian)/suramericano (ej. argentino, colombiano)..... 6
- Mixed Hispanic/mezcla hispana..... 7
- Other/Otro..... 8
- If other, please specify/Si otro, por favor especifique:* _____
- Don't Know/Refused/No Sabe/Rehusó Q

3. Which of the following categories would you use to describe yourself? (Mark only one)
 ¿Cuál de las siguientes categorías usarías para describirte? (marca solo una)

- American Indian or Native American/indio americano o nativo Americano...1
- Asian or Asian American/asiático o asiático-americano..... 2
- Black or African American/negro o afroamericano..... 3
- White/blanco..... 4
- More than one race/Más de una raza..... 5
- Other/Otro..... 6
- Unknown or Not reported/Desconocido o no reportado..... Q

ID NUMBER:							
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FORM CODE: DCE
VERSION: 1 4/12/13

Contact Occasion

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SEQ #

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4. In what country were you born?
¿En que país naciste?

- United States (within the 50 states)/Estados Unidos (dentro de los 50 estados)..... 1 → **GO TO QUESTION 7**
 - United States, Territory of Puerto Rico/Estados Unidos, territorio de Puerto Rico..... 2
 - Dominican Republic/República Dominicana..... 3
 - Cuba/Cuba..... 4
 - Mexico/México..... 5
 - Central America (e.g., El Salvador, Honduras)/Centroamérica (ej. El Salvador, Honduras)..... 6
 - South America (e.g., Argentina, Colombia)/Suramérica (ej. Argentina, Colombia)..... 7
 - Other/Otro..... 8
- If other, please specify/Si otro, por favor especifique: _____
- Don't Know/Refused/No sabe/Rehusó..... Q

[ASK QUESTIONS 5-6 ONLY IF CHILD BORN OUTSIDE OF THE MAINLAND US]

5. During your journey to the US, did any of the following things happen to you? (Mark all that apply.)
¿Durante tu viaje a los Estados Unidos algo de lo siguiente te sucedió? (Marque todas las que apliquen)

- a. You were robbed/Te robaron.....
- b. You were physically attacked/Te atacaron físicamente...
- c. You were accidentally injured/
Te lastimaste accidentalmente.....
- d. You became sick/Te enfermaste

6. Overall, how stressful would you say your move to the U.S. was?
¿En general, qué tan estresante dirías que fue tu mudanza a los Estados Unidos?

- Not at all stressful/Nada estresante..... 1
- Somewhat stressful/Un poco estresante..... 2
- Very stressful/Muy estresante..... 3
- I don't know/refuse to answer
No sabe/rehúsa a contestar..... Q

B. Youth Spending and Employment
[ASK QUESTIONS 7-8 ONLY IF CHILD IS AGE 12 AND OLDER]

7. How many hours do you spend working for pay in a typical non-summer week?
¿En una semana típica que no sea verano cuántas horas trabajas por dinero?

If none, enter 0

8. How many hours do you spend working for pay in a typical summer week?
¿En una semana típica de verano cuántas horas trabajas por dinero?

If none, enter 0

ID NUMBER:								
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FORM CODE: DCE
VERSION: 1 4/12/13

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Occasion

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[ALL CHILDREN]

9. How much money do your parents give you for an allowance each week?

¿Cuánto dinero te dan tus padres de mesada/domingo a la semana?

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 If none, enter 0.00

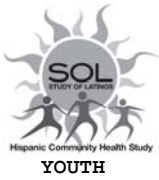
10. How much money do you spend on snacks, beverages (drinks), or fast food each week?

¿Cuánto dinero gastas a la semana en meriendas o botanas, bebidas, o comida rápida?

			.		
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 If none, enter 0.00

END QUESTIONNAIRE



SOL-Youth Eating Disorders - Child

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORM CODE: EDE
VERSION:1 3/2/12

Contact Occasion SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
 Month Day Year

0b. Staff ID:

0c. Language Administered: 1=English 2=Spanish

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

1. How often have you gone on a diet during the last year? By diet I mean change the way you eat so you can lose weight.

¿Cuántas veces estuviste a dieta durante el año pasado? Por dieta lo que quiero decir es cambiar la manera que comes para que puedas perder peso.

- Never/Nunca 0
- 1-4 times/1-4 veces 1
- 5-10 times/5-10 veces 2
- More than 10 times/Más de 10 veces..... 3
- I am always dieting/Siempre estoy a dieta 4

2. Have you ever eaten so much food in a short period of time that you felt out of control and would be embarrassed if others saw you?

¿Alguna vez has comido tanta comida en tan poco tiempo que te sentiste fuera de control y te sentirías avergonzado si otras personas te vieran?

- No..... 0
- Yes/Sí1

3. Are you afraid to start eating because you think you won't be able to stop?

¿Te asusta empezar a comer porque crees que no podrás parar?

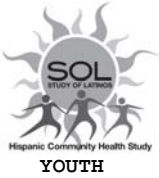
- No 0
- Yes/Sí1

4. Do you do any of the following to lose weight? **Check all that apply.**

*¿Haces algunas de las siguientes cosas para perder peso? **Marca todas las que aplican.***

- a. Take ipecac/Tomar ipecac No 0 Yes/Sí ... 1
- b. Take laxatives/Tomar laxantes No..... 0 Yes/Sí ... 1
- c. Throw up/vomit/Vomitir No 0 Yes/Sí ... 1
- d. Take diuretics (water pills)/ Tomar diuréticos (pastillas para eliminar agua) No 0 Yes/Sí ... 1
- e. I don't do any of the above/ No hago ninguna de las anteriores No 0 Yes/Sí ... 1

END QUESTIONNAIRE



SOL-Youth Dietary and Physical Activity Support - Child

ID NUMBER:

FORM CODE: FSE
VERSION: 1 1/24/12

Contact Occasion

SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Language Administered: 1=English 2=Spanish

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

During a typical week, how many days has a member of your household (for example, your father, mother, brother, sister, grandparent, or other relatives) done the following:
Durante una semana típica, cuántos días algún miembro de tu casa (por ejemplo, tu papá, mamá, hermano, hermana, abuelos u otros parientes) ha hecho lo siguiente:

- 1= Never/*Nunca*
- 2= 1-2 Days/*Días*
- 3= 3-4 Days/*Días*
- 4= 5-6 Days/*Días*
- 5= Everyday/*Todos los días*

1. Encouraged you to eat fruits and vegetables. 1 2 3 4 5
Te animaron a comer frutas y vegetales/verduras.

2. Told you that you are doing a good job with eating fruits and vegetables. 1 2 3 4 5
Te dijeron que estás haciendo un buen trabajo comiendo frutas y vegetales/verduras.

3. Provided fruits and vegetables as a snack or part of a meal. 1 2 3 4 5
Te dieron frutas y vegetales/verduras como bocadillo o parte de una comida.

4. Eaten fruits and vegetables with you. 1 2 3 4 5
Te acompañaron a comer frutas y vegetales/verduras.

5. Watched you participate in physical activity or play sports. 1 2 3 4 5
Te observaron participar en actividad física o jugar deportes.

6. Encouraged you to do sports or physical activity. 1 2 3 4 5
Te animaron para que hicieras deportes o actividades físicas.

ID NUMBER:							
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FORM CODE: FSE
VERSION: 1 1/24/12

Contact
Occasion

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SEQ #

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- 1= Never/*Nunca*
- 2= 1-2 Days/*Días*
- 3= 3-4 Days/*Días*
- 4= 5-6 Days/*Días*
- 5= Everyday/*Todos los días*

7. Provided transportation to a place where you can do physical activity or play sports.
Te dieron transporte a un lugar donde pudieras hacer actividad física o jugar deportes.

1 2 3 4 5

8. Done physical activity or played sports with you.
Hicieron actividad física o jugaron deportes contigo.

1 2 3 4 5

In the past week, how many days has...
En la última semana, cuántos días...

- 1= Never/*Nunca*
- 2= 1-2 Days/*Días*
- 3= 3-4 Days/*Días*
- 4= 5-6 Days/*Días*
- 5= Everyday/*Todos los días*

9. A friend encouraged you to eat fruits and vegetables.
Un amigo te animó a comer frutas y vegetales/verduras.

1 2 3 4 5

10. A friend eaten fruits and vegetables with you.
Un amigo comió frutas y vegetales/verduras contigo.

1 2 3 4 5

11. Other kids teased you for eating fruits and vegetables.
Otros niños te molestaron por comer frutas y vegetales/verduras.

1 2 3 4 5

ID NUMBER:							
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FORM CODE: FSE
VERSION: 1 1/24/12

Contact
Occasion

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SEQ #

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In the past week, how many days have your friends...
En la última semana, cuantos días tus amigos...

1= Never/*Nunca*
2= 1-2 Days/*Días*
3= 3-4 Days/*Días*
4= 5-6 Days/*Días*
5= Everyday/*Todos los días*

12. Encouraged you to do sports or physical activity. 1 2 3 4 5

Te animaron a hacer deportes o actividad física.

13. Done physical activity or played sports with you. 1 2 3 4 5

Hicieron actividad física o jugaron deportes contigo.

14. Or classmates tease you about not being good at physical activities or sports. 1 2 3 4 5

O compañeros de clase se burlaron de ti por no ser bueno en las actividades físicas o los deportes.

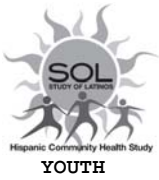
15. Ask you to walk or bike to school or to a friend's house. 1 2 3 4 5

Te pidieron caminar o ir en bicicleta a la escuela o a la casa de un amigo.

16. Told you that you are doing well in physical activities or sports. 1 2 3 4 5

Te dijeron que estás haciendo bien en actividades físicas o deportes.

END QUESTIONNAIRE



SOL-Youth How I Feel Scale - Child

ID NUMBER:

FORM CODE: LSE
VERSION:1 2/17/12

Contact Occasion SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

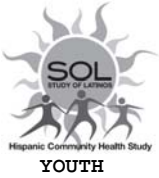
0b. Staff ID:

0c. Language Administered: 1=English 2=Spanish

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

- | | | |
|---|---------------------------------|----------------------------|
| 1. I like everyone I know.
<i>Me caen bien todas las personas que conozco.</i> | No... <input type="checkbox"/> | 0 <input type="checkbox"/> |
| | Yes/Sí.. | 1 <input type="checkbox"/> |
| 2. I am always kind.
<i>Siempre soy bondadoso.</i> | No.... <input type="checkbox"/> | 0 <input type="checkbox"/> |
| | Yes/Sí.. | 1 <input type="checkbox"/> |
| 3. I always have good manners.
<i>Siempre tengo buenos modales.</i> | No.... <input type="checkbox"/> | 0 <input type="checkbox"/> |
| | Yes/Sí | 1 <input type="checkbox"/> |
| 4. I am always good.
<i>Siempre me porto bien.</i> | No.... <input type="checkbox"/> | 0 <input type="checkbox"/> |
| | Yes/Sí.. | 1 <input type="checkbox"/> |
| 5. I am always nice to everyone.
<i>Siempre soy amable con los demás.</i> | No.... <input type="checkbox"/> | 0 <input type="checkbox"/> |
| | Yes/Sí.. | 1 <input type="checkbox"/> |
| 6. I tell the truth every single time.
<i>Siempre digo la verdad.</i> | No.... <input type="checkbox"/> | 0 <input type="checkbox"/> |
| | Yes/Sí.. | 1 <input type="checkbox"/> |
| 7. I never get angry.
<i>Nunca me enojo.</i> | No.... <input type="checkbox"/> | 0 <input type="checkbox"/> |
| | Yes/Sí.. | 1 <input type="checkbox"/> |
| 8. I never say things I shouldn't.
<i>Nunca digo cosas que no debería.</i> | No.... <input type="checkbox"/> | 0 <input type="checkbox"/> |
| | Yes/Sí.. | 1 <input type="checkbox"/> |
| 9. I never lie.
<i>Nunca digo mentiras.</i> | No.... <input type="checkbox"/> | 0 <input type="checkbox"/> |
| | Yes/Sí.. | 1 <input type="checkbox"/> |

END QUESTIONNAIRE



SOL-Youth Multidimensional Anxiety Scale - Child

ID NUMBER:

FORM CODE: MAE
VERSION:1 3/2/12

Contact Occasion SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Language Administered: 1=English 2=Spanish

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

These questions ask how you have been thinking, feeling, or acting recently. For each item, please circle the number that shows how often the statement has been true for you. There are no right or wrong answers. Just answer how you have been feeling recently.

Estas preguntas te preguntan cómo has estado pensando, sintiendo, o actuando recientemente. Para cada pregunta, encierra en un círculo el número que muestra qué tan a menudo esta declaración ha sido cierta para ti. No hay respuestas correctas o incorrectas. Sólo contesta cómo te has sentido recientemente.

- 0= Never true about me/Nunca es cierto en mi caso
- 1= Rarely true about me/Rara vez es cierto en mi caso
- 2= Sometimes true about me/A veces es cierto en mi caso
- 3= Often true about me/A menudo es cierto en mi caso
- Q= I don't know/refuse to answer/No sé/rehúsa a contestar

- | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. The idea of going away to camp scares me.
<i>La idea de irme de campamento me asusta.</i> | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | Q <input type="checkbox"/> |
| 2. I'm afraid other kids will make fun of me.
<i>Tengo miedo de que otros niños se vayan a burlar de mí.</i> | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | Q <input type="checkbox"/> |
| 3. I try to stay near my mom or dad.
<i>Yo trato de quedarme cerca de mi mamá o de mi papá.</i> | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | Q <input type="checkbox"/> |
| 4. I get dizzy or faint feelings.
<i>Me mareo o siento que me desmayo.</i> | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | Q <input type="checkbox"/> |
| 5. I feel restless and on edge.
<i>Me siento inquieto e impaciente.</i> | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | Q <input type="checkbox"/> |
| 6. I feel sick to my stomach.
<i>Me siento enfermo del estómago.</i> | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | Q <input type="checkbox"/> |
| 7. I get nervous if I have to perform in public.
<i>Me pongo nervioso/a si tengo que actuar en público.</i> | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | Q <input type="checkbox"/> |

ID NUMBER:							
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FORM CODE: MAE
VERSION:1 3/2/12

Contact
Occasion

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SEQ #

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0= Never true about me/*Nunca es cierto en mi caso*
1= Rarely true about me/*Rara vez es cierto en mi caso*
2= Sometimes true about me/*A veces es cierto en mi caso*
3= Often true about me/*A menudo es cierto en mi caso*
Q= I don't know/refuse to answer/*No sé/rehúsa a contestar*

8. Bad weather, the dark, heights, animals, or bugs scare me. 0 1 2 3 Q

Me asusta el mal clima, la oscuridad, las alturas, los animales, o insectos.

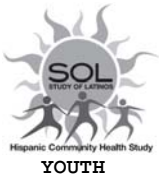
9. I check to make sure things are safe. 0 1 2 3 Q

Me aseguro de que las cosas son seguras.

10. I feel shy. 0 1 2 3 Q

Me siento tímido.

END QUESTIONNAIRE



SOL-Youth Physical Activity - Child

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORM CODE: PAE
VERSION:1 2/17/12

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

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Language Administered: 1=English 2=Spanish

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

We are trying to get information on what physical activities youth your age do. Please estimate how often you participated in the following activities in the last month. Please indicate the answer that most represents your participation in each of the following activities. You may not participate in many of these activities and this is normal; just answer "never".

Estamos tratando de obtener información sobre cuales son las actividades físicas que los jóvenes de tu edad hacen. Por favor estima con qué frecuencia participaste en las siguientes actividades en el último mes. Por favor indica la respuesta que mejor representa tu participación en cada una de las siguientes actividades. Es posible que no participes en muchas de estas actividades y esto es normal; simplemente responde "nunca".

- 1= Never/Nunca
- 2= 1-2 times per month/1-2 veces al mes
- 3= 1-2 times per week/1-2 veces a la semana
- 4= 3-4 times per week/3-4 veces a la semana
- 5= 5-6 times per week/5-6 veces a la semana
- 6= Daily/Todos los días

1. Riding in a car/bus <i>Viajar en un carro/autobús</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
2. Travel by walking <i>Viajar a pie</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
3. Travel by bicycle <i>Viajar en bicicleta</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
4. PE Class <i>Clase de educación física</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
5. Recess/Exercise Period <i>Recreo/Período de ejercicio</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
6. Homework <i>Tarea/asignación</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
7. Music Lessons <i>Clases de música</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
8. Marching Band <i>Banda de música</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

1= Never/*Nunca*
 2= 1-2 times per month/*1-2 veces al mes*
 3= 1-2 times per week/*1-2 veces a la semana*
 4= 3-4 times per week/*3-4 veces a la semana*
 5= 5-6 times per week/*5-6 veces a la semana*
 6= Daily/*Todos los días*

- | | | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 9. Church
<i>Iglesia</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 10. Reading for fun
<i>Leer por placer</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 11. Listening to music
<i>Escuchar música</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 12. Music practice/playing instrument
<i>Práctica de música/tocar un instrumento</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 13. Playing Board Games
<i>Juegos de mesa</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 14. Shopping
<i>Ir de compras</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 15. Hanging around with friends
<i>Estar con amigos</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 16. Ball playing like dodge ball, kickball
<i>Jugar a la pelota como balón prisionero y la bola de tiro</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 17. Frisbee
<i>Frisbee</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 18. Hula hoop
<i>Hula hoop/hula hula</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 19. Lawn Games (croquet, jarts)
<i>Juegos de césped (croquet, jarts)</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 20. Playing catch
<i>Jugar a la pelota</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 21. Playing with younger children
<i>Jugar con niños más pequeños.</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 22. Playing with pets
<i>Jugar con mascotas</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 23. Riding a scooter/caster board/Razor
<i>Montar en la moto/patín/patinete</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |

1= Never/*Nunca*
 2= 1-2 times per month/*1-2 veces al mes*
 3= 1-2 times per week/*1-2 veces a la semana*
 4= 3-4 times per week/*3-4 veces a la semana*
 5= 5-6 times per week/*5-6 veces a la semana*
 6= Daily/*Todos los días*

- | | | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 24. Water play (swimming pool, ocean, lake)
<i>Juegos de agua (piscina, océano, lago)</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 25. Aerobics, jazzercise, water aerobics, taebo
<i>Aeróbicos, jazzercise, aeróbicos acuáticos, taebo</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 26. Badminton
<i>Bádminton</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 27. Baseball / Softball
<i>Béisbol/Softbol</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 28. Basketball
<i>Baloncesto</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 29. Bicycling, mountain biking
<i>Bicicleta, ciclismo de montaña</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 30. Bowling
<i>Juego de bolos/Boliche</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 31. Broomball
<i>Broomball</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 32. Calisthenics/Exercises (push-ups, sit-ups, jumping jacks)
<i>Calistenia/Ejercicios ("lagartijas", sentadillas, saltos abriendo y cerrando brazos y piernas)</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 33. Cheerleading, drill team
<i>Porrista, equipo de entrenamiento</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 34. Dance (at home, at a class, in school, at a party, at a place of worship)
<i>Baile (en casa, en una clase, en la escuela, en una fiesta, en un lugar de culto)</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 35. Exercise machine (cycle, treadmill, stair master, rowing machine)
<i>Máquinas de ejercicio (bicicleta de ejercicio, cinta de correr, máquina de escaleras, máquina de remo)</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 36. Football
<i>Fútbol americano</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |

1= Never/*Nunca*
 2= 1-2 times per month/*1-2 veces al mes*
 3= 1-2 times per week/*1-2 veces a la semana*
 4= 3-4 times per week/*3-4 veces a la semana*
 5= 5-6 times per week/*5-6 veces a la semana*
 6= Daily/*Todos los días*

- | | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 37. Golf
<i>Golf</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 38. Gymnastics, tumbling
<i>Gimnasia, acrobacia</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 39. Hiking/Backpacking
<i>Alpinismo/excursión con mochila</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 40. Hockey (ice, field, street, or floor)
<i>Hockey (sobre hielo, césped, calle, o piso)</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 41. Horseback riding
<i>Montar a caballo</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 42. Ice/Roller Skating, rollerblading
<i>Patinaje sobre hielo/ruedas, patinaje en línea</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 43. Jumping rope
<i>Saltar la cuerda</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 44. Lacrosse
<i>Lacrosse</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 45. Martial arts (karate, judo, boxing,
tai kwon do, tai chi)
<i>Artes marciales (karate, judo, boxeo, tai kwon do, tai chi)</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 46. Riding bicycling
<i>Montar en bicicleta</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 47. Running/jogging
<i>Correr/trotar</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 48. Skateboarding
<i>Montar en patineta/skateboarding</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 49. Skiing (downhill, cross-country, or
water)/Snowboarding
<i>Esquíar (alpino, nórdico, o acuático)/snowboarding (patineta de nieve)</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 50. Sledding, tobogganing, bobsledding
<i>Montar en trineo, tobogán, trineo de bob</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |

1= Never/*Nunca*
 2= 1-2 times per month/*1-2 veces al mes*
 3= 1-2 times per week/*1-2 veces a la semana*
 4= 3-4 times per week/*3-4 veces a la semana*
 5= 5-6 times per week/*5-6 veces a la semana*
 6= Daily/*Todos los días*

- | | | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 51. Snorkeling
<i>Snorkeling/buceo de superficie</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 52. Snowshoeing
<i>Snowshoeing/raquetas de nieve</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 53. Soccer
<i>Fútbol</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 54. Surfing (body or board)/skimboarding
<i>Surfear table larga/table corta</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 55. Swimming laps
<i>Natación</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 56. Tennis, racquetball, badminton, paddle ball
<i>Tenis, racquetball, bádminton, paleta</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 57. Track & Field
<i>Correr pista y campo</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 58. Trampoline
<i>Trampolín</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 59. Video Games (active games – Wii Fit, Xbox Kinect, Playstation Move)
<i>Videojuegos (juegos activos- Wii Fit, Xbox Kinect, Playstation Move)</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 60. Volleyball
<i>Voleibol</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 61. Walking for exercise
<i>Caminar para hacer ejercicio</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 62. Weight lifting/Strength training
<i>Levantamiento de pesas/entrenamiento de fuerza</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 63. Wrestling
<i>Lucha libre</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 64. Yoga
<i>Yoga</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |

1= Never/*Nunca*
 2= 1-2 times per month/*1-2 veces al mes*
 3= 1-2 times per week/*1-2 veces a la semana*
 4= 3-4 times per week/*3-4 veces a la semana*
 5= 5-6 times per week/*5-6 veces a la semana*
 6= Daily/*Todos los días*

65. Other 1 2 3 4 5 6
Otro

65a. Other, specified/*Otro, especifica:* _____

66. Indoor chores: mopping, vacuuming, Sweeping 1 2 3 4 5 6
Quehaceres interiores: trapear, barrer, pasar la aspiradora

67. Outdoor chores: mowing, raking, gardening 1 2 3 4 5 6
Quehaceres al aire libre: cortar el césped, rastrillar, jardinería

68. Child care 1 2 3 4 5 6
Cuidado de niños

We are also interested in how much time you spend each days for each of the following activities. Please provide the number of hours and minutes you spend doing each of the following each day:
También estamos interesados en cuanto tiempo pasas cada día en cada una de las siguientes actividades. Por favor indica el número de horas y minutos que pasas haciendo cada una de las siguientes actividades cada día:

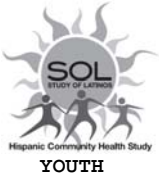
69. Television or video watching □□ Hours plus □□ Minutes
Viendo televisión o videos

70. Computer/Internet □□ Hours plus □□ Minutes
Computadora/Internet

71. Video/Computer games (non-active) □□ Hours plus □□ Minutes
Vídeo/juegos de computadora (no-activos)

72. Talking on phone or text messaging □□ Hours plus □□ Minutes
Hablando por teléfono o mandando mensajes de texto

END QUESTIONNAIRE



SOL-Youth Parenting for Eating and Physical Activity - Child

ID NUMBER:

FORM CODE: PCE
VERSION:1 2/24/12

Contact Occasion SEQ #

ADMINISTRATIVE INFORMATION

Oa. Completion Date: / /
Month Day Year

Ob. Staff ID:

Oc. Language Administered: 1=English 2=Spanish

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

How much do you agree or disagree with each statement?
¿Qué tan de acuerdo o en desacuerdo estás con estas declaraciones?

- 1= Disagree/*En desacuerdo*
- 2= Slightly Disagree/*Un poco en desacuerdo*
- 3= Neutral/*Neutral*
- 4= Slightly Agree/*Un poco de acuerdo*
- 5= Agree/*De acuerdo*

1. My parents offer sweets (candy, ice cream, cake) as a reward for good behavior. 1 2 3 4 5

Mis padres me ofrecen dulces (caramelos, helado, pastel) como premio por buen comportamiento.

2. My parents tell me to always eat all the food on my plate. 1 2 3 4 5

Mis padres me dicen que siempre me coma toda la comida en mi plato.

3. My parents have to be especially careful to make sure I eat enough. 1 2 3 4 5

Mis padres tienen que ser especialmente cuidadosos para asegurarse que yo coma lo suficiente.

4. If I say "I'm not hungry," my parents try to get me to eat anyway.. 1 2 3 4 5

Si digo "No tengo hambre", mis padres intentan hacerme comer de todos modos.

5. If my parents don't regulate or guide my eating, I would eat much less than I should. 1 2 3 4 5

Si mis padres no regulan o guían mi forma de comer, comería mucho menos de lo que debería.

6. My parents limit the amount of soda I drink. 1 2 3 4 5

Mis padres limitan la cantidad de refrescos que bebo.

7. My parents limit the number of snacks I eat. 1 2 3 4 5

Mis padres limitan el número de botanas (bocadillos/meriendas) que como.

ID NUMBER:							
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FORM CODE: PCE
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SEQ #

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8. My parents limit the amount of time I watch TV or videos during the week (Mon-Fri). 1 2 3 4 5

Mis padres limitan la cantidad de tiempo que veo televisión o videos durante la semana (lunes-viernes).

9. My parents limit the amount of time I watch TV or videos during the weekend (Sat/Sun). 1 2 3 4 5

Mis padres limitan la cantidad de tiempo que veo televisión o videos durante el fin de semana (sábado/domingo).

1= Disagree/*En desacuerdo*
2= Slightly Disagree/*Un poco en desacuerdo*
3= Neutral/*Neutral*
4= Slightly Agree/*Un poco de acuerdo*
5= Agree/*De acuerdo*

10. My parents limit the amount of time I play video games (like Game boy, Sega, Play station) or am on the computer during the week (Mon-Fri). 1 2 3 4 5

Mis padres limitan la cantidad de tiempo que juego videojuegos (como Gameboy, Sega, Play Station) o que estoy en la computadora durante la semana (lunes-viernes).

11. My parents limit the amount of time I play video games (like Game boy, Sega, Play station) or am on the computer during the weekend (Sat/Sun). 1 2 3 4 5

Mis padres limitan el tiempo que juego videojuegos (como Gameboy, Sega, Play Station) o que estoy en la computadora durante el fin de semana (sábado/domingo).

12. My parents offer TV, videos, or video games to as a reward for good behavior. 1 2 3 4 5

Mis padres me ofrecen ver televisión, videos, o videojuegos como premio por buen comportamiento.

How much do your parents keep track of the...

¿Qué tanto control llevan tus padres de...

1= Never/*Nunca*
2= Rarely/*Rara vez*
3= Sometimes/*A veces*
4= Mostly/*Casi siempre*
5= Always/*Siempre*

13. Sweet snacks (candy, ice cream, cake) that you eat? 1 2 3 4 5

¿Dulces (caramelos, helado, pastel) que comes?

14. Salty snack foods (potato chips, tortilla chips) that you eat? 1 2 3 4 5

ID NUMBER:							
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SEQ #

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¿Comidas saladas (papitas, tortilla chips/ totopos de maíz) que comes?

15. High-fat foods that you eat? 1 2 3 4 5
¿Comidas altas en grasa que comes?

16. Amount of TV or videos you watch? 1 2 3 4 5
¿La cantidad de tiempo que ves televisión o videos?

17. Exercise you are getting? 1 2 3 4 5
¿El ejercicio que haces?

18. Servings of fruits and vegetables you eat? 1 2 3 4 5
¿Las porciones de frutas y verduras/vegetales que comes?

How often must you ask permission before...
¿Con qué frecuencia tienes que pedir permiso antes de...

- 1= Never/Nunca
- 2= Rarely/Rara vez
- 3= Sometimes/A veces
- 4= Mostly/Casi siempre
- 5= Always/Siempre

19. Getting a snack? 1 2 3 4 5
¿Comerte una botana (bocadillo/merienda)?

20. Drinking soda? 1 2 3 4 5
¿Beber soda?

How often do your parents...
¿Con qué frecuencia tus padres...

- 1= Never/Nunca
- 2= Rarely/Rara vez
- 3= Sometimes/A veces
- 4= Mostly/Casi siempre
- 5= Always/Siempre

21. Praise you for eating a healthy snack? 1 2 3 4 5
¿Te felicitan por comer una botana (bocadillo/merienda) saludable?

22. Praise you for being physically active? 1 2 3 4 5
¿Te felicitan por ser físicamente activo(a)?

ID NUMBER:							
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Contact
Occasion

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SEQ #

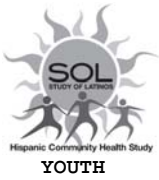
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How often do your parents discipline you for doing the following without their permission?
¿Con qué frecuencia te disciplinan tus padres por hacer lo siguiente sin su permiso?

- 1= Never/*Nunca*
- 2= Rarely/*Rara vez*
- 3= Sometimes/*A veces*
- 4= Mostly/*Casi siempre*
- 5= Always/*Siempre*

23. Watching TV or videos.
Ver televisión o videos. 1 2 3 4 5
24. Playing video games or the computer.
Jugar videojuegos o jugar en la computadora. 1 2 3 4 5
25. Getting a snack.
Comerte una botana (bocadillo/merienda). 1 2 3 4 5
26. Drinking a soda.
Beber una soda. 1 2 3 4 5

END QUESTIONNAIRE



SOL-Youth Pubertal Development Scale

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORM CODE: PDE
VERSION:1 2/17/12

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

0a. Completion Date: / /
 Month Day Year

0b. Staff ID:

0c. Language Administered: 1=English 2=Spanish

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

The next questions are about changes that may be happening to your body. These changes normally happen to different young people at different ages. Since they may have something to do with your sleep patterns, do your best to answer carefully. If you do not understand a question or do not know the answer, just mark "I don't know."

Las siguientes preguntas son acerca de los cambios que pueden estar sucediendo en tu cuerpo. Estos cambios normalmente ocurren a diferentes jóvenes en diferentes edades. Como podrían tener algo que ver con tus patrones de sueño, haz lo posible por responder con cuidado. Si no entiendes la pregunta o no sabes la respuesta, solo marca "No sé."

1. Would you say that your growth in height:
Dirías que tu crecimiento en altura:

- has not yet begun to spurt..... 1
aún no ha comenzado a brotar
- has barely started..... 2
apenas ha comenzado
- is definitely underway..... 3
definitivamente ha comenzado
- seems completed..... 4
parece haber terminado
- I don't know/refuse to answer..... Q
no sé/rehúsa a contestar

2. And how about the growth of your body hair? (“Body hair” means hair any place other than your head, such as under your arms.)

¿Qué tal el crecimiento de pelo en tu cuerpo? ("El pelo en tu cuerpo" se refiere a la presencia de pelo en cualquier parte del cuerpo que no sea en la cabeza, como debajo de los brazos.)

Would you say that your body hair growth:

Dirías que el crecimiento de pelo en el cuerpo:

- has not yet begun to grow..... 1
aún no ha comenzado a crecer
- has barely started to grow..... 2
apenas ha comenzado a crecer
- is definitely underway..... 3
definitivamente ha comenzado
- seems completed..... 4
parece haber terminado
- I don't know/refuse to answer..... Q
no sé/rehúsa a contestar

3. Have you noticed any skin changes, especially pimples?

¿Has notado algún cambio en la piel, especialmente granitos?

- skin has not yet started changing..... 1
la piel aún no ha comenzado a cambiar
- skin has barely started changing..... 2
la piel apenas ha comenzado a cambiar
- skin changes are definitely underway..... 3
los cambios en la piel definitivamente han comenzado
- skin changes seem complete..... 4
los cambios en la piel parecen haber terminado
- I don't know/refuse to answer..... Q
no sé/rehúsa a contestar

For BOYS only:

4. Have you noticed a deepening of your voice?

¿Has notado algún cambio en tu voz?

voice has not yet started changing..... 1
la voz aún no ha comenzado a cambiar

voice has barely started changing..... 2
la voz apenas ha comenzado a cambiar

voice changes are definitely underway..... 3
los cambios en la voz definitivamente han comenzado

voice changes seem complete..... 4
los cambios en la voz parecen haber terminado

I don't know/refuse to answer..... Q
no sé/rehúsa a contestar

5. Have you begun to grow hair on your face?

¿Ha comenzado a crecer pelo en tu cara?

facial hair has not yet started growing..... 1
el pelo facial aún no ha comenzado a crecer

facial hair has barely started growing..... 2
el pelo facial apenas ha comenzado a crecer

facial hair growth has definitely started..... 3
el crecimiento del pelo facial definitivamente ha comenzado

facial hair growth seems complete..... 4
el crecimiento del pelo facial parece haber terminado

I don't know/refuse to answer..... Q
no sé/rehúsa a contestar

ID NUMBER:								
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VERSION:1 2/17/12

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SEQ #

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For GIRLS only:

6. Have you noticed that your breasts have begun to grow?
¿Has notado que tus senos (mamas) han comenzado a crecer?

have not yet started growing..... 1
aún no han comenzado a crecer

have barely started growing..... 2
apenas han comenzado a crecer

breast growth is definitely underway..... 3
el crecimiento de los senos definitivamente ha comenzado

breast growth seems complete..... 4
el crecimiento de los senos parece haber terminado

I don't know/refuse to answer..... Q
no sé/rehúsa a contestar

7. Have you begun to menstruate (started to have your period)?
¿Has comenzado a menstruar (comenzaste a tener tu periodo)?

No/No..... 0 → **END QUESTIONNAIRE**

Yes/Sí 1

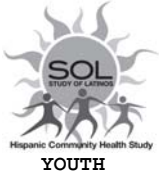
7a. If yes, how old were you when you started to menstruate?

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age in years/
años de edad

Si la respuesta es sí, ¿qué edad tenías cuando comenzaste a menstruar?

END QUESTIONNAIRE



SOL-Youth Family Relationship - Child

ID NUMBER:

FORM CODE: RCE
VERSION:1 6/13/12

Contact Occasion SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Language Administered: 1=English 2=Spanish

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

A. Primary Caregiver – Child's Perception

1. Who takes care of you most of the time? (Mark only one)
¿Quién cuida de ti la mayor parte del tiempo? (Marque solo una)

- Biological mother/*Madre Biológica*..... 1
- Biological father/*Padre Biológico* 2
- Adoptive mother, step mother, or foster mother/
Madre adoptiva, madrastra o madre de crianza..... 3
- Adoptive father, step father, or foster father/
Padre adoptivo, padrastro o padre de crianza 4
- Grandmother or grandfather/*Abuela o Abuelo*..... 5
- Older sibling/*Hermano(a) mayor*..... 6
- Other adult relative/*Otro adulto de la familia*..... 7
- Other/*otro*..... 8

If other, please specify: _____
Si otro, por favor especifique

B. Parental Closeness

2. How close do you feel to your [MOTHER/ADOPTIVE MOTHER/STEP MOTHER/FOSTER MOTHER]? (Mark only one)
¿Qué tan cerca te sientes de tu [madre/madre adoptiva/madrastra/madre de crianza]? (Marque solo una)

- Not at all/*Nada* 1
- Very little/*Muy poco*..... 2
- Somewhat/*Algo*..... 3
- Quite a bit/*Bastante* 4
- Very much/*Mucho* 5
- No mother in household/*no hay madre en el hogar*..... 9
- Don't know/refused/*No sabe/rehusó*..... Q

GO TO QUESTION 5

ID NUMBER:							
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FORM CODE: RCE
VERSION:1 6/13/12

Contact Occasion

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SEQ #

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3. How much do you think she cares about you? (Mark only one)
¿Cuánto crees que ella se preocupa por ti? (Marque solo una)

- Not at all/*Nada* 1
- Very little/*Muy poco*..... 2
- Somewhat/*Algo*..... 3
- Quite a bit/*Bastante* 4
- Very much/*Mucho*..... 5
- Don't know/refused/*No sabe/rehusó*..... Q

4. Most of the time, your [MOTHER/ADOPTIVE MOTHER/STEP MOTHER/FOSTER MOTHER] is warm and loving toward you? (Mark only one)
¿La mayoría de las veces tu [madre/madre adoptiva/madrastra/madre de crianza] es cariñosa y amorosa contigo? (Marque solo una)

- Strongly Disagree/*Muy en desacuerdo*..... 1
- Disagree/*En desacuerdo* 2
- Neither agree nor disagree/
Ni de acuerdo ni en desacuerdo 3
- Agree/*De acuerdo*..... 4
- Strongly Agree/*Muy de acuerdo* 5
- Don't know/refused/*No sabe/rehusó*..... Q

5. How close do you feel to your [FATHER/ADOPTIVE FATHER/STEP FATHER/FOSTER FATHER]? (Mark only one)
¿Qué tan cerca te sientes de tu [padre/padre adoptivo/padrastro/padre de crianza]? (Marque solo una)

- Not at all/*Nada* 1
- Very Little/*Muy poco* 2
- Somewhat/*Algo*..... 3
- Quite a bit/*Bastante* 4
- Very much/*Mucho*..... 5
- No father in household/*No hay padre en el hogar* 9
- Don't know/refused/*No sabe/rehusó*..... Q

END QUESTIONNAIRE

6. How much do you think he cares about you? (Mark only one)
¿Cuánto crees que él se preocupa por ti? (Marque solo una)

- Not at all/*Nada* 1
- Very little/*Muy poco*..... 2
- Somewhat/*Algo*..... 3
- Quite a bit/*Bastante* 4
- Very much/*Mucho*..... 5
- Don't know/refused/*No sabe/rehusó*..... Q

ID NUMBER:							
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FORM CODE: RCE
VERSION:1 6/13/12

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Occasion

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SEQ #

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7. Most of the time, your [FATHER/ADOPTIVE FATHER/STEP FATHER/FOSTER FATHER] is warm and loving toward you? (Mark only one)
¿La mayoría de las veces tu [padre /padre adoptivo/padrastro/padre de crianza] es cariñoso y amoroso contigo? (Marque solo una)

- Strongly Disagree/*Muy en desacuerdo*..... 1
- Disagree/*En desacuerdo*..... 2
- Neither agree nor disagree/
Ni de acuerdo ni en desacuerdo..... 3
- Agree/*De acuerdo*..... 4
- Strongly Agree/*Muy de acuerdo*..... 5
- Don't know/refused/*No sabe/ rehusó* Q

END QUESTIONNAIRE



SOL-Youth Repeat Visit ID Form

Field Center ID									
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Contact Occasion:

01

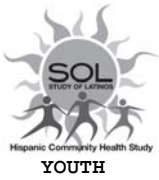
 SEQ #

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FORM CODE: RVI
VERSION: 1
8/19/11

Instructions: This form is completed for participants who come back for a repeat visit 4-8 weeks after the original visit. This is different from the Phantom form which documents the phantom ID within the same visit. Affix participant ID labels for Item 1 and QC ID labels for Item 2 if collect data on paper forms first. Scan the ID labels to auto-fill the ID numbers for Item 1 and 2 data entry. This form contains confidential information and should not be revealed outside the participants' field center and the Coordinating Center.

Original Participant ID	Repeat Visit ID	Date of repeat visit (MM / DD / YYYY)	Staff ID for assigning the repeat visit ID
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			



SOL-Youth Social Attitudes Towards Weight - Child

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORM CODE: SAE
VERSION: 1 3/9/12

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

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Language Administered: 1=English 2=Spanish

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

Please rate how much you agree or disagree with the following statements:

Por favor marca qué tan de acuerdo o en desacuerdo estás con las siguientes declaraciones:

- 1= Completely Disagree/*Completamente en desacuerdo*
- 2= Slightly Disagree/*Un poco en desacuerdo*
- 3= Neither Agree nor Disagree/*Ni de acuerdo ni en desacuerdo*
- 4= Slightly Agree/*Un poco de acuerdo*
- 5= Completely Agree/*Completamente de acuerdo*

1. People who appear in TV shows and movies project the type of appearance that I see as my goal. 1 2 3 4 5

Las personas que aparecen en las series de televisión y películas proyectan la apariencia que yo veo como mi meta.

2. I believe that clothes look better on thin models. 1 2 3 4 5

Creo que la ropa se ve mejor en modelos delgados.

3. Music videos that show thin people make me wish that I were thin. 1 2 3 4 5

Videos musicales que muestran personas delgadas me hacen desear que yo fuera delgado.

4. I tend to compare my body to people in magazines & TV. 1 2 3 4 5

Tiendo a comparar mi cuerpo con las personas en revistas y televisión.

5. Photographs of thin people make me wish that I were thin. 1 2 3 4 5

Fotografías de personas delgadas me hacen desear que yo fuera delgado.

6. People think that the thinner you are, the better you look in clothes. 1 2 3 4 5

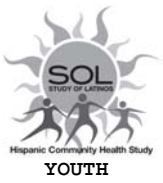
La gente piensa que entre más delgado seas, mejor te vez en la ropa.

ID NUMBER:								FORM CODE: SAE	Contact			SEQ #		
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- 1= Completely Disagree/*Completamente en desacuerdo*
- 2= Slightly Disagree/*Un poco en desacuerdo*
- 3= Neither Agree nor Disagree/*Ni de acuerdo ni en desacuerdo*
- 4= Slightly Agree/*Un poco de acuerdo*
- 5= Completely Agree/*Completamente de acuerdo*

7. I often read magazines and compare my appearance to the models. 1 2 3 4 5
Con frecuencia leo revistas y comparo mi apariencia con los modelos.

END QUESTIONNAIRE



SOL-Youth School Food Environment - Child

ID NUMBER:

FORM CODE: SFE
VERSION:1 2/22/12

Contact Occasion SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / / 0b. Staff ID:

Month Day Year

0c. Language Administered: 1=English 2=Spanish

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

1. How often does your school send home information about the nutritional content of the foods offered at school?
¿Con qué frecuencia tu escuela manda información a la casa sobre el contenido nutricional de la comida ofrecida en la escuela?

- Never/*Nunca* 0
- Rarely/*Rara vez*..... 1
- Sometimes/*Algunas veces* 2
- Frequently/*Frecuentemente* 3
- Always/*Siempre* 4

2. Are there food vending machines at your school?
¿Hay máquinas que venden comida en tu escuela?

- No..... 0 → **GO TO QUESTION 3**
- Yes/*Sí*..... 1

2a. If yes, how many days per week do you use them?
Si la respuesta es sí, ¿cuántos días a la semana las usas?

- 0 Days/*Días*..... 0
- 1 Day/*Día*..... 1
- 2 Days/*Días*..... 2
- 3 Days/*Días*..... 3
- 4 Days/*Días*..... 4
- 5 Days/*Días*..... 5

3. Are there food vending machines at your school that offer only 'healthy' foods like fruit?
¿Hay máquinas que venden alimentos en tu escuela que ofrecen solamente comidas 'saludables' como fruta?

- No..... 0 → **GO TO QUESTION 4**
- Yes/*Sí*..... 1

ID NUMBER:							
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FORM CODE: SFE
VERSION:1 2/22/12

Contact
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SEQ #

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3a. If yes, how many days per week do you use them?
Si la respuesta es sí, ¿cuántos días a la semana las usas?

- 0 Days/Días..... 0
- 1 Day/Día..... 1
- 2 Days/Días..... 2
- 3 Days/Días..... 3
- 4 Days/Días..... 4
- 5 Days/Días..... 5

4. Are there drink vending machines at your school?
¿Hay máquinas que venden bebidas en tu escuela?

- No..... 0 → **GO TO QUESTION 5**
- Yes/Sí..... 1

4a. If yes, how many days per week do you use them?
Si la respuesta es sí, ¿cuántos días a la semana las usas?

- 0 Days/Días..... 0
- 1 Day/Día..... 1
- 2 Days/Días..... 2
- 3 Days/Días..... 3
- 4 Days/Días..... 4
- 5 Days/Días..... 5

5. Are there drink vending machines at your school that offer only 'healthy' drinks, including water and 100% fruit juice?
¿Hay máquinas que venden bebidas en tu escuela que ofrecen solamente bebidas 'saludables', incluyendo agua y jugo de fruta 100% natural?

- No..... 0 → **GO TO QUESTION 6**
- Yes/Sí..... 1

5a. If yes, how many days per week do you use them?
Si la respuesta es sí, ¿cuántos días a la semana las usas?

- 0 Days/Días..... 0
- 1 Day/Día..... 1
- 2 Days/Días..... 2
- 3 Days/Días..... 3
- 4 Days/Días..... 4
- 5 Days/Días..... 5

ID NUMBER:							
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FORM CODE: SFE
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SEQ #

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6. Is there usually a salad bar at your school?
¿Hay usualmente un bar/mostrador de ensaladas en tu escuela?

No.....0 → **GO TO QUESTION 7**
Yes/Sí.....1

6a. If yes, how many days per week do you eat there?
Si la respuesta es sí, ¿cuántos días a la semana comes ahí?

0 Days/Días..... 0
1 Day/Día..... 1
2 Days/Días..... 2
3 Days/Días..... 3
4 Days/Días..... 4
5 Days/Días..... 5

7. Are there carts or trucks to buy food at school or immediately outside the school grounds?
¿Hay carretas o camiones para comprar comida en la escuela o directamente fuera de los terrenos de la escuela?

No.....0 → **GO TO QUESTION 8**
Yes/Sí.....1

7a. If yes, how many days per week do you eat these?
Si la respuesta es sí, ¿cuántos días a la semana comes estos?

0 Days/Días..... 0
1 Day/Día..... 1
2 Days/Días..... 2
3 Days/Días..... 3
4 Days/Días..... 4
5 Days/Días..... 5

8. Can you buy brand named fast foods (e.g., Pizza Hut, Burger King) at your school?
¿Puedes comprar comida rápida de marca (ej, Pizza Hut, Burger King) en tu escuela?

No.....0 → **GO TO QUESTION 9**
Yes/Sí.....1

8a. If yes, how many days per week do you eat these?
Si la respuesta es sí, ¿cuántos días a la semana comes estos?

0 Days/Días..... 0
1 Day/Día..... 1
2 Days/Días..... 2
3 Days/Días..... 3
4 Days/Días..... 4
5 Days/Días..... 5

ID NUMBER:							
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Contact
Occasion

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SEQ #

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9. Are you permitted to go off-campus during lunch time?
¿Te permiten salir fuera del campus en la hora del almuerzo?

No.....0 → **GO TO QUESTION 10**
Yes/Sí.....1

- 9a. If yes, how many days per week do you eat off-campus?
Si la respuesta es sí, ¿cuántos días a la semana comes fuera del campus?

0 Days/Días..... 0
1 Day/Día..... 1
2 Days/Días..... 2
3 Days/Días..... 3
4 Days/Días..... 4
5 Days/Días..... 5

10. How many days per week do you typically bring your lunch from home?
¿Cuántos días a la semana típicamente traes almuerzo de tu casa?

0 Days/Días..... 0
1 Day/Día..... 1
2 Days/Días..... 2
3 Days/Días..... 3
4 Days/Días..... 4
5 Days/Días..... 5

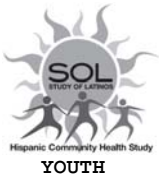
11. How many days per week do you typically eat breakfast at your school cafeteria or snack bar?
¿Cuántos días a la semana típicamente comes desayuno en la cafetería o puesto de alimentos de tu escuela?

0 Days/Días..... 0
1 Day/Día..... 1
2 Days/Días..... 2
3 Days/Días..... 3
4 Days/Días..... 4
5 Days/Días..... 5

12. How many days per week do you typically eat lunch at your school cafeteria or snack bar?
¿Cuántos días a la semana típicamente almuerzas en la cafetería o puesto de alimentos de tu escuela?

0 Days/Días..... 0
1 Day/Día..... 1
2 Days/Días..... 2
3 Days/Días..... 3
4 Days/Días..... 4
5 Days/Días..... 5

END QUESTIONNAIRE



SOL-Youth Sleep Duration - Child

ID NUMBER:

FORM CODE: SLE
VERSION:1 3/9/12

Contact Occasion SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Language Administered: 1=English 2=Spanish

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

The following two questions refer to the times you get in and out of bed in order to sleep (not including naps). *Las siguientes dos preguntas se refieren a la hora que te vas a la cama para dormir y la hora a la que te levantas (no incluye las siestas).*

1. What time do you usually go to bed?
¿A qué hora te vas a dormir usualmente?

a. On weekdays?

:
am/pm

¿Entre semana?

b. On weekends?

:
am/pm

¿En fines de semana?

2. What time do you usually wake up?
¿A qué hora te despiertas usualmente?

a. On weekdays?

:
am/pm

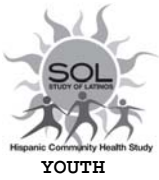
¿Entre semana?

b. On weekends?

:
am/pm

¿En fines de semana?

END QUESTIONNAIRE



SOL-Youth Social Support from Friends - Child

ID NUMBER:

FORM CODE: SSE
VERSION:1 2/22/12

Contact Occasion SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Language Administered: 1=English 2=Spanish

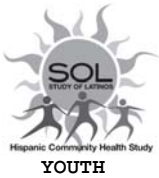
Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

How strongly do you agree or disagree with these sentences?
 ¿Qué tan de acuerdo o en desacuerdo estás con estas oraciones?

- 1= Strongly Disagree/*Muy en desacuerdo*
- 2= Disagree/*En desacuerdo*
- 3= Agree/*De acuerdo*
- 4= Strongly Agree/*Muy de acuerdo*

- | | |
|--|---|
| 1. My friends really try to help me.
<i>Mis amigos realmente tratan de ayudarme.</i> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| 2. I can count on my friends when things go wrong.
<i>Puedo contar con mis amigos cuando las cosas van mal.</i> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| 3. I have friends with whom I can share my joys and sorrows
<i>Tengo amigos con los que puedo compartir mis alegrías y tristezas.</i> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| 4. I can talk about my problems with my friends.
<i>Puedo hablar de mis problemas con mis amigos.</i> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |

END QUESTIONNAIRE



SOL-Youth Tobacco Susceptibility - Child

ID NUMBER:

FORM CODE: TUE
VERSION:1 3/9/12

Contact Occasion SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Language Administered: 1=English 2=Spanish

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

The next questions I will be asking you are about cigarette smoking.
Las siguientes preguntas que te voy hacer son acerca de fumar cigarrillos.

1. Have you ever smoked a cigarette?
¿Has fumado alguna vez un cigarrillo?

No 0
Yes/Sí..... 1 → **GO TO QUESTION/IR A 3**

2. Have you ever tried cigarette smoking, even one or two puffs?
¿Has tratado alguna vez de fumar cigarrillos, aunque sea una o dos fumadas (probadas)?

No 0 → **GO TO QUESTION/IR A 7**
Yes/Sí..... 1 → **GO TO QUESTION/IR A 7**

3. How old were you when you smoked your first whole cigarette?
¿Cuántos años tenías cuando fumaste tu primer cigarrillo completo?

Years of age/Años de edad

4. Have you ever smoked cigarettes regularly, that is, at least one cigarette every day for 30 days?
¿Has fumado cigarrillos con regularidad, es decir, por lo menos uno diario durante 30 días?

No 0
Yes/Sí..... 1

5. Think about the last 30 days. On how many of these days did you smoke?
Piensa en los últimos 30 días. ¿Cuántos de estos días fumaste?

Number of Days/Número de días **[IF 0 THEN GO TO QUESTION 7]**
[NINGUNO, IR A 7]

6. During the last 30 days, on the days you smoked, how many cigarettes did you smoke per day?
Durante los últimos 30 días, en los días que fumaste, ¿cuántos cigarrillos fumaste al día?

Number of cigarettes/Número de cigarrillos: → **GO TO QUESTION/ IR A 8**

ID NUMBER:							
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FORM CODE: TUE
VERSION:1 3/9/12

Contact
Occasion

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SEQ #

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7. Do you think that you will try a cigarette soon?
¿Crees que vas a probar un cigarrillo pronto?

No 0
Yes/Sí..... 1

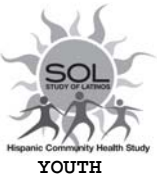
8. If one of your best friends were to offer you a cigarette, would you smoke it?
Si alguno de tus mejores amigos te ofreciera un cigarrillo, ¿lo fumarías?

Definitely Yes/*Definitivamente sí*..... 1
Probably Yes/*Probablemente sí*..... 2
Probably Not/*Probablemente no*..... 3
Definitely Not/*Definitivamente no*..... 4

9. Do you think you will be smoking cigarettes one year from now?
¿Crees que vas a estar fumando cigarrillos dentro de un año?

Definitely Yes/*Definitivamente sí*..... 1
Probably Yes/*Probablemente sí*..... 2
Probably Not/*Probablemente no*..... 3
Definitely Not/*Definitivamente no*..... 4

END QUESTIONNAIRE



SOL-Youth Food Practices with TV/Video Viewing - Child

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORM CODE: TVE
VERSION:1 3/9/12

Contact Occasion SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Language Administered: 1=English 2=Spanish

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

Please check the answer that best applies to you and your family. (Check ONE box for each question.)
 Por favor marca la respuesta que aplique para ti y tu familia. (Marca UNA casilla por cada pregunta).

In the past week...
 En la semana pasada...

- 0= Never/Nunca
- 1= 1-2 Days/Días
- 2= 3-4 Days/Días
- 3= 5-6 Days/Días
- 4= Everyday/Todos los días

1. How often is the TV on when your family is eating dinner? 0 1 2 3 4
 ¿Qué tan frecuentemente está prendida la televisión cuando tu familia está cenando?

2. How often do you eat snacks and/or beverages in front of the TV? 0 1 2 3 4
 ¿Qué tan frecuentemente comes botanas (bocadillos/meriendas) y/o tomas bebidas enfrente de la televisión?

END QUESTIONNAIRE



SOL-Youth Unger AHISMA Scale - Child

ID NUMBER:

FORM CODE: UNE
VERSION:1 2/22/12

Contact Occasion SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: //
Month Day Year

0b. Staff ID:

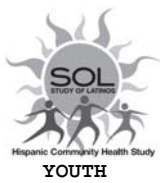
0c. Language Administered: 1=English 2=Spanish

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

- 1= The United States/*Los Estados Unidos*
- 2= The country my family is from/*El país de donde es mi familia*
- 3= Both/*Ambos*
- 4= Neither/*Ninguno*

- 1. I am most comfortable being with people from... 1 2 3 4
Me siento más cómodo(a) estando con gente de...
- 2. My best friends are from... 1 2 3 4
Mis mejores amigos son de...
- 3. The people I fit in with best are from... 1 2 3 4
Las personas con quien me llevo mejor son de...
- 4. My favorite music is from... 1 2 3 4
Mi música favorita es de...
- 5. My favorite TV shows are from... 1 2 3 4
Mis programas favoritos de televisión son de...
- 6. The holidays I celebrate are from... 1 2 3 4
Los días de fiesta que yo celebro son de...
- 7. The food I eat at home is from... 1 2 3 4
La comida que yo como en casa es de...
- 8. The way I do things and the way I think about things are from... 1 2 3 4
La manera en que yo hago las cosas y la manera en que yo pienso sobre las cosas son de...

END QUESTIONNAIRE



SOL-Youth Workout Equipment Use at Home - Child

ID NUMBER:

FORM CODE: WEE
VERSION:1 9/14/12

Contact Occasion SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Language Administered: 1=English 2=Spanish

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

How often do you use these items in or around your home (or in a common apartment area)?
¿Qué tan frecuentemente usas estos artículos dentro o alrededor de tu casa (o en un área común del departamento)?

- 0= Not available (don't have)/*No disponible (No tienes)*
- 1= Available but never use/*Disponible pero nunca lo usas*
- 2= Once a month or less/*Una vez al mes o menos*
- 3= Once every other week/*Una vez cada dos semanas*
- 4= Once a week or more/*Una vez a la semana o más*

- | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Bike, tricycle, kiddy car, or big wheel.
<i>Bicicleta, triciclo, coche para niños o triciclo con rueda grande.</i> | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 2. Basketball hoop.
<i>Aro de baloncesto.</i> | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 3. Active video games (like Dance Dance Revolution, Wii, etc.).
<i>Videojuegos activos (como Dance Dance Revolution, Wii, etc.).</i> | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 4. Sports equipment (like balls, racquets, bats, sticks).
<i>Equipo deportivo (como pelotas, raquetas, bates, palos).</i> | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 5. Swimming pool.
<i>Piscina/alberca.</i> | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 6. Rollerblades, roller skates, skateboard, scooter.
<i>Patines de ruedas, patineta, escúter (patinete o monopatín).</i> | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 7. Loose play equipment (like jump rope, hula hoop, pogo stick, bean bags).
<i>Equipo de juego suelto (como cuerda para saltar, aro hula-hula saltador, bean bags).</i> | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 8. Fixed play equipment (like swing set, play house, jungle gym, trampoline, slide).
<i>Equipo de juego fijo (como columpio, casa de juego, estructura para juegos, trampolín, resbaladero).</i> | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

ID NUMBER:							
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FORM CODE: WEE
VERSION:1 9/14/12

Contact
Occasion

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SEQ #

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- 0= Not available (don't have)/*No disponible (No tienes)*
1= Available but never use/*Disponible pero nunca lo usas*
2= Once a month or less/*Una vez al mes o menos*
3= Once every other week/*Una vez cada dos semanas*
4= Once a week or more/*Una vez a la semana o más*

9. Home aerobic equipment (like treadmill, stationary bike, workout videos). 0 1 2 3 4

Equipo aeróbico de casa (como cinta de correr o caminadora, bicicleta estacionaria, videos de ejercicios).

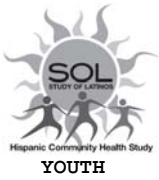
10. Weight-lifting equipment (like free-weights, exercise balls, pull up bar). 0 1 2 3 4

Equipo de levantamiento de pesas (como pesas libres, pelotas de ejercicio, barra fija).

11. Water or snow equipment (like canoe, row boat, kayak, surf board, boogie board, windsurf board, water skis). 0 1 2 3 4

Equipo de agua o nieve (como canoa, lancha de remo, kayak, tabla de surf, tabla de boogie, tabla de windsurf, esquís acuáticos).

END QUESTIONNAIRE



SOL-Youth Authoritative Parenting Index–Parent (each child)

ID NUMBER:

FORM CODE: APE
VERSION: 1 2/10/12

Contact Occasion SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Language Administered: 1=English 2=Spanish

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

I am going to read some statements to you. Please tell me how much each statement sound “not like you”, “sort of like you”, “a lot like you”, or “just like you.”

Le voy a leer unas frases. Por favor dígame si cada frase se parece “nada como usted”, “algo como usted” “mucho como usted”, o “justo como usted.”

- 1= Not Like Me/Nada como yo
- 2= Sort of Like Me/Algo como yo
- 3= A Lot Like Me/Mucho como yo
- 4= Just Like Me/Justo como yo

- | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Check to see if [child's name] does his/her homework.
<i>Verifica si (nombre del niño) hace sus tareas escolares.</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 2. Are pleased with how [child's name] behaves.
<i>Está complacido con la forma en que (nombre del niño) se comporta.</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 3. Listen to what [child's name] has to say.
<i>Escucha lo que (nombre del niño) tiene que decir.</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 4. Make sure [child's name] tells you where he/she is going.
<i>Se asegura de que (nombre del niño) le diga a dónde va.</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 5. Know where [child's name] is after school.
<i>Sabe dónde (nombre del niño) está después de la escuela.</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 6. Want to hear about [child's name]'s problems.
<i>Quiere saber sobre los problemas de (nombre del niño).</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 7. Tell [child's name] when he/she must come home.
<i>Le dice a (nombre del niño) cuando debe llegar a casa.</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 8. Have rules that must be followed.
<i>Tiene reglas que deben seguirse.</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 9. Like [child's name] the way he/she is.
<i>Le gusta la forma de ser de (nombre del niño).</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 10. Make [child's name] feel better when he/she is upset.
<i>Hace que (nombre del niño) se sienta mejor cuando está enojado.</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

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FORM CODE: APE
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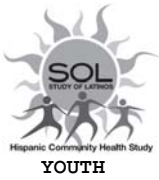
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- 1= Not Like Me/*Nada como yo*
- 2= Sort of Like Me/*Algo como yo*
- 3= A Lot Like Me/*Mucho como yo*
- 4= Just Like Me/*Justo como yo*

11. Make rules without asking what [child's name] thinks. 1 2 3 4
Hace reglas sin preguntar que piensa (nombre del niño).
12. Make sure [child's name] goes to bed on time. 1 2 3 4
Se asegura de que (nombre del niño) se vaya a la cama a tiempo.
13. Are too busy to talk to [child's name]. 1 2 3 4
Está demasiado ocupado para hablar con (nombre del niño).
14. Tell [child's name] what to do. 1 2 3 4
Le dice a (nombre del niño) lo que tiene que hacer.
15. Ask [child's name] what he/she does with friends. 1 2 3 4
Le pregunta a (nombre del niño) que hace con sus amigos.
16. Tell [child's name] that he/she is doing a good job of things. 1 2 3 4
Le dice a (nombre del niño) que está haciendo un buen trabajo en sus cosas.

END QUESTIONNAIRE



SOL-Youth Health Insurance – Parent (each child)

ID NUMBER:

FORM CODE: HCE
VERSION: 1 10/23/12

Contact Occasion SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Language Administered: 1=English 2=Spanish

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

1. At any time in [ENTER YEAR], was [CHILD'S NAME] covered by a health insurance plan?
¿En algún momento en el [Enter Year], tuvo [Child's Name] cobertura por un plan de seguro médico?

No..... 0
 Yes/Sí..... 1

2. What type(s) of health insurance was [CHILD'S NAME] covered by in [ENTER YEAR]?
¿Qué tipo(s) de cobertura de seguro médico tuvo [Child's Name] en el [Enter year]?

- a. Medicare.....
- b. Medicaid.....
- c. TRICARE or CHAMPUS.....
- d. CHAMPVA.....
- e. VA.....
- f. Military Health Care/*Cuidado de salud militar*.....
- g. Children's Health Insurance Program (CHIP)/*Programa de seguro médico para niños*...
- h. Indian Health Service/*Servicio de salud indígena*.....
- i. Other government health care/*Otro programa de cuidado de salud del gobierno*.....
- j. Employer or union provided (as dependent of household member).....
Proporcionado por su empleo o sindicato (como dependiente de miembro del hogar)
- k. Privately purchased (as dependent of household member).....
Contrato de seguro privado (como dependiente de miembro del hogar)
- l. Plan of someone outside the household.....
Plan de alguien que vive fuera del hogar
- m. Other/*Otro*.....
 m1. If other, please specify
Si es otro, por favor especifique: _____

3. In (state), the (fill state CHIP program name) helps families get health insurance for CHILDREN. (Just to be sure,) Was [CHILD'S NAME] covered by that program?
En (state), (fill state CHIP program name) ayuda a las familias a obtener seguro médico para niños. Para estar seguro/a, ¿Tuvo [Child's name] cobertura de ese programa?

None/Ninguno.... 1
 Part/En parte.... 2
 All/Todo..... 3

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4. At any time in [ENTER YEAR], was [CHILD'S NAME] NOT covered by a health insurance plan or uninsured?

¿En algún momento en el [Enter Year], estuvo [Child's name] SIN cobertura de un plan de seguro médico o sin seguro?

No, my child had health insurance for the entire year.....0 → **END QUESTIONNAIRE**

No, mi niño sí tuvo seguro médico todo el año

Yes, my child was uninsured for part of the year.....1

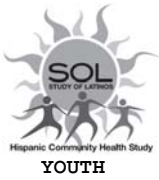
Sí, mi niño estuvo sin seguro parte del año

4a. For how many months during [ENTER YEAR], was [CHILD'S NAME] uninsured?

¿Cuántos meses durante el [Enter Year] estuvo [Child's name] sin seguro?

Months/Meses

END QUESTIONNAIRE



SOL-Youth Medical History – Parent (each Child)

ID NUMBER:

FORM CODE: MHE
VERSION: 1 4/4/12

Contact Occasion SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Language Administered: 1=English 2=Spanish

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

A. Medical History

1. When is [CHILD' NAME]'s birthday?

/ /
Month Day Year

¿Cuándo es el cumpleaños de [Child's Name]?

2. Has a doctor, nurse or other healthcare provider ever told you that (child name) has asthma?

¿Alguna vez un médico, enfermera, u otro profesional de la salud le ha dicho que (child name) tiene asma?

No..... 0 → **GO TO QUESTION 3**
Yes/Sí.... 1

2a. How old was (child name) when you were first told that he/she had this condition?

¿Qué edad tenía (child name) cuando le dijeron por primera vez que tenía esta condición?

Years of age/Años de edad

2b. Does (child name) still have this condition?

¿Tiene todavía (child name) esta condición?

No...0
Yes/Sí....1

2c. Does (child name) see a doctor, nurse or other healthcare provider for this condition?

¿Ve (child name) a un médico, enfermera, u otro profesional de la salud para esta condición?

No...0
Yes/Sí....1

2d. Does (child name) take medication for this condition?

¿Toma (child name) medicamentos para esta condición?

No...0
Yes/Sí....1

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2e. **In the past year**, how many times has (child name) been hospitalized for this condition?
En el último año, ¿cuántas veces (child name) ha sido hospitalizado por esta condición?

- 0 times/veces..... 1
- 1-2 times/veces..... 2
- 3-5 times/veces..... 3
- 6-10 times/veces..... 4
- More than 10 times/Más de 10 veces..... 5

2f. **In the past year**, how many days of school has (child name) missed because of this condition?
En el último año, ¿cuántos días (child name) ha faltado a la escuela debido a esta condición?

- 0 days/días..... 1
- 1-2 days/días..... 2
- 3-5 days/días..... 3
- 6-10 days/días..... 4
- 11-15 days/días..... 5
- 16-30 days/días..... 6
- More than 30 days/Más de 30 días..... 7

3. Symptoms of asthma include coughing, wheezing, shortness of breath, chest tightness, or phlegm production when (child name) did not have a cold or respiratory infection. Has (child name) ever shown any symptoms of asthma?

Síntomas de asma incluyen tos, silbidos, dificultad para respirar, opresión en el pecho, o producción de flema cuando (child name) no tenía un resfriado ni tenía una infección respiratoria. ¿(Child name) ha mostrado algún síntoma de asma?

No.....0 → **GO TO QUESTION 4**
Yes/Sí.1

3a. How long has it been since he/she last had any symptoms of asthma?
¿Cuánto tiempo ha pasado desde la última vez que tuvo síntomas de asma?

- Less than 1 day ago/Hace menos de un día..... 1
- 1-6 days ago/De 1 a 6 días atrás..... 2
- 1 week to less than 3 months ago/Entre una semana a menos de tres meses..... 3
- 3 months to less than 1 year ago/Entre 3 meses a menos de un año..... 4
- 1 year to less than 3 years ago/Entre un año a menos de 3 años 5
- 3 years to 5 years ago/Entre 3 años a 5 años..... 6
- More than 5 years ago/Hace más de 5 años..... 7

3b. **In the past year**, how many times has (child name) been hospitalized for this condition?
En el último año, ¿cuántas veces (child name) ha sido hospitalizado por esta condición?

- 0 times/veces..... 1
- 1-2 times/veces..... 2
- 3-5 times/veces..... 3
- 6-10 times/veces..... 4
- More than 10 times/Más de 10 veces..... 5

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3c. In the past year, how many days of school has (child name) missed because of this condition?
En el último año, ¿cuántos días (child name) ha faltado a la escuela debido a esta condición?

- 0 days/días..... 1
- 1-2 days/días..... 2
- 3-5 days/días..... 3
- 6-10 days/días..... 4
- 11-15 days/días..... 5
- 16-30 days/días..... 6
- More than 30 days/Más de 30 días..... 7

4. Has a doctor, nurse or other healthcare provider ever told you that (child name) is overweight or obese?
¿Alguna vez un médico, enfermera, u otro profesional de la salud le ha dicho que (child name) está obeso o sobrepeso?

No.....0 → **GO TO QUESTION 5**
Yes/Sí.....1

4a. How old was (child name) when you were first told that he/she had this condition?
¿Qué edad tenía (child name) cuando le dijeron por primera vez que tenía esta condición?

Years of age/Años de edad

4b. Does (child name) still have this condition?
¿Tiene todavía (child name) esta condición?

No... ..0
Yes/Sí.....1

4c. Does (child name) see a doctor, nurse or other healthcare provider for this condition?
¿Ve (child name) a un médico, enfermera, u otro profesional de la salud para esta condición?

No... ..0
Yes/Sí.....1

4d. Does (child name) participate in any lifestyle change program to help treat this condition (such as changes in diet or exercising)?

¿Participa (child name) en algún programa de cambio de estilo de vida para ayudar a tratar esta condición (como cambios en dieta y ejercicio)?

No... ..0
Yes/Sí.....1

4e. Does (child name) take medication for this condition?
¿Toma (child name) medicamentos para esta condición?

No... ..0
Yes/Sí.....1

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4f. **In the past year**, how many times has (child name) been hospitalized for this condition?
En el último año, ¿cuántas veces (child name) ha sido hospitalizado por esta condición?

- 0 times/veces..... 1
1-2 times/veces..... 2
3-5 times/veces..... 3
6-10 times/veces..... 4
More than 10 times/Más de 10 veces..... 5

4g. **In the past year**, how many days of school has (child name) missed because of this condition?
En el último año, ¿cuántos días (child name) ha faltado a la escuela debido a esta condición?

- 0 days/días..... 1
1-2 days/días..... 2
3-5 days/días..... 3
6-10 days/días..... 4
11-15 days/días..... 5
16-30 days/días..... 6
More than 30 days/Más de 30 días..... 7

5. Has a doctor, nurse or other healthcare provider ever told you that (child name) has diabetes or high blood sugar?

¿Alguna vez un médico, enfermera, u otro profesional de la salud le ha dicho que (child name) tiene diabetes o altos niveles de azúcar?

No.....0
Yes/Sí.....1

→ **GO TO QUESTION 6**

5a. Does (child name) have Type 1 or Type 2 diabetes?
¿Tiene (child name) diabetes Tipo 1 o 2?

Type 1/Tipo 1.....1
Type 2/Tipo 2.....2
Don't know/No sabe....Q

5b. How old was (child name) when you were first told that he/she had this condition?
¿Qué edad tenía (child name) cuando le dijeron por primera vez que tenía esta condición?

Years of age/Años de edad

5c. Does (child name) still have this condition?
¿Tiene todavía (child name) esta condición?

No...0
Yes/Sí.....1

5d. Does (child name) see a doctor, nurse or other healthcare provider for this condition?
¿Ve (child name) a un médico, una enfermera, u otro profesional de la salud para esta condición?

No...0
Yes/Sí.....1

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5e. Does (child name) participate in any lifestyle change program to help treat this condition (such as changes in diet or exercising)?

¿Participa (child name) en algún programa de cambio de estilo de vida para ayudar a tratar esta condición (como cambios en dieta y ejercicio)?

No...0

Yes/Sí.....1

5f. Does (child name) take oral medications (pills) for diabetes?

¿Toma (child name) medicamentos orales (pastillas) para la diabetes?

No...0

Yes/Sí.....1

5g. Does (child name) receive insulin injections (shots) for diabetes?

¿Recibe (child name) inyecciones de insulina para la diabetes?

No...0

Yes/Sí.....1

5h. **In the past year**, how many times has (child name) been hospitalized for this condition?

En el último año, ¿cuántas veces (child name) ha sido hospitalizado por esta condición?

0 times/veces..... 1

1-2 times/veces..... 2

3-5 times/veces..... 3

6-10 times/veces..... 4

More than 10 times/Más de 10 veces..... 5

5i. **In the past year**, how many days of school has (child name) missed because of this condition?

En el último año, ¿cuántos días (child name) ha faltado a la escuela debido a esta condición?

0 days/días..... 1

1-2 days/días..... 2

3-5 days/días..... 3

6-10 days/días..... 4

11-15 days/días..... 5

16-30 days/días..... 6

More than 30 days/Más de 30 días..... 7

6. Has a doctor, nurse or other healthcare provider ever told you that (child name) has high blood pressure or hypertension?

¿Alguna vez un médico, enfermera, u otro profesional de la salud le ha dicho que (child name) tiene presión arterial alta o hipertensión?

No.....0

Yes/Sí.....1

→ **GO TO QUESTION 7**

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6a. How old was (child name) when you were first told that he/she had this condition?
¿Qué edad tenía (child name) cuando le dijeron por primera vez que tenía esta condición?

<input type="text"/>	<input type="text"/>	Years of age/Años de edad
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6b. Does (child name) still have this condition?
¿Tiene todavía (child name) esta condición?

No... ..0	<input type="checkbox"/>
Yes/Sí.....1	<input type="checkbox"/>

6c. Does (child name) see a doctor, nurse or other healthcare provider for this condition?
¿Ve (child name) a un médico, enfermera, u otro profesional de la salud para esta condición?

No... ..0	<input type="checkbox"/>
Yes/Sí.....1	<input type="checkbox"/>

6d. Does (child name) participate in any lifestyle change program to help treat this condition (such as changes in diet or exercising)?
¿Participa (child name) en algún programa de cambio de estilo de vida para ayudar a tratar esta condición (como cambios en dieta y ejercicio)?

No... ..0	<input type="checkbox"/>
Yes/Sí.....1	<input type="checkbox"/>

6e. Does (child name) take medication for this condition?
¿Toma (child name) medicamentos para esta condición?

No... ..0	<input type="checkbox"/>
Yes/Sí.....1	<input type="checkbox"/>

6f. **In the past year**, how many times has (child name) been hospitalized for this condition?
En el último año, *¿cuántas veces (child name) ha sido hospitalizado por esta condición?*

0 times/veces.....	1	<input type="checkbox"/>
1-2 times/veces.....	2	<input type="checkbox"/>
3-5 times/veces.....	3	<input type="checkbox"/>
6-10 times/veces.....	4	<input type="checkbox"/>
More than 10 times/Más de 10 veces.....	5	<input type="checkbox"/>

6g. **In the past year**, how many days of school has (child name) missed because of this condition?
En el último año, *¿cuántos días (child name) ha faltado a la escuela debido a esta condición?*

0 days/días.....	1	<input type="checkbox"/>
1-2 days/días.....	2	<input type="checkbox"/>
3-5 days/días.....	3	<input type="checkbox"/>
6-10 days/días.....	4	<input type="checkbox"/>
11-15 days/días.....	5	<input type="checkbox"/>
16-30 days/días.....	6	<input type="checkbox"/>
More than 30 days/Más de 30 días.....	7	<input type="checkbox"/>

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7. Has a doctor, nurse or other healthcare provider ever told you that (child name) has high blood cholesterol, triglycerides, or lipids?

¿Alguna vez un médico, enfermera, u otro profesional de la salud le ha dicho que (child name) tiene colesterol, triglicéridos, o lípidos altos?

No.....0 → **GO TO QUESTION 8**
Yes/Sí.....1

7a. How old was (child name) when you were first told that he/she had this condition?

¿Qué edad tenía (child name) cuando le dijeron por primera vez que tenía esta condición?

Years of age/Años de edad

7b. Does (child name) still have this condition?

¿Tiene todavía (child name) esta condición?

No... ..0
Yes/Sí.....1

7c. Does (child name) see a doctor, nurse or other healthcare provider for this condition?

¿Ve (child name) a un médico, enfermera, u otro profesional de la salud para esta condición?

No... ..0
Yes/Sí.....1

7d. Does (child name) participate in any lifestyle change program to help treat this condition (such as changes in diet or exercising)?

¿Participa (child name) en algún programa de cambio de estilo de vida para ayudar a tratar esta condición (como cambios en dieta y ejercicio)?

No... ..0
Yes/Sí.....1

7e. Does (child name) take medication for this condition?

¿Toma (child name) medicamentos para esta condición?

No... ..0
Yes/Sí.....1

7f. **In the past year**, how many times has (child name) been hospitalized for this condition?

En el último año, *¿cuántas veces (child name) ha sido hospitalizado por esta condición?*

0 times/veces..... 1
1-2 times/veces..... 2
3-5 times/veces..... 3
6-10 times/veces..... 4
More than 10 times/Más de 10 veces..... 5

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7g. **In the past year**, how many days of school has (child name) missed because of this condition?
En el último año, ¿cuántos días (child name) ha faltado a la escuela debido a esta condición?

- 0 days/días..... 1
1-2 days/días..... 2
3-5 days/días..... 3
6-10 days/días..... 4
11-15 days/días..... 5
16-30 days/días..... 6
More than 30 days/Más de 30 días..... 7

8. Has a doctor, nurse or other healthcare provider ever told you that (child name) has cancer, lymphoma, or leukemia?

¿Le ha dicho un médico, enfermera, u otro profesional de la salud que (child name) tiene cáncer, linfoma, o leucemia?

No.....0 → **GO TO QUESTION 9**
Yes/Sí.....1

8a. How old was (child name) when you were first told that he/she had this condition?
¿Qué edad tenía (child name) cuando le dijeron por primera vez que tenía esta condición?

Years of age/Años de edad

8b. Does (child name) still have this condition?
¿Tiene todavía (child name) esta condición?

No... ..0
Yes/Sí.....1

8c. Does (child name) see a doctor, nurse or other healthcare provider for this condition?
¿Ve (child name) a un médico, enfermera, u otro profesional de la salud para esta condición?

No... ..0
Yes/Sí.....1

8d. Does (child name) take medication for this condition?
¿Toma medicamentos para esta condición?

No... ..0
Yes/Sí.....1

8e. **In the past year**, how many times has (child name) been hospitalized for this condition?
En el último año, ¿cuántas veces (child name) ha sido hospitalizado por esta condición?

- 0 times/veces..... 1
1-2 times/veces..... 2
3-5 times/veces..... 3
6-10 times/veces..... 4
More than 10 times/Más de 10 veces..... 5

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8f. **In the past year**, how many days of school has (child name) missed because of this condition?
En el último año, ¿cuántos días (child name) ha faltado a la escuela debido a esta condición?

- 0 days/días..... 1
1-2 days/días..... 2
3-5 days/días..... 3
6-10 days/días..... 4
11-15 days/días..... 5
16-30 days/días..... 6
More than 30 days/Más de 30 días..... 7

9. Has a doctor, nurse or other healthcare provider ever told you that (child name) has attention problems such as attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD)?

¿Le ha dicho un médico, enfermera, u otro profesional de la salud que (child name) tiene problemas de atención, como el trastorno de déficit de atención o déficit de atención e hiperactividad?

No.....0
Yes/Sí.....1

→ **GO TO QUESTION 10**

9a. How old was (child name) when you were first told that he/she had this condition?
¿Qué edad tenía (child name) cuando le dijeron por primera vez que tenía esta condición?

--	--

Years of age/Años de edad

9b. Does (child name) still have this condition?
¿Tiene todavía (child name) esta condición?

No...0
Yes/Sí.....1

9c. Does (child name) see a doctor, nurse or other healthcare provider for this condition?
¿Ve (child name) a un médico, enfermera, u otro profesional de la salud para esta condición?

No...0
Yes/Sí.....1

9d. Does (child name) take medication for this condition?
¿Toma (child name) medicamentos para esta condición?

No...0
Yes/Sí.....1

9e. **In the past year**, how many times has (child name) been hospitalized for this condition?
En el último año, ¿cuántas veces (child name) ha sido hospitalizado por esta condición?

- 0 times/veces..... 1
1-2 times/veces..... 2
3-5 times/veces..... 3
6-10 times/veces..... 4
More than 10 times/Más de 10 veces..... 5

ID NUMBER:							
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9f. **In the past year**, how many days of school has (child name) missed because of this condition?
En el último año, ¿cuántos días (child name) ha faltado a la escuela debido a esta condición?

- 0 days/días..... 1
- 1-2 days/días..... 2
- 3-5 days/días..... 3
- 6-10 days/días..... 4
- 11-15 days/días..... 5
- 16-30 days/días..... 6
- More than 30 days/Más de 30 días..... 7

10. Has a doctor, nurse or other healthcare provider ever told you that (child name) has any other health condition?

¿Alguna vez un médico, enfermera, u otro profesional de la salud le ha dicho que (child name) tiene alguna otra condición de salud?

No.....0
Yes/Sí.....1

→ **GO TO QUESTION 11**

10a. Please specify/ Por favor especifique: _____

10b. How old was (child name) when you were first told that he/she had this condition?
¿Qué edad tenía (child name) cuando le dijeron por primera vez que tenía esta condición?

Years of age/Años de edad

10c. Does (child name) still have this condition?
¿Tiene todavía (child name) esta condición?

No...0
Yes/Sí.....1

10d. Does (child name) see a doctor, nurse or other healthcare provider for this condition?
¿Ve (child name) a un médico, enfermera, u otro profesional de la salud para esta condición?

No...0
Yes/Sí.....1

10e. Does (child name) take medication for this condition?
¿Toma (child name) medicamentos para esta condición?

No...0
Yes/Sí.....1

10f. **In the past year**, how many times has (child name) been hospitalized for this condition?
En el último año, ¿cuántas veces (child name) ha sido hospitalizado por esta condición?

- 0 times/veces..... 1
- 1-2 times/veces..... 2
- 3-5 times/veces..... 3
- 6-10 times/veces..... 4
- More than 10 times/Más de 10 veces..... 5

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10g. In the past year, how many days of school has (child name) missed because of this condition?

En el último año, ¿cuántos días (child name) ha faltado a la escuela debido a esta condición?

- 0 days/días..... 1
- 1-2 days/días..... 2
- 3-5 days/días..... 3
- 6-10 days/días..... 4
- 11-15 days/días..... 5
- 16-30 days/días..... 6
- More than 30 days/Más de 30 días..... 7

11. Does (child name) have difficulty using his/her hands, arms, legs, or feet because of a permanent physical condition?

¿Tiene (child name) dificultad para usar sus manos, brazos, piernas o pies debido a una condición física permanente?

- No.....0
- Yes/Sí....1

12. If child is female only: Have (child name)'s periods or menstrual cycle started yet?

If child is female only: ¿Han empezado los periodos o ciclos menstruales de (child name)?

- No.....0 → **GO TO QUESTION 13**
- Yes/Sí....1

12a. How old was (child name) when her periods or menstrual cycle started?

¿Cuántos años tenía (child name) cuando sus periodos o ciclos menstruales empezaron?

<input type="text"/>	<input type="text"/>	Years of age/Años de edad
----------------------	----------------------	---------------------------

Has a doctor, nurse, or healthcare provider ever diagnosed the following conditions in (child's name) family members?

¿Alguna vez un médico, enfermera, u otro profesional de la salud ha diagnosticado las siguientes condiciones en los miembros de la familia de (child name)?

13. Asthma/asma:

- | | | | |
|--|---------------------------------|-------------------------------------|--|
| 13a. Biological Mother
<i>Madre biológica</i> | No...0 <input type="checkbox"/> | Yes/Sí...1 <input type="checkbox"/> | Don't Know/Refuse....Q <input type="checkbox"/>
<i>No sabe/Rehúsa</i> |
| 13b. Biological Father
<i>Padre biológico</i> | No...0 <input type="checkbox"/> | Yes/Sí...1 <input type="checkbox"/> | Don't Know/Refuse....Q <input type="checkbox"/>
<i>No sabe/Rehúsa</i> |
| 13c. Maternal Grandmother
<i>Abuela materna</i> | No...0 <input type="checkbox"/> | Yes/Sí...1 <input type="checkbox"/> | Don't Know/Refuse....Q <input type="checkbox"/>
<i>No sabe/Rehúsa</i> |
| 13d. Maternal Grandfather
<i>Abuelo materno</i> | No...0 <input type="checkbox"/> | Yes/Sí...1 <input type="checkbox"/> | Don't Know/Refuse....Q <input type="checkbox"/>
<i>No sabe/Rehúsa</i> |
| 13e. Paternal Grandmother
<i>Abuela paterna</i> | No...0 <input type="checkbox"/> | Yes/Sí...1 <input type="checkbox"/> | Don't Know/Refuse....Q <input type="checkbox"/>
<i>No sabe/Rehúsa</i> |
| 13f. Paternal Grandfather
<i>Abuelo paterno</i> | No...0 <input type="checkbox"/> | Yes/Sí...1 <input type="checkbox"/> | Don't Know/Refuse....Q <input type="checkbox"/>
<i>No sabe/Rehúsa</i> |

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14. Overweight/Obesity:
Sobrepeso/obesidad

- | | | | |
|--|---------------------------------|-------------------------------------|--|
| 14a. Biological Mother
<i>Madre biológica</i> | No...0 <input type="checkbox"/> | Yes/Sí...1 <input type="checkbox"/> | Don't Know/Refuse....Q <input type="checkbox"/>
<i>No sabe/Rehúsa</i> |
| 14b. Biological Father
<i>Padre biológico</i> | No...0 <input type="checkbox"/> | Yes/Sí...1 <input type="checkbox"/> | Don't Know/Refuse....Q <input type="checkbox"/>
<i>No sabe/Rehúsa</i> |
| 14c. Maternal Grandmother
<i>Abuela materna</i> | No...0 <input type="checkbox"/> | Yes/Sí...1 <input type="checkbox"/> | Don't Know/Refuse....Q <input type="checkbox"/>
<i>No sabe/Rehúsa</i> |
| 14d. Maternal Grandfather
<i>Abuelo materno</i> | No...0 <input type="checkbox"/> | Yes/Sí...1 <input type="checkbox"/> | Don't Know/Refuse....Q <input type="checkbox"/>
<i>No sabe/Rehúsa</i> |
| 14e. Paternal Grandmother
<i>Abuela paterna</i> | No...0 <input type="checkbox"/> | Yes/Sí...1 <input type="checkbox"/> | Don't Know/Refuse....Q <input type="checkbox"/>
<i>No sabe/Rehúsa</i> |
| 14f. Paternal Grandfather
<i>Abuelo paterno</i> | No...0 <input type="checkbox"/> | Yes/Sí...1 <input type="checkbox"/> | Don't Know/Refuse....Q <input type="checkbox"/>
<i>No sabe/Rehúsa</i> |

15. Diabetes/High blood sugar:
Diabetes/niveles de azúcar altos

- | | | | |
|--|---------------------------------|-------------------------------------|--|
| 15a. Biological Mother
<i>Madre biológica</i> | No...0 <input type="checkbox"/> | Yes/Sí...1 <input type="checkbox"/> | Don't Know/Refuse....Q <input type="checkbox"/>
<i>No sabe/Rehúsa</i> |
| 15b. Biological Father
<i>Padre biológico</i> | No...0 <input type="checkbox"/> | Yes/Sí...1 <input type="checkbox"/> | Don't Know/Refuse....Q <input type="checkbox"/>
<i>No sabe/Rehúsa</i> |
| 15c. Maternal Grandmother
<i>Abuela materna</i> | No...0 <input type="checkbox"/> | Yes/Sí...1 <input type="checkbox"/> | Don't Know/Refuse....Q <input type="checkbox"/>
<i>No sabe/Rehúsa</i> |
| 15d. Maternal Grandfather
<i>Abuelo materno</i> | No...0 <input type="checkbox"/> | Yes/Sí...1 <input type="checkbox"/> | Don't Know/Refuse....Q <input type="checkbox"/>
<i>No sabe/Rehúsa</i> |
| 15e. Paternal Grandmother
<i>Abuela paterna</i> | No...0 <input type="checkbox"/> | Yes/Sí...1 <input type="checkbox"/> | Don't Know/Refuse....Q <input type="checkbox"/>
<i>No sabe/Rehúsa</i> |
| 15f. Paternal Grandfather
<i>Abuelo paterno</i> | No...0 <input type="checkbox"/> | Yes/Sí...1 <input type="checkbox"/> | Don't Know/Refuse....Q <input type="checkbox"/>
<i>No sabe/Rehúsa</i> |

16. High blood pressure/Hypertension:
Presión arterial alta/hypertension

- | | | | |
|--|---------------------------------|-------------------------------------|--|
| 16a. Biological Mother
<i>Madre biológica</i> | No...0 <input type="checkbox"/> | Yes/Sí...1 <input type="checkbox"/> | Don't Know/Refuse....Q <input type="checkbox"/>
<i>No sabe/Rehúsa</i> |
| 16b. Biological Father
<i>Padre biológico</i> | No...0 <input type="checkbox"/> | Yes/Sí...1 <input type="checkbox"/> | Don't Know/Refuse....Q <input type="checkbox"/>
<i>No sabe/Rehúsa</i> |
| 16c. Maternal Grandmother
<i>Abuela materna</i> | No...0 <input type="checkbox"/> | Yes/Sí...1 <input type="checkbox"/> | Don't Know/Refuse....Q <input type="checkbox"/>
<i>No sabe/Rehúsa</i> |
| 16d. Maternal Grandfather
<i>Abuelo materno</i> | No...0 <input type="checkbox"/> | Yes/Sí...1 <input type="checkbox"/> | Don't Know/Refuse....Q <input type="checkbox"/>
<i>No sabe/Rehúsa</i> |
| 16e. Paternal Grandmother
<i>Abuela paterna</i> | No...0 <input type="checkbox"/> | Yes/Sí...1 <input type="checkbox"/> | Don't Know/Refuse....Q <input type="checkbox"/>
<i>No sabe/Rehúsa</i> |
| 16f. Paternal Grandfather
<i>Abuelo paterno</i> | No...0 <input type="checkbox"/> | Yes/Sí...1 <input type="checkbox"/> | Don't Know/Refuse....Q <input type="checkbox"/>
<i>No sabe/Rehúsa</i> |

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17. High cholesterol/Triglycerides/Lipids:
Colesterol/triglicéridos/lípidos altos

- | | | | |
|--|---------------------------------|-------------------------------------|--|
| 17a. Biological Mother
<i>Madre biológica</i> | No...0 <input type="checkbox"/> | Yes/Sí...1 <input type="checkbox"/> | Don't Know/Refuse....Q <input type="checkbox"/>
<i>No sabe/Rehúsa</i> |
| 17b. Biological Father
<i>Padre biológico</i> | No...0 <input type="checkbox"/> | Yes/Sí...1 <input type="checkbox"/> | Don't Know/Refuse....Q <input type="checkbox"/>
<i>No sabe/Rehúsa</i> |
| 17c. Maternal Grandmother
<i>Abuela materna</i> | No...0 <input type="checkbox"/> | Yes/Sí...1 <input type="checkbox"/> | Don't Know/Refuse....Q <input type="checkbox"/>
<i>No sabe/Rehúsa</i> |
| 17d. Maternal Grandfather
<i>Abuelo materno</i> | No...0 <input type="checkbox"/> | Yes/Sí...1 <input type="checkbox"/> | Don't Know/Refuse....Q <input type="checkbox"/>
<i>No sabe/Rehúsa</i> |
| 17e. Paternal Grandmother
<i>Abuela paterna</i> | No...0 <input type="checkbox"/> | Yes/Sí...1 <input type="checkbox"/> | Don't Know/Refuse....Q <input type="checkbox"/>
<i>No sabe/Rehúsa</i> |
| 17f. Paternal Grandfather
<i>Abuelo paterno</i> | No...0 <input type="checkbox"/> | Yes/Sí...1 <input type="checkbox"/> | Don't Know/Refuse....Q <input type="checkbox"/>
<i>No sabe/Rehúsa</i> |

18. Cancer/Lymphoma/Leukemia:
Cáncer/linfoma/leucemia

- | | | | |
|--|---------------------------------|-------------------------------------|--|
| 18a. Biological Mother
<i>Madre biológica</i> | No...0 <input type="checkbox"/> | Yes/Sí...1 <input type="checkbox"/> | Don't Know/Refuse....Q <input type="checkbox"/>
<i>No sabe/Rehúsa</i> |
| 18b. Biological Father
<i>Padre biológico</i> | No...0 <input type="checkbox"/> | Yes/Sí...1 <input type="checkbox"/> | Don't Know/Refuse....Q <input type="checkbox"/>
<i>No sabe/Rehúsa</i> |
| 18c. Maternal Grandmother
<i>Abuela materna</i> | No...0 <input type="checkbox"/> | Yes/Sí...1 <input type="checkbox"/> | Don't Know/Refuse....Q <input type="checkbox"/>
<i>No sabe/Rehúsa</i> |
| 18d. Maternal Grandfather
<i>Abuelo materno</i> | No...0 <input type="checkbox"/> | Yes/Sí...1 <input type="checkbox"/> | Don't Know/Refuse....Q <input type="checkbox"/>
<i>No sabe/Rehúsa</i> |
| 18e. Paternal Grandmother
<i>Abuela paterna</i> | No...0 <input type="checkbox"/> | Yes/Sí...1 <input type="checkbox"/> | Don't Know/Refuse....Q <input type="checkbox"/>
<i>No sabe/Rehúsa</i> |
| 18f. Paternal Grandfather
<i>Abuelo paterno</i> | No...0 <input type="checkbox"/> | Yes/Sí...1 <input type="checkbox"/> | Don't Know/Refuse....Q <input type="checkbox"/>
<i>No sabe/Rehúsa</i> |

19. ADD/ADHD:

Trastorno de déficit de atención/déficit de atención e hiperactividad

- | | | | |
|--|---------------------------------|-------------------------------------|--|
| 19a. Biological Mother
<i>Madre biológica</i> | No...0 <input type="checkbox"/> | Yes/Sí...1 <input type="checkbox"/> | Don't Know/Refuse....Q <input type="checkbox"/>
<i>No sabe/Rehúsa</i> |
| 19b. Biological Father
<i>Padre biológico</i> | No...0 <input type="checkbox"/> | Yes/Sí...1 <input type="checkbox"/> | Don't Know/Refuse....Q <input type="checkbox"/>
<i>No sabe/Rehúsa</i> |
| 19c. Maternal Grandmother
<i>Abuela materna</i> | No...0 <input type="checkbox"/> | Yes/Sí...1 <input type="checkbox"/> | Don't Know/Refuse....Q <input type="checkbox"/>
<i>No sabe/Rehúsa</i> |
| 19d. Maternal Grandfather
<i>Abuelo materno</i> | No...0 <input type="checkbox"/> | Yes/Sí...1 <input type="checkbox"/> | Don't Know/Refuse....Q <input type="checkbox"/>
<i>No sabe/Rehúsa</i> |
| 19e. Paternal Grandmother
<i>Abuela paterna</i> | No...0 <input type="checkbox"/> | Yes/Sí...1 <input type="checkbox"/> | Don't Know/Refuse....Q <input type="checkbox"/>
<i>No sabe/Rehúsa</i> |
| 19f. Paternal Grandfather
<i>Abuelo paterno</i> | No...0 <input type="checkbox"/> | Yes/Sí...1 <input type="checkbox"/> | Don't Know/Refuse....Q <input type="checkbox"/>
<i>No sabe/Rehúsa</i> |

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B. Health Care Utilization

20. Is there a place that (child name) usually goes when he/she is sick or needs health care?
¿Hay un lugar al que (child name) generalmente va cuando está enfermo o necesita cuidado médico?

No.....0 → **GO TO QUESTION 21**
Yes/Sí.....1

20a. What kind of place does (child name) go to most often?
¿A qué tipo de lugar va (child name) más a menudo?

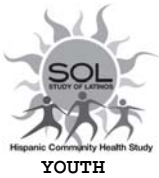
- Hospital-based clinic/*Clínica asociada a un hospital*..... 1
- Hospital emergency room/*Sala de emergencia*..... 2
- Community health center or community clinic/*Centro comunitario de salud o clínica de la comunidad*..... 3
- Health maintenance organization (HMO)/*Organización de mantenimiento de la salud (HMO)*..... 4
- Private doctor's office/*Consultorio médico privado*..... 5
- School clinic/*Clínica en la escuela*..... 6
- Military hospital or clinic/*Hospital o clínica militar*..... 7
- Other/*Otro*..... 8

If other, please specify/Si es otro, por favor especifique: _____

21. About how long has it been since (child name) had a routine check-up?
¿Cómo cuánto tiempo ha pasado desde que (child name) tuvo un chequeo de rutina?

- Within the past 3 months/*Dentro de los últimos 3 meses*..... 1
- 4 to 6 months ago/*Hace 4 a 6 meses*..... 2
- 7 to 9 months ago/*Hace 7 a 9 meses*..... 3
- 10 to 12 months ago/*Hace 10 a 12 meses*..... 4
- Longer than 1 year ago but less than 2 years ago/*Hace más de 1 año pero menos de 2 años*..... 5
- 2 years ago or longer/*Hace 2 o más años*..... 6
- Never/*Nunca*..... 7

END QUESTIONNAIRE



SOL-Youth Medication Use – Parent (each child)

ID NUMBER:

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ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Language Administered: 1=English 2=Spanish

Instructions: This form should be completed during the participant’s visit. Affix the child’s participant ID label above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an “=”. Code the correct entry clearly above the incorrect entry.

A. Reception

As you know, SOL-Youth is recording all prescription and over-the-counter medications used by your child in the past four weeks, including cold and allergy medications, vitamins, herbal remedies, and other supplements. These medications include solid and non-solid formulations that your child may swallow, inhale, apply to the skin or hair, inject, implant, or place in the ears, eyes, nose, mouth, or any other part of the body. The letter you received about this appointment included a plastic bag for all your child’s current medications and asked you to bring them to the clinic.

Como usted sabe, Juventud-SOL (Estudio de la Salud en la Juventud Latina) está llevando un registro de todos los medicamentos que (child name) ha usado en las últimas cuatro semanas (ya sea con o sin receta médica), incluyendo medicamentos para la gripe o alergias, vitaminas, remedios herbales y otros suplementos. Estos medicamentos incluyen fórmulas sólidas y no sólidas que (child name) haya ingerido, inhalado, que se haya aplicado en la piel o en el cabello, que se haya inyectado, implantado o colocado en los oídos, ojos, nariz, boca o cualquier otra parte del cuerpo. La carta que usted recibió sobre esta cita incluía una bolsa plástica para todos los medicamentos que actualmente (child name) usa y se le pidió que los trajera a la clínica.

1. Did you bring all the medications that [CHILD’ NAME] used in the past four weeks, or their containers?
¿Trajo usted todos los medicamentos, o envases, que [CHILD’S NAME] ha usado en las últimas cuatro semanas?

- Yes, all of them/Sí, todos 1 → **GO TO SECTION B, QUESTION 5**
 No, some of them/No, algunos de ellos 2 → **GO TO SECTION A, QUESTION 3**
 No, none of them/No, ninguno de ellos 3

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?

¿Se debe esto a que se le olvidó, porque [CHILD’S NAME] no ha estado tomando ningún medicamento en las últimas cuatro semanas, o porque no pudo traer los medicamentos de [CHILD’S NAME]?

- Took no medication/No tomó ningún medicamento.....1 → **END QUESTIONNAIRE**
 Forgot or was unable to bring medication
 Se le olvidó o no pudo traer los medicamentos.....2

That’s alright. Since the information on medications is so important, we would still like to ask you about it during the interview.

Está bien. En vista de que la información sobre los medicamentos es muy importante, todavía nos gustaría preguntarle sobre ellos durante la entrevista.

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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)*

¿Podríamos hacer un seguimiento de esto después de la visita? Así podríamos obtener la información sobre las etiquetas de los otros medicamentos.

No or not applicable.. 0 → **Scan/transcribe what you can in Section B and attempt to convert refusals; indicate this on tracking form**

Yes..... 1

4. Describe method of follow-up to be used: _____

B. Medication Record

Copy the MEDICATION UPC / NDC from each medication label. For each medication, begin with the left-most space in fields a-c and the rightmost space in field d. Using upper case letters, carefully copy the MEDICATION NAME. Using periods to indicate decimal points, copy the formulation STRENGTH (weight for solids and concentration for non-solids). Using upper case letters and standard abbreviations, copy the UNITS used to measure strength. For combination medications, use a forward slash (/) to separate active ingredients, corresponding strengths, and units.

#	(a) Medication UPC / NDC	Medication name (b)
5.	<input type="text"/>	
	(c) Strength (d) Units	
	<input type="text"/>	
6.	<input type="text"/>	
	(c) Strength (d) Units	
	<input type="text"/>	
7.	<input type="text"/>	
	(c) Strength (d) Units	
	<input type="text"/>	
8.	<input type="text"/>	
	(c) Strength (d) Units	
	<input type="text"/>	
9.	<input type="text"/>	
	(c) Strength (d) Units	
	<input type="text"/>	
10.	<input type="text"/>	
	(c) Strength (d) Units	
	<input type="text"/>	

ID NUMBER:

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11.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	(c) Strength	(d) Units	
12.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	(c) Strength	(d) Units	
13.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	(c) Strength	(d) Units	
14.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	(c) Strength	(d) Units	

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

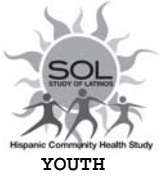
16. Number of medications in bag unable to successfully scan or transcribe

17. SOL-Youth ID staff number of person scanning / transcribing medications

a. Scanner / transcriber (items 5-15):

b. Date of scanning / transcription: / /
Month Day Year

END QUESTIONNAIRE



SOL-Youth Pre-migration – Parent (each child)

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Language Administered: 1=English 2=Spanish

Instructions: The participant ID created for this form should be the child participant's ID even though this questionnaire is administered to the parent. Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

[Note: Complete only if child was foreign-born (DCE question 4=3-8)]

1. How old was [CHILD'S NAME] when s/he moved to the United States?
¿Cuántos años tenía [CHILD'S NAME] cuando él/ella se mudó a los Estados Unidos?

Years of age/Años de edad

2. When [CHILD'S NAME] moved to the US, who traveled with her/him? (Mark all that apply)
Cuando [CHILD'S NAME] se mudó a los Estados Unidos, ¿quién viajó con él/ella? (Marque todas las que apliquen)

- a. no one; child traveled alone/*nadie; niño viajó solo*.....
- b. child's mother and/or father/*madre y/o padre del niño*.....
- c. child's brother(s) and/or sister(s)/*hermano(s) y/o hermana(s) del niño*.....
- d. other relatives/*otros parientes*.....
- e. friend(s) of child's mother and/or father/
amigo/a(s) de la madre y/o el padre del niño.....
- f. strangers/*desconocidos*.....
- g. Other/*Otro*.....
If other, please specify/Si otro, por favor especifique: _____
- h. I don't know/refuse to answer/*No sé/rehúsa a responder*.....

3. What type of housing did [CHILD'S NAME] live in the year before s/he moved to the U.S.?
¿En qué tipo de vivienda vivía [CHILD'S NAME] en los años antes de mudarse a los Estados Unidos?

- Rented apartment/*Apartamento alquilado*.....1
- Rented house/*Casa alquilada*..... 2
- Owned house/*Casa propia*..... 3
- Temporary shelter/*Refugio temporal*..... 4
- Other/*Otro*..... 5
If other, please specify/Si otro, por favor especifique: _____
- I don't know/refuse to answer/*No sé/rehúsa a responder*..... .Q

ID NUMBER:							
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FORM CODE: PME
VERSION: 1 9/27/12

Contact
Occasion

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SEQ #

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4. What kind of flooring did [CHILD'S NAME] have in his/her home? If there was more than one kind, indicate the most common.

¿Qué tipo de piso tenía [CHILD'S NAME] en su casa? Si había más de un tipo, indique el más común.

- Dirt/Tierra..... 1
- Cement/Cemento..... 2
- Wood/Madera..... 3
- Tile, mosaic/Azulejo, mosaico..... 4
- Other/Otro..... 5

If other, please specify/Si otro, por favor especifique: _____

I don't know/refuse to answer/No sé/rehúsa a responder..... Q

5. Was there running water inside [CHILD'S NAME] home?

¿Había agua corriente dentro de la casa de [CHILD'S NAME]?

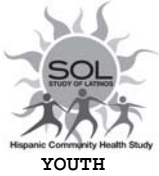
- No..... 0
- Yes/Sí..... 1
- I don't know/refuse to answer/
No sé/Rehúsa a responder..... Q

6. Did [CHILD'S NAME] home have an inside bathroom?

¿Tenía la casa de [CHILD'S NAME] un baño adentro?

- No..... 0
- Yes/Sí..... 1
- I don't know/refuse to answer/
No sé/Rehúsa a responder..... Q

END QUESTIONNAIRE



SOL-Youth Family Relationship – Parent (each child)

ID NUMBER:

FORM CODE: RPE
VERSION: 1 2/17/12

Contact Occasion SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Language Administered: 1=English 2=Spanish

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

A. Primary Caregiver – Caregiver’s Perception

1. Are you the family member who takes care of [CHILD’S NAME] most of the time?
¿Es usted el miembro de la familia que está al cuidado de [CHILD’S NAME] la mayor parte del tiempo?

No/No... 0
Yes/Sí 1 → **GO TO QUESTION 3**

2. Who takes care of [CHILD’S NAME] most of the time? (Mark only one)
¿Quién cuida a [CHILD’S NAME] la mayoría del tiempo? (Marque solo una)

- Biological mother/Madre biológica..... 1
- Biological father/Padre biológico..... 2
- Adoptive mother, step mother, or foster mother/Madre adoptiva, madrastra, o madre de crianza 3
- Adoptive father, step father, or foster father/Padre adoptivo, padrastro, o padre de crianza..... 4
- Grandmother or grandfather/Abuelo o abuela..... 5
- Older sibling/hermano/a mayor..... 6
- Other adult relative/Otro familiar adulto..... 7
- Other/Otro..... 8

If other, please specify:/ Si otro, por favor especifique: _____

3. What is your relationship to [CHILD’S NAME]?
¿Cuál es su relación con [CHILD’S NAME]?

- Biological mother/Madre biológica..... 1
- Biological father/Padre biológico..... 2
- Adoptive mother, step mother, or foster mother/ Madre adoptiva, madrastra, o madre de crianza 3
- Adoptive father, step father, or foster father/Padre adoptivo, padrastro o padre de crianza..... 4
- Grandmother or grandfather/Abuela o abuelo..... 5
- Older sibling/hermano/a mayor..... 6
- Other adult relative/Otro familiar adulto..... 7
- Other/Otro..... 8

If other, please specify:/ Si otro, por favor especifique: _____

ID NUMBER:							
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FORM CODE: RPE
VERSION: 1 2/17/12

Contact Occasion

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SEQ #

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B. Child Contact and Separation

4. How long has [CHILD'S NAME] lived in your current home or apartment?
¿Cuánto tiempo ha vivido [CHILD'S NAME] en su casa actual o apartamento?

<input type="text"/>	<input type="text"/>	years (maximum of 15)/años (máximo de 15)
<input type="text"/>	<input type="text"/>	months (maximum of 11)/meses(máximo de 11)

5. Was there ever a period of at least 6 months when [CHILD'S NAME] did **NOT** live with you?
*¿Hubo algún periodo de por lo menos 6 meses cuando [CHILD'S NAME] **NO** vivió con usted?*

No/No..... 0 → **GO TO QUESTION 6**
Yes/Sí.....1

5a. During which years of his/her life has [CHILD'S NAME] been away from you for at least 6 months? (Mark all that apply)
¿Durante cuales años de la vida de [CHILD'S NAME] ha estado separado de usted por lo menos 6 meses? (Marque todos los que apliquen)

- a. 0 – birth to first birthday/nacimiento al primer año
- b. 1
- c. 2
- d. 3
- e. 4
- f. 5
- g. 6
- h. 7
- i. 8
- j. 9
- k. 10
- l. 11
- m. 12
- n. 13
- o. 14
- p. 15
- q. Don't know/refused/No sabe/rehusó

[If response to question 3 = 1 (biological mother), then GO TO QUESTION 10]

6. Is [CHILD'S NAME] biological mother alive?
¿Está viva la madre biológica de [CHILD'S NAME]?

No/No.....0
Yes/Sí1 → **GO TO QUESTION 7**
Don't know/Refused/Q → **GO TO QUESTION 7**
No sabe/rehusó

ID NUMBER:

FORM CODE: RPE
VERSION: 1 2/17/12

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Occasion

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6a. In what year did [CHILD'S NAME] biological mother die?
¿En que año murió la madre biológica de [CHILD'S NAME]?

Year → **GO TO QUESTION 8**

7. Does [CHILD'S NAME] biological mother live in your household?
¿Vive la madre biológica en el hogar o núcleo familiar?

No/No.....0
Yes/Sí1 → **GO TO QUESTION 9**
Don't know/RefusedQ
No sabe/rehusó

8. Has [CHILD'S NAME] ever lived with his/her biological mother?
¿Ha vivido [CHILD'S NAME] alguna vez con su madre biológica?

No/No.....0 → **GO TO QUESTION 9**
Yes/Sí1
Don't know/RefusedQ
No sabe/rehusó

8a. In what year did [CHILD'S NAME] most recently live with his/her biological mother?
¿En que año vivió [CHILD'S NAME] más reciente con su madre biológica?

Year

9. Was there ever a period of at least 6 months when [CHILD'S NAME] did **NOT** live with his/her biological mother?
*¿Ha habido algún periodo de tiempo de por lo menos 6 meses cuando [CHILD'S NAME] **NO** vivió con su madre biológica?*

No/No.....0 → **GO TO QUESTION 10**
Yes/Sí1
Don't know/RefusedQ → **GO TO QUESTION 10**
No sabe/rehusó

ID NUMBER:							
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FORM CODE: RPE
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SEQ #

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9a. During which years of his/her life has [CHILD'S NAME] been away from his/her biological mother for at least 6 months? (Mark all that apply)

¿Durante cuáles años de su vida ha estado [CHILD'S NAME] alejado de su madre biológica por lo menos 6 meses?

- a. 0 – birth to first birthday/*nacimiento al primer año*
- b. 1
- c. 2
- d. 3
- e. 4
- f. 5
- g. 6
- h. 7
- i. 8
- j. 9
- k. 10
- l. 11
- m. 12
- n. 13
- o. 14
- p. 15
- q. Don't know/refused/ *No sabe/Rehusó*.....

[If response to question 3 = 2 (biological father), then END QUESTIONNAIRE]

10. Is [CHILD'S NAME] biological father alive?

¿Está vivo el padre biológico de [CHILD'S NAME]?

No/No..... 0

Yes/Sí..... 1 → **GO TO QUESTION 11**

Don't know/Refused

No sabe/Rehusó.....Q → **GO TO QUESTION 11**

10a. In what year did [CHILD'S NAME] biological father die?

¿En que año murió el padre biológico de [CHILD'S NAME]?

Year → **GO TO QUESTION 12**

11. Does [CHILD'S NAME] biological father live in your household?

¿Vive el padre biológico de [CHILD'S NAME] en el hogar o núcleo familiar?

No/No..... 0

Yes/Sí..... 1 → **GO TO QUESTION 13**

Don't know/Refused

No sabe/Rehusó.....Q

ID NUMBER:							
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FORM CODE: RPE
VERSION: 1 2/17/12

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SEQ #

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12. Has [CHILD'S NAME] ever lived with his/her biological father?
¿Ha vivido [CHILD'S NAME] alguna vez con su padre biológico?

- No/No..... 0 → **END QUESTIONNAIRE**
 Yes/Sí..... 1
 Don't know/Refused
No sabe/Rehusó.....Q → **END QUESTIONNAIRE**

12a. In what year did [CHILD'S NAME] most recently live with his/her biological father?
¿En que año [CHILD'S NAME] vivió más reciente con su padre biológico?

Year

13. Was there ever a period of at least 6 months when [CHILD'S NAME] did **NOT** live with his/her biological father?

*¿Ha habido algún periodo de tiempo de por lo menos 6 meses cuando [CHILD'S NAME] **NO** vivió con su padre biológico?*

- No/No..... 0 → **END QUESTIONNAIRE**
 Yes/Sí..... 1
 Don't know/Refused
No sabe/Rehusó.....Q → **END QUESTIONNAIRE**

13a. During which years of his/her life has [CHILD'S NAME] been away from his/her biological father for at least 6 months? (Mark all that apply)
¿Durante cuales años de su vida ha estado [CHILD'S NAME] separado del padre biológico por lo menos 6 meses?

- 0 – birth to first birthday/*nacimiento al primer año.....*
- b. 1.....
- c. 2.....
- d. 3.....
- e. 4.....
- f. 5.....
- g. 6.....
- h. 7.....
- i. 8.....
- j. 9.....
- k. 10.....
- l. 11.....
- m. 12.....
- n. 13.....
- o. 14.....
- p. 15.....

END QUESTIONNAIRE



SOL-Youth School Type – Parent (each child)

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORM CODE: STE
VERSION:1 2/24/12

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

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Language Administered: 1=English 2=Spanish

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

1. [If during school year:]
 Is [CHILD'S NAME] presently in school?
 ¿Está [CHILD'S NAME] actualmente en la escuela?

[If during summer:]
 Was [CHILD'S NAME] in school during this past school year?
 ¿Estuvo [CHILD'S NAME] en la escuela durante el año pasado?

No.....0
 Yes/Sí.....1 → **GO TO QUESTION 2**

1a. Why {IS/WAS} [CHILD'S NAME] is NOT going to school?
 ¿Por qué [CHILD'S NAME] no está/estaba yendo a la escuela?

Suspended/expelled..... 1 → **END QUESTIONNAIRE**
 Suspendido(a)/expulsado(a)

Dropped out/abandonó la escuela..... 2 → **END QUESTIONNAIRE**

Sick/injured/on leave..... 3 → **END QUESTIONNAIRE**
 Enfermo(a)/lesionado(a)/ausente con permiso

Graduated/Graduado(a)..... 4 → **END QUESTIONNAIRE**

Pregnant (female only)/Embarazada..... 5 → **END QUESTIONNAIRE**

Other/Otro..... 6 → **END QUESTIONNAIRE**

2. What grade {IS/WAS} [CHILD'S NAME] in?
 ¿En qué grado está/estuvo [CHILD'S NAME]?

[If school doesn't have grade levels of this kind, enter "99."]

Grade/Grado

3. What type of school {DOES/DID} [CHILD'S NAME] attend?
 ¿A qué tipo de escuela asiste/asistió [CHILD'S NAME]?

- Public school..... 1
Escuela pública
- Private school, nonreligious..... 2
Escuela privada, no religiosa
- Private school, religious..... 3
Escuela privada, religiosa
- Other (e.g. charter school)..... 4
Otra (ej. escuela charter)
If other, please specify: _____
Si otro, por favor especifique _____
- Don't know/refuse to answer..... Q
No sabe/Rehúsa a contestar

4. What school {IS/WAS} [CHILD'S NAME] attending?
 ¿A qué escuela asiste/asistió [CHILD'S NAME]?

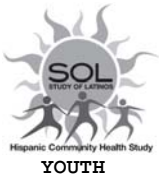
a. Name of School/Nombre de la Escuela:

b. Street Address/Dirección:

c. City/Ciudad: _____,

d. State/Estado:

e. Zip Code/Código Postal:



SOL-Youth Barriers to Activity in Neighborhood - Parent

ID NUMBER:

FORM CODE: BNE
VERSION:1 2/24/12

Contact Occasion SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Language Administered: 1=English 2=Spanish

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

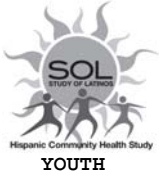
It's difficult to be active in the local park or streets/neighborhood near our home because...

Es difícil ser activo en el parque local o las calles/vecindario cercanos a nuestra casa porque...

- 1= Strongly Disagree/*Muy en desacuerdo*
- 2= Somewhat Disagree/*Algo en desacuerdo*
- 3= Somewhat Agree/*Algo de acuerdo*
- 4= Strongly Agree/*Muy de acuerdo*

- | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. There is no choice of activities.
<i>No hay opciones de actividades para escoger.</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 2. There is no equipment (basketball hoop, etc.)
<i>No hay equipo deportivo (aro de baloncesto, etc.)</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 3. There is no adult supervision.
<i>No hay supervisión de adultos.</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 4. There are no other children there.
<i>No hay otros niños.</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 5. It's not safe because of crime (strangers, gangs, drugs).
<i>No es seguro debido al crimen (desconocidos, pandillas, drogas).</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 6. It is not safe because of traffic.
<i>No es seguro debido al tráfico.</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 7. It does not have good lighting.
<i>No está bien iluminado.</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 8. I have been a victim of crime in my neighborhood.
<i>Yo he sido víctima del crimen en mi vecindario.</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 9. Someone I know has been a victim of crime in my neighborhood.
<i>Alguien que conozco ha sido víctima del crimen en mi vecindario.</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

END QUESTIONNAIRE



SOL-Youth Demographics - Parent

ID NUMBER:

FORM CODE: DPE
VERSION: 1 3/19/13

Contact Occasion SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Language Administered: 1=English 2=Spanish

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

1. When is your birthday? / /
¿Cuándo es su cumpleaños? Month Day Year

2. Are you a ... Male...1 Female...2
Es usted Hombre Mujer

3. Are you of a Hispanic/Latino background? No/No 0
¿Es usted de origen hispano o latino? Yes/Sí 1

3a. What is your Hispanic or Latino background? (Mark only one)
¿Cuál es su origen hispano o latino? (Marque solo una)

- Dominican/*dominicano*..... 0
- Other Central American (e.g., El Salvadoran, Honduran)...1
centroamericano (ej. salvadoreño, hondureño)
- Cuban/*cubano*..... 2
- Mexican/Mexican American/Chicano/Chicana..... 3
mexicano/mexicano-americano/chicano
- Puerto Rican/*puertorriqueño*..... 4
- South American (e.g., Argentinean, Colombian)..... 5
suramericano (ej. argentino, colombiano)
- Mixed Hispanic/*mezcla hispana*..... 6
- Other/*Otro*..... 7
- Don't Know/Refused/*No sabe/Rehusó*Q

3b. If other, please specify: _____
Si es otro, por favor especifique

ID NUMBER:							
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FORM CODE: DPE
VERSION: 1 3/19/13

Contact Occasion

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SEQ #

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4. Which of the following categories would you use to describe yourself? (Mark only one)
¿Cuál de las siguientes categorías utilizaría para describirse? (Marque solo una)

- American Indian or Native American..... 1
indio americano o nativo americano
- Asian or Asian American..... 2
asiático or asiático-americano
- Black or African American..... 3
negro o afroamericano
- White..... 4
Blanco
- More than one race..... 5
Más de una raza
- Other/Otro..... 6
- Unknown or Not reported..... Q
Desconocido o No reportado

5. In what country were you born?
¿En qué país nació usted?

- United States (within the 50 states)
Estados Unidos (dentro de los 50 estados)..... 1 → **END QUESTIONNAIRE**
- United States, Territory of Puerto Rico
Estados Unidos, territorio de Puerto Rico..... 2
- Dominican Republic/República Dominicana..... 3
- Other in Central America (e.g., El Salvador, Honduras).... 4
Centroamérica (ej. El Salvador, Honduras)
- Cuba/Cuba..... 5
- Mexico/México..... 6
- South America (e.g., Argentina, Columbia) 7
Suramérica (ej. Argentina, Colombia)
- Other/Otro..... 8
- Don't Know/Refused/No Sabe/Rehusó..... Q

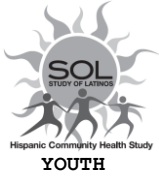
5a. If other, please specify: _____
Si es otro, por favor especifique

[ASKED ONLY OF IF BORN OUTSIDE OF THE MAINLAND US]

5b. How old were you when you moved to the [mainland] United States?
¿Qué edad tenía cuando vino a vivir a los Estados Unidos?

<input type="text"/>	<input type="text"/>	Years of age
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END QUESTIONNAIRE



SOL-Youth Demographics – Partner/Spouse

ID NUMBER:

FORM CODE: DSE
VERSION: 2 6/03/13

Contact Occasion SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Language Administered: 1=English 2=Spanish

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

[NOTE: 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)]

1. When is your [PARTNER'S/SPOUSE'S] birthday?
¿Cuál es la fecha de nacimiento de su [pareja/cónyuge]?

/ /
Month Day Year

2. Is your [PARTNER/SPOUSE] ... Male.....1 Female.....2
Su [pareja/cónyuge] es... Hombre Mujer

3. What is the relationship of your [PARTNER/SPOUSE] to [CHILD'S NAME]?
¿Cuál es la relación entre su [pareja/cónyuge] y [nombre del niño]?

- Biological mother/*Madre biológica*..... 1
 - Biological father/*Padre biológico*..... 2
 - Adoptive mother, step mother, or foster mother/*Madre adoptiva, madrastra o madre de crianza*..... 3
 - Adoptive father, step father, or foster father/*Padre adoptive, padrastro o padre de crianza* 4
 - Grandmother or grandfather/*Abuela o abuelo*..... 5
 - Older sibling/*Hermano(a) mayor*..... 6
 - Other adult relative/*Otro pariente adulto*..... 7
 - Other/*Otro*..... 8
- If other, please specify/Si es otro, por favor especifique:* _____

4. Is your [PARTNER/SPOUSE] of a Hispanic/Latino background?
¿Su [pareja/cónyuge] es de origen hispano o latino?

No/No.....0
 Yes/Sí.....1

ID NUMBER:							
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FORM CODE: DSE
VERSION: 1 3/19/13

Contact Occasion

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SEQ #

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4a. What is your [PARTNER'S/SPOUSE'S] Hispanic or Latino background? (Mark only one)
¿Cuál es el origen hispano o latino de su [pareja/cónyuge]? (Marque solo una)

- Dominican/*dominicano* 0
- Other Central American (e.g., El Salvadoran, Honduran)..... 1
centroamericano (ej. salvadoreño, hondureño)
- Cuban/*cubano* 2
- Mexican/Mexican American/Chicano/Chicana/
mexicano/mexicano-americano/chicano..... 3
- Puerto Rican/*puertorriqueño*..... 4
- South American (e.g.,Argentinian, Colombian)..... 5
suramericano (ej. argentino, colombiano)
- Mixed Hispanic/*mezcla hispana*..... 6
- Other/*Otro*..... 7
- If other, please specify/Si es otro, por favor especifique:* _____
- Don't Know/Refused..... Q
No sabe/Rehusó

5. What is your [PARTNER'S/SPOUSE'S] race? (Mark only one)
¿Cuál es la raza de su [pareja/cónyuge]? (Marque solo una)

- American Indian or Native American..... 1
indio americano o nativo americano
- Asian or Asian American..... 2
asiático o asiático-americano
- Black or African American.....3
negro o afroamericano
- White.....4
Blanco
- More than one race.....5
Más de una raza
- Other.....6
Otro
- Unknown or Not reported..... Q
Desconocido o no reportado

6. In what country was your [PARTNER/SPOUSE] born?
¿En cuál país nació su [pareja/cónyuge]?

- United States (within the 50 states)..... 1 → **GO TO QUESTION 7**
Estados Unidos (dentro de los 50 estados)
- United States, Territory of Puerto Rico/ 2
Estados Unidos, Territorio de Puerto Rico
- Dominican Republic/*República Dominicana*..... 3
- Other in Central America (e.g., El Salvador, Honduras)..... 4
Centroamérica (ej. El Salvador, Honduras)
- Cuba.....5
- Mexico/*México*..... 6
- South America (e.g., Argentina, Colombia)..... 7
Suramérica (ej. Argentina, Colombia)
- Other/*Otro*..... 8
- 6a. If other, please specify/Si es otro, por favor especifique:* _____
- Don't Know/Refused/*No sabe/Rehusó* Q

ID NUMBER:							
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FORM CODE: DSE
VERSION: 1 3/19/13

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6b. How old was your [PARTNER/SPOUSE] when s/he moved to the [mainland] United States?
¿Cuántos años tenía su [pareja/cónyuge] cuando él/ella se mudó a los Estados Unidos continentales?

<input type="text"/>	<input type="text"/>	Years of age
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7. What is your [PARTNER'S/SPOUSE'S] current employment status? (Mark only one)
¿Cuál es la situación laboral de su [pareja/cónyuge]? (Marque solo una)

- Employed full-time (35 hours per week or more) 1
Empleado de tiempo completo (35 horas o más por semana)
Employed part-time (< 35 hours per week) 2
Empleado de medio tiempo (<35 horas por semana)
Not Employed but looking for work.....3
Sin empleo pero buscando trabajo
Not Employed and not looking for work..... 4
Sin empleo y no buscando trabajo

8. Is your [PARTNER/SPOUSE] disabled?
¿Su [pareja/cónyuge] está discapacitado?

No.....	0	<input type="checkbox"/>
Yes/Sí...1		<input type="checkbox"/>

9. Is your [PARTNER/SPOUSE] retired from a job?
¿Su [pareja/cónyuge] está jubilado del trabajo?

No.....	0	<input type="checkbox"/>
Yes/Sí.....	1	<input type="checkbox"/>

10. Is your [PARTNER/SPOUSE] a student?
¿Su [pareja/cónyuge] es estudiante?

No.....	0	<input type="checkbox"/>
Yes/Sí.....	1	<input type="checkbox"/>

ID NUMBER:							
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FORM CODE: DSE
VERSION: 1 3/19/13

Contact
Occasion

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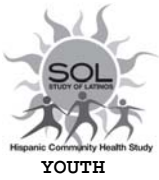
SEQ #

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11. What is the highest grade in school your [PARTNER/SPOUSE] has completed? (Mark only one)
¿Cuál es el grado más alto en la escuela que ha completado su [pareja/cónyuge]? (Marque solo una)

- Never went to school or only went to kindergarten..... 1
Nunca fue a la escuela o solo fue al jardín de infantes
- Grades 1 through 6 (elementary school)..... 2
Grados 1 al 6 (primaria)
- Grades 7 through 11 (some middle or high school).....3
Grados 7 al 11 (parte de secundaria o preparatoria/escuela superior)
- Completed 12th grade (graduated High School).....4
Completó grado 12 (graduado de preparatoria/escuela superior)
- Completed a GED..... 5
Completó el GED
- Went to a business, trade, or vocational school instead of high school.....6
Fue a escuela de negocio, comercio, o vocacional en vez de preparatoria
- Went to a business, trade or vocational school after high school.....7
Fue a escuela de negocio, comercio, o vocacional después de la preparatoria
- Some college or a 2-year degree..... 8
Algo de estudios universitarios o programa de 2 años
- Graduated from a 4-year college or university..... 9
Graduado de colegio o universidad con estudios de 4 años
- Professional training beyond a 4-year college or university..... 10
Formación profesional mas alla de estudios de 4 años de colegio o universidad

END QUESTIONNAIRE



SOL-Youth Equipment Checklist in Home - Parent

ID NUMBER:

FORM CODE: ECE
VERSION: 1 2/24/12

Contact Occasion SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Language Administered: 1=English 2=Spanish

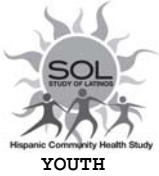
Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

For the following non-portable electronic devices, please count the total number in your home that work, whether or not you use them. Please then tell us how many of these are in your child(ren)'s bedroom (if any).

Para los siguientes equipos electrónicos, no portátiles, por favor cuente el número total que funcionen en su casa, los use o no los use. Por favor indique cuántos están en la habitación de su(s) niño(s) (si hay alguno).

	Total number in home/ <i>Número total en la casa</i>	Number in child(ren)'s bedroom/ <i>Número en la habitación de su(s) niño(s)</i>
1. Televisions. <i>Televisores.</i>	<input type="checkbox"/>	<input type="checkbox"/>
2. VCR or DVD player. <i>Equipo de VCR o DVD.</i>	<input type="checkbox"/>	<input type="checkbox"/>
3. Digital TV recorders (like TiVo, ReplayTV, Sonic Blue). <i>Grabadora digital de televisión (como TiVo, ReplayTV, Sonic Blue).</i>	<input type="checkbox"/>	<input type="checkbox"/>
4. Music players (like radio, CD or tape players, stereo system, MP3 or iPod). <i>Equipo de música (radio, CD o toca-cintas, estéreo, MP3 o iPod).</i>	<input type="checkbox"/>	<input type="checkbox"/>
5. Desktop/Laptop computer. <i>Computadora (de escritorio/portátil/laptop).</i>	<input type="checkbox"/>	<input type="checkbox"/>
6. Video game player that hooks up to a TV (like Playstation, Xbox.) <i>Juego de video conectado a un televisor (como PlayStation, Xbox).</i>	<input type="checkbox"/>	<input type="checkbox"/>
7. Telephone (non-cell phone) <i>Teléfono (no celular)</i>	<input type="checkbox"/>	<input type="checkbox"/>

END QUESTIONNAIRE



SOL-Youth Familism - Parent

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORM CODE: FAE
VERSION:1 8/29/12

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

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Language Administered: 1=English 2=Spanish

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

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.

Personas en los Estados Unidos tienen puntos de vista diferentes sobre sus responsabilidades para con los miembros de su familia, incluyendo su familia extendida o familiares más lejanos como primos y tíos. Estas preguntas son sobre su punto de vista personal y sus expectativas sobre como usted y sus niños deberían ayudarse el entre sí u otros miembros de la familia.

- 1= Strongly Disagree/*Muy en desacuerdo.*
- 2= Somewhat Disagree/*Algo en desacuerdo.*
- 3= Neither Agree nor Disagree/*No estoy ni de acuerdo ni en desacuerdo.*
- 4= Somewhat Agree/*Algo de acuerdo.*
- 5= Strongly Agree/*Muy de acuerdo.*

1. Children should always help their parents with the support of younger brothers and sisters, for example, help them with homework, help the parents take care of the children, and so forth. 1 2 3 4 5

Los hijos siempre deben ayudar a sus padres con sus hermanos menores, por ejemplo, ayudar con las tareas escolares, ayudar a cuidarlos, etc.

2. A person should live near his or her parents and spend time with them on a regular basis. 1 2 3 4 5

Una persona debe vivir cerca de sus padres y debe pasar tiempo con ellos regularmente.

3. A person should always support members of the extended family, for example, aunts, uncles, and in-laws, if they are in need even if it is a big sacrifice. 1 2 3 4 5

En caso de necesidad, una persona siempre debe apoyar a otros miembros de su familia, (por ejemplo, tías, tíos y familiares políticos) aunque sea un gran sacrificio.

ID NUMBER:								FORM CODE: FAE	Contact			SEQ #		
								VERSION:1 8/29/12	Occasion					

- 1= Strongly Disagree/*Muy en desacuerdo.*
2= Somewhat Disagree/*Algo en desacuerdo.*
3= Niether Agree nor Disagree/*No estoy ni de acuerdo ni en desacuerdo.*
4= Somewhat Agree/*Algo de acuerdo.*
5= Strongly Agree/*Muy de acuerdo.*

4. Aging parents should live with their relatives. 1 2 3 4 5
Los padres de edad avanzada deben vivir con sus parientes.

5. A person should help his or her elderly parents in times of need, for example, helping financially or sharing a house. 1 2 3 4 5
Una persona debe ayudar a sus padres de edad avanzada en tiempos de necesidad, por ejemplo, ayudarlos económicamente o compartir una casa.

END QUESTIONNAIRE



SOL-Youth Foods in the Home - Parent

ID NUMBER:

FORM CODE: FHE
VERSION: 1 7/17/12

Contact Occasion

SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Language Administered: 1=English 2=Spanish

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

How often in the past 30 days are the following foods/drinks available in your home?

¿Con que frecuencia en los últimos 30 días han estado disponibles los siguientes alimentos/bebidas en su hogar?

- 1= Never/Nunca
- 2= Rarely/Rara vez
- 3= Sometimes/A veces
- 4= Mostly/Casi siempre
- 5= Always/Siempre

- | | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Chocolate candy.
<i>Dulces de chocolate.</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 2. Other candy.
<i>Otros dulces.</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 3. Raw fruit (e.g., apples, oranges).
<i>Fruta fresca (ej. manzanas y naranjas).</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 4. Cakes, brownies, muffins or cookies.
<i>Pasteles, brownies, bizcochos o galletas.</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 5. Regular chips or crackers.
<i>Chips regulares o galletas saladas.</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 6. Baked chips, low-fat crackers, pretzels.
<i>Papitas horneadas, galletas saladas con bajo contenido de grasa, pretzels.</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 7. Raw vegetables (e.g., carrots).
<i>Verduras/vegetales frescos (ej. zanahorias).</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 8. 100% fruit juice.
<i>Jugo 100% de fruta.</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 9. Juice drinks (e.g., Sunny Delight).
<i>Bebidas con sabor a fruta (ej. Sunny Delight).</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 10. Regular sodas with sugar.
<i>Sodas regulares con azúcar.</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

ID NUMBER:							
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FORM CODE: FHE
VERSION:1 7/17/12

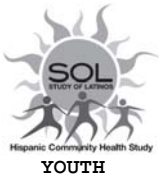
Contact Occasion		
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SEQ #		
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1= Never/*Nunca*
2= Rarely/*Rara vez*
3= Sometimes/*A veces*
4= Mostly/*Casi siempre*
5= Always/*Siempre*

11. Diet or sugar-free sodas. 1 2 3 4 5
Sodas de dieta o sin azúcar.
12. Sports drinks (e.g., Gatorade). 1 2 3 4 5
Bebidas deportivas (ej. Gatorade)
13. Fruit roll-ups or other dried fruit. 1 2 3 4 5
Fruit Roll-Ups u otra fruta deshidratada.
14. Regular or 2% milk. 1 2 3 4 5
Leche regular o con 2% de grasa.
15. 1% or fat-free milk. 1 2 3 4 5
Leche sin grasa o con 1% de grasa.
16. Sweetened breakfast cereal. 1 2 3 4 5
Cereal de desayuno azucarado.
17. Unsweetened breakfast cereal. 1 2 3 4 5
Cereal de desayuno no azucarado.

END QUESTIONNAIRE



SOL-Youth Family Meals - Parent

ID NUMBER:

FORM CODE: FME
VERSION: 1 2/24/12

Contact Occasion SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Language Administered: 1=English 2=Spanish

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

In the LAST WEEK, on how many days did you eat together as a family for...
Durante la SEMANA PASADA, ¿cuántos días comieron juntos en familia en el...

1. Breakfast?
¿Desayuno?

- None/Ningún día..... 0
- 1 Day/Día..... 1
- 2 Days/Días..... 2
- 3 Days/Días 3
- 4 Days/Días 4
- 5 Days/Días 5
- 6 Days/Días 6
- 7 Days/Días 7

2. Lunch?
¿Almuerzo/comida?

- None/Ningún día..... 0
- 1 Day/Día..... 1
- 2 Days/Días..... 2
- 3 Days/Días 3
- 4 Days/Días 4
- 5 Days/Días 5
- 6 Days/Días 6
- 7 Days/Días 7

3. Dinner?
¿Cena?

- None/Ningún día..... 0
- 1 Day/Día..... 1
- 2 Days/Días..... 2
- 3 Days/Días 3
- 4 Days/Días 4
- 5 Days/Días 5
- 6 Days/Días 6
- 7 Days/Días 7

END QUESTIONNAIRE

ID NUMBER:							
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FORM CODE: FNE
VERSION: 1 12/14/11

Contact Occasion		
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SEQ #		
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- 1= Never/*Nunca*
- 2= Rarely/*Rara vez*
- 3= Sometimes/*A veces*
- 4= Often/*A menudo*
- 5= Always/*Siempre*

7. Small to medium ethnic food store. 1 2 3 4 5
Tienda de alimentos típicos, pequeña o mediana.

8. Small to medium non-ethnic food store. 1 2 3 4 5
Tienda de alimentos que no son típicos, pequeña o mediana.

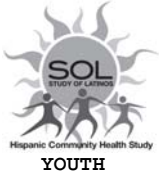
9. Convenience Store. 1 2 3 4 5
Mini-súper (tienda de conveniencia).

10. Farmer's market/produce stand. 1 2 3 4 5
Mercado de agricultores/puesto de frutas y verduras/vegetales.

11. Other. 1 2 3 4 5
Otro.

11a. Other, specified: _____
Otro, especifique

END QUESTIONNAIRE



SOL-Youth Food Security - Parent

ID NUMBER:

FORM CODE: FOE
VERSION: 1 9/24/2012

Contact Occasion SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Language Administered: 1=English 2=Spanish

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

Now I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for (you/your household) in the last 12 months, that is, since last (name of current month).
Ahora le voy a leer algunas declaraciones que la gente ha hecho sobre sus alimentos. Para cada una, favor indique si ha ocurrido en su caso, o en su casa frecuentemente, a veces, o nunca, en los últimos 12 meses, es decir desde el último mes de (display current month).

- 1= Often true/*Frecuentemente cierto*
- 2= Sometimes true/*A veces cierto*
- 3= Never true/*Nunca es cierto*

1. We worried whether our food would run out before we got money to buy more. 1 2 3
Nos preocupó que la comida se acabara antes de tener dinero para comprar más.
2. The food that we bought just didn't last, and we didn't have money to get more. 1 2 3
La comida que compramos simplemente no duró y no teníamos dinero para comprar más.
3. We couldn't afford to eat balanced meals. 1 2 3
No teníamos suficiente dinero para comer una comida balanceada (nutritiva).
4. We relied on only a few kinds of low-cost food to feed(our child/the children) because we were running out of money to buy food. 1 2 3
Dependíamos de unos pocos alimentos de bajo costo para darles comida a nuestro(s) niño(s) porque se nos estaba acabando el dinero para comprar alimentos.
5. We couldn't feed (our child/the children) a balanced meal, because we couldn't afford that. 1 2 3
No podíamos darle(s) una comida balanceada (nutritiva) a nuestro(s) niño(s) porque no teníamos suficiente dinero.

[If AFFIRMATIVE RESPONSE to ANY ONE of Questions 1-5 (i.e., 2="sometimes true" or 1="often true") then continue to Question 6; otherwise, skip to end.]

ID NUMBER:

FORM CODE: FOE
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Occasion

SEQ #

1= Often true/*Frecuentemente cierto*
2= Sometimes true/*A veces cierto*
3= Never true/*Nunca es cierto*

6. Our (child was/children were) not eating enough because we just couldn't afford enough food. 1 2 3
Nuestro(s) niño(s) no comía(n) lo suficiente porque simplemente no teníamos dinero para comprar suficiente comida.

7. In the last 12 months, since last (name of current month), did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?
En los últimos 12 meses, desde el último mes de (nombre del mes presente). ¿Usted o algún adulto de su familia comió menos o dejó de comer porque no había suficiente dinero para comida?

No..... 0 → **SKIP TO QUESTION 8**

Yes/Sí..... 1

I don't know/refuse to answer..... Q → **SKIP TO QUESTION 8**

No sé/rehúsa a contestar

7a. How often did this happen?

¿Con qué frecuencia sucedió esto?

Only 1 or 2 months/*Sólo uno o dos meses* 1

Some months but not every month/
Algunos meses pero no todos los meses..... 2

Almost every month/*Casi cada mes* 3

I don't know/refuse to answer..... Q

No sé/rehúsa a contestar

8. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?
En los últimos 12 meses, ¿Comió usted menos de lo que pensaba que debía porque no hubo suficiente dinero para comida?

No..... 0

Yes/Sí..... 1

I don't know/refuse to answer..... Q

No sé/rehúsa a contestar

9. In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?
En los últimos 12 meses, ¿Alguna vez tuvo hambre pero no comió porque no tuvo suficiente dinero para comida?

No..... 0

Yes/Sí..... 1

I don't know/refuse to answer..... Q

No sé/rehúsa a contestar

ID NUMBER:							
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FORM CODE: FOE
VERSION:1 9/24/2012

Contact
Occasion

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SEQ #

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10. In the last 12 months, did you lose weight because you didn't have enough money for food?
En los últimos 12 meses, ¿Perdió usted peso porque no tuvo suficiente dinero para comprar comida?

- No..... 0
Yes/Sí.....1
I don't know/refuse to answer..... Q
No sé/rehúsa a contestar

[If AFFIRMATIVE RESPONSE to ANY ONE of Questions 6-10 (i.e., 1="Yes") then continue to Question 11; otherwise, skip to end.]

11. In the last 12 months, did (you/you or other adults in your household) ever not eat for a whole day because there wasn't enough money for food?
En los últimos 12 meses, ¿Usted o algún otro adulto de su familia no comió por todo un día porque no hubo suficiente dinero para comida?

- No..... 0 → **SKIP TO QUESTION 12**
Yes/Sí.....1
I don't know/refuse to answer..... Q → **SKIP TO QUESTION 12**
No sé/rehúsa a contestar

11a. How often did this happen?
¿Con qué frecuencia sucedió esto?

- Only 1 or 2 months/Sólo uno o dos meses1
Some months but not every month/
Algunos meses pero no todos los meses..... 2
Almost every month/Casi cada mes 3
I don't know/refuse to answer..... Q
No sé/rehúsa a contestar

12. In the last 12 months, since (current month) of last year, did you ever cut the size of (your child's/any of the children's) meals because there wasn't enough money for food?
En los últimos 12 meses, ¿Alguna vez le dio menos cantidad de comida a su(s) niño(s) porque no hubo suficiente dinero para comida?

- No..... 0
Yes/Sí.....1
I don't know/refuse to answer..... Q
No sé/rehúsa a contestar

13. In the last 12 months, did (CHILD'S NAME/any of the children) ever skip meals because there wasn't enough money for food?
En los últimos 12 meses, ¿Alguna vez su niño o cualquiera de sus niños no comió porque no hubo suficiente dinero para comida?

- No..... 0 → **SKIP TO QUESTION 14**
Yes/Sí.....1
I don't know/refuse to answer..... Q → **SKIP TO QUESTION 14**
No sé/rehúsa a contestar

ID NUMBER:							
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FORM CODE: FOE
VERSION:1 9/24/2012

Contact
Occasion

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SEQ #

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13a. How often did this happen?
¿Con qué frecuencia sucedió esto?

- Only 1 or 2 months/*Sólo uno o dos meses*1
Some months but not every month/
Algunos meses pero no todos los meses..... 2
Almost every month/*Casi cada mes* 3
I don't know/refuse to answer..... Q
No sé/rehúsa a contestar

14. In the last 12 months, (was your child/ were your children) ever hungry but you just couldn't afford more food?

En los últimos 12 meses, ¿Alguna vez su niño o cualquiera de sus niños tuvo hambre pero simplemente no tuvo suficiente dinero para comprar más comida?

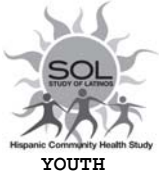
- No..... 0
Yes/*Sí*.....1
I don't know/refuse to answer..... Q
No sé/rehúsa a contestar

15. In the last 12 months, did (your child/any of the children) ever not eat for a whole day because there wasn't enough money for food?

En los últimos 12 meses, ¿Alguna vez su(s) niño(s) no comió/comieron por todo el día porque no hubo suficiente dinero para comida?

- No..... 0
Yes/*Sí*.....1
I don't know/refuse to answer..... Q
No sé/rehúsa a contestar

END QUESTIONNAIRE



SOL-Youth Health Insurance - Parent

ID NUMBER:

FORM CODE: HPE
VERSION: 1 2/10/12

Contact Occasion SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Language Administered: 1=English 2=Spanish

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

1. At any time in [ENTER YEAR], were [YOU] covered by a health insurance plan?
¿En algún momento en el [ENTER YEAR] tuvo usted cobertura por un plan de seguro médico?

No..... 0
Yes/Sí..... 1

2. What type(s) of health insurance were [YOU] covered by in [ENTER YEAR]?
¿Qué tipo(s) de cobertura de seguro médico tuvo usted en el [Enter year]?

- a. Medicare.....
- b. Medicaid.....
- c. TRICARE or CHAMPUS.....
- d. CHAMPVA.....
- e. VA.....
- f. Military Health Care/*Cuidado de salud militar*.....
- g. Children's Health Insurance Program (CHIP)/*Programa de seguro médico para niños...*
- h. Indian Health Service/*Servicio de salud indígena*.....
- i. Other government health care/*Otro programa de cuidado de salud del gobierno*.....
- j. Employer or union provided (as dependent of household member).....
Proporcionado por su empleo o sindicato (como dependiente de miembro del hogar)
- k. Privately purchased (as dependent of household member).....
Contrato de seguro privado (como dependiente de miembro del hogar)
- l. Plan of someone outside the household.....
Plan de alguien que vive fuera del hogar
- m. Other/Otro.....

m1. If other, please specify
Si es otro, por favor especifique: _____

2a. Did your [your spouses'] former or current employer or union pay for all, part, or none of the insurance premium?
¿Su empleador [o el de su cónyuge] o sindicato, anterior o actual, pagó toda, parte o nada de la prima de seguros?

None/Ninguno..... 1
Part/En parte..... 2
All/Todo..... 3

ID NUMBER:							
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FORM CODE: HPE
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SEQ #

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3. At any time in [ENTER YEAR], were [YOU] NOT covered by a health insurance plan or uninsured?
¿En algún momento en el [ENTER YEAR], estuvo usted SIN cobertura de un plan de seguro médico o sin seguro?

No, I had health insurance for the entire year..... 0 → **END QUESTIONNAIRE**

No, sí tuve seguro médico todo el año.

Yes, I was uninsured for part of the year..... 1

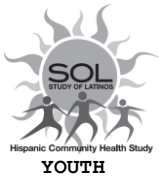
Sí, estuve sin seguro parte del año.

3a. For how many months during [ENTER YEAR], were [YOU] uninsured?

¿Cuántos meses durante el [ENTER YEAR] estuvo usted sin seguro?

Months/Meses

END QUESTIONNAIRE



SOL-Youth Neighborhood SES - Parent

ID NUMBER:

FORM CODE: NSE
VERSION: 1 2/24/12

Contact Occasion SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Language Administered: 1=English 2=Spanish

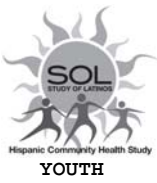
Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

1. How much of a problem in your neighborhood is each of these:
¿Qué tan problemáticos son los siguientes en su vecindario?

- 1= Not a problem/*No es un problema*
- 2= Minor problem/*Un problema menor*
- 3= Major problem/*Un problema mayor*

- a. Racial or cultural groups who do not get along with each other. 1 2 3
Grupos raciales o culturales que no se llevan bien.
- b. Little respect for rules, laws, and authority. 1 2 3
Poco respeto por las reglas, leyes y autoridad.
- c. Assaults and muggings. 1 2 3
Asaltos y atracos.
- d. Delinquent gangs or drug gangs. 1 2 3
Pandillas (gangas) delincuentes o de drogas.
- e. Drug use or drug dealing out in the open. 1 2 3
Uso o venta de drogas en público.

END QUESTIONNAIRE



SOL-Youth Parenting for Eating and Physical Activity - Parent

ID NUMBER:

FORM CODE: PPE
VERSION:1 2/24/12

Contact Occasion

SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date:

/ /

Month Day Year

0b. Staff ID:

0c. Language Administered:

1=English

2=Spanish

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

How much do you agree or disagree with each statement?

¿Qué tan de acuerdo o en desacuerdo está con cada una de las siguientes declaraciones?

1= Disagree/*En desacuerdo*
2= Slightly Disagree/*Un poco en desacuerdo*
3= Neutral/*Neutral*
4= Slightly Agree/*Un poco de acuerdo*
5= Agree/*De acuerdo*

1. I offer sweets (candy, ice cream, cake) to my children as a reward for good behavior. 1 2 3 4 5
Les ofrezco cosas dulces (caramelos, helado, pastel) a mis niños como premio por buen comportamiento.
2. My children should always eat all the food on their plate. 1 2 3 4 5
Mis niños siempre se deben comer toda la comida en su plato.
3. I have to be especially careful to make sure my children eat enough. 1 2 3 4 5
Tengo que estar pendiente para asegurarme de que mis niños coman suficiente.
4. If my children say "I'm not hungry," I try to get them to eat anyway. 1 2 3 4 5
Trato de que mis niños coman aunque me digan "No tengo hambre."
5. If I don't regulate or guide my children's eating, they would eat much less than they should. 1 2 3 4 5
Si no regulo o guío lo que comen mis niños, comerían mucho menos de lo que deben.
6. I limit the amount of soda my children drink. 1 2 3 4 5
Limito la cantidad de refrescos que toman mis niños.
7. I limit the number of snacks my children eat. 1 2 3 4 5
Limito el número de botanas (bocadillos/meriendas) que comen mis niños.
8. I limit the amount of time my children watch TV or videos during the week (Mon-Fri). 1 2 3 4 5
Limito la cantidad de tiempo que mis niños ven televisión o videos entre semana (lunes-viernes).

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1= Disagree/*En desacuerdo*
2= Slightly Disagree/*Un poco en desacuerdo*
3= Neutral/*Neutral*
4= Slightly Agree/*Un poco de acuerdo*
5= Agree/*De acuerdo*

9. I limit the amount of time my children watch TV or videos during the weekend (Sat/Sun). 1 2 3 4 5
Limito la cantidad de tiempo que mis niños ven televisión o videos durante el fin de semana (sábado/domingo)

10. I limit the amount of time my children play video games (like Game boy, Sega, Playstation) or are on the computer during the week (Mon-Fri). 1 2 3 4 5
Limito la cantidad de tiempo que mis niños juegan videojuegos (como Game boy, Sega, Playstation) o que están en la computadora entre semana (lunes-viernes).

11. I limit the amount of time my children play video games (like Game boy, Sega, Playstation) or are on the computer during the weekend (Sat/Sun). 1 2 3 4 5
Limito la cantidad de tiempo que mis niños juegan videojuegos (como Game boy, Sega, Playstation) o que están en la computadora durante el fin de semana (sábado/domingo).

12. I offer TV, videos, or video games to my children as a reward for good behavior. 1 2 3 4 5
A mis niños les dejo ver televisión, videos o jugar videojuegos como premio por buen comportamiento.

*How much do you keep track of the ...
¿Con qué frecuencia usted lleva un registro de...*

1= Never/*Nunca*
2= Rarely/*Rara vez*
3= Sometimes/*A veces*
4= Mostly/*Casi siempre*
5= Always/*Siempre*

13. Sweet snacks (candy, ice cream, cake) that your children eat? 1 2 3 4 5
¿Las cosas dulces (caramelos, helados, pasteles) que comen sus niños?

14. Salty snack foods (potato chips, tortilla chips) that your children eat? 1 2 3 4 5
¿Las comidas saladas (papas, tortilla chips/totopos de maíz) que comen sus niños?

15. High-fat foods that your children eat? 1 2 3 4 5
¿Las comidas altas en grasa que comen sus niños?

16. Amount of TV or videos your children are watching? 1 2 3 4 5
¿La cantidad de tiempo que sus niños ven televisión o videos?

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1= Never/*Nunca*
2= Rarely/*Rara vez*
3= Sometimes/*A veces*
4= Mostly/*Casi siempre*
5= Always/*Siempre*

17. Exercise your children are getting? 1 2 3 4 5
¿La cantidad de ejercicio que hacen sus niños?

18. Servings of fruits and vegetables your children are eating? 1 2 3 4 5
¿Las porciones de frutas y verduras/vegetales que comen sus niños?

How often must your children ask permission before...
¿Con qué frecuencia sus niños le tienen que pedir permiso antes de...

19. Getting a snack? 1 2 3 4 5
¿Comerse una botana (bocadillo/merienda)?

20. Drinking soda? 1 2 3 4 5
¿Beber soda?

How often do you...
¿Con qué frecuencia usted...

21. Praise your children for eating a healthy snack? 1 2 3 4 5
¿Felicita a sus niños por comerse una botana (bocadillo/merienda) saludable?

22. Praise your children for being physically active? 1 2 3 4 5
¿Felicita a sus niños por ser físicamente activos?

How often do you discipline your children for doing the following without your permission?
¿Con qué frecuencia disciplina a sus niños por hacer lo siguiente sin pedirle permiso?

23. Watching TV or videos. 1 2 3 4 5
Ver televisión o videos.

24. Playing video games or the computer. 1 2 3 4 5
Jugar videojuegos o jugar en la computadora.

25. Getting a snack. 1 2 3 4 5
Comerse una botana (bocadillo/merienda).

26. Drinking a soda. 1 2 3 4 5
Beber una soda.

END QUESTIONNAIRE



SOL-Youth SES - Parent

ID NUMBER:

FORM CODE: SPE
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Contact Occasion SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Language Administered: 1=English 2=Spanish

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option. Use location codes at end for coding place of birth.

1. What is your current marital status: *(Mark only one)*
¿Cuál es su estado civil actual? (Marque sólo uno)

Single, never married and not living with a romantic partner 1 → **GO TO QUESTION 3**
Soltero/a, nunca casado/a y no viviendo con una pareja romántica

Single, living with a romantic partner..... 2 → **GO TO QUESTION 3**
Soltero/a, viviendo con una pareja romántica

Legally married/*Legalmente casado/a*.....3

Separated/*Separado/a*..... 4 → **GO TO QUESTION 3**

Divorced/*Divorciado/a*..... 5 → **GO TO QUESTION 3**

Widow(er)/*Viudo/a*..... 6 → **GO TO QUESTION 3**

2. Are you currently living with your spouse?
¿Está usted actualmente viviendo con su cónyuge?

No... 0
Yes/Sí..1

3. What is your current employment status? *(Mark only one)*
¿Cuál es su estado de empleo actual? (Marque sólo uno)

Employed full-time (35 hours per week or more)..... 1
Empleado/a de tiempo completo (35 horas por semana o más)

Employed part-time (< 35 hours per week)..... 2
Empleado/a de medio tiempo (<35 horas por semana)

Not Employed but looking for work..... 3 → **GO TO QUESTION 5**
Sin empleo pero buscando trabajo

Not Employed and not looking for work..... 4 → **GO TO QUESTION 5**
Sin empleo y no buscando trabajo

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4. How many jobs do you currently have?
¿Cuántos trabajos tiene usted actualmente?

<input type="text"/>	<input type="text"/>	Jobs/Trabajos
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5. Are you disabled?
¿Está usted discapacitado/a?

No... 0	<input type="checkbox"/>
Yes/Sí..1	<input type="checkbox"/>

6. Are you retired?
¿Está usted jubilado/a?

No... 0	<input type="checkbox"/>
Yes/Sí..1	<input type="checkbox"/>

7. Are you a student?
¿Es usted estudiante?

No... 0	<input type="checkbox"/>
Yes/Sí...1	<input type="checkbox"/>

8. What is the highest grade in school you have completed? (Mark only one)
¿Cuál es el grado de escuela más avanzado que ha completado? (Marque sólo uno)

Never went to school or only went to kindergarten.....1
Nunca fue o sólo fue al jardín de infantes

Grades 1 through 6 (elementary school)..... 2
Grados 1 al 6 (primaria)

Grades 7 through 11 (some middle or high school).....3
Grados 7 al 11 (algo secundaria o preparatoria)

Completed 12th grade (graduated High School).....4
Completó grado 12 (graduado de preparatoria/escuela superior)

Completed a GED..... 5
Completó el examen de desarrollo de educación general (GED)

Went to a business, trade, or vocational school instead of high school.....6
Fue a una escuela de negocio, comercio, o vocacional en vez de preparatoria/escuela superior

Went to a business, trade or vocational school after high school.....7
Fue a una escuela de negocio, comercio, o vocacional después de la preparatoria/escuela superior

Some college or a 2-year degree..... 8
Algo de estudios universitarios o título de dos años

Graduated from a 4-year college or university..... 9
Graduado(-a) de una institución o universidad con estudios de 4 años

Professional training beyond a 4-year college or university..... 10
Capacitación profesional sobre los 4 años universitarios

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9. In the past 12 months, did you have income from any of the following sources? (Mark all that apply)
En los últimos 12 meses, ¿tuvo usted ingresos de cualquiera de las siguientes fuentes? (Marque todas las que apliquen)

- a. Employment Wages or Salary/*Sueldo de empleo o salario*
- b. Welfare, Public Assistance, or Temporary Assistance for Needy Families (TANF).....
Asistencia social, asistencia pública, o asistencia temporal para familias necesitadas (TANF)
- c. Earned Income Tax Credit/*Crédito por ingreso de trabajo*
- d. Child Tax Credit/*Crédito tributario por hijo/a*.....
- e. Unemployment insurance benefits/*Beneficios de seguro por desempleo*
- f. Worker’s compensation/*Compensación a trabajadores por accidentes de trabajo*.....
- g. Disability benefits (DI or SSI)/*Beneficios por incapacidades*.....
- h. Social Security benefits/*Beneficios de seguro social*
- i. Child Support or Alimony/*Manutención de hijos o pensión alimenticia*.....
- j. Savings, money market accounts, stocks, or bonds
Ahorros, cuentas del mercado monetario, acciones, o bonos
- k. Rental Properties/*Propiedades de alquiler*.....
- l. Family and Friends/*Familia y amigos*
- m. Other/*Otro*.....
If other, please specify/Si otro, por favor especifique: _____
- n. None/*Ninguno*

10. In the past 12 months, have you or your children participated in any of the following programs? (Mark all that apply)
En los últimos 12 meses, ¿han participado usted o su niño en alguno de los siguientes programas? (Marque todas las que apliquen)

- a. Food stamps, SNAP or EBT/*Cupones de alimentos, SNAP o EBT*.....
- b. Women, Infant, and Children (i.e. WIC)/*Mujeres, infantes, y niños*.....
- c. Housing Voucher or Section Eight Voucher/*Bono de vivienda o bono de sección ocho*.....
- d. Early Head Start/*programa de Early Head Start*.....
- e. Head Start/*programa de Head Start*
- f. Free and Reduced Price School Meal Program/*Programa de comida gratis y de precio reducido en la escuela*.....
- g. None/*Ninguno*.....

11. Counting the income of all the members of your household and including the money received from all sources was your income for the past year -- that would be January to December of [FILL IN YEAR]
Contando los ingresos de todos los miembros de la familia e incluyendo el dinero recibido de todas las fuentes, su ingreso para el último año fue—eso sería desde enero a diciembre de [Fill in year]

Less than \$30,000/*Menos de \$30,000*.....1 → **GO TO QUESTION 12**
\$30,000 or more/*\$30,000 o más*.....2 → **GO TO QUESTION 13**

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12. Is that income...
Ese ingreso es...

- Less than \$10,000/*Menos de \$10,000*.....1
\$10,001-\$15,000.....2
\$15,001-\$20,000.....3
\$20,001-\$25,000.....4
\$25,001-\$29,999.....5

13. Is that income...
Ese ingreso es...

- \$30,000-\$40,000.....1
\$40,001-\$50,000.....2
\$50,001-\$75,000.....3
\$75,001-\$100,000.....4
More than \$100,000/*Más de \$100,000*...5

14. In the past year (i.e. January to December [FILL IN YEAR]), how many people, including yourself, were supported by this income?
En el último año (i.e. enero a diciembre [Fill in Year]), ¿cuántas personas, incluyéndose a usted, fueron mantenidas por este ingreso?

Number of people/*Número de personas*

15. In the past 12 months, has there been a time when you and your child/children...
(Mark all that apply)
*En los últimos 12 meses, ¿ha habido un tiempo en que usted y su niño/a...
(Marque todos las que apliquen)*

- a. ... were without home telephone service or cell phone service because there was not enough money.....
...estuvieron sin servicio telefónico en la casa o servicio celular porque no había suficiente dinero
- b. ... did not pay the full amount of rent or mortgage because there was not enough money.....
...no pagaron la cantidad total de la renta o la hipoteca porque no había suficiente dinero
- c. ... were evicted from your house or apartment for not paying the rent or mortgage.....
...fueron desajolados de su casa o apartamento por no pagar el alquiler o hipoteca
- d. ...had service turned off by the gas or electric company, or the oil company wouldn't deliver because payments were not made.....
... fueron suspendidos los servicios por la compañía de gas o electricidad, o la compañía de petróleo no entregó a domicilio porque los pagos no se hicieron
- e. ...were worried whether food would run out before there was more money to buy more.....
...estuvieron preocupados de que la comida se acabara antes de que hubiera más dinero para comprar más

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16. What type of dwelling best describes where you and your child(ren) live?
¿Qué tipo de vivienda describe mejor donde usted y su niño viven?

- House/Casa..... 1
- Condo/Condominio..... 2
- Apartment complex/Complejo de apartamentos..... 3
- Converted garage/Garaje convertido..... 4
- Trailer home/Casa remolque..... 5
- Other/Otro..... 6

If other, please specify/ Si otro, por favor especifique: _____

17. How many drivable motor vehicles (cars, trucks, motorcycles) are there in your household?
¿Cuántos vehículos manejables (carros, camiones, motocicletas) hay en su hogar?

vehicles/vehículos

18. Not including yourself, how many people live in your household?
No incluyéndose a usted, ¿cuántas personas viven en su hogar?

persons/personas

END QUESTIONNAIRE



SOL Youth Anthropometry

Youth

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	SEQ #	<input type="text"/>	<input type="text"/>
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ADMINISTRATIVE INFORMATION

0a. Completion Date: / /

Month Day Year

0b. Staff ID:

0c. Language Administered: 1=English 2=Spanish

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).

A. SAFETY QUESTIONS

1. [Do you/Does your child] have either a heart pacemaker or defibrillator or any other internal electronic device inserted in the body that [you/your child] cannot remove?

¿[Usted/su niño] tiene un marcapasos o desfibrilador u cualquier otro dispositivo electrónico interno implantado en el cuerpo que [usted/su hijo] no pueda quitarse?

No.....0

Yes/Sí....1

USE WEIGHT ONLY SETTING FOR TANITA SCALE, IN SECTION C

BOYS/ FATHERS/ MALE LEGAL GUARDIANS AND GIRLS<10 Y OLD: GO TO SECTION B

2. MOTHERS/FEMALE GUARDIANS ONLY:

2a. Are you currently pregnant?

¿Está usted embarazada?

No0 GO TO SECTION B

Yes/Sí1 Answer 2b and 2c then end ANT function

2b. Self-reported weight (to the nearest lb or kg): ..

Peso autorreportado (lb o kg más cercano):

2b1. Units (check one):..... lb kg

2c. Self-reported height:

Estatura autorreportada:

<input type="text"/>	<input type="text"/>	<input type="text"/>	Centimeters/Centímetros	OR	<input type="text"/>	<input type="text"/>	Feet/Pies	<input type="text"/>	<input type="text"/>	Inches/Pulgadas
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3. **GIRLS 10 -18 YEARS OLD ONLY:** Read the following paragraph before asking the question: ***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***

NIÑAS DE 10 -18 AÑOS DE EDAD ÚNICAMENTE: Lea el siguiente párrafo antes de hacer la pregunta: ***En el estado de [CA, FL, IL, NY] alguna información que un niño reporte es confidencial, lo que quiere decir que no podemos darle esa información a tus padres sin tu permiso. Esto incluye información acerca de embarazo. La única excepción a esto es si tú estás en peligro de hacerte daño o hacerle daño a otras personas, o si otras personas te han lastimado o amenazado. En este caso, nos gustaría asegurarnos de que obtengas la ayuda de adultos que pueden ayudarte.***

Do you think you may be pregnant?
¿Crees que podrías estar embarazada?

- No.....0 GO TO SECTION B
Yes.....1 **USE WEIGHT ONLY SETTING FOR TANITA SCALE, IN SECTION C**

B. HEIGHT

4. Assessment of ability to stand (choose one):
- Can stand erectly on both feet. 1
Can stand on both feet, but posture not erect. 2
Cannot stand on both feet. 3 → **GO TO QUESTION D**

5. Standing height (round to nearest cm):

a. First Measurement.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	cm
b. Second Measurement.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	cm
c. Third Measurement.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	cm

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C. WEIGHT AND BIOIMPEDANCE

IMPORTANT- SELECT THE APPROPRIATE SETTING FOR YOUR PARTICIPANT

- 6. Weight: kg
- 7. Fat (%): %
- 8. Impedance: Ohms
- 9. Fat mass: kg
- 10. Lean body mass (FFM): kg
- 11. Total body water (TBW): kg

D. BODY SIZE – WAIST AND HIP GIRTH MEASUREMENTS (round to nearest cm)

- | | Waist Girth | | Hip Girth | |
|--------------------------------------|----------------------|----------------------|----------------------|----------|
| 12a. First Measurement..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | cm |
| 12b. Second Measurement | <input type="text"/> | <input type="text"/> | <input type="text"/> | cm |
| 12c. Third Measurement..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | cm |

ID NUMBER:							
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FORM CODE: AQCT
VERSION:1 2/22/12

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3. **GIRLS 10 -18 YEARS OLD ONLY:** Read the following paragraph before asking the question: ***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***

NIÑAS DE 10 -18 AÑOS DE EDAD ÚNICAMENTE: Lea el siguiente párrafo antes de hacer la pregunta: ***En el estado de [CA, FL, IL, NY] alguna información que un niño reporte es confidencial, lo que quiere decir que no podemos darle esa información a tus padres sin tu permiso. Esto incluye información acerca de embarazo. La única excepción a esto es si tú estás en peligro de hacerte daño o hacerle daño a otras personas, o si otras personas te han lastimado o amenazado. En este caso, nos gustaría asegurarnos de que obtengas la ayuda de adultos que pueden ayudarte.***

Do you think you may be pregnant?
¿Crees que podrías estar embarazada?

No.....0 GO TO SECTION B
Yes.....1 **USE WEIGHT ONLY SETTING FOR TANITA SCALE, IN SECTION C**

B. HEIGHT

4. Assessment of ability to stand (choose one):

- Can stand erectly on both feet. 1
- Can stand on both feet, but posture not erect. 2
- Cannot stand on both feet. 3 →

GO TO QUESTION D

5. Standing height (round to nearest cm):

a. First Measurement.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	cm
b. Second Measurement.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	cm
c. Third Measurement.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	cm

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SEQ #

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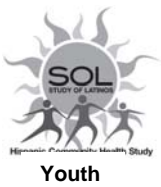
C. WEIGHT AND BIOIMPEDANCE

IMPORTANT- SELECT THE APPROPRIATE SETTING FOR YOUR PARTICIPANT

- 6. Weight: kg
- 7. Fat (%): %
- 8. Impedance: Ohms
- 9. Fat mass: kg
- 10. Lean body mass (FFM): kg
- 11. Total body water (TBW): kg

D. BODY SIZE – WAIST AND HIP GIRTH MEASUREMENTS (round to nearest cm)

- | | Waist Girth | | Hip Girth | |
|--------------------------------------|----------------------|----------------------|----------------------|----------|
| 12a. First Measurement..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | cm |
| 12b. Second Measurement | <input type="text"/> | <input type="text"/> | <input type="text"/> | cm |
| 12c. Third Measurement..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | cm |



BIOSPECIMEN COLLECTION FORM

PARTICIPANT ID NUMBER:										LAB ID#	Place sticker here:
FORM CODE: BIO VERSION: 1 4/4/2012	Contact Occasion	0	1	SEQ #	0	1					

0c. Language Administered: 1=English 2=Spanish

Instructions: This form should be completed during the child participant's visit. Affix the SOL-Youth participant ID label and the Lab ID label above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes.

A. Safety Questions:

1. Has [CHILD's NAME] ever had a surgery where lymph nodes were removed from his/her armpits?
¿Alguna vez [CHILD's NAME] ha tenido una cirugía donde le hayan quitado los nódulos linfáticos de las axilas?
¹ Yes/Sí ⁰ No **If Yes, specify in Q11 and follow precautions per QxQ instructions**

2. Does [CHILD's NAME] have any bleeding disorders?
¿Tiene [CHILD's NAME] alguna enfermedad hemorrágica?
¹ Yes/Sí ⁰ No **If Yes, specify in Q11; follow precautions per QxQ instructions**

3. Has [CHILD's NAME] ever had a graft or shunt for kidney dialysis?
¿Alguna vez [CHILD's NAME] ha tenido un injerto o derivación para diálisis renal?
¹ Yes/Sí ⁰ No **If Yes, specify in Q11; follow precautions per QxQ instructions**

B. Fasting Blood Collection Information:

4. On which day did [CHILD's NAME] last eat or drink anything except water: today, yesterday, or the day before yesterday?
¿Cuándo fue el último día que [CHILD's NAME] comió o bebió algo, excepto agua: hoy, ayer, o antes de ayer?
¹ Today/Hoy ² Yesterday/Ayer ³ Before Yesterday/Antes de ayer

5. And at what time was that?
¿Y a qué hora fue eso? : A.M / P.M.
h h : m m (Circle One)

C. Blood Collection: *Note: Remove LMX4 cream if used prior to blood collection; indicate LMX4 use in item 11.

6. Date of blood collection: / / 7. Collection time: : A.M / P.M.
m m/ d d / y y y y h h : m m (Circle One)

8. Number of venipuncture attempts:

9. Any blood drawing incidents or problems?..... ¹ Yes ⁰ No **If Yes, specify in Q10 and/or Q11**

10. Blood drawing incidents: Document problems with venipuncture in this table. Place an "X" in box(es) corresponding to the tubes in which the blood drawing problem(s) occurred. If a problem other than those listed occurred, use Item 11.

	Tube Number				
	1	2	3	4	5
a. Sample not drawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Partial sample drawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Tourniquet reapplied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Fist clenching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Needle movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Participant reclining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. If any other blood drawing problems/comments not listed above (e.g., fasting status, etc.), describe incident or problem here: (*also list LMX4 cream use here)

12. Phlebotomist's code number:

D. Blood Processing:

13. Time at which tubes 3 - 5 were centrifuged: : A.M / P.M.
 h h : m m **(Circle One)**

14. Time at which tubes 1-2 were centrifuged: : A.M / P.M.
 h h : m m **(Circle One)**

15. Time at which aliquot tray 1 vials were placed in freezer: : A.M / P.M.
 h h : m m **(Circle One)**

16. Blood Processor's code number:

17. Any blood processing incidents or problems? ¹ Yes ⁰ No **If yes, specify in Q18 and/or Q19**

18. Blood processing incidents: Document problems with the processing of specimens in this table. Place an "X" in box(es) corresponding to tubes in which the processing problem(s) occurred. If a problem other than those listed occurred, use Item 19.

	Tube Number				
	1	2	3	4	5
a. Broken tube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Sample re-centrifuged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Clotted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Hemolyzed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Lipemic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Comments on blood processing:



SOL-Youth Fitness Step Test

Youth

ID NUMBER:

FORM CODE: FST
VERSION: 1 1/13/12

Contact Occasion SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

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.

1. Standing height: cm

2. Bench height used:

Bench Height Used	Child's Height	Pin holes on side braces (W=use of plywood)
1	95-105 cm	1
2	106-115 cm	1W
3	116-125 cm	2
4	126-140 cm	2W
5	141-155 cm	3
6	156-165 cm	3W
7	166-180 cm	4
8	181+ cm	4W

3. Find radial pulse rate before exercise

No.....0
Yes.....1

4. Resting heart rate (pre-test): Total heart rate counts for 15 seconds total beats

5. Post Exercise Heart Rate (5 to 20 seconds): Total counts for 15 seconds total beats

6. Heart Rate at discharge: Total counts for 15 seconds..... total beats
(Count should be ≤ 25 at the time of release)

7. Was this procedure completed?

No.....0
Yes.....1 **GO TO END**

7a. If no, please explain



SOL-Youth Sitting Blood Pressure

Youth

ID NUMBER:

FORM CODE: SBP
VERSION: 1 5/23/11

Contact Occasion SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

Instructions: Enter results as measured. If measure is unobtainable, enter the special missing value, "=", in the item.

A. Arm measurements

1. Arm used for sitting blood pressure measurement (choose one):

- Right (preferred)..... 1
- Left 2
- Other {note log}..... 3

2. Arm circumference (cm)

3. Cuff size: (arm circumference in brackets)

- Small {17-22 cm, CS19}..... 1
- Adult {22-32 cm, CR19} 2
- Large {32-42 cm, CL19}..... 3
- X Large {42-50 cm, CX19}..... 4

4. Time of measurement

a. Time of day: :
H H M M

b. AM or PM

- AM..... A
- PM..... P

ID NUMBER:								
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FORM CODE: SBP
VERSION: 1 8/01/07

Contact
Occasion

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SEQ #

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B. Average blood pressure / pulse rate

5. Systolic

--	--	--

6. Diastolic

--	--	--

7. Pulse:

--	--	--

C. First blood pressure / pulse rate

8. Systolic

--	--	--

9. Diastolic

--	--	--

10. Pulse:

--	--	--

D. Second blood pressure / pulse rate

11. Systolic

--	--	--

12. Diastolic

--	--	--

13. Pulse:

--	--	--

E. Third blood pressure / pulse rate

14. Systolic

--	--	--

15. Diastolic

--	--	--

16. Pulse:

--	--	--



SOL Youth Safety Checklist for Fitness Step Test

Youth

ID NUMBER:

FORM CODE: SST
VERSION: 2 10/22/2012

Contact
Occasion

SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Language Administered: 1=English 2=Spanish

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.

1. Has a doctor ever told you that you have asthma?
¿Alguna vez te ha dicho un doctor que tienes asma?

No.....0 **GO TO QUESTION 2**
Yes/ Sí.....1

1a. If yes, do you use medications (e.g., inhaler) to control your asthma symptoms?
Si la respuesta es sí, ¿usas algún medicamento (ej, inhalador) para controlar tus síntomas de asma?

No.....0
Yes/Sí.....1

1b. If yes, how often do you use your rescue inhaler (i.e., albuterol)?
Si la respuesta es sí, ¿con qué frecuencia usas tu inhalador de rescate (ej. albuterol)?

0-2 Times a Week/*Veces a la Semana*.....0
3 or More Times a Week/*Veces a la Semana*.....1 **INELIGIBLE**

1c. When is the last time you used your rescue inhaler? (ask for the specific time of day)
¿Cuándo fue la última vez que usaste tu inhalador de rescate?

Time of day/*Hora del día*: :
H H M M

AM or PM
AM.....A
PM.....P

[if they respond to having used it within 4 hours, they are INELIGIBLE]

ID NUMBER:								
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FORM CODE: SST
VERSION: 2 10/22/12

Contact
Occasion

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SEQ #

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2. Do you have any injuries to your feet, ankles, legs, or hips that would make it painful for you to step up and down on this bench?

¿Tienes alguna lesión en los pies, tobillos, piernas o caderas que te cause dolor al dar un paso hacia arriba o hacia abajo en este banco?

No.....0

Yes/ Sí.....1 **INELIGIBLE**

3. Have you had surgery on your feet, ankles, legs, or hips that would make it painful for you to step up and down on this bench?

¿Has tenido cirugía en los pies, tobillos, piernas o caderas que te cause dolor al dar un paso hacia arriba o hacia abajo en este banco?

No.....0

Yes/Sí.....1 **INELIGIBLE**




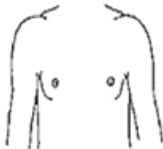





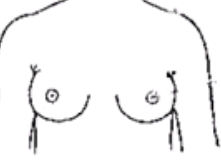
4. **For interviewer only:** Is the participant taking any contraindicated medications (listed in appendix)? Review the list of medications recorded.

No.....0

Yes1

SOL Youth, Tanner Stage Self-Assessment for Females

Part A.

		1) <input type="checkbox"/>
		2) <input type="checkbox"/>
		3) <input type="checkbox"/>
		4) <input type="checkbox"/>
		5) <input type="checkbox"/>

Part B.



1)



2)



3)



4)



5)

SOL Youth, Tanner Stage Self-Assessment for Males

Part A.



1)



2)



3)



4)



penis (pene)
scrotum (escroto)
testes (testiculos)
(balls)

5)

Part B.



1)



2)



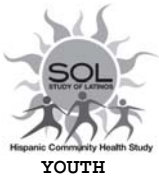
3)



4)



5)



SOL Youth Tanner Staging Procedure - Female

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORM CODE: TPF
VERSION: 1 2/22/12

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

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Language Administered: 1=English 2=Spanish

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

If the participant has no pubic hair or seems to shave, ask:

1. Have you shaved or trimmed your pubic hair recently?
¿Te has rasurado o recortado el pelo púbico recientemente?

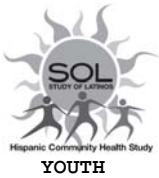
- No0 → Continue with pubic hair development assessment and breast development assessment.
- Yes/Sí ...1 → Have participant fill out a self-administration form for pubic hair development. Only conduct breast development assessment.

2. Part A: Pubic Hair Development

- Stage I (Preadolescent)1
- Stage II2
- Stage III.....3
- Stage IV.....4
- Stage IV5

3. Part B: Breast Development

- Stage I (Preadolescent)1
- Stage II (Breast Budding).....2
- Stage III.....3
- Stage IV.....4
- Stage IV5



SOL Youth Tanner Staging Procedure - Male

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORM CODE: TPM
VERSION: 1 9/21/12

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

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Language Administered: 1=English 2=Spanish

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

If the participant has no pubic hair or seems to shave, ask:

1. Have you shaved or trimmed your pubic hair recently?
¿Te has rasurado o recortado el pelo púbico recientemente?

No0 → Continue with pubic hair development and genitalia development assessment.

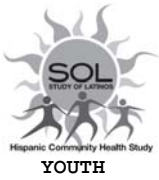
Yes/Sí1 → Have participant fill out a self-administration form for pubic hair development.
 Only conduct genitalia development assessment.

2. Part A: Pubic Hair Development

Stage I (Preadolescent)1
 Stage II2
 Stage III.....3
 Stage IV.....4
 Stage IV5

3. Part B: Male Genitalia Development

Stage I (Preadolescent)1
 Stage II2
 Stage III.....3
 Stage IV.....4
 Stage IV5



SOL Youth Tanner Staging – Female - Child

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORM CODE: TSF
VERSION: 1 4/4/12

Contact Occasion SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Language Administered: 1=English 2=Spanish

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

We would like to assess the stage of your physical development using the drawings on the next pages. These show various stages commonly used by doctors to assess the growth and development of girls. We need to know which drawings most closely match your stage of development at the moment. Not all teenagers follow the same pattern of development. Just pick the stage that is closest, based on both the picture and the description.

Part A.

The drawings below show stages of the way the **breasts** develop. A teenager can go through each of the five stages shown, although some teenagers skip some stages. **Please look at each of the drawings.** It is also important to read the descriptions.

Cross the box that is **closest** to your current breast stage.

1. Breast Development

The nipple is raised a little in this stage. The rest of the breast is still flat.....1

This is the breast bud stage. In this stage the nipple is raised more than2
in stage 1. The breast is a small mound. The dark area around the nipple (areola) is larger than in stage 1.

The areola and the breast are both larger than in stage 2. The areola.....3
does not stick out away from the breast.

The areola and the nipple make up a mound that sticks up above the.....4
shape of the breast. (Note: This stage may not happen at all for some teenagers. Some teenagers develop from stage 3 to stage 5 with no stage 4.)

This is the mature adult stage. The breasts are fully developed. Only..... 5
the nipple sticks out in this stage. The areola has moved back in the general shape of the breast.

ID NUMBER:								FORM CODE: TSF VERSION: 1 4/4/12	Contact Occasion			SEQ #		
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Part B.

The drawings below show different amounts of **female pubic hair**. A teenager can go through each of the five stages shown. **Please look at each of the drawings.** It is also important to read the descriptions.

Cross the box that is the **closest** to the amount of pubic hair you have. If you have shaved or trimmed your hair, please rate how much you would have if you have not shaved.

2. Pubic Hair Development

There is no pubic hair 1

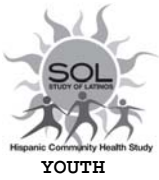
There is a little long, lightly colored hair. This hair may be straight or 2
a little curly.

The hair is darker in this stage. It is coarser and more curled. It has 3
spread out and thinly covers a bigger area.

The hair is now as dark, curly, and coarse as that of an adult woman. 4
However, the area that the hair covers is not as large as that of an adult woman. The hair has not spread out to the legs.

The hair is like that of an adult woman. It also covers the same area 5
as that of an adult woman. The hair usually forms a triangular pattern as it spreads out to the legs.

END QUESTIONNAIRE



SOL Youth Tanner Staging - Male

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORM CODE: TSM
VERSION: 1 4/4/12

Contact Occasion SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Language Administered: 1=English 2=Spanish

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

We would like to assess the stage of your physical development using the drawings on the next pages. These show various stages commonly used by doctors to assess the growth and development of boys. We need to know which drawings most closely match your stage of development at the moment. Not all teenagers follow the same pattern of development. Just pick the stage that is closest, based on both the picture and the description.

Part A.

Teenagers go through the various stages of physical development at different ages. Some start as early as 6, others not until they are 20. We need your help in letting us know what stage you are at. **Please look at each of the drawings.** It is also important to read the descriptions.

Cross the box that is **closest** to your current stage:

1. Genitalia Development

- The size and shape of the testes, scrotum (the sac holding the testes) 1
and penis are about the same as when you were younger.
- The penis is a little bit bigger. The scrotum has dropped and the skin of 2
the scrotum has changed. The testes are bigger.
- The penis has grown longer, the testes have grown and dropped lower..... 3
- The penis is longer and wider. The head of the penis is bigger, the 4
scrotum is a darker color and bigger. The testes are bigger.
- The penis, scrotum and testes are the size and shape of a man's..... 5

ID NUMBER:							
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FORM CODE: TSM
 VERSION: 1 4/4/12

Contact
 Occasion

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SEQ #

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Part B.

As part of development, at some stage hair will start to grow just above the penis. **Please look at each of the drawings.** It is also important to read the descriptions. If you have shaved or trimmed your hair, please rate how much you would have if you have not shaved.

Cross the box that is **closest** to the amount of **pubic hair** that you have.

2. Pubic Hair Development

There is no hair at all..... 1

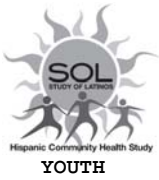
There is a little soft, long, lightly colored hair at the base of the penis. 2
 It may be straight or a little curly.

The hair is darker and more curled. It has spread out and thinly covers 3
 a bigger area.

The hair is as dark and curly as that of a man, but it hasn't spread out4
 to the legs.

The hair is like that of a man. It has spread out to the legs.....5

END QUESTIONNAIRE



SOL Youth Tanner Staging - Male

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORM CODE: TSM
VERSION: 1 4/3/12

Contact Occasion SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /

Month Day Year

0b. Staff ID:

0c. Language Administered: 1=English 2=Spanish

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

Nos gustaría valorar la etapa de tu desarrollo físico usando los dibujos en las páginas siguientes. Estos muestran diferentes etapas comúnmente usadas por doctores para evaluar el crecimiento y el desarrollo de los niños. Necesitamos saber cuáles dibujos corresponden mejor a tu etapa de desarrollo en este momento. No todos los adolescentes siguen el mismo patrón de desarrollo. Sólo escoge la etapa que mejor corresponda, basándote tanto en el dibujo como en la descripción.

Parte A.

Los adolescentes pasan por varias etapas de desarrollo físico a diferentes edades. Algunos empiezan pronto a los 6 años, otros no empiezan hasta los 20 años. Necesitamos tu ayuda para que nos informes en qué etapa te encuentras. **Por favor mira cada uno de los dibujos.** También es importante leer las descripciones.

Marca con una X el cuadro que **mejor describa** tu etapa actual:

1. Desarrollo de los genitales

Los testículos, el escroto (la bolsa que cubre los testículos) y el pene 1

tienen aproximadamente la misma forma y tamaño que cuando eras más pequeño de edad.

El pene está un poco más grande. Los testículos han bajado y la piel 2

del escroto ha cambiado. Los testículos están más grandes.

El pene se ha alargado, los testículos han crecido y han bajado más 3

El pene está más largo y más grueso. La punta del pene está más grande, 4

el escroto está más oscuro y más grande. Los testículos están más grandes.

El pene, el escroto y los testículos tienen la forma y el tamaño de los de un adulto 5

ID NUMBER:								FORM CODE: TSM	Contact			SEQ #		
								VERSION: 1 4/3/12	Occasion					

Parte B.

Como parte del desarrollo, en algún momento el pelo empezará a crecer en el área justo arriba del pene. **Por favor mira cada uno de los dibujos.** También es importante leer las descripciones. Si te has rasurado o recortado el pelo, por favor evalúa cuánto pelo tendrías si no te hubieses rasurado.

Marca con una X el cuadro que **mejor describa** la cantidad de **pelo púbico** que tienes.

2. Desarrollo del pelo púbico

No hay pelo púbico 1

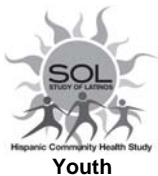
Hay un poco de pelo suave, largo, de color claro en la base del pene. 2
Puede ser liso o un poco rizado.

El pelo es más oscuro y más rizado. Se ha extendido y cubre apenas 3
un área más grande.

El pelo es tan oscuro y rizado como el de un hombre adulto, pero no 4
se ha extendido a las piernas.

El pelo es como el de un hombre adulto. Se ha extendido a las piernas. 5

END QUESTIONNAIRE



SOL Youth Individual Eligibility Checklist

CHILD ID NUMBER:

FORM CODE: ELE
VERSION: 2 10/22/2012

Contact Occasion 0 1 SEQ # 0 1

ADMINISTRATIVE INFORMATION

0a. Completion Date (mm/dd/yyyy): / /

0b. Staff ID:

0c. Language Administered: 1=English 2=Spanish

0d. Household ID (HSR):

0e. Roster row letter (HSR Q4):

0f. Parent ID (HSR):

Instructions: This individual eligibility screening form must be completed by the child's parent/legal guardian before Baseline Examination. Record the Household ID from the Household Screening Roster (HSR) in the administrative item "0d", record the parent participant ID in the administrative item "0f" and record the roster row letter from HSR Q4 for the child in administrative item "0e". Use corresponding QxQ when completing this form.

Eligibility Screening Status for Child

1. Are you the legal guardian of this child? No 0 → **Stop, Ineligible**
 ¿Es usted es el(la) tutor(a) legal de este niño/a? Yes 1

2. What is your relationship with this child?
 ¿Cuál es su relación con el niño/a?

- Biological mother (*Madre biológica*)..... 1
- Biological father (*Padre biológico*)..... 2
- Adoptive mother, step mother, or foster mother (*Madre adoptiva, madrastra, o madre de crianza*)..... 3
- Adoptive father, step father, or foster father (*Padre adoptivo, padrastro, o padre de crianza*)..... 4
- Grandmother or grandfather (*Abuela o abuelo*)..... 5
- Older sibling (*Hermano/a mayor*)..... 6
- Other adult relative (*Otro pariente adulto*)..... 7
- Other (*Otro*)..... 8

If other, please specify: _____

3. Does your child live in your household at least 5 days/week for at least 9 months of the year?
 ¿Vive su niño/a en su casa por lo menos 5 días a la semana y por lo menos 9 meses del año?

No 0 → **Stop, Ineligible**
 Yes 1

4. Does your child prefer to communicate in Spanish or English? Neither language 0 → **Stop, Ineligible**
 ¿Prefiere su niño/a comunicarse en español o en inglés? Spanish 1
 English 2

5. How old is your child? → **If not between 8-16, Stop Ineligible**
 ¿Qué edad tiene su niño/a?

ID NUMBER:

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6. Does your child have any developmental disabilities, for example, mental retardation?
¿Tiene su niño/a alguna discapacidad en su desarrollo, por ejemplo, retraso mental?

No 0

Yes 1 → **Stop, Ineligible**

7. Is your child able to stand and walk without the use of permanent assisted movement devices?
¿Puede su niño/a pararse y caminar sin el uso de instrumentos permanentes que ayuden para moverse?

No 0 → **Stop, Ineligible**

Yes 1

8. Has a doctor or health professional ever told you that your child has Type I diabetes?
¿Alguna vez le ha dicho un doctor que su niño/a tiene diabetes Tipo I?

No 0

Yes 1 → **Stop, Ineligible**

9. Has your child been diagnosed with any of the following: cancer, sickle cell trait, cystic fibrosis, Turner's syndrome, or kidney disease?

¿Ha sido su niño/a diagnosticado con alguna de las siguientes: cáncer, células falciformes, fibrosis cística, síndrome de Turner, o enfermedad de los riñones?

No 0

Yes 1 → **Stop, Ineligible**

10. Has your child had an organ transplant?

¿Ha tenido su niño/a un trasplante de órgano?

No 0

Yes 1 → **Stop, Ineligible**

11. Is your child currently under the use of a growth hormone treatment?

¿Está su niño/a en tratamiento de hormonas para crecimiento?

No 0

Yes 1 → **Stop, Ineligible**

12. Child Participation Status:

Unable to contact, eligibility is unknown 1

Refused screening, eligibility is unknown 2

Completed screen, Ineligible 3

Eligible, Parent or child refuses to participate 4

Eligible, Parent and child agrees to participate 5 → **Schedule Visit**

12a. Appointment Date (mm/dd/yyyy): //

12b. Appointment Time: : a.m.

12c. If the other Parent/Legal guardian will accompany the child and is not a HCHS/SOL participant please provide the complete name: _____



Youth

SOL Youth Household Screening Form

HOUSEHOLD ID NUMBER: [] [] [] [] [] [] [] []

FORM CODE: HSR
VERSION: 2 8/22/12

Contact Occasion

0 1

SEQ #

0 1

ADMINISTRATIVE INFORMATION

0a. Completion Date (mm/dd/yyyy): [] [] [] [] [] [] [] []

0b. Staff ID: [] [] []

0c. Language Administered: 1=English [] 2=Spanish []

Instructions: Write response in the appropriate box. Unless instructed, write ONLY one response and complete only one form per household. An HCHS/SOL participant must answer these screening questions. Use corresponding QxQ when completing this form.

1. In total, how many people live at your current address, including children?

[] []

All children and adults

¿En total cuántas personas viven en su domicilio actual, incluyendo niños?

2. In total, how many children under the age of 18 live in this household?

[] []

Total number of children

¿En total, cuántos niños menores de 18 años viven en este hogar?

If Q2 = 00 -> STOP, READ CLOSING SCRIPT

3. Of the children living in this household, how many are between the ages of 8-16?

[] []

Number of children 8-16

De los niños que viven en este hogar, ¿cuántos tienen entre 8-16 años de edad?

4. Please give me the name of each child between 0-17 years of age. We will need the child's first name and initials of his/her last name, gender, age, the name of their parent/legal guardian, and, if possible, the household telephone number.

Por favor déme el nombre de cada niño/a entre 0-17 años de edad. Vamos a necesitar el nombre y la primera inicial del apellido del niño/a, sexo, edad, nombre de su padre/tutor legal, y si es posible, el número de teléfono del hogar.

Household Children Roster

	First Name	Last Name Initial	M/F	Age	Parent/Legal Guardian Name	Telephone	Parent/ Legal Guardian SOL Participant (Y/N)
A.							
B.							
C.							
D.							
E.							
F.							
G.							
H.							
I.							
J.							
K.							
L.							
M.							



SOL Youth Screening Call Worksheet

Youth

HOUSEHOLD ID NUMBER:									
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Date of Initial Call for Screening: ____/____/____
MM / DD / YYYY

Day of Week Date (MM/DD/YY)	Time	Notes	Result Code	Interviewer Code
S M T W T F S / /	A P			
S M T W T F S / /	A P			
S M T W T F S / /	A P			
S M T W T F S / /	A P			
S M T W T F S / /	A P			
S M T W T F S / /	A P			
S M T W T F S / /	A P			
S M T W T F S / /	A P			
S M T W T F S / /	A P			

***RESULT CODES (CIRCLE THE FINAL CONTACT RESULT CODE AND ENTER THE SCREENING CALL TRACKING FORM TO THE DATA ENTRY SYSTEM)**

- 1 Unable to contact HH after repeated attempts
- 2 Able to contact, but HH refused to be screened; HH eligibility is unknown
- 3 Able to contact, but HH screening was never completed; HH eligibility is unknown
- 4 Screening completed, HH not eligible
- 5 Screening completed, HH eligible but refused to participate
- 6 Screening completed, HH eligible HH agreed to participate (i.e. roster completed)



Youth

SOL Youth Screening Call Tracking form

HOUSEHOLD ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORM CODE: SCT
VERSION: 1 8/24/11

Contact Occasion

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

<input type="text"/>	<input type="text"/>
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Administrative Information

0a. Completion Date (mm/dd/yyyy)://

0b. Staff ID:

Instructions: Complete this form for ALL households who are selected to be screened for SOL Youth and document **FINAL** result code. Use the final result code from the SOL Youth Screening Call Scheduling Work Sheet to fill out Item 2. Do not fill out for intermediate calls. Only one form per Household is allowed.

1. Date of initial contact (MM/DD/YYYY)//

2. Final result Code* (see below).....

*RESULT CODES (taken from last entry of call tracking worksheet)

- 1 Unable to contact HH after repeated attempts
- 2 Able to contact, but HH refused to be screened; HH eligibility is unknown
- 3 Able to contact, but HH screening was never completed; HH eligibility is unknown
- 4 Screening completed, HH not eligible
- 5 Screening completed, HH eligible but refused to participate
- 6 Screening completed, HH eligible HH agreed to participate (i.e. roster completed)

3. Date of final contact (MM/DD/YYYY).....//