

Manual of Procedures

Table of Contents

- I. Overview
- II. Recruitment Protocol

III. Measurement

- a. Anthropometrics
 - i. Actigraph Parent Memo
 - *ii. Activity Monitor Instructions*
 - iii. Blood Pressure Measurement
 - iv. Body Composition Measurement
 - v. Cardiovascular Fitness
- b. Measurement Assessment Manual
- c. Assessment Logistics
 - i. Lab Order Protocol
 - ii. Subject Payment Forms
- d. Assessment Reminder Protocols
 - i. REDCap and Message Space Interface Protocol
 - ii. Assessment Calls Protocol
- e. Data Entry
 - i. Data Entry Protocol
 - ii. Standardized Time Protocol
 - iii. Naming Health4Kids Documents Protocol
 - iv. FAQ for Data Entry
- f. Data Management
 - i. Data Management Protocol
 - ii. Data Verification Protocol
 - iii. BMI Percentiles Using CDC Calculator
 - iv. Codebook for Verifications
- g. Survey Protocols
 - *i.* Nutrition Survey Protocol
 - ii. REDCap Survey Administration Protocol
 - iii. Food Frequency Quesionnaire Protocol
- h. Study Withdrawal Protocol

IV. Clinic Visits

a. Clinic Visit Scheduling Protocol

- b. Sample Clinic Visit Appointment Sheet
- c. T-Shirt Distribution Protocol

V. Introductory Session and Randomization

- a. Introductory Session Protocol
- b. Introductory Session Flowchart
- c. Randomization Protocol
- d. Take Home Folder Protocol
- e. Appendix: Child Supplement
- f. Introductory Session Setup Logistics
- g. Orientation Face to Face Chart
- h. Loteria Instructions

VI. Standard Care Protocol

VII. Telephone Counseling

- a. Telephone Counseling Protocol
- b. Telephone Call Checklists
- c. Scheduling Text Message Reminders for Telephone Counseling Calls
- d. Telephone Counseling Calls Text Message Reminders in Message Space
- e. Documenting Telephone Counseling Call Log
- f. Record of Telephone Contact

VIII. Process Evaluation Protocol

IX. Provider Trainings

- a. Provider Training: Steps for EMR Updates
- b. Provider Training: Motivational Interviewing (MI) Strategies

X. Adverse Events and Protocol Deviation

- a. Adverse Event Protocol
- b. Adverse Event Plan Flowchart
- c. Adverse Event Report
- d. Adverse Event Form
- e. Symptoms Questionnaires
- f. Protocol Deviation Protocol
- g. Protocol Deviation Log

XI. Retention

- a. Retention Protocol
- b. Retention Mailing Protocol

c. Retention Letter Post-Telephone Calls

POM Overview

The Pediatric Obesity Management Trial (POM) for Hispanic Families, aims to improve Hispanic children's body composition by testing a comprehensive, culturally and linguistically relevant, family-oriented intervention for overweight and obese (\geq 85th percentile of body mass index [BMI]) Hispanic children ages 6-11 in pediatric clinics in San Antonio, Texas, a largely Hispanic city. The POM trial will test the efficacy of a 6-month pediatric obesity management intervention (physician counseling plus telephone counseling, newsletters and text messages) compared to standard care (physician counseling only) on three outcomes: 1) body composition (i.e., waist circumference, weight and z-BMI); 2) insulin, glucose and cholesterol levels; and 3) behavior change in physical activity (PA), sedentary behavior and consumption of sugary beverages and fruits and vegetables. From a baseline, we will measure the impact of the trial on the primary outcome (body composition) and secondary outcomes (insulin, glucose and cholesterol levels and several specific health behavior changes) at 1 month, 6 and 12 months post-randomization. We also will evaluate the critical role of parenting strategies and changes in the home environment as mediators of intervention effects.

Because this is a research program, it is very important to follow the instructions and collect data exactly as it is taught during this training.

Whether evaluating participants (parent-child dyads) for study eligibility, conducting assessments and blood draws, and/or entering data from interviews and assessments into the study database, all have to work together to obtain accurate and interpretable results. If successful, this study will generate new scientific knowledge about effective Hispanic family-based approaches for obesity prevention with high potential for replication in underserved areas across the nation.

The following is a timeline of the entire POM program. To be a good data collector, it is important to know how the whole program works.

Pediatric Obesity Management (POM) Intervention Trial for Hispanic Families (R01HD075936)

Timeline of Study Activities

						Ye	ar	1									Y	ear	2					Γ					Yea	ar 3	S.,				Ι			- 100		Ye	ar 4	١									Y	(ear	15					
				4/1(0/2	014	- 3	/31/	201	5					4	/1/2	015	5 - 3	/31	/20	16			Г			4/1	/201	6-	3/3	1/2	017			Т			4/	/20	17-	- 3/3	31/2	2018	3					4	/1/2	2018	3 - 3	¥31	/20	19			
Activities	Α	М	J	J	A	S	0	Ν	D	1	F	Μ	A	M	J,	J	4 5	S (1),	IF	M	A	Μ	J	J	Α	S	0	Ν	D	J	FI	M	4 1	Λ.	J	A	S	0	Ν	D	J	F	М	A	М	1	J,	A	S (01	NI	D	JI	F I	M
Staffing	χ	χ	Х		Γ		Γ						Τ	Τ	Т	Т	Τ	Т	Т	Τ	Т	Т	Т	Γ											Т		Τ	Τ								\Box					Τ		Τ	Τ	Τ	T	Τ	Π
Sub-Awards		χ			Γ										Τ	Τ		Τ	Τ	Ι			Γ	Γ											Т		Τ																				Ι	
IRB	χ	χ	Х	χ																															Ι																							
Protocol Development			Х	Х	X	X	X											Ι						Γ											Τ		Ι																					
Develop processes (recruitment,			x	x	x	x	Г	Γ	Г	Γ		Т	Т	Т	Т	Т	Т	Т	Т	Т	Т	Т	Т	Г	Г	Γ						Т	Т	Т	Т	Т	Т	Т	Γ	Γ	Γ		Γ			П	Т	Т	Т	Т	Т	Т	Т	Т	Т	Т	Т	
eligibility screening, scheduling)		_	~	^	Ľ	10	L	L	L			4	4	+	+	+	+	∔	+	+	+	∔	╇	⊢	⊢	⊢				_	_	_	4	_	+	+	╇	+	1	⊢			L				\square	4	4	+	4	4	∔	4	+	⊥	+	_
Develop standard care protocol			Х	χ	X	X	X																																																			
Training							Х	Х	Х																																																	
Recruitment (N=1095; 30 referrals/mo)																																																										
Baseline Assessment (n=377; 13-14 partic	pant	ts/m	0)							To	To	Tg	Τ ₀ 1	r ₀ 1	0 1	0 1	0 T	ŋ T	D T	0 1	οT	_D T	_D T	n To	T (TD	To	To	T ₀	Ta	To	To	To	T ₀ 1	Г ₀ Т	1 ₀ T	0 T	D T	,																			
Intervention (n=230 or 8-9 participants/mo)																																																									Ι	
6 month Assessment					Γ										1	17	i T	i T	1 T	' ₁ T	i T	1 T	1 T	T	T,	T	T	T	T ₁	T1 1	T ₁ T	11	1 T	1 T.	T	T	Tt	T	T ₁	Tt	T ₁												Τ					
12 month Assessment													Τ	Τ				Τ	Τ		T	2 T	2 T	2 T;	T ₂	T ₂	T2	T ₂	T2 1	T ₂ 1	1 ₂ 1	2 1	2 T	2 T	2 T 2	T ₂	T2	T ₂	T ₂	T2	T2	T ₂	T ₂	T_2	T_2	I_2	T_2		Τ	Τ			Τ					
Data Mgmt					Г		Γ	Γ	Γ	Γ		Τ	X	X	X	X	$\langle \rangle$	X	X	X	Х	Χ	Χ	Х	χ	Х	Х	Х	X	X)	X)	$\langle \rangle$	()	X	X	χ	Х	Х	Χ	Χ	Х	Х	χ	Х	X	X	X	X	X	Τ	Т	Τ						
Data Analysis												Τ	Τ	Τ	1	X	()	(Т	Τ)	(Γ	Х			Х	Х	χ				Х)	Х	Т	X	X	X				Х		\Box	Х	Х	Х	X	X	X	X	X	X	XD	X I	X
Dissemination					Γ	Γ						Τ	Τ		Τ	Т	Т	Т	Т	Τ	Τ	Т	Γ	Х	X	X	Х	Х	Х				Τ)	X	$\langle \rangle$	$\langle \rangle$	X	X						\Box	Х	Х	Х	X	X	X	X	X	X	XD	$\langle \cdot \rangle$	X

As of 4/28/2014

Pediatric Obesity Management (POM) Intervention Trial Recruitment Flow Chart



Health4Kids: Pediatric Obesity Management Trial for Hispanic Families (R01HD075936)

Recruitment Protocol

Contents

Staff Responsible	Error! Bookmark not defined.
Recruitment Overview	
Prescreening: Identifying Prospective Participants	
Comprehensive Eligibility Screening	
Provider Referrals	
Appendix A: Original Recruitment Protocol	
Prescreening: Identifying Prospective Participants	
Provider/RN Referral	
Eligibility Screening	

Staff Responsible

"Program Coordinator" = UHS Program Coordinator

"Patient Navigator" = UHS Patient Navigator

"Intervention Coordinator" = UTHSCSA Intervention Coordinator

"Measurement Staff" = UHS Measurement Staff

Recruitment Overview

Study Setting

The research team will work with 2 pediatric clinics in the Community Medical Associates (CMA) outpatient system affiliated with University Hospital System (UHS): Southwest Clinic, Southeast Clinic.

Identifying Potential Participants

The Program Coordinator, a UHS employee, will be designated to facilitate patient recruitment at each clinic. Each week the Program Coordinator will:

- 1. Use the IDX Web scheduling system (IDX) to identify patients.
- 2. Use the Sunrise electronic medical record (Sunrise) to screen patients using inclusion/exclusion criteria.
- 3. Inclusion Criteria (Child):
- Children ages 6-11 years
- Identified by parent/guardian as Hispanic
- Overweight or obese (BMI between the 85th and 98.9th (<99th) percentile for age and gender
- Resides with one parent/guardian full-time who must agree to participate in intervention and evaluation activities

Inclusion Criteria (Parent):

- Has a cell phone and agree to receive text messages related to the study
- Reside within and intend to stay in the specified areas over the entire study period
- Willing to attend the intervention sessions, complete standardized measurement and agree to randomization

Exclusion criteria (Child):

- Has a mental, emotional, or physical handicap identified by parents or health care provider that may interfere with study participation
- Diagnosis of cardiovascular, pulmonary, or digestive disease
- Parent without a cell phone
- Parent unable or not willing to receive text messages
- Child or parent planning to move from the local area within the time span of the study

Exclusion criteria (Parent):

- No personal cell phone
- Unable or not willing to receive text messages
- Planning to move from the local area within the time span of the study

Prescreening: Identifying Prospective Participants

Every month, the Program Coordinator will use the IDX (*Figure* 1)to identify prospective participants by reviewing clinic lists of patients scheduled for non-urgent medical appointments with a study provider (i.e., provider trained on standard care protocol).



Figure 1 IDX Scheduler

Procedure:

- 1. Program Coordinator will pre-screen for participant eligibility by verifying age (6-11 years).
- 2. Using the Sunrise, Program Coordinator will review the prospective participant's medical record for the most recent BMI. BMI must be between the 85th and 98.9thth (<99th) percentile for age.
- 3. The Program Coordinator will also review the Sunrise for the following ICD-9 codes which exclude the child from the study:

Eligible diagnostic codes

783.1 Abnormal weight gain 701.2 Acanthosis nigricans

Diagnostic codes of exclusion

- 401.9 Hypertension
- 401.1 Hypertension
- 746.9 Congenital heart disease
- 250.00 Diabetes
- 250.02 Diabetes
- 272.2 Hyperlipidemia (must be on treatment)
- 493.90 Asthma
- 558.9 Inflammatory bowel disease

*The child is not eligible for participation if an excluded diagnostic code is identified.

Note: If the diagnostic code for Asthma (493.90) is identified in the child's EMR, the program coordinator will investigate further to determine if the diagnosis is a mild or severe case as indicated within the physician's clinical note in the EMR. A child with a diagnosis of mild asthma will still be eligible for the study; a diagnosis of severe asthma will exclude the child from the study.

Comprehensive Eligibility Screening

Procedure:

- 1. Program Coordinator or Patient Navigator will fill out the Eligibility Screening form in REDCap for both eligible and ineligible participants. (*Figure 2*)
- 2. Program Coordinator will provide a list of eligible patients to the Patient Navigator.
- 3. Patient Navigator will contact parent to conduct eligibility screen by phone. Prior to conducting the screen the Patient Navigator will obtain verbal consent from the parent to be screened for the study. Verification of the consent will be entered in the REDCap eligibility form.
- 4. Patient Navigator will describe the study, answer questions, and try to ensure the parent understands the expectations should they choose to enroll in the study.
- 5. If parent agrees to participate a baseline assessment will be scheduled.
- 6. Patient Navigator will enter appointment information into REDCap Calendar and Eligibility Screening Form. (*Figure* 2)
- 7. Program Coordinator will ensure availability of staff for the baseline assessment by notifying the Measurement Coordinator and Measurement staff via Outlook Calendar Invite.

H4K Eligibility Screening - UHS	Save & Exit For
ctions: 🔁 Download PDF of instrument(s) 🗢 🛛 🞝 Share instrument	ent in the Library 😵 VIDEO: Basic dat Cancel
Eligibility Screening Form Uhs	
Editing existing StudyID (screening ID) SAHAKTest	
Event Name: Baseline	
StudyID (screening ID)	SAHAKTest To rename the record, see the record action drop-down at top of the <u>Record Home Page</u> .
Record ID	⊕
Date of data entry * must provide value	H Today M-D-Y
Employee ID (initials) * must provide value	(H) UHS employee initials
Mailing address ^r must provide value	H Expand current mailing address
ligibility criteria	
Child date of birth * must provide value	H Today M-D-Y
Child age * must provide value	H) eligible if 6-11
Gender	⊕ © Female
Ethnicity Hispanic?	 ♥ Yes ♥ No If provided
BMI percentile * must provide value	⊕
Date BMI percentile entered in EMR	H Today M-D-Y

Figure 2 H4K Eligibility Screening-UHS (REDCap)

	9	eligible diagnostic codes	-
Any ICD9 exclusion codes checked? * must provide value	H	© No	reset
Eligible based on EMR criteria?	θ	Yes	
* must provide value	()	O NO	reset
Eligibility	H		
* must provide value	\bigcirc	view equation	
Referral in IDX?	Э	© Yes	
* must provide value	>	© No	rocot
Referring provider			reset
* must provide value	õ		
Date of referral	H	DD-MM-YYYY	
Screening ID	H		
		CW004 000000	
* must provide value	\sim	e.g., SW001, RBG002	
* must provide value Paren'ts Last Name	Ð	e.g., SW001, RBG002	
* must provide value Paren'ts Last Name * must provide value Good (morning/afternoon) May I sneak w/ the narent/guardian of	9	e.g., Sw001, KBG002	
* must provide value Paren'ts Last Name * must provide value Good (morning/afternoon). May I speak w/ the parent/guardian of Hello Ms./Mr Your child was recently referred to our heal you a few questions to confirm your child's eligibility for the study, only take 5-10 minutes.	H H thy as v	lifestyle program by Dr I would like to ask well as your willingness to participate. This shou	c Ild
* must provide value Paren'ts Last Name * must provide value Good (morning/afternoon). May I speak w/ the parent/guardian of Hello Ms./Mr Your child was recently referred to our heal you a few questions to confirm your child's eligibility for the study, only take 5-10 minutes. Is this a good time to talk?	H L thy as v	Ifestyle program by Dr I would like to ask well as your willingness to participate. This shou	د Ild
* must provide value Paren'ts Last Name * must provide value Good (morning/afternoon). May I speak w/ the parent/guardian of Hello Ms./Mr Your child was recently referred to our heal you a few questions to confirm your child's eligibility for the study, only take 5-10 minutes. Is this a good time to talk? * must provide value	H C thy as v	lifestyle program by Dr I would like to ask well as your willingness to participate. This shou O Yes O No	c I Id reset
* must provide value Paren'ts Last Name * must provide value Good (morning/afternoon). May I speak w/ the parent/guardian of. Hello Ms./Mr Your child was recently referred to our heal you a few questions to confirm your child's eligibility for the study, only take 5-10 minutes. Is this a good time to talk? * must provide value Participant was provided information about the Health4Kids study including purpose, risks, benefits, and procedures. Participant was provided an opportunity to ask questions and have them	H H H H H	ight is the second sec	k Ild reset
* must provide value Paren'ts Last Name * must provide value Good (morning/afternoon). May I speak w/ the parent/guardian of. Hello Ms./Mr Your child was recently referred to our heal you a few questions to confirm your child's eligibility for the study, only take 5-10 minutes. Is this a good time to talk? * must provide value Participant was provided information about the Health4Kids study including purpose, risks, benefits, and procedures. Participant was provided an opportunity to ask questions and have them answered; and verbal consent was obtained to be screened about the study.	B thy as v B P	ig., swoll, keddo2 lifestyle program by Dr I would like to ask well as your willingness to participate. This shou Ves No Yes No	k Ild reset
* must provide value Paren'ts Last Name * must provide value Good (morning/afternoon). May I speak w/ the parent/guardian of, Hello Ms./Mr Your child was recently referred to our heal you a few questions to confirm your child's eligibility for the study, only take 5-10 minutes. Is this a good time to talk? * must provide value Participant was provided information about the Health4Kids study including purpose, risks, benefits, and procedures. Participant was provided an opportunity to ask questions and have them answered; and verbal consent was obtained to be screened about the study. * must provide value	H H H H H H H H H H H H H H H H H H H	ight system is seen as a second system in the system is a second system is seen as a second system is seen as a second system is seen as a second system is a second	c ild reset
* must provide value Paren'ts Last Name * must provide value Good (morning/afternoon). May I speak w/ the parent/guardian of. Hello Ms./Mr Your child was recently referred to our heal you a few questions to confirm your child's eligibility for the study, only take 5-10 minutes. Is this a good time to talk? * must provide value Participant was provided information about the Health4Kids study including purpose, risks, benefits, and procedures. Participant was provided an opportunity to ask questions and have them answered; and verbal consent was obtained to be screened about the study. * must provide value Date screening completed	H P	iffestyle program by Dr I would like to asl well as your willingness to participate. This shou Yes No Yes No Today M-D-Y	k Ild reset
* must provide value Paren'ts Last Name * must provide value Good (morning/afternoon). May I speak w/ the parent/guardian of. Hello Ms./Mr Your child was recently referred to our heal you a few questions to confirm your child's eligibility for the study, only take 5-10 minutes. Is this a good time to talk? * must provide value Participant was provided information about the Health4Kids study including purpose, risks, benefits, and procedures. Participant was provided an opportunity to ask questions and have them answered; and verbal consent was obtained to be screened about the study. * must provide value Date screening completed * must provide value	H C H C H C H C H C H C H C H C H C H C	ifestyle program by Dr I would like to asl well as your willingness to participate. This shou Yes No Yes No Today M-D-Y	¢ Ild reset
* must provide value Paren'ts Last Name * must provide value Good (morning/afternoon). May I speak w/ the parent/guardian of. Hello Ms./Mr Your child was recently referred to our heal you a few questions to confirm your child's eligibility for the study, only take 5-10 minutes. Is this a good time to talk? * must provide value Participant was provided information about the Health4Kids study including purpose, risks, benefits, and procedures. Participant was provided an opportunity to ask questions and have them answered; and verbal consent was obtained to be screened about the study. * must provide value Date screening completed * must provide value	H P H P H P H P H P H P H P H P H P H P	ifestyle program by Dr I would like to asl well as your willingness to participate. This shou Ves No Ves No Today M-D-Y o not interested in study	k Ild reset

Figure 3 H4K Eligibility Screening-UHS (REDCap)

Does your child live with you full-time? (i.e., does not live at		© Yes	Save & Ex	it For
alternate location every other week, alternating months, etc.)	\sim	© No	Save 8	
		Nos	Surc a	
May I have your cell phone number?		© No	Cancel -	
* must provide value	\sim	0.110		reset
What is the number including the area code?	\mathbb{H}	(210) 262-8110		
* must provide value	\sim	enter numbers only		
Will you accent study text messages on your cell phone?		Yes		
* must provide value	0	© No		recet
		eligible if yes		reset
Do you prefer to receive texts in English or Spanish?		English		
* must provide value	\sim	Spanish		
When would be the best time to call or text you regarding the				reset
study?				
* must provide value	1	time range, before/after, etc.		
Do you plan to move out of the area within the next 12 months/1		Yes		
year?	\sim	© No		
* must provide value What would you say is your child's race? Is it [read choices]				reset
* must provide value	0		-	
Would you identify your child's ethnicity as: [read choices]				
* must provide value				\sim
◎ Hispanic or Latino ◎ NOT Hispanic or Latino ◎ Unknown / Not I	Repor	ted		
				reset
Eligibility checklist				
YES		NO		
Comorbid diagnoses absent?		0		
Comorbid diagnoses absent?		0		reset
Comorbid diagnoses absent?	H	View equation		reset
Comorbid diagnoses absent?) C	View equation		reset
Comorbid diagnoses absent?	your	View equation View equation time. Have a good day. [hang up] hand & schedule your first baseline a	scassmant	reset
Comorbid diagnoses absent?	your go al edule	View equation time. Have a good day. [hang up] head & schedule your first baseline a r]	issessment	reset
Comorbid diagnoses absent?	gour edule	View equation time. Have a good day. [hang up] head & schedule your first baseline a r]	issessment	reset
Comorbid diagnoses absent?	your go al edule	View equation time. Have a good day. [hang up] head & schedule your first baseline a rr] K" to the message in order to confirm	n that your	reset
Comorbid diagnoses absent?	your go al edule	View equation time. Have a good day. [hang up] head & schedule your first baseline a er] K" to the message in order to confirm 02-16-2016 10:30	n that your	reset t.
Comorbid diagnoses absent?	your go al edule	View equation time. Have a good day. [hang up] head & schedule your first baseline a r] K" to the message in order to confirm 02-16-2016 10:30 III Now M-D MM-DD-VVVY time in hourmin	n that your	reset t.
Comorbid diagnoses absent?	your go al edule bly "O	View equation time. Have a good day. [hang up] head & schedule your first baseline a r] K" to the message in order to confirm 02-16-2016 10:30 III Now MD MM-DD-YYYY time in hourimin	n that your	reset
Comorbid diagnoses absent?	your go ai edule bly "O	View equation time. Have a good day. [hang up] head & schedule your first baseline a r] K" to the message in order to confirm 02-16-2016 10:30 Vec MM-DD-VYVY time in hourimin	n that your	reset
Comorbid diagnoses absent?	B go ai edule bly "O B	View equation time. Have a good day. [hang up] head & schedule your first baseline a r] K" to the message in order to confirm 02-16-2016 10:30 NOW M-D MM-DD-VYVY time in hourimin	issessment n that your	reset
Comorbid diagnoses absent?	edule bly "O	View equation time. Have a good day. [hang up] head & schedule your first baseline a vr] K" to the message in order to confirm 02-16-2016 10:30 Ver MM-DD-YYYY time in hourimin Ves No	issessment n that your	reset
Comorbid diagnoses absent?	edule bly "O	View equation View equation time. Have a good day. [hang up] head & schedule your first baseline a r] K" to the message in order to confirm 02-16-2016 10:30 TO NOW MM-DD-VYVY time in hourimin Yes No Yes Yes Yes	n that your	reset
Comorbid diagnoses absent?	E) your go al edule bly "O E) E)	View equation time. Have a good day. [hang up] head & schedule your first baseline a sr] K" to the message in order to confirm 02-16-2016 10:30 TO NOW MO MM-DD-YYYY time in hourimin Yes No Yes No Yes No	n that your	reset
Comorbid diagnoses absent?	H your go a edule ly "O H L H	View equation time. Have a good day. [hang up] head & schedule your first baseline a r] K" to the message in order to confirm 02-16-2016 10:30 Now MC MM-DD-VYVY time in hourimin Ves No Ves	issessment n that your	reset
Comorbid diagnoses absent?	H your go al edule ly "O H H H H H H H H H	View equation time. Have a good day. [hang up] head & schedule your first baseline a r] K" to the message in order to confirm 02-16-2016 10:30 VOV MAD MM-DD-VYVY time in hourimin Ves No Ves No	issessment n that your	reset reset
Comorbid diagnoses absent?	H your go a' edule your H H H H H	View equation View equation time. Have a good day. [hang up] head & schedule your first baseline a r] K" to the message in order to confirm 02-16-2016 10:30 TO NOW MM-DD-VYVY time in hourimin Yes No Yes No Yes No	n that your	reset reset
Comorbid diagnoses absent? Image: Comorbid diagnoses absent? * must provide value Image: Comorbid diagnoses absent? Eligible for POM study? Image: Comorbid diagnoses absent? I'm sorry, your child does not qualify for our study. Thank you for: Compratulations! Your child is indeed eligible for our study. Let me All assessments and dr. visits will be held at your clinic. [Open sch You will receive a test text message on your cell phone. Please reproduce texts. Baseline assessment Part 1 appointment date/time * must provide value Cell phone verified? (UTSA) • must provide value	H) your goai edule Hy "O H) H) H) H) H) H) H) H) H) H) H) H) H)	View equation View equation time. Have a good day. (hang up) head & schedule your first baseline a r] K* to the message in order to confirm 02-16-2016 10:30 TO NOW MM-DD-VYVY time in hourimin Yes No Yes No Yes No	n that your	reset
Comorbid diagnoses absent? Image: Comorbid diagnoses absent? Eligible for POM study? I'm sorry, your child does not qualify for our study. Thank you for a Congratulations! Your child is indeed eligible for our study. Let me All assessments and dr. visits will be held at your clinic. [Open sch You will receive a test text message on your cell phone. Please reproduce texts. Baseline assessment Part 1 appointment date/time * must provide value Cell phone verified? (UTSA) * must provide value	H your go ai edule H y "O H H H H H	View equation time. Have a good day. [hang up] head & schedule your first baseline a sr] K" to the message in order to confirm 02-16-2016 10:30 TO NOW MO OZ-16-2016 10:30 TO NOW MO OZ-16-2016 10:30 TO NOW MO Ves No Ves No Ves No	HISSESSMENT In that your I-Y HaM	reset reset
Comorbid diagnoses absent? Image: Comorbid diagnoses absent? Eligible for POM study? I'm sorry, your child does not qualify for our study. Thank you for the session of the sessin of the session of the session of the sessin	B) your ggoal goal your B) B) B) B) B) B) B) B) B) B) B) B) B)	View equation time. Have a good day. [hang up] head & schedule your first baseline a r] K" to the message in order to confirm 02-16-2016 10:30 ROM MOD O2-16-2016 10:30 ROM MOD VYYY time in hourimin Ves No Ves No Ves No	issessment n that your FY H:M	reset reset
Comorbid diagnoses absent? Image: Comorbid diagnoses absent? Eligible for POM study? I'm sorry, your child does not qualify for our study. Thank you for: Congratulations! Your child is indeed eligible for our study. Let me All assessments and dr. visits will be held at your clinic. [Open sch You will receive a test text message on your cell phone. Please rep phone can receive texts. Baseline assessment Part 1 appointment date/time * must provide value Cell phone verified? (UTSA) * must provide value Notes Form Status Complete?	E () go al go al g	View equation time. Have a good day. [hang up] head & schedule your first baseline a r] K" to the message in order to confirm 02-16-2016 10:30 Nov Mo MM-DD-VYVY time in hourimin Yes No Yes No	issessment in that your PY Hom	reset
Comporbid diagnoses absent? Image: Comporbid diagnoses absent? Eligible for POM study? I'm sorry, your child does not qualify for our study. Thank you for its comport out study and the study of the study. Let me child a seessments and dr. visits will be held at your clinic. [Open sch You will receive a test text message on your cell phone. Please reproduce texts. Baseline assessment Part 1 appointment date/time • must provide value Cell phone verified? (UTSA) • must provide value Notes Form Status Complete?	B) your go al edule b) y "O B) B) B) B) B) B) B) B) B) B) B) B) B)	View equation time. Have a good day. (hang up) head & schedule your first baseline a r] K" to the message in order to confirm 02-16-2016 10:30 TO NOW MM-DD-VYVY time in hourimin Yes No Yes No Complete	Ex	reset reset
Comprised diagnoses absent? Image: Comprised value Eligible for POM study? I'm sorry, your child does not qualify for our study. Thank you for reality in a study. Thank you for reality in a study. Let me study. Let me study and reality in a study. Let me study. Let me study will receive a test text message on your cell phone. Please reproduce texts. Baseline assessment Part 1 appointment date/time • must provide value Notes Form Status Complete?	your go al edule 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	View equation time. Have a good day. (hang up) head & schedule your first baseline a r] K" to the message in order to confirm 02-16-2016 10:30 TO NOW MM-DD-VYVY time in hourimin Ves No Ves No Ves No Source State Form Save & Exit Form	essessment n that your	reset reset
Comprised diagnoses absent? Image: Comprised value Eligible for POM study? I'm sorry, your child does not qualify for our study. Thank you for a Congratulations! Your child is indeed eligible for our study. Let me and a grant of a study will receive a test text message on your cell phone. Please reproduce texts. Baseline assessment Part 1 appointment date/time * must provide value Reminder mailed? Cell phone verified? (UTSA) * must provide value Notes Form Status Complete?	your go al edule ly "O II II II II II II II II II II II II II	View equation time. Have a good day. (hang up) head & schedule your first baseline a r] K" to the message in order to confirm 02-16-2016 10:30 TO NOW MO MM-DD-YYYY time in hourimin Ves No Ves No Save & EXIT Form Save &	Ex	reset reset

Figure 4 H4K Eligibility Screening-UHS (REDCap)

Provider Referrals

Most study recruitment comes from study staff contacting prospective participants directly to introduce the study and conduct comprehensive eligibility screening. However, providers may still refer patients to the study as outlined in this section.

Procedure:

- 1. At a regularly scheduled medical appointment, the study provider may briefly introduce the study to parents of prospectively eligible children.
- 2. The study provider may promote and encourage study participation to the family.
- 3. The study provider may distribute a H4K recruitment flyer (*Figure* 3) to the family.
- 4. Program Coordinator may maintain a supply of recruitment flyers at the clinic.
- 5. The study provider may refer a patient referral to the study by submitting a referral in Sunrise. See Provider Info Sheet. (*Figure* 4)





Figure 5 H4K Recruitment Flyer

13-465H, Parra-Medina, Form L, 01-06-15, AMD



Health4Kids (H4K)

Pediatric Obesity Management Intervention Trial for Hispanic Families (R01HD075936)



Figure 6 Provider Info Sheet

Appendix A: Original Recruitment Protocol

To address ongoing challenges in meeting recruitment goals, the research team developed a new recruitment approach that does not rely on providers to refer patients to the study. The new recruitment protocol went into effect January 9, 2016 (project year 2).

Under the original protocol (below), study staff conducted telephone eligibility screening on patients whose provider referred them to the study during a clinic appointment; under the new protocol (above), outreach to participants is no longer tied to clinic appointments. Instead, any patient scheduled for a clinic appointment who meets preliminary eligibility criteria may receive a telephone call from study staff.

We also removed the requirement for providers to initiate referrals, eliminating the flagging and referral processes from the protocol and, thus, removing providers as inadvertent barriers to recruitment. As of 1/9/2016, the steps involving the provider are no longer required, although providers may still refer patients if they wish to do so. Instead, study staff now contact eligible participants directly by phone to introduce the study, finalize eligibility screening, and schedule baseline assessments.

Below is the Recruitment Protocol in effect prior to January 9, 2016.

Prescreening: Identifying Prospective Participants

Every week, the Program Coordinator will use IDX (Figure 1) to identify prospective participants by reviewing clinic lists of patients scheduled for non-urgent medical appointments with a study provider (i.e., provider trained on standard care protocol).

Procedure:

- 1. Program Coordinator will pre-screen for participant eligibility by verifying age (6-11yrs).
- Using the Sunrise, the Program Coordinator will review the prospective participant's medical record for the most recent BMI. To qualify the BMI should be between the 85th and 98.9thth (<99th) percentile for age.
- 3. The Program Coordinator will also review the Sunrise) for the following ICD-9 codes:

Eligible diagnostic codes 783.1 Abnormal weight gain 701.2 Acanthosis nigricans

Diagnostic codes of exclusion

401.9 Hypertension 401.1 Hypertension

Health4Kids Recruitment Protocol Last revised 11/9/17 746.9 Congenital heart disease
250.00 Diabetes
250.02 Diabetes
272.2 Hyperlipidemia (must be on treatment)
493.90 Asthma
558.9 Inflammatory bowel disease

*The child is not eligible for participation if an excluded diagnostic code is identified.

Note: If the diagnostic code for Asthma (493.90) is identified in the participants EMR the program coordinator will research further within the EMR to determine if the diagnosis is a mild to severe case as indicated within the physician's clinical note. Participant will still be eligible should the diagnosis be determined mild.

- 1. The REDCap form named, H4K Eligibility Screening-UHS prescreening form will be filled out for each child meeting age and ethnicity eligibility criteria.
- 2. If eligible, the Program Coordinator will flag the visit by placing a comment under the Chart Check tab in Sunrise for the appropriate appointment slot notifying clinic staff/provider of child's prospective candidacy.
- 3. The Program Coordinator will track all eligible and ineligible patients in REDCap and identify by assigning a StudyID.

Provider/RN Referral

The referral process allows the study provider an opportunity to screen the family and encourage study participation.

Procedure:

- 1. Before the scheduled visit the assigned Medical Assistant will provide the study provider with a H4K recruitment flyer if there is a chart check comment in the child's EMR indicating candidacy.
 - a) Program Coordinator will provide clinic staff with supply of recruitment flyers.
- 2. At the scheduled visit, the study provider will briefly explain the study to parents of prospectively eligible children.
- 3. The study provider will promote and encourage study participation to the family.
- 4. The study provider will distribute a H4K Recruitment Flyer (Figure 3) to the family.

5. The study provider will initiate a referral of the patient to the study in Sunrise for interested families.

Eligibility Screening

The Program Coordinator will conduct an eligibility screening by phone with parents to describe the study and making sure the parent understands their commitment. Eligibility criteria is verified at this time.

Procedure:

- 1. The Program Coordinator will check the IDX open referral queue on a daily basis.
- 2. The Program Coordinator will track on the REDCap Eligibility Screening form all patients flagged as a prospective participant during prescreening that does not have a referral placed in the queue by the provider.
- 3. The Program Coordinator will contact (by phone) referred parent; documenting contact attempts in REDCap.
 - a) A maximum of 3 attempts will be made by the Program Coordinator to contact the parent.
- 4. Once the Program Coordinator reaches the parent, she/he will initiate the eligibility screening process using the script in REDCap's Eligibility Screening Form.
- 5. For eligible participants, the Program Coordinator will:
 - a) Schedule eligible participants for a day and time that would be most convenient to conduct the Baseline Assessment Part 1 using REDCap's Calendar.
 - b) Inform parent that she/he will receive a text from the study and instruct the parent that she/he must respond to the text with a text message in order to confirm ability to receive and send text messages (eligibility requirement)
- 6. For ineligible participants, the Program Coordinator will inform the parent of such and thank the parent for his/her time.
- 7. The Program Coordinator will attempt to contact those patients who were flagged as prospective candidates but not referred by the provider at the time of their non-urgent visit.
 - a) Prior to contacting these patients the Program Coordinator will first recheck the child's BMI percentile using their current height and weight to confirm eligibility.
 - b) If the child remains eligible, the Program Coordinator will then proceed with the eligibility screening by telephone.



TO: Parents/Guardians FROM: Dr. Deborah Parra-Medina DATE:

As you know, your daughter was invited to participate in the **Partnership to Address Physical Activity among Latino Adolescent Girls,** a physical activity study sponsored by the National Institutes of Health at the University of Texas Health Science Center at San Antonio. The purpose of this memo is to inform you about the importance of wearing the activity monitor assigned to your daughter.

The monitor (attached to a belt) must be worn over the right hip; directly over the hip bone. The monitor will stay in the correct position most easily if it is worn against the skin, underneath clothes. The monitor is very small, is hardly noticeable, and will not interfere with your daughter's normal, everyday activities.

The monitor must be worn from the time your daughter wakes up in the morning, until she goes to bed at night. It should be removed for purposes of showering, bathing, or swimming, but should be put back on immediately afterwards.

The monitor should be worn for one week, seven consecutive days -

from	through	·
Your daughter should return next week on		to turn in this activity
monitor.		

PLEASE remind your daughter to put her monitor on upon waking in the morning, and to remove it before bed at night. *It is crucial to the integrity of the study that the monitor is worn as instructed, for the next 7 days.*

We have given your daughter four signs to remind her to put the monitor on each morning. (It will be helpful if these are placed in obvious places, such as the refrigerator and on the bathroom mirror). If you or your daughter has *any* questions, comments, or concerns regarding the study, please do not hesitate to call me at my office **210-562-6521** or **Kelly Turner** at **210-562-6529**. If we do not answer, please leave a message and we will promptly return your call.

Thank you for giving your daughter the opportunity to participate in this important physical activity study.

Sincerely,

Deborah Paua-Medina

Deborah Parra-Medina, PhD. Principle Investigator University of Texas Health Science Center in San Antonio 210-562-6521

> Institute for Health Promotion Research (IHPR) 7411 John Smith Drive, Suite 1000 | San Antonio, TX 78229 210.562.6500 | Fax 210.348.0554 | www.uthscsa.edu | hppt://ihpr.uthscsa.edu

ACTIVITY MONITOR INSTRUCTIONS

Wear the monitor ALL DAY - EVERY DAY From when you wake up until you go to bed

Take the monitor off **only** for:

SWIMMING SHOWERING

BATHING

SLEEPING

The monitor should always be worn against your right hip bone; black plastic "Actigraph" label facing away from you.



DO NOT take the monitor apart - That will ruin the data and we won't be able to use it.

We will send text messages to your cell phone during the week to see how you're doing.

Come back to the Clinic on _____at ____to return the monitor. ***Make sure you wear it to school on that day too***

If you have any questions, please call (210) 562-6524 or e-mail us longparma@uthscsa.edu.

THANK YOU FOR HELPING US WITH THIS IMPORTANT RESEARCH!!!



ACTIVITY MONITOR INSTRUCTIONS

Wear the monitor ALL DAY - EVERY DAY From when you wake up until you go to bed

Take the mon	itor off only	for:	
SWIMMING	SHOWERING	BATHING	SLEEPING

The monitor should always be worn against your right hip bone; black plastic "Actigraph" label facing away from you.

DO NOT take the monitor apart - That will ruin the data and we won't be able to use it.

We will send text messages to your cell phone during the week to see how you're doing.

Come back to the Clinic on ______at ____to return the monitor. ***Make sure you wear it to school on that day too***

If you have any questions, please call (210) 562-6524 or e-mail us longparma@uthscsa.edu.

THANK YOU FOR HELPING US WITH THIS IMPORTANT RESEARCH!!!





- Have the patient sit quietly with legs uncrossed for 5 min before measurement.
- Locate the brachial artery by palpation and mark the skin with a little dot (the brachial artery is usually found at the crease of the arm, under the muscle and slightly towards the body).
- Place the appropriate size cuff around the **upper right arm** so that:
 - 1. The midpoint of the length of the bladder lies over the brachial artery, and;
 - 2. The cuff is at heart level.

Note: Measure the arm circumference and find the cuff with the matching range (see below – Omron manual, p. 19):

Measure the circumference of the patient's arm and select the cuff size that is appropriate for the circumference.

Cuff name	Arm circ	umference
	(inch)	(cm)
GS CUFF XL (GCUFF-XL)*	17-20	42 - 50
GS CUFF L (GCUFF-L)	13-17	32 42
GS CUFF M (GCUFF-M)	9-13	22 22
GS CUFF S (GCUFF-S)*	7-9	17 00
GS CUFF SS (GCUFF-SS)*	5.7	17 - 22
(10011-00)	J-7	12 - 18

Select the cuff that is suitable for the patient from the cuffs below.

* Available as an optional accessory.

Confirm for yourself where the midpoint of the length of the bladder is by folding the bladder in two. Do not trust the marking on the cuff.

- Place the lower edge of the cuff, with its tubing connections, about 1 inch above the natural crease across the inner aspect of the elbow.
- Wrap the cuff snugly around the bare arm (or over light clothing), with the palm of the patient's hand turned upward. Make sure the long edges of the cuff lie on top of each other.
- Secure the cuff firmly, but do not wrap the cuff too tightly around the arm.

Note 1: The width of the bladder should be at least 40% of arm circumference. The bladder length should cover 80-100% of arm circumference.

Note 2: If a cuff is too small, the next largest cuff should be used, even if it appears large.

Method:

• Measure the patient's blood pressure with an OMRON HBP-1300-PK Automatic Blood Pressure Monitor Professional Kit. If BP is elevated, wait at least 30 sec and repeat the measurement. If BP continues to be elevated, wait another 30 sec and confirm with a third measurement. Record the last measurement in the form.

Confirmation of elevated blood pressure:



- Use the current gender-, age- and height-appropriate BP tables (on pp. XX for ages 6-11).
- Systolic and/or diastolic BP <90th percentile is normal.
- Systolic and/or diastolic BP between the 90-95th percentile **OR** BP 120/80 or greater **at any age** is pre-hypertension.
- Systolic and/or diastolic BP >95th percentile and <99th percentile **on 3 or more separate occasions** is hypertension.

Note : In the event of elevated BP measurements at Assessment Part I, repeat the measurement at Assessment Part II. **UHS Project Coordinator** should make a note in Sunrise to inform the physician if BP continues to be elevated, so patient may be further evaluated.

• If average BP is >99th percentile on **any** occasion, inform the physician **immediately** so patient may be further evaluated.





How to Assess Fitness Test Eligibility for Children

Instructions for Using Growth Charts

1. Obtain accurate measurements for the child's height: Height (measured to the nearest **0.1 in**) will be obtained using a SECA brand stadiometer. Participants will stand with their back to the wall, with shoes removed, looking straight ahead.

HEIGHT

- Patient should remove their shoes and stand erect with their back as close to the stadiometer as possible and their eyes straight ahead.
- Top of the head should be parallel to and lightly touching the measuring rod, which should be at a 90deg angle with the ruler.
- Feet and ankles should be almost together.
- Have the patient take a full inspiration, then step out from under the stadiometer.
- Read the height to the nearest **0.1 in** and record on the Anthropometrics Form.

Note: Round **up** if height is between 2 1/8 inch lines.

- 2. Select the most appropriate growth chart for the child's age (see p.)
- 3. Plot the child's measurements.
 - Age is plotted along the horizontal axis. Use a straight-edge to draw/trace a vertical line up through that point.
 - Height (inches and cm) is plotted along the vertical axis. Use a straightedge to draw/trace a horizontal line across through that point.
 - Mark where the two lines intersect and identify the curved line closest to this mark. The number that appears at the right end of this line is the stature-for-age percentile you will use on the blood pressure chart.
- 4. Look at the blood pressure chart for either a boy or girl to interpret the measurements:
 - Go to the section of the table for the child's age.
 - \circ Look at the row in this section for the 95th blood pressure percentile.
 - In the systolic BP section select the column that matches the stature (height)-for-age percentile selected above.
 - Identify the point where the row and column meet. This number is the upper limit of systolic blood pressure allowed.
 - Participant with systolic and or/or diastolic BP <95th percentile is ok to proceed with Fitness Tests.
 - Participant with systolic and/or diastolic BP $\geq 95^{\text{th}}$ percentile is **NOT ELIGIBLE to proceed with Fitness Tests.**



How to Read Stature/Height-for-Age Charts for Children

1. Find the age & height Example: 14 yr. old boy, 66in tall



2. Draw a line to where the two numbers intersect





- 18 19 20 12 13 14 15 16 17 cm in AGE (YEARS) -76 BMI* 190-95 74 - 90-185s 72 75 т -180-A 70 50 175т 68 U 25 ture (cm) x 10,000 170-R x 703 66 Е 5-165 9=10=11 64 160-62 155-60 150-
- 3. Locate intersection point.

4. Once intersection point is located, from that point go up to the nearest Percentile curved line.

Example: move up to the nearest curved line, which happens to be 75.













How to Read Blood Pressure Tables for Children

1. Locate the age and percentile.

Example: a 14 yr. old boy who is 66in tall is in the 75th percentile.

	88			Systo	lic BP (I	mmHg)			
Ane	Percentile		•	Perce	ntile of	Height	→		•
(Year)	•	5th	10th	25th	50th	75th	90th	95th	
11	50th	99	100	102	104	1(5	107	107	
	90th	113	114	115	117	1'9	120	121	
	95th	117	118	119	121	1: 3	124	125	
	99th	124	125	127	129	1: 0	132	132	
12	50th	101	102	104	106	108	109	110	_
	90th	115	116	118	120	1:1	123	123	
	95th	119	120	122	123	1:5	127	127	
	99th	126	127	129	131	1: 3	134	135	
13	50th	104	105	106	108	1'0	111	112	_
	90th	117	118	120	122	1:4	125	126	
	95th	121	122	124	126	1:8	129	130	
\frown	99th	128	130	131	133	1:5	136	137	
14	50th	106	107	109	111	1.3	114	115	_
	90th	120	121	123	125	126	128	128	
	95th	124	125	127	128	130	132	132	

2. This is the cut off for the child's systolic bp. The bp cannot be 126 or above. Example: A 14 yr. old boy with a systolic bp of 126 or higher is ineligible for fitness assessments.

	DD			Systo	lic BP (n	nmHg)		
Ane	Percentile		•	Perce	ntile of l	Height	→	
(Year)	•	5th	10th	25th	50th (75th	90th	95th
11	50th	99	100	102	104	105	107	107
	90th	113	114	115	117	1 ⁻ 9	120	121
	95th	117	118	119	121	1:3	124	125
	99th	124	125	127	129	1:0	132	132
12	50th	101	102	104	106	108	109	110
	90th	115	116	118	120	1:1	123	123
	95th	119	120	122	123	1:5	127	127
	99th	126	127	129	131	1: 3	134	135
13	50th	104	105	106	108	1'0	111	112
	90th	117	118	120	122	1:4	125	126
	95th	121	122	124	126	1:8	129	130
\frown	99th	128	130	131	133	1:5	136	137
14	50th	106	107	109	111	1.3	114	115
	90th	120	121	122	125	126	128	128
	95th	124	125	127	128	130	132	132
	99th	131	132	134	136	138	139	140

3. Repeat same steps to determine diastolic bp.



Blood Pressure Levels for Boys by Age and Height Percentile

	PD			Systo	lic BP (mmHg)					Diasto	lic BP	(mmHg)	
Age	Percentile		+	Perce	ntile of	Height	→			÷	- Perce	entile of	Height	→	· 6
(Year)	$\mathbf{+}$	5th	10th	25th	50th	75th	90th	95th	5th	10th	25th	50th	75th	90th	95th
6	50th	91	92	94	96	98	99	100	53	53	54	55	56	57	57
	90th	105	106	108	110	111	113	113	68	68	69	70	71	72	72
	95th	109	110	112	114	115	117	117	72	72	73	74	75	76	76
	99th	116	117	119	121	123	124	125	80	80	81	82	83	84	84
7	50th	92	94	95	97	99	100	101	55	55	56	57	58	59	59
	90th	106	107	109	111	113	114	115	70	70	71	72	73	74	74
	95th	110	111	113	115	117	118	119	74	74	75	76	77	78	78
	99th	117	118	120	122	124	125	126	82	82	83	84	85	86	86
8	50th	94	95	97	99	100	102	102	56	57	58	59	60	60	61
	90th	107	109	110	112	114	115	116	71	72	72	73	74	75	76
	95th	111	112	114	116	118	119	120	75	76	77	78	79	79	80
	99th	119	120	122	123	125	127	127	83	84	85	86	87	87	88
9	50th	95	96	98	100	102	103	104	57	58	59	60	61	61	62
	90th	109	110	112	114	115	117	118	72	73	74	75	76	76	77
	95th	113	114	116	118	119	121	121	76	77	78	79	80	81	81
	99th	120	121	123	125	127	128	129	84	85	86	87	88	88	89
10	50th	97	98	100	102	103	105	106	58	59	60	61	61	62	63
	90th	111	112	114	115	117	119	119	73	73	74	75	76	77	78
	95th	115	116	117	119	121	122	123	77	78	79	80	81	81	82
	99th	122	123	125	127	128	130	130	85	86	86	88	88	89	90
11	50th	99	100	102	104	105	107	107	59	59	60	61	62	63	63
	90th	113	114	115	117	119	120	121	74	74	75	76	77	78	78
	95th	117	118	119	121	123	124	125	78	78	79	80	81	82	82
	99th	124	125	127	129	130	132	132	86	86	87	88	89	90	90



Blood Pressure Levels for Girls by Age and Height Percentile

×	PD			Systo	lic BP ((mmHg)	1				Diasto	lic BP ((mmHg)	ș.	
Ane	Percentile	General Street	•	Perce	entile of	f Height	→		225	÷	Perce	ntile of	Height	→	
(Year)	$\mathbf{+}$	5th	10th	25th	50th	75th	90th	95th	5th	10th	25th	50th	75th	90th	95th
6	50th	91	92	93	94	96	97	98	54	54	55	56	56	57	58
	90th	104	105	106	108	109	110	111	68	68	69	70	70	71	72
	95th	108	109	110	111	113	114	115	72	72	73	74	74	75	76
	99th	115	116	117	119	120	121	122	80	80	80	81	82	83	83
7	50th	93	93	95	96	97	99	99	55	56	56	57	58	58	59
	90th	106	107	108	109	111	112	113	69	70	70	71	72	72	73
	95th	110	111	112	113	115	116	116	73	74	74	75	76	76	77
	99th	117	118	119	120	122	123	124	81	81	82	82	83	84	84
8	50th	95	95	96	98	99	100	101	57	57	57	58	59	60	60
	90th	108	109	110	111	113	114	114	71	71	71	72	73	74	74
	95th	112	112	114	115	116	118	118	75	75	75	76	77	78	78
	99th	119	120	121	122	123	125	125	82	82	83	83	84	85	86
9	50th	96	97	98	100	101	102	103	58	58	58	59	60	61	61
	90th	110	110	112	113	114	116	116	72	72	72	73	74	75	75
	95th	114	114	115	117	118	119	120	76	76	76	77	78	79	79
	99th	121	121	123	124	125	127	127	83	83	84	84	85	86	87
10	50th	98	99	100	102	103	104	105	59	59	59	60	61	62	62
	90th	112	112	114	115	116	118	118	73	73	73	74	75	76	76
	95th	116	116	117	119	120	121	122	77	77	77	78	79	80	80
	99th	123	123	125	126	127	129	129	84	84	85	86	86	87	88
11	50th	100	101	102	103	105	106	107	60	60	60	61	62	63	63
	90th	114	114	116	117	118	119	120	74	74	74	75	76	77	77
	95th	118	118	119	121	122	123	124	78	78	78	79	80	81	81
	99th	125	125	126	128	129	130	131	85	85	86	87	87	88	89



Overview:

Weight will be measured (to the nearest **0.1 lb**) using a TANITA SC-331S scale with the patient in light clothing and no shoes. The observer will ensure that the scale is balanced (zeroed) at each use. Body mass index (BMI) will be calculated from the weight and the SECA stadiometer height measures. Waist circumference will be measured using a Myotape measuring belt to the nearest **0.1cm**. This measurement is taken in the exam room, directly over patient's bare skin.

Weight, height, and waist circumference will be measured and recorded at all visits in the **Data Recording Form**, either on paper or entered directly into REDCap. BMI will be calculated as weight (kg)/height squared (m²). BMI percentiles will be determined using age- and gender-specific tables (pp. 7-8).

Methods:

WEIGHT/BODY FAT

(see TANITA manual pp. 10, 20-21 for preset instructions; will use Pattern 1 or 2) – images on next page



Important: Participants should <u>urinate prior</u> to doing these procedures. Body composition analysis with the Tanita analyzer is affected by excess body water.

- 1. Have the patient remove their socks, if not already done.
- 2. <u>Turn on the TANITA scale</u> by pressing the on/off key. "0.0" should appear on the upper portion of the display.
- 3. Press the **lb/kg** button to select the measurement unit.
- 4. Enter Clothes Weight (**1 lb**), using numerical keys; press Enter.
- 5. Select the body type: Child
- 6. Select gender: Female/Male
- 7. Enter age, using numerical keys. Press Enter.
- 8. Enter height (Feet and inches, centimeters) using numerical keys. Press Enter.
- 9. <u>Start measurement:</u> Step on weighing platform with bare feet so they touch the electrodes. Stand in a stable position without bending one's knees.
- 10. Once the body weight and impedance measurements have been completed, the overall body fat percentage will be displayed and a beep will sound.
 Measurement results print.
- 11. After printing is completed, step off the platform.



- 12. Record weight, BMI, % body fat, fat mass, fat free mass on Anthropometrics Form; staple the printout to the appropriate form (Baseline, 1mo, 6mo, 12mo) and place in participant folder.
- 13. **<u>IMPORTANT</u>**: Clean the platform with sanitizing wipes.

Setting item selection



NOTE: Limited data is printed for children (<18 yrs): gender, age, height, weight, fat %, fat mass, FFM (fat free mass), and BMI (body mass index).

114K as 01 5-7-15			4 KIDS
Category name Weight •Measured weight. Fat mass •-Total weight of fat mass in the body. Muscle mass* •- Bone-free lean tissue mass (LTM)	INPUT IN	LOGO Serial No. • The default is 0000001. Adds 1 each time it measures. D • When it is set with an ID, it is printed out. (The default is without an ID.) Fat % • Fat % is amount of body fat as a proportion of body weight.	ID NO. 000000123 BODY COMPOSITION ANALYZER SC-331S 0CT/14/2009 18:22 SERIAL NO. 00000003
TBW %* BMR* • Basal Metabolic Rate represents the total energy expended by the body to maintain normal functions at rest such as respiration and circulation. Visceral fat rating* • Visceral fat rating feature indicates the rating of visceral fat. Ideal body weight*	IFAT MASS 10	 FFM Fat Free Mass is comprised of muscle, bone, tissue, water, and all other fat free mass in the body. TBW* Total Body Water is the amount of water retained in the body. TBW is said to comprise between 50% - 70% of total body weight. Generally, men tend to have higher water weight than women due to a greater amount of muscle. Bone mass* Bone mineral amount included in the materia bars. 	1.0kg RESULT WEIGHT 64.4kg FAT MASS FFM MASS FFM MASS TBW 39.5kg TBW 39.5kg BMR 6609 kJ 1001kcal METABOLIC AGE VISCERAL FAT RATING 4 BMI BMI 22.2 IDEAL BODY WEIGHT 05.054 63.9kg DECREE OF OFSITY
Ideal body weight is a value for which the BMI is 22. legree of obesity* Calculated as (weight – Ideal body weight) / Ideal body weight • •100. npedance Impedance (This does not affect judgment of the measurement results.)	AMAGE BF% is: 10 % Predicted weight: 10 % Predicted fat mass: FAT TO LOSE: 2.8kg Cansuit your physician before beginning any weight management pra- gram. Tanita is not re- sponsible for deter- mining your targetaf%. INDICANCE +AT % - 1 0 : + 1 ++ *BMI	Metabolic age* Metabolic age* Metabolic age is evaluated young when a muscular amount is larger, and BMR is higher. BMI Calculated with "weight (kg) / height (m) ³⁷ The standard value is for the Standard mode. In the case of the Athletic mode, the standard value is just a reference. And for those who are 17 years old or younger, only the body fat % is displayed as the standard value. The	Consult your physician before beginning any weight management pro- gram.Tanita is not re- sponsible for deter- mining your target8F%.
	+VISCERAL FAT RATING 113 +NUSCLE MASS - 1 0 + + +BMR - 1 0 + + +PHYSIQUE RATING STANDARD +IMPEDANCE 481.2 Ω	muscle mass, total body water and the estimated bone mass for those who are 17 years old or younger are for reference.	IND IGATOR *FAT 2 - 0 + ++ *BM1 - 0 + ++ *IMPEDANCE 473.0 \$

*18 - 99 years only

Preset 1

Preset 2






HEALTH

Troubleshooting







Note

 In the case that an error is displayed other than the above, turn off the power once, and then measure again.

If the same error is displayed repeatedly, contact our customer service center.



WAIST CIRCUMFERENCE (narrowest waist)

Waist circumference (WC) is measured with the patient standing with feet together, arms at the sides, and palms facing inward. Measurements should be taken as the patient exhales gently. WC will be measured twice; if the value differs by >1 cm, repeat the measure and record the two closest values to the nearest 0.1 cm.

- Locate the narrowest point of the patient's waist by feeling for the bottom of the rib and the top of the hip bone. Mark the midpoint between these two points with a marking pen (*optional; recommended until familiar with procedure*).
- Pass the belt around the patient's body over the mark you made and clip the peg into the handle. Press the button on top of the measuring belt to tighten.
- Check to see that the belt is covering the narrowest part of the waist, adjust as needed.
- Press the button on top of the measuring belt again so the belt fits snugly against the body. *Note: patient should not inhale deeply to reduce waist size.*
- Record the measurement to the nearest **0.1 cm** on the Anthropometrics Form. Release the belt and repeat the measure a second time. Make sure the values are <**1 cm** difference from each other.

Determine WC percentile using age- and gender-based chart for Hispanic children (below). Abnormal WC is \geq 90th percentile for age and gender.

						our our	terrers carry		00001100	0, 0011		
	80	Percentile waist circumference among boys, cm						Percentile waist circumference among girls, cm				
Age, y	ears N	10 th	25 th	50 th	75 th	90 th	N	10 th	25 th	50 th	75 th	90 th
2 3 4 5	255,333 258,559 296,003 264,485	43.9 45.7 47.6 49.4	45.8 47.9 49.9 51.9	48.0 50.5 53.0 55.5	51.1 54.4 57.7 61.0	55.1 59.3 63.5 67.6	262,893 225,403 325,340 248 389	44.1 45.9 47.7 49.5	46.2 48.2 50.1 52.1	47.8 50.2 52.6 55.0	50.9 54.0 57.1 60.1	54.9 58.7 62.4 66.2
6 7 8 9 10 11	275,632 280,231 266,604 301,160 224,208 242,796	51.2 53.1 54.9 56.8 58.6 60.5	54.0 56.0 58.0 60.1 62.1 64.1	58.0 60.5 63.0 65.5 68.0 70.5	64.2 67.5 70.8 74.1 77.3 80.6	71.8 76.0 80.1 84.3 88.5 92.6	258,705 247,436 258,908 249,988 236,867 267,200	51.3 53.1 54.9 56.7 58.5 60.3	54.0 56.0 57.9 59.9 61.8 63.8	57.4 59.7 62.1 64.5 66.9 69.3	63.2 66.2 69.3 72.3 75.4 78.4	70.0 73.7 77.5 81.2 85.0 88.8
12 13 14 15 16 17 18	298,821 214,337 219,128 258,110 226,267 227,178 197,207	62.3 64.1 66.0 67.8 69.7 71.5 73.3	66.2 68.2 70.2 72.3 74.3 76.3 78.4	75.5 78.0 80.5 83.0 85.5 88.0	83.9 87.2 90.4 93.7 97.0 100.3 103.6	96.8 101.0 105.1 109.3 113.5 117.6 121.8	236,265 225,006 257,514 183,105 186,132 186,920 200,084	62.1 63.9 65.7 67.5 69.3 71.1 72.9	65.7 67.7 69.6 71.6 73.5 75.5 77.4	71.6 74.0 76.4 78.8 81.2 83.5 85.9	81.5 84.6 87.6 90.7 93.7 96.8 99.8	92.5 96.3 100.1 103.8 107.6 111.3 115.1

 Table 3. Estimated Percentiles for Waist Circumference for Mexican

 American Children and Adolescents by Sex

Data are from the National Health and Nutrition Examination Survey, 1999-2008.





2 to 20 years: Boys

SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000). http://www.cdc.gov/growthcharts







Published May 30, 2000 (modified 10/16/00). SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000). http://www.cdc.gov/growthcharts





CARDIOVASCULAR FITNESS – MODIFIED STEP TEST

Equipment needed:

- Step box (The STEP 4" risers x 2, stacked for total height 8")*
- Metronome
- Pulse oximeter
- Timer

Pre-Test Conditions:

- Ensure that the subject is not recovering from illness or suffering from a cold or other condition that makes them unsuitable for step test.
- The subject should be wearing loose-fitting, comfortable clothing and suitable shoes (i.e., **no heels or flip flops**).
- The testing area should be quiet, well ventilated and between 64 and 68 degrees Fahrenheit
- *BP should be within normal range (i.e., <90th percentile)!*

Procedure:

- 1. Place the pulse oximeter on the subject's index or middle finger. Record subject's heart rate (HR) at rest.
- 2. Make sure the neck cord is secured to hanging pouch (see illustrations on the next page). Remove pulse oximeter from finger and place in hanging pouch, then suspend around subject's neck. Use extra white cord if additional length needed.
- 3. Start the metronome with a pace of 24 ascents per minute (96 beats per minute) for the subject to become familiar with the rhythm.
- 4. Demonstrate to the subject how to step: step up onto the top of the step with one foot and then another foot with both legs fully straightened; then step down with one foot, followed by the other foot: demonstrating the stepping command: "up, up, down, down" at each beep.
- 5. When the subject is ready, ask them to listen to the rhythm and start stepping as you start the monitor watch.

#2 = Reset

- **#3 = Mode (stopwatch/chronograph)**
- #1 = Start/Stop



#3

JS-319

Setting operation: Normal Time:

- Press #3 3 times to get normal time setting mode. The 'second' will start flashing. Press #1 to set the seconds
- 2. Press #2 to see " Minute " flashing, press #1 to advance Minute
- Press #2 to see "Hour" flashing, press #1 to advarce Hour
 Press #2 to see "Date" flashing, press #1 to advarce Date
- Press #2 to see "Date" hashing, press #1 to advance Month
 Press #2 to see "Month" flashing, press #1 to advance Month
 Press #2 to see "Day of week" flashing, press #1 to advance Day of Week
- 7. Finally, press #3 once to return to normal time readout.

12/24 Hour option:

While setting 'Hour', 12/24 hour readout may be obtained by turn around cycle, i.e. AM/PM in 12 hour format and "H" in 24 hour format.

Alarm Time

- 1. Press #3 twice to get the alarm time "Hours" to start flashing, press #1 to advance
- Press #2 once to get alarm time "Minute" to start flashing, press #1 to advance. 2. 3. Finally, press #3.once to return to normal time readout.

Chronograph : 1. Press #3 to get into the "Chronograph" mode, by pressing #1, you can now start or stop on any counting event.

2. During counting, press #2 will enter into lap time mode, meaning that 1 portion of the counting is registered on the display while the counting is still going on in the background 3. Press #2 will get you to the current counting

- Make sure that the subject is following the rhythm by providing the commands: "up, 6. up, down, down" until they reach a steady and consistent pace; and tell the subject that they may change the lead foot.
- 7. The subject will step up and down on the step for a maximum of three minutes or until exhaustion. Exhaustion is defined as when the subject cannot maintain the stepping rate for 15 seconds with positive encouragement from the test administrator.

Special Considerations: The subject should be encouraged to finish the three minutes if they can maintain the steps per minute. The test should be stopped if the HR reaches 200 beats per minute. If at any time during the test the subject shows signs of overtiredness or dizziness, stop the test, recover and cool-down the subject.

- 8. Record the heart rate and duration on the data sheet immediately after the subject stops stepping, and then have the subject sit down on the step. Record the heart rate again at 1 minute and 2 minutes after the test.
- 9. Provide a small water bottle to the subject if they ask for it.







 ${
m ilde{\Delta}}$ Fingernails and the luminescent tube should be on the same side.



Health4Kids Measurement Assessment Manual

Pediatric Obesity Management Intervention Trial for Hispanic Families

2018







Table of Contents

Abstract	
Training Agenda	9
Study Population	
Health for Kids (H4K) Intervention Trial Recruitment Flow Chart	
Assessment Logistics	
Scheduling responsibilities:	
Assessment Days and Times:	
Assessments Components	14
Survey by Phone	
Telephone survey	
Assessment Part1 Flow Chart	
Assessment Part 2A flow chart: Monitor and optional child measures	
Assessment Part 2B flow chart: Parent Measures and Labs	
Rescheduling Assessments and No-Shows	
Definition of No-Show:	
Monitor Retrieval	
Measurement space	
Informed Consent Protocol	
Background and Rationale	21
Methodology	21
Pre-Consent: BMI Eligibility	23
How to determine Eligibility	23
BMI Calculator for Child and Teen on REDCap	24
Consent Process	25
Documentation of Informed Consent	
IRB Protocol (Form C)	27
Consent Form D- ENG	
Consent Form D- SPN	
How to Assess Fitness Test Eligibility for Children	
Instructions for Using Growth Charts	
ALERT VALUES PROTOCOL 1	
Confirmation of elevated blood pressure and next steps:	
How to Read Stature/Height-for-Age Charts for Children	

Stature-for-age and Weight-for-age percentiles (BOYS)	37
Stature-for-age and Weight-for-age percentiles (GIRLS)	38
How to Read Blood Pressure Tables for Children	39
Blood Pressure Levels for (BOYS) by Age and Height Percentile	40
Blood Pressure Levels for (GIRLS) by Age and Height Percentile	41
Procedure:	43
Pulse Oximeter	45
Overview:	46
Weight/ Body Fat	46
Tanita Scale	47
Setting item selection	48
TANITA Example	49
Set height increment (0.1cm)	49
Control Panel	50
Trouble Shooting	51
Trouble Shooting Continued	52
Waist Circumference (narrowest waist)	53
	<i>.</i>
Reference: Messian et al. (2011), Metabolic Syndrome and Related Disorders Error! Bookmark not de	fined.
Reference: Messian et al. (2011), Metabolic Syndrome and Related Disorders Error! Bookmark not de Reference: Messiah et al. (2011), Metabolic Syndrome and Related Disorders 9:297-303	tined. 54
Reference: Messian et al. (2011), Metabolic Syndrome and Related Disorders Error! Bookmark not de Reference: Messiah et al. (2011), <i>Metabolic Syndrome and Related Disorders</i> 9:297-303 Body Mass Index-for-age percentiles (BOYS)	54 55
Reference: Messian et al. (2011), Metabolic Syndrome and Related Disorders Error! Bookmark not de Reference: Messiah et al. (2011), <i>Metabolic Syndrome and Related Disorders</i> 9:297-303 Body Mass Index-for-age percentiles (BOYS) Body Mass Index-for-age percentiles (GIRLS)	54 55 56
Reference: Messian et al. (2011), Metabolic Syndrome and Related Disorders Error! Bookmark not de Reference: Messiah et al. (2011), <i>Metabolic Syndrome and Related Disorders</i> 9:297-303 Body Mass Index-for-age percentiles (BOYS) Body Mass Index-for-age percentiles (GIRLS) Baseline Assessments	54 55 56 57
 Reference: Messian et al. (2011), Metabolic Syndrome and Related Disorders Error! Bookmark not de Reference: Messiah et al. (2011), Metabolic Syndrome and Related Disorders 9:297-303 Body Mass Index-for-age percentiles (BOYS) Body Mass Index-for-age percentiles (GIRLS) Baseline Assessments Block Kids Food Screener-Last Week (FFQ) 	54 55 56 57 58
 Reference: Messian et al. (2011), Metabolic Syndrome and Related Disorders Error! Bookmark not de Reference: Messiah et al. (2011), <i>Metabolic Syndrome and Related Disorders</i> 9:297-303 Body Mass Index-for-age percentiles (BOYS) Body Mass Index-for-age percentiles (GIRLS) Baseline Assessments Block Kids Food Screener-Last Week (FFQ) Think About Everything You Ate or Drank Last Week Chart (ENG) 	fined. 54 55 56 57 58 59
 Reference: Messian et al. (2011), Metabolic Syndrome and Related Disorders Error! Bookmark not de Reference: Messiah et al. (2011), <i>Metabolic Syndrome and Related Disorders</i> 9:297-303 Body Mass Index-for-age percentiles (BOYS) Body Mass Index-for-age percentiles (GIRLS) Baseline Assessments Block Kids Food Screener-Last Week (FFQ) Think About Everything You Ate or Drank Last Week Chart (ENG) Think About Everything You Ate or Drank Last Week Chart (SPN) 	fined. 54 55 56 57 58 59 60
 Reference: Messian et al. (2011), Metabolic Syndrome and Related Disorders Error! Bookmark not de Reference: Messiah et al. (2011), Metabolic Syndrome and Related Disorders 9:297-303 Body Mass Index-for-age percentiles (BOYS) Body Mass Index-for-age percentiles (GIRLS) Baseline Assessments Block Kids Food Screener-Last Week (FFQ) Think About Everything You Ate or Drank Last Week Chart (ENG) Block Kids Food Screener-Interviewer Instructions for Use in Electronic Format 	fined. 54 55 56 57 58 59 60 61
 Reference: Messian et al. (2011), Metabolic Syndrome and Related Disorders Error! Bookmark not de Reference: Messiah et al. (2011), Metabolic Syndrome and Related Disorders 9:297-303 Body Mass Index-for-age percentiles (BOYS) Body Mass Index-for-age percentiles (GIRLS) Baseline Assessments Block Kids Food Screener-Last Week (FFQ) Think About Everything You Ate or Drank Last Week Chart (ENG) Think About Everything You Ate or Drank Last Week Chart (SPN) Block Kids Food Screener-Interviewer Instructions for Use in Electronic Format Food Frequency Questionnaire (FFQ) Interviewer Protocol 	fined. 54 55 56 57 58 59 60 61 63
Reference: Messian et al. (2011), Metabolic Syndrome and Related Disorders Error! Bookmark not de Reference: Messiah et al. (2011), Metabolic Syndrome and Related Disorders 9:297-303 Body Mass Index-for-age percentiles (BOYS) Body Mass Index-for-age percentiles (GIRLS) Baseline Assessments Block Kids Food Screener-Last Week (FFQ) Think About Everything You Ate or Drank Last Week Chart (ENG) Think About Everything You Ate or Drank Last Week Chart (SPN) Block Kids Food Screener- Interviewer Instructions for Use in Electronic Format Food Frequency Questionnaire (FFQ) Interviewer Protocol Food Frequency Questionnaire (FFQ) Survey ENG- (Baseline)	fined. 54 55 57 58 63 63 65
Reference: Messian et al. (2011), Metabolic Syndrome and Related Disorders Error! Bookmark not de Reference: Messiah et al. (2011), <i>Metabolic Syndrome and Related Disorders</i> 9:297-303 Body Mass Index-for-age percentiles (BOYS) Body Mass Index-for-age percentiles (GIRLS) Baseline Assessments Block Kids Food Screener-Last Week (FFQ) Think About Everything You Ate or Drank Last Week Chart (ENG) Think About Everything You Ate or Drank Last Week Chart (SPN) Block Kids Food Screener- Interviewer Instructions for Use in Electronic Format Food Frequency Questionnaire (FFQ) Survey ENG- (Baseline) Food Frequency Questionnaire (FFQ) Survey SPN- (Baseline)	fined. 54 55 57 58 63 63 65 66
Reference: Messian et al. (2011), Metabolic Syndrome and Related Disorders Error! Bookmark not de Reference: Messiah et al. (2011), Metabolic Syndrome and Related Disorders 9:297-303 Body Mass Index-for-age percentiles (BOYS) Body Mass Index-for-age percentiles (GIRLS) Baseline Assessments Block Kids Food Screener-Last Week (FFQ) Think About Everything You Ate or Drank Last Week Chart (ENG) Think About Everything You Ate or Drank Last Week Chart (SPN) Block Kids Food Screener- Interviewer Instructions for Use in Electronic Format Food Frequency Questionnaire (FFQ) Survey ENG- (Baseline) Food Frequency Questionnaire (FFQ) Survey SPN- (Baseline) REDCap Survey Administration Protocol	fined. 54 55 56 57 58 63 63 65 66 68
Reference: Messian et al. (2011), Metabolic Syndrome and Related Disorders Error! Bookmark not de Reference: Messiah et al. (2011), <i>Metabolic Syndrome and Related Disorders</i> 9:297-303 Body Mass Index-for-age percentiles (BOYS) Body Mass Index-for-age percentiles (GIRLS) Baseline Assessments Block Kids Food Screener-Last Week (FFQ) Think About Everything You Ate or Drank Last Week Chart (ENG) Block Kids Food Screener- Interviewer Instructions for Use in Electronic Format Food Frequency Questionnaire (FFQ) Survey ENG- (Baseline) Food Frequency Questionnaire (FFQ) Survey SPN- (Baseline) REDCap Survey Administration Protocol Family Health Survey ENG- (Baseline)	fined. 54 55 57 58 63 63 65 66 68 70
Reference: Messian et al. (2011), Metabolic Syndrome and Related Disorders Error! Bookmark not de Reference: Messiah et al. (2011), Metabolic Syndrome and Related Disorders 9:297-303 Body Mass Index-for-age percentiles (BOYS) Body Mass Index-for-age percentiles (GIRLS) Baseline Assessments Block Kids Food Screener-Last Week (FFQ) Think About Everything You Ate or Drank Last Week Chart (ENG) Think About Everything You Ate or Drank Last Week Chart (SPN) Block Kids Food Screener- Interviewer Instructions for Use in Electronic Format Food Frequency Questionnaire (FFQ) Interviewer Protocol Food Frequency Questionnaire (FFQ) Survey ENG- (Baseline) Food Frequency Administration Protocol Family Health Survey ENG- (Baseline)	fined. 54 55 57 58 59 60 61 63 65 66 68 70 71
Reference: Messian et al. (2011), Metabolic Syndrome and Related Disorders Error! Bookmark not de Reference: Messiah et al. (2011), Metabolic Syndrome and Related Disorders 9:297-303 Body Mass Index-for-age percentiles (BOYS) Body Mass Index-for-age percentiles (GIRLS) Baseline Assessments Block Kids Food Screener-Last Week (FFQ) Think About Everything You Ate or Drank Last Week Chart (ENG) Think About Everything You Ate or Drank Last Week Chart (SPN) Block Kids Food Screener- Interviewer Instructions for Use in Electronic Format Food Frequency Questionnaire (FFQ) Interviewer Protocol Food Frequency Questionnaire (FFQ) Survey ENG- (Baseline) Food Frequency Questionnaire (FFQ) Survey SPN- (Baseline) Food Frequency Administration Protocol Family Health Survey SPN- (Baseline) Family Health Survey SPN- (Baseline) Family Nutrition Survey Calls Protocol	fined. 54 55 57 58 59 60 61 63 63 65 66 68 70 71 73

Family Nutrition Survey- Baseline (ENG & SPN)	76
Physical Activity Questionnaire-Child (PAQ-C) Survey- Baseline (ENG & SPN)	
Physical Activity Questionnaire-Child (PAQ-C) Survey- Baseline (ENG & SPN)	79
Family Demographics Survey- Baseline (ENG & SPN)	
Family Demographics Survey- Baseline (ENG & SPN)	82
Family Physical Activity (PA) Survey- Baseline (ENG & SPN)	
Family Physical Activity (PA) Survey- Baseline (ENG & SPN)	85
6-months & 12-months Assessments	
Child Physical Activity Check-in Survey ENG & SPN- (6-months/12-months)	
Child Physical Activity Check-in Survey ENG & SPN- (6-months/12-months)	
Food Frequency Questionnaire (FFQ) Survey ENG and SPN- (6-months/12-months)	91
Food Frequency Questionnaire (FFQ) Survey ENG and SPN- (6-months/12-months)	92
Family Health Survey ENG & SPN- (6-months/12-months)	94
Family Health Survey ENG & SPN- (6-months/12-months)	95
Family Nutrition Survey ENG & SPN- (6-months/12-months)	97
Family Nutrition Survey ENG & SPN- (6-months/12-months)	
Physical Activity Questionnaire-Child (PAQ-C) Survey ENG & SPN- (6-months/12-months)	100
Physical Activity Questionnaire-Child (PAQ-C) Survey ENG & SPN- (6-months/12-months)	101
Family Physical Activity (PA) Survey ENG & SPN- (6-months/12-months)	103
Family Physical Activity (PA) Survey ENG & SPN- (6-months/12-months)	104
Family Demographics Survey ENG & SPN (6-months/12-months)	106
Family Demographics Survey ENG & SPN (6-months/12-months)	107
Height (Overview)	109
Blood Pressure (Overview)	110
3-Minute Step Test (Overview)	111
Tanita (Overview)	112
Tanita (Overview) Continued	113
Waist Circumference (Overview)	114
Current versions on the following pages	115
Assessment Order	116
Assessment checklist Part 1 and 2	117
Assessment checklist Part 1 and 2	118
Data Collection form Child (Baseline, 6-month and 12-month Assessments)	119
Data Collection form Parent (Baseline, 6-month and 12-month Assessments)	120

Combined parent and child 1-month Data Collection Form	. 121
Gift Cards Overview	. 122
Gift Card Payment Form	. 123
Bus passes Overview	. 124
Bus Pass Payment Form	. 125
University Health System- Southwest Form	. 127
University Health System- Southeast Form	. 128
Coach Memo	. 129

Accelerometry Procedures Manuals 1 and 2

Health4Kids (H4K): A Pediatric Obesity Management Intervention Trial for Hispanic Families (R01HD075936)

Accelerometry Procedures Manual

Part 1



Contents

Preparing for Actigraph Data Collection	3
Overview	3
IMPORTANT:	3
Data Collector FAQs	3
Monitor Loss/ Incentive Flow Chart	5
Actigraph	5
Device	5
Charging the Device	6
Steps to Charge	6
Monitor Tracking	7
Overview	7
Equipment and Materials	7
Initializing the monitor 1	2
Monitor Distribution 1	5
Attaching the Monitor to a Belt 1	5
Instructions & Script: Overview1	6
Explain How & When to Wear the Monitor: Script1	6
Fit the Monitor1	7
Review Instructions and Set up Appointment to Return the Monitor 1	9
Appendix 2	22

Preparing for Actigraph Data Collection

Overview

An accelerometer, or activity monitor, provides an objective measure of moderate-to-vigorous physical activity (MVPA). Accelerometer measurements will be taken at baseline, 6 months, and 12 months. Participants will be instructed to wear the monitor during the day for at least 8 consecutive days following their Assessment Part 1. Participants will return their monitor at their scheduled Assessment Part 2 where activity counts by minute will be uploaded to a data reduction program for determination of the total minutes per day spent in MVPA. If a participant does not meet the criteria for valid days (described below) they will be reissued a separate monitor and be asked to come in for an Assessment Part 3.

IMPORTANT: Logging on to Measurement Laptop

Log on to the measurement laptop at UTHSCSA **at least every 30 days** to ensure your login info is saved. This will avoid the need to request another user's login when off site.

Data Collector FAQs

1. How long do participants wear the monitor?

Participants will be asked to wear the monitor for at least 8 complete days since the minimum is 4 valid days for reliable measurement of activity. The days do not have to be consecutive, but the 4 days do have to occur within a 7-day period.

The monitor pick-up and drop-off day (Assessment Part 1 and Part 2/Part 3) <u>CANNOT</u> be counted as a valid wearing day even if there are enough valid hours. Since the monitors are collecting data after initialization and download, the data collected will be a mix of participant movement and researcher movement. It is very labor-intensive to separate these data therefore it's important to schedule the accelerometer retrieval for a day after you expect the participant to have worn it for a sufficient number of days.

2. When do we ask participants to wear the monitor (e.g., waking time only, after school, all day and night)?

We ask participants to put the monitor on first thing in the morning and take it off right before bed at night. Although the monitor is water resistant, participants are instructed to take the monitor off when showering or swimming.

3. Should we ask participants to re-wear the monitor if enough good data is not collected the first time?

Yes. We ask for re-wear if participants do not meet the criteria for compliance. We will ask the participant to re-wear a separate monitor for another week in order to record compliant data as described in the study protocol. <u>Participant must return the monitor at Assessment Part 2</u> <u>in order to reissue the monitor for return at Part 3</u>. We make sure to tell participants that this is our procedure.

A participant who loses the monitor will not receive another monitor and will be considered non-compliant with the monitor protocol. They will continue participating in the study. However, they will not receive another monitor in the future (See Monitor Loss/Incentive flow chart below). **Note:** If participant fails to bring monitor back at assessment Part 2 but it is NOT lost, withhold all incentives until monitor is returned at Part 3. Participant may reschedule Part 3 once in this case; if insufficient wear time, proceed to schedule Clinic Visit 1.

Monitor Loss/ Incentive Flow Chart



Actigraph

Device

The ActiGraph Bluetooth[®] Smart wGT3X-BT wireless activity monitor, in conjunction with the ActiLife analysis software, provides objective 24-hour physical activity and sleep/wake measurements including raw acceleration, energy expenditure, MET rates, steps taken, physical activity intensity, heart rate R-R intervals^{**}, subject position, total sleep time, sleep efficiency, and ambient light levels.



Charging the Device

Monitors must be initialized before they are distributed to participants. Therefore, each unit must be fully charged before the data collection day.

Steps to Charge

- Connect the monitor to the USB port by opening the rubber cover protecting the USB outlet on the ActiGraph unit (use red "guitar pick" provided in monitor box), and plugging the small end of the USB cord into this outlet.
- The large end of the USB cord can then be plugged into a USB port on a computer or a USB hub.
 - NOTE: A USB hub can charge up to 7 monitors. Each hub can be connected to an electrical outlet or to the computer. For this study we will use two USB hubs, enabling us to charge up to 14 devices at one time.
- 3) When connected to a USB port, the LED on the monitor will FLASH until data collection starts. This indicates that the monitor is charging.
- Once the battery is completely charged, the green LED light on the monitor will remain lit (the light will no longer flash).
 - a. **NOTE:** Charging time will depend on the battery life, but will typically not exceed three hours for a fully depleted battery.
- 5) When the device is removed from a USB port, the LED light will go off. The battery level (reported in volts) can be viewed using the ActiLife 6 software. Plug the device into the study laptop and the remaining voltage will appear on the default screen (see below).
 - NOTE: A fully charged battery will have just over 4.0 volts. If the battery goes <u>below 3.1</u> volts, the device will <u>NOT</u> have sufficient power to initialize and download.

Devices Wear Time	Validation Scoring	Sleep PLM	Graphing N	IHANES GPS	Feature Extra	action Studies	Data Vault						
🕨 Initialize 🔹	Download		-										
	Download	Carlo Refresh	Sefresh	All 🔌 Idei	ntify Adv	anced -							
Device	Serial # Subject Name	Status	Firmware	Battery	Total Memory	Current Data Recorded	Mode(s)	Epoch / Sample Rate	Start Date & Time	Stop Date & Time	Filter	Axis Enabled	More Info
wGT3X-BT MOS	2C42140834 SW001	finished detecting	1.5.0 🛱 3.9	1V (71% Charging)	3656 MB 17	D 15H 20M 15S	<mark>∦♀⊾&</mark> ₅ ^z	30 Hz	5/15/2015 12:00 AM		N/A	3	More Info

Monitor Tracking

Overview

The monitor is used to objectively measure the participant's level of physical activity during waking hours. To increase the likelihood that participants wear the monitors properly, a team member will review the purpose of the monitor, fit the participant with a belt and monitor, and give instructions for wearing the monitor. A team member will instruct the participant to wear the monitor during all waking hours (at least 10 hours/day) for the next eight (8) days.

Equipment and Materials

Make sure to have the following equipment prepared for each monitor orientation:

- 1 Monitor (make sure it is charged and initialized for the correct start date and time).
- 1 Belt and 1 pouch
- 1 Dell laptop computer with ActiLife 6 software

Study Laptop

There is a dedicated laptop computer and equipment specific to the Actigraph set-up.

1) Once started, the computer will ask for login for the UTHSCSA domain. Log in using your username & password.

 Internet Explorer will automatically attempt to open the UTHSCSA VPN login page. Close the browser and reopen it again. You should now see a page from University Health System.



3) Check the box agreeing to the terms and conditions and click on "Click to Connect." This will give you UHS wifi Internet access. You may now close the browser.

NOTE: To save files to the POM PHI drive, you will need to log in to UTHSCSA VPN.

1) Go to the Start Menu \rightarrow click on the GlobalProtect icon. Alternatively, click on the Globe

icon in the lower right hand pop-up menu.





2) You will see a dialog box. Go to the File Menu \rightarrow Connect.

Connect	Troubleshooting	
Disable		
Rediscover Network		
Resubmit Host Profile		
Check Version		
Collect Logs		
Close		
close		

3) You will be asked to select an activation mode for 2-factor login.
Enter "1" for Duo Push through your
Smartphone.
Click OK. When your Smartphone
gives you the



signal, go to the DuoMobile icon, tap to activate, and select "Approve." Dialog box will show you are now Connected.

 Click on the shortcut to the POM PHI folder on the desktop. You will be saving the following files: a. SW Clinic and SE Clinic Monitor logs in Measurement/DATA/Accelerometry

subfolder

O (Measurement) DATA	A + Accelerometry +	👻 🍫 Se	arch Accelerometry	
Organize 🔻 Burn New toider			833	- 🗊 (
Favorites	Name	Date modified	Туре	Size
🧱 Desktop	🍶 ATG downloads	11/19/2015 5:33 PM	File folder	
〕 Downloads	\mu Coach letters	5/15/2015 1:03 PM	File folder	
🔢 Recent Places	\mu Old	12/17/2015 10:01	File folder	
	퉬 References	6/8/2015 9:31 AM	File folder	
🗃 Libraries	Data Collection Protocol 20111024	6/10/2015 9:47 AM	Microsoft Word D	1,704 KE
Documents	SE Clinic Monitor Log	1/12/2016 9:54 PM	Microsoft Excel W	13 KE
J Music	SW Clinic Monitor Log	1/8/2016 8:35 AM	Microsoft Excel W	12 KE
E Pictures				
Videos				
💺 Computer				
🏭 Windows (C:)				
POM (\\cfs\links\epidbio\PHI) (Z				
Vetwork				

 POM H4K Protocol Deviation Log (if applicable at 6-month and 12-month Assessments) in Adverse Events folder

				- 0 - X
🕒 🕗 🥐 Computer 🕨 POM (\'	\cfs\links\epidbio\PHI) (Z:) + Adverse Events	▼ 49 Se	arch Adverse Events	\$
Organize - Burn New folder			80	• 🔟 🛛
👂 🎝 Music 🔷	Name	Date modified	Туре	Size
Pictures	Completed	11/24/2015 2-20 PM	File folder	
🖻 🚼 Videos	For Review	11/24/2015 2:20 PM	File folder	
	Forms & Reports	11/24/2015 2:19 PM	File folder	
Computer	Did	11/24/2015 3:41 PM	File folder	
Windows (C:)	H4K AE Database	12/23/2015 8:36 AM	Microsoft Excel W	22 KB
Adverse Events	POM H4K Protocol Deviation Log	1/13/2016 2:14 PM	Microsoft Word D	313 KB
Built Environment-Diversity Built Environment-Diversity H4K Newsletters H4K Self-Monitoring H4K Strategies_BehaviorChz H4K Strategies_Parenting H4K Strategies_Parenting H4K Test Messaging M4K Test Messaging Messaging Messaging Messaging				

Assign the Monitor

Make sure you have all the monitors you need for your measurement shift before you start. Make sure you keep these monitors with you (or locked up) at all times.

It is important to keep track of the activity monitors that we distribute to the participants. <u>Do</u> <u>not</u> distribute 2 monitors to any one person unless there is equipment (not participant) error. <u>Participants must return their initial monitors at Assessment Part 2 or 3 in order to be</u> reissued a monitor for return at the next (6- and 12-month) Assessments.

- 1) Open the Microsoft Excel database, filename "[Clinic Name] Monitor Log."
 - a. NOTE: Backup this file daily on the PHI server
- 2) Open the Sheet labeled with the Assessment type (e.g., Baseline).
- Record the Study ID, First and Last Name (Initial only), telephone numbers, etc. as shown in the screenshot below. The Monitor ID column may be left blank until Assessment Part 2 (refer to coding system on p. XX of the Procedures Manual Part 2).
- 4) Record the last 2 digits of the monitor's serial number (between 13 and 37) in the 'Monitor Number' column between the Staff ID and 'Date Monitor Delivered.'

1	A	В	С	D	E	F	G	н	I	J	K
1	Study_ID	Monitor ID	First_Name	Last_Name_I nitial	Telephone	Alternate_T elephone	Alt-Phone 2	Gender	Staff ID	Monitor_ Number	Date_Monitor _Delivered
21										32	
22	DE		Daisy	E.				F	dlp	33	6/1/2015
23	SW001	11001	Apolinar	A.	(210) 459-7151	(210) 859-0765		M	dlp	34	5/14/2015

IMPORTANT: When issuing a re-wear, copy the Study ID into the Column labeled "Rewear" for the appropriate assessment type (Baseline, 6-month, 12-month).

Initializing the monitor

- 1) Open the ActiLife 6 program from the Desktop shortcut.
- 2) Connect the monitor to the USB port by opening the rubber cover protecting the USB outlet on the ActiGraph unit (use flat side of red triangular pick provided). Plug the small end of the USB cord into this outlet (make sure that no other ports are being used). When connected properly, the software will recognize that a device is connected. <u>Verify that the device is fully charged before initializing.</u>
- 3) Click on the "Initialize" ActiLife v6. 1.7 - 1 Device Conne dropdown menu and Wear Time Validation Scoring Sleep PLM Graphing NHANES Feature Extraction Stud Devices 🔁 Refresh Initialize Download 💋 Refresh All 식 Identify Advanced select "Regular Subject **Regular Initialization** Status Firmware Battery Name Initialization." This will set. Initialize before deployment!] finished detecting 1.3.0 (14.21V (99% Charging #) **Proximity Initialization** 24 **Group Initialization** bring up the initialization screen. Initialize Devices

Choose Initializ	zation Paramet	ters fo	r 1 Device							
Select Start Time:	6/7/2015		12:00 AM	\bigcirc	Default	🔲 Use Stop Time?	6/8/2015		5:16 PM	\odot
Device Time: 6/7	/2015 5:21:44 PM	Use Lo	cal Computer 1	lime ,	• 🕐	Devices will of	ontinue collectin	g data until	the battery dies.	

- 4) Change the start date to the day following Assessment Part 1.
- 5) Change the start time to **12:00am** (midnight).
- 6) Make sure the 'Use Stop Time' is unchecked.

LED Options Image: Construction left Image: Construction left Wireless LED	
Wireless Options Enable Wireless Heart Rate	
Recording Options Idle Sleep Mode Enabled	

 Ensure the "Default Sample Rate" is at 30Hz, 'Delay mode LED' is checked, and 'Data collection LED' is <u>un</u>checked.

8)	Click on the	"Enter Subiect Ir	nfo" button in	the lower	right hand	corner of t	the screen.
υ,		Enter Subject n	no button in		ingine manu	conner or i	the servern.

elect Start Time: 6/	12/2015	12:00 A	M O	Default	🔟 Use Stop Ti	me? 6/9/20	215	10:42 AM	0	
Device Time: 6/8/20	15 10:53:54 AM	Use Local Con	nputer Time	• 0	Devices	will continue of	collecting data until	the battery d	lies.	
Serial	Subject Nam	e Gender	Height (ft)	Height (in)	Weight (lbs)	DOB	Race	Limb	Side	Dominance
MOS2C42140835	SW005	Female				10/29/2007	Latino / Hispa	Waist	Right	Dominant
					_					
•										
$\mathbf{\hat{h}}$										
		-				1.1				
Use Serial as Subject	Name	Reset	to Device Paran	neters 🐹 O	lear					

- 9) Enter the Study ID in the 'Subject Name' column. When downloading data at Assessment Part 2 the subject name will be changed using a coding system (see "Downloading Actigraph Data," p. XX of Accelerometry Manual Part 2)
- 10) Enter demographic data from the Data Collection Form Child (see Appendix): Gender, Height (ft. and in.), Weight (lbs.), Race (Latino/Hispanic), Limb (Waist), Side (Right), and Dominance (Dominant if right-footed, Non-dominant if left-footed; ask them which foot they use for PA e.g. to kick balls)
- 11) Click "Initialize 1 device" on the bottom right corner of the screen.
- 12) The program will take a few seconds to initialize. Wait while this occurs.

) Ad	tiLife v6.11.7 Edit To	- 1 Device Connecter ols Help	d				-	_		-	
Dev	ices Wea	r Time Validation	Scoring	Sleep PLM	Graphing	NHANES GPS	Feature Ex	traction Stud	lies Data Vault		
	Initialize	e 🔹 💽 Dow	nload	蓉 Refresh	💋 Ref	resh All 🛛 🔦 Ider	ntify A	dvanced -			
V	Device	Serial #	Subject Name	Status	Firmware	Battery	Total Memory	Current Data Recorded	Mode(s)	Epoch / Sample Rate	Start Date & Time
		NOCOCUPI 100075	CHINA C	e - 1 - 1 - 5 - 1	150	A 201/ (00% Changing)	DESEMO	00	A A A T	20.4-	6 (10 (201E 10.00 AM

13) The main screen will update to Status: "finished initializing." Be sure that the start date and time are correct.

Go to the "Safely Remove Hardware and Eject Media" **(USB)** icon in the bottom right corner of the desktop and select "Eject wGT3X-BT."



You may now disconnect the monitor from the USB cable. **Make sure you close the rubber cover and secure it with the pick!** The LED light will FLASH until it begins to collect data and then it will turn off.

Attaching the Monitor to a Belt

4) Note: Remember to

secure pouch closed

monitor is inside!

IMPORTANT: Belts must be

washed (hand-washed or

cold machine cycle, NO

tumble drying) before

being distributed to the

be washed by research

staff.

next participant. Belts will

with rubber band once

- Choose the belt size based on the participant's waist circumference. It is useful to offer specific sizes. For this study we offer small 24 in. (60cm), medium 36 in. (90 cm.) and a few large 48 in. (120 cm.). Belts are labeled S, M, L with a metallic marker.
- Each belt comes with a pouch that will house the monitor and buckles to fasten the belt.
- Pull the pouch through the two belt loops, so that the opening (velcro) side of the pouch is up and facing away from the participant's body.
 ACTIVITY MONITOR INSTRUCTIONS
 - Wear the monitor ALL DAY EVERY DAY From when you wake up until you go to bed

Take the monitor off ONLY for: SWIMMING SHOWERING BATHING

SLEEPING

The monitor should always be worn against your right hip bone; black plastic "Actigraph" label facing away from you.



DO NOT take the monitor apart - That will ruin the data and we won't be able to use it.

We will send text messages to your cell phone during the week to see how you're doing.

Come back to the Clinic on ______to return the monitor. ***Make sure you wear it to school on that day too***

If you have any questions, please call (210) 562-6524 or e-mail us longparma@uthscsa.edu____.

THANK YOU FOR HELPING US WITH THIS IMPORTANT RESEARCH!!!



Instructions & Script: Overview

Staff members: Read and familiarize yourself with the following information prior to leading orientation meetings with participants.

The following pages contain the script to lead the team member and participant through the orientation meeting. Topics covered include:

- 1) Instructions for when and how to wear the monitor (see flyer this page),
- 2) Fitting the monitor,
- 3) Review of instructions and returning the monitor, and
- 4) Letter for teachers and coaches (see p. 17)

To ensure consistency of instructions that are given to each participant, please follow the script; spoken words are in italics and additional instructions to the team member are inside boxes. **NOTE:** You will sometimes give instructions to the child alone while the parent is finishing

surveys. Be prepared to review instructions with **both** parent and child prior to checkout (see Review Instructions, p. 16).

Explain How & When to Wear the Monitor: Script

"We are asking you to wear a monitor every day for the next seven days. Today I will show you how to wear the monitor and review instructions about wearing it.

Team member: Show the sensor and belt to the participant.

"First, let's review the instructions for wearing the monitor in detail." [show flyer to participant]

"You should wear the monitor during **all hours that you are awake, every day** until your next Assessment visit. Put the monitor on first thing in the morning when you wake up, and take it off at night when you go to bed. We would like you to wear it for at least 12 hours of the day. If you don't wear it for long enough each day, or for enough days, we will have to ask you to wear it again for several more days. It is very important that you wear it every day. You may wear it either on top or underneath your clothes, whichever way feels more comfortable to you. When you go to bed, put the monitor somewhere **safe**, where you will see it in the morning and put it on again right away." "Keep the monitor in its pouch the whole time. There is no on/off button or anything you need to adjust during the next seven days. If the monitor does come out of the pouch, put it back in so that the cap is on top and the Actigraph label is facing away from your body."



Show the participant the monitor cap and the Actigraph label.

"Wear the monitor during all the hours that you are awake – at least 12 hours per day. The monitor should not get wet, so take it off to shower, take a bath or swim. Make sure to put the monitor back on when you are done."

"Be careful when changing clothes, going to the bathroom or other types of activities where you could drop the monitor or it could get hit hard. The monitor will not break if it is bumped, but please be careful when using the bathroom that the monitor does not fall into the toilet."

"It is very important that you go about your normal, everyday activities this week, and you do not make changes to your routines. You should do your daily activities just as you would without the monitor."

"Do you have any questions about when to wear the monitor?"

Fit the Monitor

"Now let's fit you with a monitor. The monitor should be worn on the RIGHT side of your body at about hip level using this elastic belt."

Point out the monitor, belt and location on participant's body.

"To best position the monitor, draw an imaginary line from the center of your right knee cap up the front of your leg to your right hipbone."

Demonstrate this process on your own body and have participant follow along.

"The monitor should be worn over your right hip at this spot. Once you put the belt on, slide the monitor to this spot. The belt should be snug enough to hold the monitor in place. Make sure to **always** wear the belt. Let's have you put on a belt and monitor and check the fit."

Help the participant put on the belt and position the monitor correctly. Belt should fit securely, but comfortably.

"Do you have any questions about how to put the monitor on or where to put it on your body?"

"You may keep the monitor on now. We would like you to wear the monitor for the rest of today so you can get used to it. Remember to put it somewhere safe when you go to bed tonight and then put it on first thing tomorrow morning again. Your parent/guardian will receive text messages several times this week to remind you to wear it and answer any questions you may have.

> At this point the participant has completed Assessment Part 1 and can set up an appointment for Part 2 to return the monitor.

Review Instructions and Set up Appointment to Return the Monitor

"Let's go over the instructions again for wearing the monitor." [give 2 refrigerator magnets, 1 copy of instructions to child, & another copy to parent in language of choice – see p. 14 for English example]

"Make sure to go about your activities during the day just like you usually would in any other week, okay? The instructions we went over today are on this sheet if you want to re-read them or have questions."

"Here is a letter you can show your school principal and/or coach explaining why you are wearing this device at school and/or during sports practice." [give letter to parent participant – see next p.]

"Also, if you have any questions during the next week, you may call this telephone number:"

Dorothy Long Parma, Measurement Coordinator (210) 562-6524 – (Mon thru Friday 8am-5pm)

"Your parent/guardian will receive text messages several times this week to remind you to wear it and answer any questions you may have. The messages will be:

- 1. Today to provide you with a contact phone number if you have questions about the monitor.
- 2. Tomorrow and the following day to remind you to wear the monitor.
- 3. On the 4th day to remind you of acceptable times to take the monitor off (e.g., bathing, sleeping).
- 4. On the day before your next visit to remind you to bring the activity monitor to your appointment the following day to record your activity.

"Please verify that we have the correct phone number to send text messages to."

"We need to get this monitor back from you – this is a required step for participation in the program and to receive your gift card incentive. Even though the monitor looks like a toy, it is an expensive research tool. It cannot be used by itself, and it has no monetary value if it is lost, stolen or sold."

Schedule the participant a minimum of 8 days after day of assessment (day of assessment does not count as a day) using **Assessment Logistics Schedule.**

"We will set up an appointment day and time for you to bring the monitor back to the clinic when you check out today. We can give you your gift card incentive when we see you. That is the only way we can get your incentive to you."

"Do you have any questions about anything we went over today?"

"You are all set with your monitor and instructions. Wear your monitor for the rest of today, and **then put it where you will see it and put it on first thing tomorrow morning.** Thank you."



Spring 2018

To Whom It May Concern:

Greetings! The student carrying this letter is a participant in **Health4Kids**, a research study being conducted at the University of Texas Health Science Center at San Antonio. The goal of our project is to promote healthy lifestyles, including increased physical activity among Hispanic children aged 6-12 years attending University Health System-affiliated pediatric clinics.

Each child participating in the research study will wear an activity monitor for 7 days so that we can monitor his/her physical activity. The activity monitor is a motion-sensing device, like a pedometer, that is about the size of a small pager and is worn on a belt around the waist, over or under clothing. We are asking each child to wear the activity monitors for a full week, including when he/she is playing sports and engaging in other physical activities, so that we receive accurate information about his/her activity level. Each child who wears a monitor does have parental consent to do so, and has provided his/her assent as well. There is minimal risk of injury in wearing the activity monitors during sports, and children who are concerned about this possibility were offered a padded pouch in which the monitor can be placed while participating in organized activities.

We ask that you allow this student to wear the activity monitor during your organized activity so that we may better measure his/her activity level. If you have any questions about the study or the activity monitor, please feel free to contact **Dorothy Long Parma** at University of Texas Health Science Center at San Antonio at **210-562-6524**.

Thank you for your understanding and cooperation with our research!

Sincerely,

Deboral Paux-Medina

Deborah Parra-Medina, PhD. Principal Investigator University of Texas Health Science Center in San Antonio 210-562-6521

Institute for Health Promotion Research (IHPR) 7411 John Smith Drive, Suite 1000 | San Antonio, TX 78229 210.562.6500 | Fax 210.562.6545 | www.uthscsa.edu | hppt://ihpr.uthscsa.edu

Appendix

Study ID# Staff ID # D	Date:									
DATA COLLECTION FORM - CHILD Baseline Part 1 6-mo Part 1 12-mo Part 1	HEALTH M C C 4 KIDS									
Age years Gender: M/F										
Height: (cm) For Activity Monitor) (ft/in)/	yound up if $\geq \frac{1}{2}$ in.) Height %									
RESTING BP Measurement 1 Measurement 2 M (after 5min if elevated, (after 5min if eleva	easurement 3 ter 5min if still									
Systolic Blood Pressure(mmHg)										
Diastolic Blood Pressure(mmHg)										
ELIGIBLE for STEP TEST? YES (BP<95% percentile for age/height)										
NO (BP≥95% percentile for age/height)										
FITNESS (HR) Time 0 (seated) 3 min (immediately after stopping) 4 min (seated or step)	5min (seated on step) TANITA PRINTOUT									
3-Min Step Test HR	GOES HERE									
If stopped at <pre><pre></pre><pre></pre><pre><pre>// If stopped at <pre>// min <pre>// min <pre>// min</pre></pre></pre></pre></pre></pre>										
*Staff Notes:										
TANITA (BODY COMPOSITION)										
Height (Copy from above) Weight (kg) BMI (kg/m2)										
(For Activity Monitor) Weight (lbs) (multiply kg x 2.2)										
(Turn over for Waist Circumference measurement) (FOR DATA ENTRY LAT										
Health4Kids (H4K): A Pediatric Obesity Management Intervention Trial for Hispanic Families (R01HD075936)

Accelerometry Procedures Manual

Part 2



Contents

Before Downloading ActiGraph Data	3
Downloading ActiGraph Data	3
ActiLife Wear Time Validation Protocol	6
Issuing a Re-Wear	12
Re-wear Process	12
Re-wear Script	13
	10
Part 3 Re-wear Process	13
Part 3- Re-wear Script	13
Assessment Part 3- Re-issued Monitor Return	14
Data Scoring	15
ATG Data Management	17
Troubleshooting	17

ActiGraph Download and Data Check

Before Downloading ActiGraph Data

- A new folder (named by Study ID #) must be created for all participants in: PHI\POM\Measurement\DATA\Accelerometry\ATG downloads\(Assessment type)\(Clinic). Copies of all ATG data related to the participant may be stored in the folders located on the desktop for copying to the PHI drive later.
 - **a. NOTE:** Create a folder called "Part 2" within the participant (Study ID) folder to keep the raw data files.

				- 0 X
🖉 🖉 🚽 🦊 🗛 🗛 🕹	aseline SE Clinic SE073 Part 2	 ✓ 49 Se 	arch Part 2	
Organize 👻 🕢 Open with ActiLife	e Share with 🔻 Burn New folder		8==	- 🔳 🔞
🔆 Favorites	Name	Date modified	Туре	Size
🧮 Desktop	Ø MOS2C42140831 (2016-01-25)15sec	1/25/2016 11:14 AM	ActiLife AGD File (3,737 KB
Downloads 📃 Recent Places	(2016-01-25)15sec60sec	1/25/2016 11:15 AM	ActiLife AGD File (1,253 KB

Downloading ActiGraph Data

- 1) Collect the monitor from the child participant at the beginning of Assessment Part 2 to begin the "download" process.
- 2) Open the rubber cover on the monitor and connect the monitor using the USB cord.
- 3) Open the ActiLife software program.
 - a. When properly connected, the software will recognize that the monitor is connected.
- 4) Click the "Download" icon (this will bring up the "Download Options" screen).

Acti	iLife v6.11.7	- 1 Device Connecte	d			and the second se									- 0 - X
File	Edit To	ols Help													
Devi	ces Wea	r Time Valid-ti	Secting	Sleep PLM	Graphir	ng NHANES GPS	Feature	Extraction Studies	s Data Vault						
	Initialize	e 🛛 💽 Dow	nload	Refresh	💋 Re	efresh All 🛛 🔌 Ide	entify	Advanced •							
	Device	Serial #	Subject Name	Status	Firmware	Battery	Total Memory	Current Data Recorded	Mode(s)	Epoch / Sample Rate	Start Date & Time	Stop Date & Time	Filter	Axis Enabled	More Info
V 1	wGT3X-BT	MOS2C42140834	SW001	finished detecting	1.5.0	🔒 3.91V (71% Charging)	3656 MB	17D 15H 20M 15S	& 🖓 📐 🙈 🛛 Z	30 Hz	5/15/2015 12:00 AM		N/A	3	More Info

Change Location	C:\Users\longparma\[Desktop\H4K ATG DA	Α							
	🚺 Use as Default Dow	nload Directory								
- Download Naming Cor	vention	- Download Optio	IS							
Serial Number> <d< p=""></d<>	lownload Date>	Create Clinica	Report on Dowr	load for ActiSl	eep Monitor(s)	edit options				
Serial Number> <s< p=""></s<>	tart Date>	Create AGD F	le: (wGT3X-BT)							
Subject Name> <d< p=""></d<>	ownload Date>	Enable II				Axis 1				
Subject Name> <st< p=""></st<>	tart Date>	cpocn: 15	▼ sec	onas						
Serial Number		# of Axis: 3	Sele	rt 1 sec for PLN	1 analysis	Axin'l Chir 2				
Subject Name		🗸 Steps 🔽 Lu	c 🔽 Inclinome	ter 🔲 Low F	requency Extens	ion				
Prompt for Each Do	wnload			000 17 -3200						
Concatenate Custon	n Fields				Daumla	ad All Devices				
Add biometric and us	ser information				Downic	ad All Devices				
Serial Number	Subject Name	Gender	Height Feet	Height Inches	Weight (Ibs)	Date of Birth	Race	Limb	Side	Domina

- 5) Select 'Serial Number/Download Date' as the "Download Naming Convention."
- 6) Check the box "Create AGD File (wGT3X-BT)."
 - a. From the "Epoch" drop down menu select 15 seconds
 - b. From the "# of Axis" menu select **3**
- 7) Check the box "Add biometric and user information".
- 8) Click "Download All Devices." This will take a few moments.
- 9) When download is complete the Status bar will update to "finished downloading." Click on the link and select "Open Download Folder" from the dropdown menu.

Dev	vices Wea	r Time Validation	Scoring	Sleep	Batch Sle	ep PLM	Graphing	N
	Initializ	e - 🔃 Dow	nload	💋 Ref	fresh	😂 Refre	sh All 🛛 🔇	ł
			1 2 3 2 3	Autom	atic Refresh	52 second	s until refresh.	•
V	Device	Serial #	Subject Name	Stor	us	Firmware	Battery	
V	wGT3X-BT	MOS2C42140837	SW046	finished dow	Sho	AGD in View	er	arg

🕞 🔵 🗢 📕 🕨 Long Parma, Dorothy	My Documents + ActiGraph + ActiLife	Downloads		
Organize 🔻 Include in library 🔻	Share with 🔻 Burn New folder			
🔆 Favorites	Name	Date modified	Туре	Size
Nesktop	MOS2C42140828 (2015-12-28)15sec	12/28/2015 9:38 AM	ActiLife AGD File (2,552 KB
퉳 Downloads	(3) MOS2C42140829 (2015-12-05)15sec	12/28/2015 9:34 AM	ActiLife AGD File (3,404 KB
🖳 Recent Places	MOS2C42140828 (2015-12-28)	12/28/2015 9:31 AM	ActiLife GT3X File	98,749 KB
	AUCOCAST 10021 (2015 11 10)15-00	12/5/2015 0.22 114	Actilite AGD Eile /	2 100 VD

10. Copy/Paste the ActiLife AGD and GT3X files from <u>Documents\ActiGraph\ActiLife\</u> <u>Downloads</u> to the "Part 2" subfolder in ATG downloads\(Assessment type)\(Clinic)\(Study ID) located in the PHI\POM\Measurement\DATA\Accelerometry\ folder.

If downloading at Part 3, copy the AGD file to the "Part 3" subfolder that was created after issuing a re-wear.

🖉 🖉 😼 🕨 H4K ATG DATA 🛛 Bas	eline + SE Clinic + SE073 + Part 2	✓ 4y Se	arch Part 2	
Organize 🔻 🕢 Open with ActiLife	Share with 🔻 Burn New folder		III	- 🔲 (
🚖 Favorites	Name	Date modified	Туре	Size
📃 Desktop	(3) MOS2C42140831 (2016-01-25)15sec	1/25/2016 11:14 AM	ActiLife AGD File (3,737 KE
\rm Downloads 📃 Recent Places	(2016-01-25)15sec60sec	1/25/2016 11:15 AM	ActiLife AGD File (1,253 KB

ActiLife Wear Time Validation Protocol

The next step is to verify that participants have worn the monitor for sufficient number of days according to study protocol below by screening the data that was collected leading up to Assessment Part 2. Follow the protocol described below to verify compliance with study protocol.

Criteria:

- Participants will be measured for at least **7** consecutive days using a 15-second epoch.
- Participants are required to have at least **4** valid days for each monitor wearing.
- A valid day is defined as a day containing at least **10-12** valid hours.

Wear Time Validation

1) Click on the "Wear Time Validation" tab in the upper left corner.

🚯 ActiLife v	6.8.0 - 1 Devices Connected										- 0 X
File Edit	100ls Help										
Device:	Wear Time Validation	ata Scoring	Sleep Analysis	PLM Analysis	Graphing	Data Comparison	GPS	Feature Extraction	Data Vault		
Troiano (2007) 🔹 💿 Default 🧖	Custom		🐼 Add Dat	aset(s) 🔻	Remove Selected					Files loaded: 13

- Remove other datasets (if present) by checking the box next to them and clicking on "Remove Selected" in the upper center of the screen.
- Make sure the box next to the dataset of interest is checked. Click on the "Add Dataset(s)" option to upload.

ActiLife v6.	.13.1 - 1 Device Cor	nected			
File Edit	Tools Help	Searing Stean Batch Stean Philippen Stran MUANIC	Fastura Extraction CentrePoint Data	ault -	
Troiano (20	107) 🔹 💿 Defa	ult O Custom			
Define a No	on-Wear Period	Data Set	Subject Name Serial Number Details	Validated Has Wear Senso	r Wear Periods
Minimum	Length: 60 🐳	Minutes	SE040B MOS2C42140828	No Yes	Fellous
Activity	v Threshold	counts per Minutes v			
			Troiano (2007) 🔹 💿 Defau	t 🔊 Custom	
			Define a Nati Wate Period		
4)	Set the	e parameters that define a	Minimum Longthy 60	Kender -	
	Wear/	Non-Wear period:		viinutes	
	a.	Click the 'Default' bubble located		A counts per Minutes	_
		above "Define a Non-Wear Period"		counts per Minutes	
			Use Max Counts		
	b.	Select "Trolano (2007)" Located to	Spike Folerance: Z	Minutes V	_
		the left of the 'Default' options	Spike Level To Stop: 100	counts per Minutes	w.
	c.	The wear time validation	Require consecutive epochs	outside the activity threshold	
		narameters will then he set			
			Optional Screen Parameters		
		automatically.	Ignore wear periods less th	an: 0 📩 Minutes 🔻	
5)	Click o	n the " <i>Calculate</i> " button located on	📃 Minimum wear time per d	ay: 0 🔺 Minutes 🔻	
	the lov	ver center of the screen. Make sure	Minimum davs o	f valid wear time: 0	
	that "S	how Preview Graphs" is checked.	-		



- 6) Screen the data presented:
 - a. When finished calculating, click on "*Export*" in the lower right corner to create an Excel file with all wear time validation data.
 - b. Save the file to: PHI\POM\Measurement\DATA\Accelerometry\ATG downloads\(<u>Assessment Type)\(Clinic)\(StudyID)</u>.
 - c. Name the file by monitor number-monitorID-data collection date (yyyymmdd), as follows:



- i. 1ST digit (e.g., 1) where 1 = SW Clinic, 2 = SE Clinic (3 = additional clinic if needed)
- ii. 2^{ND} digit (e.g., 1) where 1 = baseline, 2 = 6 months, 3 = 12 months
- iii. **3RD, 4TH and 5TH digits** (e.g., 002) where 002 = subject ID number

EXAMPLE: SW Clinic (1), Baseline assessment (1), Participant #14 (014) (Subject Name: 11014).

d. View the "Wear Length" column in the Excel file to ensure **at least 4 days** of wear.

		(<u>a</u> r ∓	All other		-	-	37-11046B	- Microsof	t Excel	1				
	ile H	ome Ins H	ert Page	Layout	Formulas	Data	Review V	iew Ac	robat					∞ 🕜 🗆
	A A	В	- (- c	J* Subj	E E	F	G	Н	1	J	К	L	M	N
1	Screen in	formation	performed	d on 8/13/2	015 5:33:59	PM								
2														
3		Subject N	Serial Nu	r Details	Validated	Has Wear	Wear Peri	Non-Wea	Total Date	Wear Length	Non-Wea	a Avg Lengt	Avg Lengt	Wear %
4		SW046	MOS2C42	Details	Automatic	Yes	15	14	11D 17H 3	6D 18H 49M 30	4D 22H 40	0 10H 51M 1	18H 28M 37	57.8
5														
6														
7														
8														

e. Copy/paste the amount of wear time to the "(Clinic Name) Monitor Log" spreadsheet located in the PHI\POM\Measurement\DATA\Accelerometry\ folder.

7)	Go to	E.	ILE HO	- ♂ - ÷ DME INSER	T PAG	E LAYOUT FO	RMULAS DAT	a revie	W VIEW	SE Clinic Monit /	or Log - Excel		· tr
	"Graphing"	Pas	ste	Calibri B I <u>U</u> →	- 11		= - = =	Wrap Teo	t Center ×	General \$ + % >		nditional Format	as Cell Insert
	pull-down	Clip	board 🗔	F	ont	G.	Alignn	ient	r _a	Number	Forr	natting + Table Styles	* Styles * *
	menu to	P2	:0	• : 🗙	√ f.	x N							
	view each	4	В	с	D	E	F	СН	I	J	K	L	M
	view eden		Monitor	First Name	ame_In	Telephone	Alternate_T	Gender	Staff ID	Monitor_	or_Deliver	Date_Monit	Wear Time
	day of	1	ID		itial		elephone			Number	ed	or_Return	
		10								21			
	wear.	11	21039	Elizabeth	L.	210-413-7398	-	F	dlp	22			
		12								23			
		13								24			
		14								25	1/26/2016		
		15	21052	Daniella	C.	210-668-9162		F	dlp	26	1/23/2016		
		16	21074	Stephanie	Ρ.	210-573-2373		F	dlp	27	1/23/2016	2/2/2016	
		17	21040	Rigoberto	A.	210-848-5424	210-461-9797	M	dlp	28	12/19/2015	12/28/201	4D 14H 52M 0S

🚯 ActiLife v6.8.0 - 1 Devices Connected	
File Edit Tools Help	
Devices Wear Time Validation Data Scoring Sleep Analysis	PLM Analy is Graphing D: a Comparison GPS Feature Extraction Data Vault
Troiano (2007) 🔹 💿 Default 🖳 Custom	Image: Constraint of the state of

a. Click on "Select dataset." This will open the Downloads folder.

File Edit T	ools Help						
Devices we	ear Time Validation	Scoring	Sleep	Batch Sleep	PLM	Graphing	NH/
-		-	Section 4				1.1
③ Select Data	iset N/A						

 b. Double-click on the AGD file matching the monitor number of interest (usually the most recent file). If the computer defaults to the last Study ID downloaded, go to the correct subfolder in H4K ATG data folder located on the desktop.

Select a AGD File				
🕥 - 🚺 🕨 Compu	ter 🕨 Windows (😋 🕨 Users 🕨 longparma 🕨 M	y Documents 🕨 ActiG	raph 🕨 ActiLife 🕨 Do	ownloads
Organize 🔻 New fol	der			
🔆 Favorites	Name	Date modified	Туре	Size
🧾 Desktop	MOS2C42140829 (2015-12-05)15sec	12/5/2015 9:09 AM	ActiLife AGD File (3,404 KI
🐌 Downloads	Ø MOS2C42140833 (2015-11-19)15sec	12/5/2015 9:08 AM	ActiLife AGD File (4,075 KI
🖳 Recent Places	Ø MOS2C42140833 (2015-11-19)15sec60sec	11/19/2015 4:30 PM	ActiLife AGD File (1,360 KI
	Ø MOS2C42140831 (2015-11-18)15sec	11/19/2015 4:21 PM	ActiLife AGD File (3,108 Ki
词 Libraries	Ø MOS2C42140836 (2015-11-02)15sec	11/2/2015 12:32 PM	ActiLife AGD File (6,996 K
Documents	Ø MOS2C42140837 (2015-08-13)15sec60sec	8/13/2015 5:36 PM	ActiLife AGD File (1,199 K
J Music	Ø MOS2C42140837 (2015-08-13)15sec	8/13/2015 5:33 PM	ActiLife AGD File (3,571 KI
E Pictures	Ø MOS2C42140836 (2015-07-30)15sec	7/30/2015 6:16 PM	ActiLife AGD File (4,079 K
Videos	Ø MOS2C42140836 (2015-07-30)15sec60sec	7/30/2015 4:52 PM	ActiLife AGD File (1,364 KI
	Ø MOS2C42140833 (2015-06-23)15sec	6/23/2015 3:13 PM	ActiLife AGD File (3,137 KI
🖳 Computer	Ø MOS2C42140834 (2015-06-01)10sec	6/1/2015 4:00 PM	ActiLife AGD File (7,612 Ki
🏭 Windows (C:)	MOS2C42140834 (2015-05-28)15sec	5/30/2015 10:06 AM	ActiLife AGD File (4,098 K

c. When prompted, select "Yes, reintegrate file." The graphing process will take a few minutes and will appear on the screen. If you see a "not responding" message on the menu bar, don't panic – just wait. Scroll down and determine visually the dates containing 12hrs wear time (4 large blocks on x axis).



d. Click on "Export to PDF" in the upper right corner of the screen.

e. On the "Select the Days to Graph" screen, un-click the dates that do not contain 12hrs (4 large blocks on x axis) wear time. Check "Keep any zoom information" and "Show cut points." Click on "Create PDF."



 b. Save the PDF file as "(StudyID)(Assessment type) graph.pdf" in: PHI\POM\Measurement\DATA\Accelerometry\ ATG downloads<u>\ (Assessment Type)\(Clinic)\(StudyID)</u>

8) "Wear Time" must be GREATER THAN OR EQUAL TO 4 days to be compliant.

POM/H4K

NOTE: If Excel file shows <4 days of wear, confirm visually with the graphs. If graphs show close to 4 days of 12hrs wear per day (4 large blocks on the x axis), consider wear time sufficient. Record decision in the Protocol Deviation log on the desktop.

Description of Protocol Deviation	Deviation Category	Deviation Code	Participant ID # Affected	Date Occurred	Date IRB Notified (if applicable)	PI Signature & Date
Monitor wear time validation not performed due to staff uncertainty which metric to use; child participant given incentive at this time, sufficient wear time later verified	D	D19	SW001	5/28/15	n/a	
Child participant did not urinate prior to taking TANITA measurement	D	D19	SE012	11/7/15	n/a	
Parent participant did not urinate prior to taking TANITA measurement	D	D19	SE012	11/16/15	n/a	4
Monitor wear time validation not performed due to <u>Actilife</u> software lockout; child participant given incentive at this time. Monitor checked when software available	D	D19	SE012	11/16/15 11/18/15	n/a	
Excel export indicated insufficient monitor wear time. Review of graphs showed close minimum days w/ at least 10hrs/day. Child incentive given	D	D19	SW001	11/19/15	n/a	

HEALTH

b. If participant has less than 4 days of valid data, issue a re-wear. *See 'Issuing a Re-Wear,'* p. 11.

🚯 ActiLife v6.8.0 - 1 Devices Connected										
File Edit Tools Help										
Devices Wear Time Validation	Data Scoring	Sleep Analysis	PLM Analysis	Graphing	Data Comparison	GPS	Feature Extraction	Data Vault		
Troiano (2007) 💌 💿 Default 🕋	Custom		🕢 Add Dat	aset(s) 🗸	Remove Selected)				Files loaded: 13

- c. NOTE: If the participant was issued a re-wear, the days and hours completed still must be reflected in the spreadsheet. Copy/paste the amount of wear time to the "(Clinic Name) Monitor Log" spreadsheet located in the PHI\POM\Measurement\DATA\Accelerometry\ folder. After issuing a re-wear, remove the participant data from the wear time validation page by selecting the dataset and clicking "*Remove Selected*".
- 9) At the end of assessment, save the Protocol Deviation log to the POM server Adverse Events folder.

Oreanize - Pure New felder			9::-	- 50 6
Drganize Burn New folder Music	Name	Date modified	Туре	Size
D E Pictures	Completed	11/24/2015 2:20 PM	File folder	
Videos	J For Review	11/24/2015 2:20 PM	File folder	
	📕 Forms & Reports	11/24/2015 2:19 PM	File folder	
Computer	📕 Old	11/24/2015 3:41 PM	File folder	
Windows (C:)	H4K AE Database	12/23/2015 8:36 AM	Microsoft Excel W	22 KB
POINI (\\cts\links\epidbio\PHI Adverse Events	POM H4K Protocol Deviation Log	1/13/2016 2:14 PM	Microsoft Word D	313 KB
▷ 3 Built Environment-Diversity ≡ ▷ 3 H4K Newsletters				

- 10) (Can be done later) Rename the downloaded ActiLife AGD and GTX3 files with the monitor ID-Subject name (e.g., 34-11014). Change the subject name using the coding system of Clinic, Assessment, and participant ID# (X-X-XXX) as follows:
 - a) 1ST digit (e.g., 1) where 1 = SW Clinic, 2 = SE Clinic (3 = additional clinic if needed)
 - b) 2^{ND} digit (e.g., 1) where 1 = baseline, 2 = 6 months, 3 = 12 months
 - c) 3^{RD} , 4^{TH} and 5^{TH} digits (e.g., 002) where 002 = subject ID number

EXAMPLE: SW Clinic (1), Baseline assessment (1), Participant #14 (014) (Subject Name: 11014).

Issuing a Re-Wear

A re-wear will be issued for the following reasons:

1. The participant did not wear the monitor for enough days.

In this case, the data collector will ask the participant if they will wear the monitor again. If so, reissue monitor and schedule return date. Emphasize that the monitor needs to be worn every day until the "drop-off date".

2. The participant wore the monitor for enough days, but for not enough valid hours in each day (<9-12 hours as visualized on the output graphs → see p. 9 above)

In this case, the data collector will ask the participant to wear the monitor again; reissue monitor and schedule return date. Emphasize that the monitor needs to be worn the entire day, and not just for a few hours each day, over the next 7 days.

3. Computer/Equipment failure.

The data collector will ask the participant to re-wear the monitor. Reissue the monitor and schedule return date. Re-state instruction on how to wear the monitor.

Re-wear Process

- 1) Collect the initial monitor from the participant.
 - a. **NOTE:** Participant <u>must</u> return the monitor at Assessment Part 2 in order to reissue the monitor for return at Part 3.
 - a. Once it has been determined that the participant has insufficient data, remove the participant AGD file from the wear time validation page. **NOTE:** DO NOT DELETE ANY FILES AND <u>DO NOT MOVE PARTICIPANT'S RAW DATA FILES</u>. All dataset files will be saved regardless of compliance with the protocol.
 - b. Create a folder named "Part 3" in the participant's folder where the Part 3 raw data files will be saved to.
- 2) Give the participant a re-initialized monitor to use for at least 8 consecutive days.
- 3) Using the initialization procedures found on Pg. 10 of Accelerometry Manual Part 1, prepare the monitor for the participant.
- 4) Follow the script found below to reissue the monitor to the participant.

Re-wear Script

Hi [participant's first name]! Thank you for returning the monitor back to us! Unfortunately, we took a look at the monitor data and it looks like we don't have enough data. [Explain valid days and/or hours needed were not met, discuss reasons for non-valid days, not enough hours, etc.] Would you be able to wear the monitor again for at least 8 full days? Once we have the monitor with enough recorded data, you will receive a gift card.

If yes,

Thank you! We really appreciate your help. Give me a few minutes to set up a monitor for you to take today.

lf no,

Thank you! We really appreciate your help and consideration for participating in our program.

Part 3 Re-wear Process

- 1) Collect the monitor from the participant.
- 2) Once it has been determined that the participant has insufficient data, leave the participant AGD on the "wear time validation" page.
 - a. **NOTE:** DO NOT DELETE ANY FILES AND <u>DO NOT MOVE PARTICIPANT'S RAW</u> <u>DATA FILES</u>. All dataset files will be saved regardless of compliance to the protocol.
- 3) Follow the script found below.

Part 3- Re-wear Script

Hi [participant's first name]! Thank you for returning the monitor back to us! Unfortunately, we took a look at the monitor data and it looks like we don't have enough data. We really appreciate your help and consideration for participating in our program.

[Baseline, 6 or 12 month assessment] We look forward to seeing you at the next assessment.

Assessment Part 3- Re-issued Monitor Return

In the event of monitor wear non-compliance (<4 days of wear time), *Measurement Coordinator* will schedule a 3rd Assessment at the Clinic on the nearest available Assessment Day within 4-10 days for monitor recheck. Participants will receive incentives at this time if minimum monitor wear times are met, as shown in the diagram.



Data Scoring

Once the wear time for the participants has been validated, the next step is to analyze it using ActiLife's Data Scoring tool. This tool has the ability to analyze a dataset for all the primary criteria relevant to accelerometry: Energy Expenditure, METs, Bouts, Heart Rate, and Sedentary Analysis.

Data Scoring

- 1) After all the participant wear time validation data has been accumulated click on the *"Score"* button in the lower right corner.
 - a. The desired dataset will be automatically added to the "DATA SCORING" page,

b.	Default settings will be used to analyze the participants' AG	D file.
A Artifica of 9.0 No Devices Connected		

File Edit Tools Help												
Devices Wear Time Validation Data Scoring Sleep Analysis	PLM /	Analysis Graphing	Data Comparison	GPS F	eature Extraction Dat	ta Vault						
Troiano (2007) 🔹 💿 Default 💿 Custom	Ø	Add Dataset(s) •	Remove Selected								Files loaded	d: 12
Define a Non-Wear Period	v	Data	Set	Details	Validated Data?	Wear Periods	Non-Wear Periods	Total Dataset Length	Wear Length	Non-Wear Length	Avg Length Wear Period	ہ Nor
Ilse Vector Magnitude		CLE1B38120954 (2013-11-1	2) 01010121 30sec.agd	Details	Automatic (3/21/2014)	9	9	7D 9H 46M 0S	4D 10H 24M 30S	2D 23H 21M 30S	11H 49M 23S	7H :
Activity Threshold O 🕀 counts per Minutes	v	LE1B38120971 (2013-11-2	5) 01010221 30sec.aqd	Details	Automatic (3/21/2014)	15	15	12D 9H 43M 30S	6D 17H 49M 30S	5D 15H 54M 0S	10H 47M 17S	9H :
Use Max Counts 0 🚔 counts per Minutes 👻	v	CLE1B38120957 (2013-11-1	2) 01010321 30sec.aqd	Details	Automatic (3/21/2014)	15	15	7D 9H 55M 0S	3D 8H 7M 30S	4D 1H 47M 30S	5H 20M 30S	6H :
Spike Tolerance: 2 A Minuter	V (CLE1B38120961 (2013-11-1	2) 01010421 30sec.agd	Details	Automatic (3/21/2014)	9	9	7D 10H 53M 30S	3D 11H 6M 30S	3D 23H 47M 0S	9H 14M 3S	10H
Spike Level To Stor: 100 Counts per Minutes	v 9	CLE1B38120960 (2013-12-0	2) 01010521 sec.aqd	Details	Automatic (3/21/2014)	24	24	19D 12H 43M 0S	2D 21H 45M 0S	16D 14H 58M 0S	2H 54M 22S	16H
Spike Level to stop, Counts per Initiates	v	CLE1B38120955 (2013-11-1	2) 01010621 30sec.agd	Details	Automatic (3/21/2014)	11	11	7D 11H 28M 30S	4D 0H 55M 30S	3D 10H 33M 0S	8H 48M 40S	7H :
Require consecutive epochs outside the activity timeshold	v	LE1B38120962 (2013-11-1	3) 01010721 30sec.agd	Details	Automatic (3/21/2014)	10	10	7D 9H 38M 0S	3D 19H 56M 0S	3D 13H 42M 0S	9H 11M 36S	8H :
	V (CLE1B38120963 (2013-11-1	3) 01010821 30sec.aqd	Details	Automatic (3/21/2014)	10	10	7D 12H 8M 30S	4D 4H 11M 30S	3D 7H 57M 0S	10H 1M 8S	7H :
Optional Screen Parameters	v (CLE1B38120949 (2013-11-1	4) 01010921 30sec.aqd	Details	Automatic (3/21/2014)	14	13	8D 10H 24M 0S	4D 9H 24M 0S	4D 1H 0M 0S	7H 31M 42S	7H :
Ignore wear periods less than:	v	CLE1B38120956 (2013-11-1	3) 01011021 30sec.agd	Details	Automatic (3/21/2014)	10	10	7D 10H 37M 0S	4D 8H 44M 30S	3D 1H 52M 30S	10H 28M 27S	7H :
Minimum wear time per day: 0 Minutes V	v	CLE1B38120970 (2013-11-1	3) 01011121 30sec.agd	Details	Automatic (3/21/2014)	12	12	7D 10H 16M 30S	4D 11H 19M 0S	2D 22H 57M 30S	8H 56M 35S	5H :
Minimum days of valid wear time: 0	v	CLE1B38120968 (2013-11-1	4) 01011221 30sec.agd	Details	Automatic (3/21/2014)	16	16	8D 11H 19M 30S	4D 16H 10M 30S	3D 19H 9M 0S	7H 0M 39S	5H 4
Sleep Period Options Ignore 👻												
(a) Understanding Wass Time Validation	•								- (•
<u>Understanding wear time validation</u> <u>Onderstanding wear time validation</u> <u>A</u>		Calculate								Score	🛛 Export	

- ActiLife v6.8.0 1 Devices Connected Edit Help Wear Time Validation Data Scoring Sleep Analysis Data Comparison GPS Feature Extraction Data Vault PLM Analysis Graphing Add Dataset(s)... • Remove Selected Edit Colum Files loaded: 13 🗵 Energy Expenditure 🛛 🕐
 Worn on Wrist?
 Activity kcals
 Average kcals
 Metrage kcals
 MET
 Total
 Total
 Total Len
 V Data Set Subject Name Details Validated Data? Log Weight Diary (Ibs) Freedson Combination (1998) -🛛 METs 🕜 V CLE1B38120954 (2013-11-12) 01010121 30sec.aqd 01010121 Automatic (3/26/2014) None 155 Freedson Adult (1998) • ✓ CLE1B38120971 (2013-11-25) 01010221 30sec.aod 01010221 Automatic (3/26/2014) None 160 Cut Points and MVPA CLE1B38120957 (2013-11-12) 01010321 30sec.agd 01010321 Automatic (3/26/2014) None 178 ← <u>edit...</u> Freedson Adult (1998) V CLE1B38120961 (2013-11-12) 01010421 30sec.agd 01010421 Automatic (3/26/2014) None 186 Bouts edit... CLE1B38120960 (2013-12-02) 01010521 sec.agd 01010521 Automatic (3/26/2014) None 153 ["] ✓ CLE1B38120955 (2013-11-12) 01010621 30sec.aqd 01010621 Automatic (3/26/2014) None 183 🛛 Sedentary Analysis 🛛 🥑 ✓ CLE1B38120962 (2013-11-13) 01010721 30sec.aod 01010721 Automatic (3/26/2014) None 171 🔲 HREE 🕜 ✓ CLE1B38120963 (2013-11-13) 01010821 30sec.agd 01010821 Automatic (3/26/2014) None 251 Filters (All-Inclusive) CLE1B38120949 (2013-11-14) 01010921 30sec.apd 01010921 Automatic (3/26/2014) None 153 Exclude Non-Wear Times from Analysis ✓ CLE1B38120956 (2013-11-13) 01011021 30sec.aqd 01011021 Automatic (3/26/2014) None 250 [[]] 🔲 Use Subject Log Diaries 🛛 import... 🔞 V CLE1B38120970 (2013-11-13) 01011121 30sec.aqd 01011121 Automatic (3/26/2014) None 187 Global Date and Time Filters ✓ CLE1B38120968 (2013-11-14) 01011221 30sec.agd 01011221 Automatic (3/26/2014) None 191 ✓ Name Date Start Stop Time Time CLE1B38120958 (2013-07-18)60sec.aqd 029801 Automatic (3/26/2014) None 201 0 Add New Date/Time Filter Export Calculate
- 2) Select the "Calculate" option in the lower center of the screen.

- 3) Once calculations are complete, click on the "Export" option in the lower right corner.
 - a. NOTE: Save the data to: desktop\H4K DATA FILES\(Assessment Type)\(Part TWO/THREE DATA SCORE).
 - b. Name the file by data collection date (yyyymmdd), EX. (20140505 DATA SCORE)

ATG Data Management

- A <u>weekly</u> upload of ATG files to the UTHSCSA network.
 - **NOTE:** The Measurement Coordinator is responsible for uploading all ATG data files to the shared network.

Troubleshooting

A common problem experienced with these models relate to faulty batteries that don't hold their charge for more than a few days. This is usually identified within the first few uses of the device and can be sent back to Actigraph for repair under warranty. The Actigraph Operation Manual is sometimes helpful. For problems that cannot be resolved, e-mail device support at support@theactigraph.com or e-mail the ActiGraph technical representative directly: Matt Biggs ext. 121. Phone: 850-332-7900.

Chapter 1: Project Information

Health4Kids: Pediatric Obesity Management Intervention Trial for Hispanic Families

Funded by the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD - R01HD075936)

Funding Period: April 10, 2014-March 30, 2019

A collaboration of:

- Institute for Health Promotion Research (University of Texas Health Science Center at San Antonio)
 - Deborah Parra-Medina, PhD (Principal Investigator)
 - Laura Esparza, MS (Project Coordinator)
 - Carisse Orsi, MD (Co-Investigator)
 - Dorothy Long Parma, MPH, MD (Measurement Coordinator)
 - Daisy Escamilla, MS (Intervention Coordinator)
- Department of Electrical and Computer Engineering, College of Engineering, The University of Texas at San Antonio
 - David Akopian, PhD (Co-Investigator)

• University Health System

- Roberto Villarreal, MD (Co-Investigator)
- Leah Meraz (Director Funded Programs)
- Crystal Espinoza (Program Coordinator)

Abstract

Given the continuing rise of the U.S. Hispanic population, reversing the Hispanic childhood obesity epidemic is critical to the nation's future health. Mexican American children and those from socioeconomically disadvantaged families often are far more overweight and obese than their peers, heightening their risk for obesity-related health complications. Our proposed randomized controlled trial, the Health4Kids Pediatric Obesity Management Trial for Hispanic Families (H4K), aims to improve Hispanic children's body composition by testing a comprehensive, culturally and linguistically relevant, family-oriented intervention for overweight and obese (\geq 85th percentile of body mass index [BMI]) Hispanic children ages 6-11 in pediatric clinics in San Antonio, Texas, a largely Hispanic city. Our team, formed during our pilot research funded by the Centers for Medicare and Medicaid Services (1H0CMS030457), unites academic investigators and community partners with experience working together to conduct behavioral and clinical interventions and outreach with Hispanics. The H4K trial will test the efficacy of a 6-month pediatric obesity management intervention (physician counseling plus telephone counseling, newsletters and text messages) compared to standard care (physician counseling only) on three outcomes: 1) body composition (i.e., waist circumference, weight and z-BMI); 2) insulin, glucose and cholesterol levels; and 3) behavior change in physical activity (PA), sedentary behavior and consumption of sugary beverages and fruits and vegetables. We will recruit 230 overweight and obese children—and a parent or guardian for each—and randomize them to the H4K intervention (n = 115 child/parent dyads) or standard care (n = 115 child/parent dyads). From a baseline, we will measure the impact of the trial on the primary outcome (body composition) and secondary outcomes (insulin, glucose

and cholesterol levels and several specific health behavior changes) at 1 month, 6 and 12 months post-randomization. We also will evaluate the critical role of parenting strategies and changes in the home environment as mediators of intervention effects. We hypothesize that intervention children will significantly improve their body composition, increased their PA levels and diet quality (more fruits and vegetables and less sugary beverages), and decrease their sedentary activity, compared to children in standard care. If successful, this study will generate new scientific knowledge about effective Hispanic family-based approaches for obesity prevention with high potential for replication in underserved areas across the nation.

Chapter 2: Measurement Training

Training Agenda

- I. Study Overview (Deborah Parra-Medina)
- II. Introduction to Measurement Procedures (Dorothy Long Parma)
- III. Blood Pressure (BP) explanation and practice
 - A. Height measurement (for determining height percentile)
 - B. BP measurement and determination of BP percentile
 - C. Cheat sheets
 - 1. Height percentiles by age and gender
 - 2. BP percentiles by age, gender and height percentile
- IV. Cardiovascular Fitness (Modified Step Test) explanation and practice
- V. Anthropometrics explanation and practice
 - A. Waist circumference
 - B. Height
 - C. Weight/body fat (TANITA Scale)
 - D. Cheat sheets
 - 1. BMI percentiles by age and gender
 - 2. TANITA Scale manual

VI. Informed Consent - checklist

VII. Surveys – supervision of self-administered instruments during Assessment Part I and II

A. Block Kids Food Screener

VIII. REDCap Surveys - PAQ-

Chapter 3: Assessment Overview

Study Population

Hispanic children 6-11 years overweight/obese (BMI percentile 85-98.9)

One Adult Caregiver cell phone and willing to accept text messages child lives with adult full-time Three UHS pediatric clinics in San Antonio



Health for Kids (H4K) Intervention Trial Recruitment Flow Chart



Health for Kids (H4K) Intervention Trial Recruitment Flow Chart

Assessment Logistics

Scheduling responsibilities:

UHS Program Coordinator or Patient Navigator schedules Assessment Part 1 (both sites) at Baseline, 6- and 12-months; UHS Program Coordinator schedules Clinic Visit 3 and 4. Measurement Coordinator schedules Assessment Part 2, Part 3 (if needed), and Clinic Visit 1. Intervention Coordinator schedules Clinic Visit 2 with schedules provided by UHS Program Coordinator.

All scheduled Assessments and Clinic Visits will be documented in the *H4K Eligibility Assessment-UHS* Project calendar in REDCap (see REDCap Calendar Protocol at the end of REDCap/MessageSpace interface protocol for documentation roles and responsibilities).

Assessment Days and Times: Assessments Parts 1 and 2 will be held 3-4 times a week on <u>any</u> of the following days:

Clinic	Day	Assessment Type	Suggestions
Southwest	Tuesday	Part 1	Get fasting labs done prior to Part 2 appt
(SW)	8am-12pm	Part 2 + fasting	(may go to Clinic lab earlier that morning;
		labs	or any lab in the UHS system. Robert B.
		Part 3	Green lab is open on Saturdays)
SW	Wednesday	Parts 1-3	Added to increase recruitment as of April
	4pm-7pm	(Baseline priority)	2017
	(alternate with SE		Get fasting labs done prior to Part 2 appt
	as of 11/2017)		
SW	Thursday	Parts 1-3	Get fasting labs done prior to Part 2 appt
	4pm-7pm		
SW	Saturday	Parts 1-3	Get fasting labs done prior to Part 2 appt
	8am-12pm		(may go to Robert B. Green lab earlier
	(alternate with		that morning)
	SE; thru 9-5-18)		
Southeast	Monday	Parts 1-3	Get fasting labs done prior to Part 2 appt
(SE)	8am-12pm		
SE	Tuesday	Parts 1-3	Get fasting labs done prior to Part 2 appt
	4pm-7pm		
SE	Wednesday	Parts 1-3	Get fasting labs done prior to Part 2 appt
	4pm-7pm	(Baseline priority)	
	(alternate with		
	SW as of		
	11/2017)		
SE	Saturday	Parts 1-3	Get fasting labs done prior to Part 2 appt
	8am-12pm		(may go to Robert B. Green lab earlier
	(alternate with		that morning)
	SW; thru 9-5-18)		

Assessments Components

Assessments will occur in **30 minute** slots for a maximum of **6 participant dyads per day**.

Components and order of each Assessment: (see details in Chaps. X-Y)

<u>Part 1</u>

- 1. Informed Consent (+ Assent for children aged 7 or older)
- 2. Parent-Assisted FFQ
- 3. Body Composition: child height, blood pressure
- 4. Fitness Test
- 5. Body Composition: child weight, BMI, % body fat (TANITA); waist circumference
- 6. Parent Surveys: Family Health (baseline); Family Health and Nutrition (6/12 months)
- 7. Monitor: distribution and participant instructions
- 8. Check-out: provide lab slip and instructions, gift card incentive, schedule Part 2 (7 days or more)

<u>Part 2</u>

- 1. Monitor: drop-off and wear time validation
- 2. Parent-assisted PAQ-C
- 3. Parent Surveys: Family Demographics and Physical Activity
- 4. Body Composition: parent anthropometrics

5. Checkout: distribute incentives, schedule Clinic Visit. At 6 months schedule 12-month Part 1 (see target dates spreadsheet – Appendix?)

Survey by Phone

Telephone survey: **(baseline only)**: *Research Associate* will contact participants between Baseline Part 1 and Clinic Visit 1 to conduct **Family Nutrition survey**. See below for details of telephone protocol/script.

Flowcharts of Assessments Part 1, 2 and 3 are on the following pages. Part 1 will take approximately 1.5hrs to complete; Part 2 will take approximately 1-1.5hrs.

Assessment Part1 Flow Chart

Requires a minimum of 2 Measurement staff



Assessment Part 2A flow chart: Monitor and optional child measures



Assessment Part 2B flow chart: Parent Measures and Labs



Rescheduling Assessments and No-Shows

Definition of No-Show:

1. Participant does not arrive at Measurement location on scheduled Assessment day/time AND cannot be reached by phone/text message 15-20min after scheduled start time

2. (Gray area) Participant has already rescheduled at least once; answers phone 15min after scheduled start time; but claims to have "forgotten" appointment despite verifying that they are receiving text message reminders

Procedure for Baseline only:

- 1. Participants will no longer be eligible for the study after two no-shows.
 - a. *Exception:* If second no-show is for a BA2 (monitor return), participant will be given 1 more opportunity to return monitor and complete Assessment; otherwise *UHS Program Coordinator* or *Patient Navigator* will initiate Monitor Retrieval (see below).
- Participants will no longer be eligible for the study after <u>three reschedules</u>, or a combination of <u>two reschedules and one no-show</u>.
- 3. Participants may reschedule up to <u>two times</u> following a no-show.
- 4. UHS Program Coordinator/Patient Navigator will inform the parent/guardian at final reschedule call that this is our final attempt to enroll the family so they are aware that if for whatever reason they are a no-show, we will not attempt to reschedule/contact them again.
- 5. *Measurement Coordinator* will update Eligibility Screening-UHS form to indicate participant is no longer eligible for the study.



Note: No-shows are not counted for eligibility purposes during 6-month and 12-month assessments. Follow protocol for call attempts (see Recruitment Protocol). If not scheduled after maximum number of attempts, proceed to next assessment (e.g. If participant misses 6-month assessment, call to schedule 12-month at appropriate time – see Retention Protocol).

Monitor Retrieval

Patient Navigator will contact parent participant to schedule monitor return during regular assessment days/times, or pickup at participant's home. *Patient Navigator* will offer \$20 gift card as compensation for monitor return. Contact attempts will follow the same protocol as for recruitment scheduling (up to 5 attempts with no successful contact). After this point monitor will be considered **lost**. *Measurement Coordinator* will update equipment records accordingly.

MessageSpace Coordinator will send text messages to participant reminding them monitor is due for return and providing them with *UHS Program Coordinator* phone number to schedule return/pickup. *MessageSpace Coordinator* will send up to 3 texts, at discretion of *Measurement Coordinator*, until monitor is returned or considered lost.

Measurement space

SW Clinic:

Check-in, Informed consent, surveys, all measurements, activity monitor checkout and return, and Check-out will occur in the **Radiology area** next to Pedi Module. Door code is **451**.

Overflow location for informed consent/surveys: waiting room of Radiology area

SE Clinic: Pedi Module Door Code **1335**. Call security **210-358-2465** to unlock doors as needed. Consent/surveys occur in Health 4 Kids room, #____ on 2nd floor in Pediatrics.

With overflow, consent/surveys in room next to Pedi Module waiting room; measurements occur in Specialty Clinic area around the corner.

Chapter 4: Informed Consent

NOTE: Located in: "POM→Manual of Procedures→3 Informed Consent"

Health4Kids (H4K):

Pediatric Obesity Management Intervention Trial for Hispanic Families

(R01 HD075936-01A1)

Informed Consent Protocol



Background and Rationale

Informed consent will be obtained in a language understandable to the subject. The consent will give the prospective subject considerable opportunity to consider whether or not to participate in the study. Individuals will read and sign an informed consent document that has been approved by the Institutional Review Board at the University of Texas Health Science Center at San Antonio. The consent document will describe the evaluation and intervention components of the project. The consent document will inform individuals that all information is confidential and will not be released to anyone except their primary care provider without their written consent. They will be reminded that, as volunteers, they may terminate their participation at any time without negative consequences. Participants will also receive information needed to contact the Principal Investigator.

Methodology

The **UHS Program Coordinator** screens prospective participant dyads (child/parent) for eligibility in advance of evaluation. See the Participant Recruitment Protocol for details on participant recruitment processes: Sunrise identification and referral, eligibility screening, and scheduling of baseline assessment appointments. The informed consent process will be the first activity at the Assessment Part 1, prior to the prospective participants undergoing study assessments. The diagram below outlines this sequence of steps between initial contact and commencement of study evaluations:



- 1. The interviewer, a member of the research staff, will provide a copy of the informed consent document to the participant upon arrival at the scheduled Assessment appointment (Part 1).
- The informed consent document will be available in English and Spanish and informed consent will be obtained in the language preferred by the participant. The interviewer will be bilingual (English/Spanish) and will conduct the informed consent process in the language preferred by the participant.
- 3. Informed consent will be obtained prior to undergoing assessments.
- 4. Participants will be allowed adequate time to consider the information and ask questions so that they, and the research team, are confident that informed consent has been obtained appropriately, as described below.

- 5. Participants will be informed that their participation is voluntary in nature, that they may cease participation at any time and that their refusal to participate in the research study will not affect their relationship with the CRC or UTHSCSA.
- 6. Research staff are bilingual (English/Spanish) and will be available to answer any questions/concerns the participant may have about the Informed Consent document.
- 7. Witnesses to sign the consent form will be selected in this order:
 - Another adult family member
 - Research staff intern
 - Another research staff member

Pre-Consent: BMI Eligibility

While H4K staff is going over consent with parent, measurement staff can conduct TANITA measurements.

How to determine Eligibility

- TANITA BMI <20, use BMI calculator provided in REDCap assessment
 - This calculator will be located underneath "Child BMI (from TANITA output) field
- Language default is English, and measurement Metric

	Centers CDC 24/7:	s for Disease Co Saving Lives, Protectin	p ntrol g Peopl	and Preven e™	tion		
	MENU	CDC A-Z	۹	SEARCH			
ivi	ision of Nu	utrition, Phys	ical	Activity, a	nd Obesity	/	
2 > [DNPAO Home > H	ealthy Weight > Assessir	ng <u>Your W</u>	/eight			
∕II Igli	Percentile ish Version	Calculator for	⁻ Chil	d and Teen	(Language: English	
his o	calculator provid	es BMI and the corres dren and teens, aged 2	ponding 2 throug	g BMI-for-age per th 19 years old. Fo	centile on a CDC or adults, 20 years	BMI-for-age growt	th chart. Use

- Enter DOB, assessment date, sex of child, height, weight and calculate
- Calculated BMI will appear, enter BMI percentile in REDCap and onto data child form.
 - If percentile is <85th percentile, child is ineligible
 - If percentile is >99th percentile, child is ineligible and staff will notify child's primary care provider
 - If percentile is between 85th-98th percentile, child is eligible

BMI Calculator for Child and Teen on REDCap

	(English Metric)
1.	Birth Date:
	Month
2.	Date of Measurement:
	Month
3.	Sex:
	Boy Girl
4.	Height, to nearest 1/8 inch:
	Feet Inches Fractions of an inch 0 • 0 •
	(12 inches = 1 foot: Example: 4 feet. 5 1/2 inches)
5.	Weight, to nearest 1/4 (.25) pound:
	Weight (pounds): Fractions of a pound:
	0 •
	(8 ounces = 1/2 pounds; Example: 75 3/4 pounds)
(Calculate

Consent Process

- 1. The interviewer will document the start time of the consent process.
- 2. The interviewer will first review the consent document out loud with the participant.
- 3. The interviewer will then give the participant the opportunity to read the informed consent document.
- 4. The interviewer will then explain the research study (its purpose, evaluation activities and intervention program activities) and the participant will have the opportunity to ask questions.
- 5. The interviewer will ask the participant if he/she has any questions about this visit or the study, in general.
- 6. If the participant prefers to discuss participation with other family members, he/she may sign the consent document at a later time.
- 7. If the participant chooses to participate in the study, the interviewer will ask him/her to sign and date at least one copy of the consent document. The child will sign one copy of the assent (if age 7 or greater); otherwise the parent will sign on the child's behalf.
- 8. The interviewer will also sign and date at least one copy of the consent document.
- 9. The witness to the participant signature will also sign and date at least one copy of the consent document
- 10. The interviewer will place one copy of the signed consent document in the participant's study file.
- 11. The interviewer will give the unsigned copy of the consent document to the participant.
- 12. The interviewer will then fill out **Documentation of Informed Consent**, either in REDCap or on paper, verifying that each step has occurred. If any step has been missed, the interviewer performs the missing action immediately.

The interviewer will sign and date **Documentation of Informed Consent**, if performed on paper, and record end time of consent process

Informed Consent Documentation

Staff ID (assigned staff ID) Date and time started	Study ID	
Staff ID (assigned staff ID) Date and time started	Study ib	
Date and time started	Staff ID	(assigned staff ID)
Informed Consent Checklist	Date and time started	
	Informed Consent Checklist	 participant provided with paper copy of consent document to review study was explained and participant given opportunity to ask questions participant was given opportunity to discuss participation with family or sign consent at later time consent signature was obtained prior to any research-related procedures/activities participant signed, dated and noted time (am/pm) witness (independent of research team) signed, dated and noted time (am/pm) person obtaining consent signed, included their title, dated, noted time (am/pm) original consent form filed in participant's study file copy of consent form was given to participant (ALL checkboxes must be completed)

Date signed/Time ended
	Consent Process
	Describe the consent/assent procedures that will be used by the research team.
	Include how: information is provided; the consent interview is conducted; the consent is signed.
	ldentify the study staff who will conduct the consent interview by their roles (e.g., investigator, research nurse).
(7)	* If the consent process of a single subject will involve more than one member of the research team, describe how this
	process will be coordinated from start to finish.
	** If you expect this population will have individuals likely to have diminished decision-making capacity
	(not including incompetent or impaired decision making capacity), describe the assessment process for determining whether
	the individual is capable of giving informed consent (i.e., evaluation criteria, time intervals)
Bilin	gual research staff will explain the study and the study procedures in participant's language of choice.
The	staff will discuss the associated risks and benefits. Parents and children will be given an opportunity to
ask o	questions. Assent from the child will be obtained. Parents will receive a copy of the consent form for
refer	ence. The consent forms will be available in both Spanish and English. If the parent and child both
adre	e to participate, they will be asked to sign the consent form in the presence of a witness, who will sign
the c	consent to attest to the signatures of the subjects. The person obtaining consent will then sign the form
	Consent Process – time between initial contact and obtaining consent
	Describe the timing of obtaining informed concert whether there is any waiting period between informing the propagative
(8)	bescribe the thining of obtaining morned consent, whether there is any waiting period between morning the prospective subject and obtaining consent. (e.g., take consent home, waiting period of X hours, after consulting with family members
	etc.)
0	
Cons	sent will be obtained after eligibility phone screening and before baseline assessment and
rand	omization. There will be time between the eligibility screening and obtaining consent, depending on
sche	duling factors and subject needs, etc. Subjects may take time to consider.
(9)	Describe measures taken to minimize the possibility of <u>coercion</u> or <u>undue influence</u> during consent.
Dorti	cipants will be informed that their participation is voluntary in pature, that they may cause participation
Fail	opants will be informed that their participation is voluntary in nature, that they may cease participation

at any time and that their refusal to participate in the research study will not affect their relationship with the CMA clinic or UTHSCSA.

Consent to be part of a Research Study The University of Texas Health Science Center at San Antonio (UTHSCSA) To be conducted at

New Braunfels Pediatric Associates, PA

Information about this form

Your child may be eligible to take part in a research study. This form gives you important information about the study. Parents or legal guardians, who are giving permission for a child, please note: in the sections that follow the word "you" refers to "your child." You will be asked to sign in more than one place in this document.

Please take time to review this information carefully. You should talk to the researchers about the study and ask them any questions you have. You may also wish to talk to others (for example, your friends, family, or a doctor) about your participation in this study. If you decide to take part in the study, you will be asked to sign this form. Before you sign this form, be sure you understand what the study is about, including the risks and possible benefits to you.

Please tell the researchers or study staff if you are taking part in another research study.

Taking part in this study is completely voluntary. You do not have to participate if you don't want to. You do not have to participate in this study in order to get standard medical treatment. You may also leave the study at any time. If you leave the study before it is finished, there will be no penalty to you, and you will not lose any benefits to which you are entitled.

General Information – "Who is conducting this research?"

Principal Investigator

The Principal Investigator (PI) is the researcher directing this study; the PI is responsible for protecting your rights, safety and welfare as a participant in the research. The PI for this study is Deborah Parra-Medina, PhD of the Department of Epidemiology and Biostatistics at the University of Texas Health Science Center at San Antonio.

The Co-Principal Investigator shares the principal investigator's responsibilities for this study. The Co-Principal Investigator for this study is Cynthia M. Mojica, PhD of the Department of Epidemiology and Biostatistics at the University of Texas Health Science Center at San Antonio.

Research Partners

This research is being conducted in partnership with New Braunfels Pediatric Associates, PA

Study Sponsor

Centers for Medicare and Medicaid Services, Hispanic Health Services Research Grant Program. This organization is providing money to the University of Texas Health Science Center at San Antonio and the New Braunfels Pediatric Clinic, PA so that the researchers can conduct the study

Purpose of this study – "Why is this study being done?"

Boys and girls in the United States and Texas have among the highest rates of overweight and obesity. Incorporating health lifestyle practices (better diet and more physical activity) can prevent weight gain and improve overall health and mental wellbeing. In partnership with communities, the researchers hope to determine the most effective methods for promoting healthier lifestyles among boys and girls.

Information about Study Participants – "Who is participating in this research?"

You are being asked to be a participant in this study because your child might benefit from developing healthier behaviors early in life. Your participation in the study will last for 5 months. This study will enroll 200 study participants.

Information about Study Procedures – "What will be done if you decide to be in the research?"

If you decide to take part, you will be asked to sign this consent form.

While you are taking part in this study, you will be asked to attend approximately four visits with your doctor or the researchers or study staff. The study visits will be held at the same time as your clinic visits.

Screening – exams, tests, and/or procedures may be done after you sign this consent to participate. You will be told which results we will obtain and which procedures will not have to be repeated. Many of the procedures are described below as "standard care" and would be done even if you do not take part in this research study. You will be told which ones are for "research only". The results of the physical examination done as part of your standard care will be used. The results of the blood tests (fasting glucose and insulin levels) done as part of your standard care will be used.

This visit will take approximately 20 minutes. The results of the screening exams, tests, and/or procedures will be reviewed and the pediatrician will provide brief behavioral counseling. During Visit 2, the pediatrician will do a physical exam, discuss your blood tests, and provide brief behavioral counseling. During Visit 3, the pediatrician will do a physical exam and provide brief behavioral counseling. During Visit 4, the pediatrician will do a physical exam and request more blood tests. If your blood tests were abnormal when assessed during Visit 1, the pediatrician, as part of standard care, will request more blood tests. Otherwise, more blood tests will be ordered for research purposes only. After Visit 4, the nurse will call you by telephone to complete more surveys.

Assignment to Study Groups -

When it is determined that you are eligible for the study, you will be assigned by chance (like flipping a coin. Both groups will receive all the information described in the above-paragraph. One group will receive information from a health educator and monthly phone calls and newsletter for the duration of the study.

Study Procedures - as a participant, you will undergo the following procedures:

- Attend four clinic visits
- Visit 1 will be 20 minutes; Visit 2-4 will be 10 minutes
- Complete several surveys before Visit 1 and after Visit 4
- All physical exams are part of standard care.
- Blood tests at Visit 1 are part of standard care. Blood tests at Visit 2 are for research purposes.
- Receive brief behavioral counseling at each clinic visit
- You may speak one-on-one with a health educator
- You may receive monthly calls and newsletters

Could your participation end early? There are several reasons why the researchers may need to end your participation in the study (early withdrawal). Some reasons are:

- The researcher believes that it is not in your best interest to stay in the study.
- You become ineligible to participate.
- Your condition changes and you need treatment that is not allowed while you are taking part in the study.
- You do not follow instructions from the researchers.
- The study is stopped.

Risks – "What are the risks of participation in the research?"

Every precaution will be taken to minimize your risk including loss of privacy and physical harm. To protect your privacy, in any publications resulting from this research, no names or other identifying information will be noted unless specific written permission has been obtained from you. If you are hurt as a direct result of the study, medical treatment will be available. Treatment will be at your expense or that of your medical insurance. We have no plans to give you money if you are injured. For more information about risks and side effects, ask one of the researchers or study staff.

What if a research-related injury occurs?

The researchers have taken steps to minimize the known or expected risks. However, you may still experience problems or side effects, even though the researchers are careful to avoid them. If you believe that you have been harmed, notify the researchers as soon as possible. You may also need to tell your regular doctors. See the section "Contact Information" for phone numbers and additional information.

If you are injured as a result of the research procedures, your injury will be treated. You will be responsible for any charges. We have no plans to give you money if you are injured.

If you sign this form, you do not give up your right to seek additional compensation if you are harmed as a result of being in this study.

Benefits – "How could you or others benefit from your taking part in this study?"

You may not receive any personal benefits from being in this study. The possible benefit of your participating in the project is that you and your family will learn how to be healthier. We hope the information learned from this study will benefit other people like yourself in the future.

Title of Study: Nutrition and Exercise Start Today: obesity prevention for rural Hispanic families

Alternatives – "What other options are there to participation in this study?"

Not participating in this research is an option. The researcher will discuss all of your options with you.

Compensation – Will there be any compensation for participation?

There will be no monetary compensation for your participation in the study.

Costs – Will taking part in this study cost anything?

You will not have to pay any money to take part in this study.

Confidentiality – How will your records be kept confidential?

Information we learn about you in this study will be handled in a confidential manner, within the limits of the law. If we publish the results of the study in a scientific journal or book, we will not identify you. The Institutional Review Board and other groups that have the responsibility of monitoring research may want to see study records which identify you as a subject in this study.

Contact Information – Who can you contact if you have questions, concerns, comments or complaints?

If you have questions now, feel free to ask us. If you have additional questions, comments or complaints later or you wish to report a problem which may be related to this study please contact:

Primary contact:

Cynthia M. Mojica, PhD can be reached at 210-562-6503. Deborah Parra-Medina, PhD can be reached at 210-562-6521.

The University of Texas Health Science Center committee that reviews research on human subjects (Institutional Review Board) will answer any questions about your rights as a research subject, and take any concerns, comments or complaints you may wish to offer. You can contact the IRB by calling 210-567-2351, or by mail to IRB, UTHSCSA, Mail Code 7830, 7703 Floyd Curl Drive, San Antonio, TX 78229-3900.

Research Consent Signature Section

If you agree to participate in this research sign this section. You will be given a signed copy of this form to keep. You do not waive any of your legal rights by signing this form.

SIGN THIS FORM ONLY IF THE STATEMENTS LISTED BELOW ARE TRUE

- You have read the above information.
- Your questions have been answered to your satisfaction.

Surrogate Signature Section

You are voluntarily giving your consent for another person to participate in this study because you believe this person would want to take part if able to make the decision and you believe it is in this person's best interest.

Printed Name of Subject	Signature of Child , indicating Assent, if Age 7 or Older (If incapable of signing, PI should initial here)	Date	Time
Printed Name of Person Consenting for Subject	Signature of Person Giving Consent □Parent/□Guardian/□Legally Authorized Representative	Date	Time
Printed Name of Witness	Witness Signature	Date	Time
Printed Name and Title of Person Obtaining Consent	Signature of Person Obtaining Consent	Date	Time

Consentimiento para tomar parte en un estudio de investigación The University of Texas Health Science Center at San Antonio (UTHSCSA) Para ser conducido en

University of Texas Health Science Center at San Antonio and University Health System (UHS)

Información acerca de esta forma

Su niño(a) puede ser elegible para participar en un estudio de investigación. Los padres o el representante autorizado legal que está dando permiso para el niño(a), tenga en cuenta que en las secciones que siguen la palabra "usted" se refiere al "niño".

Esta forma le proporciona información muy importante acerca del estudio. Se le pedirá que firme en más de un lugar en este documento.

Por favor tome el tiempo necesario para revisar esta información cuidadosamente. Usted debe hablar con los investigadores y hacer las preguntas necesarias que usted pueda tener. Si usted desea también puede hablar con otros (por ejemplo, sus familiares, amistades o un médico) acerca de su participación en este estudio. Si usted decide tomar parte en el estudio, se le pedirá que firme este formulario. Antes de firmar esta forma, por favor asegúrese de que usted entiende toda la información acerca del estudio, incluyendo sus riesgos y beneficios posibles a usted.

Por favor avise a los investigadores o al personal del estudio si usted está tomando parte en otro estudio de investigación.

<u>Tomar parte en este estudio es completamente voluntario.</u> Usted no tiene que participar si usted no lo desea. Usted no tiene que participar en este estudio para tener su tratamiento médico normal. También usted puede salir del estudio en cualquier momento. Si usted sale del estudio antes de terminarse, usted no tendrá ninguna pena y usted no perderá ningun beneficio al que tenga derecho.

Información General – "¿Quién está conduciendo esta investigación?"

El Investigador Principal

El Investigador Principal está dirigiendo este estudio; El Investigador Principal es el responsable de proteger sus derechos, seguridad y bienestar como participante de este estudio. La Investigadora Principal es Deborah Parra-Medina, Ph.D., Profesora, Departamento de Epidemiología y Bioestadísticas, en la University of Texas Health Science Center at San Antonio.

Socio de investigación

Esta investigación se está realizando en colaboración con el University Health System (UHS).

Patrocinador del estudio:

National Institute of Child Health and Human Development, una agencia federal que promueve investigación científica, está patrocinando este estudio (el patrocinador). Esta organización está proporcionando dinero a la University of Texas Health Science Center at San Antonio así los investigadores puedan conducir este estudio.

Propósito de este estudio – "¿Porque se realizará este estudio?"

Niños y niñas en los Estados Unidos y Texas tienen entre los mayores índices de sobrepeso y obesidad. Incorporando prácticas de estilo de vida saludable (mejor alimentación y más actividad física) mejoran la salud general y bienestar mental. En colaboración con las comunidades, los investigadores esperan determinar los métodos más efectivos para promover estilos de vida saludables entre niños y niñas.

Una descripción de este estudio clínico estará disponible en http://www.ClinicalTrials.gov, como lo requiere la Ley de EE.UU. Este sitio de la red no incluirá información que le pueda identificar. A lo sumo, el sitio de la red incluirá un resumen de los resultados. Puede buscar este sitio de la red, en cualquier momento.

Información acerca de los Participantes del Estudio – "¿Quién está participando es esta investigación?"

A usted se le está pidiendo ser un participante en este estudio porque eres hispano, 6 a 11 años de edad, sobrepeso u obeso por estándares clínicos pero sano, y vive con sus padres/persona que es legalmente encargado de ti por tiempo completo. Su participación en el estudio tendrá una duración de 12 meses. Este estudio inscribirá 230 pares de participante (niño-padre/guardián.

Información acerca de los Procedimientos del Estudio – "¿Qué se hará si usted decide tomar parte en esta investigación?"

Mientras que usted está tomando parte en este estudio, se le pedirá a asistir a aproximadamente 4 visitas con su proveedor de atención médica y 7 visitas con los investigadores o con el personal del estudio durante 1 año. Cuando sea posible, se combinarán sus visitas con los investigadores con sus visitas de proveedor.



Descripción de las evaluaciones

Padres e hijos:

El cuestionarios le preguntara acerca de la salud y el bienestar de su familia, información de antecedentes (tales como su edad, nivel educativo, idioma (s), si usted lee y habla), alimentos que come su familia y actividades físicas que hace su familia.

La medición corporal, tales como altura, peso y circunferencia de la cintura, se medirán para usted y su niño en cada una de las 4 evaluaciones.

Niño solamente: la prueba de aptitud es una prueba de pasos de 3 minutos para evaluar la condición física de su hijo.

Un monitor de actividad se usará su niño cada día durante una semana medir la actividad. Se extraerán aproximadamente un (1) cucharadita de **sangre** para medir los niveles de insulina, glucosa y cholesterol en ayunas.

Assignment to Study Groups

Asignación de Grupos de Estudio

Después de completar las evaluaciones de base y reunión con su proveedor, se le asignará a uno de dos grupos de estudio. Usted no será capaz de elegir su grupo. En cambio, se le asignará a un grupo por casualidad (como lanzar una moneda). Estos grupos recibirán los mismos beneficios e incentivos y se pedirá para hacer la misma evaluación y visitas al proveedor. La principal diferencia entre los grupos es la cantidad de contacto con los personales del estudio como se describe a continuación.



Se le asignará a uno de los siguientes grupos:

Grupo A: usted recibirá asesoramiento breve de su proveedor y la información sobre cómo mejorar la dieta y actividad física para mantenerse saludable. Recibirá mensajes de texto desde el estudio por lo menos una vez cada semana.

Grupo B: usted recibirá breve asesoramiento de su proveedor y la información sobre cómo mejorar la dieta y actividad física para mantenerse saludable. Recibirá mensajes de texto desde el estudio varias veces cada semana. Usted recibirá información adicional de un educador de salud:

- sesión de 30 minutos de asesoría introductoria cara a cara.
- Ocho (8) llamadas de 20 minutos duración durante los primeros 6 meses para hablar de alimentación saludable y consejos de estilo de vida saludable, hablar su progreso y responder a cualquier pregunta que tenga.
- Boletín mensual.
- Podómetro (un dispositivo que mide tus pasos diarios) y registro del seguimiento de actividad.

¿Puede terminar su participación en el estudio antes de tiempo? Hay varias razones por las cuales los investigadores podrían terminar su participación (retiro del estudio). Algunas razones son:

- Los investigadores creen que no está en el mejor interés para usted en continuar en el estudio.
- Usted ya no es elegible para participar
- Su condición cambia y usted necesita tratamiento que no se permite mientras usted esté participando en el estudio.
- Usted no ha seguido las instrucciones dadas por los investigadores.
- El estudio es detenido (suspendido).

Riesgos – "¿Cuáles son los riesgos por participar en esta investigación?"

Los investigadores han diseñado este estudio para aprender cómo funciona el programa Health4Kids.

Riesgos y efectos secundarios relacionados con la intervención de Health4Kids incluyen aquellas que son:

Menos probable y no grave (5 a 20 casos de cada 100),

• Dolor temporal o irritación de los músculos, tendones y articulaciones.

Riesgos y efectos secundarios relacionados con la **prueba de aptitud** incluyen aquellas que son: **probable y no grave** (5 a 20 casos de cada 100),

- Fatiga durante la prueba de pasos
- Dolor de pierna muscular después de la actividad.

Los riesgos relacionados con la extracción de sangre incluyen aquellas que son:

Probable y no grave (5 a 20 casos de cada 100),

• Dolor y contusión del pinchazo de la aguja.

Se tomarán todas las precauciones para minimizar el riesgo, incluyendo la pérdida de privacidad y daño físico. Para proteger tu privacidad, en cualquier publicación resultante de esta investigación, no se incluyera nombres u otra información de identificación a menos que se ha obtenido permiso específico por escrito de usted. Para obtener más información acerca de los riesgos y efectos secundarios, pregunta uno de los investigadores o personales del estudio

Beneficios – "¿Cómo podrá(n) beneficiar usted u otros si usted participa en este estudio?"

Esperamos que usted aprenda acerca de alimentación saludable y cómo ser más físicamente activos. No hay ninguna garantía o promesa que recibirá el beneficio de este estudio. Nosotros esperamos que la información obtenida por este estudio beneficie a otras personas con condiciones similares en el futuro.

Iternativos – "¿Qué otras opciones hay por la participación en este estudio?"

Hay otras opciones disponibles para usted. Sus otras opciones pueden incluir: hacer ejercicio en tu cuenta sin estar en el estudio, o pidiendo su proveedor alternativas dietéticas y de actividad física.

Compensación – ¿Habrá alguna compensación por su participación?

Recibirás las tarjetas de regalo valoradas en \$40 y un regalo valorado en \$10 después de la terminación de cada una de las tres evaluaciones de 2 partes (base, 6 meses y 12 meses). Si realizas todas las tres evaluaciones, usted recibirá un valor total de \$150 en tarjetas de regalo y regalos, combinados.

Costos – ¿Habrá costos al participar en este estudio?

No hay ningún costo para que usted pueda participar en el estudio.

La Confidencialidad – ¿Cómo se mantendrán confidencial sus registros?

La información sobre usted que aprendemos durante este estudio será manejada de manera confidencial, dentro de los límites de la ley. Si los resultados de este estudio son reportados en revistas médicas o en libros, su identidad personal se mantendrá confidencial. El Institutional Review Board y otros grupos que tienen la responsabilidad de revisar en cómo se han realizado los estudios de investigación quisieren ver registros del estudio que le identifican a usted como sujeto en este estudio. Más información acerca de confidencialidad se describe en la "autorización de uso y revelaciones de información privada de salud como parte del estudio."

Información de Contacto – ¿A quién puede contactar si tiene preguntas, preocupaciónes, comentarios o quejas?

Si usted tiene preguntas, por favor sientase libre de preguntarnos. Si usted tiene preguntas, preocupaciones, comentarios o quejas adicionales después o quiere reportar algún problema que pudiera estar relacionado con este estudio, por favor contacte: <u>Contacto Primario:</u>

Laura Esparza se puede llegar a 210-562-6514

<u>Si el contacto primario no está disponible, contacte</u> Deborah Parra Medina, PhD se puede llegar a 210-562-6521

El comité de The University of Texas Health Science Center comité que revisa investigación en seres humanos (Institutional Review Board o IRB) podrá contestar cualquier pregunta que usted pudiera tener acerca de sus derechos como sujeto de investigación y aceptará cualquier preocupaciones, comentario o queja que usted quiera ofrecer. Usted puede contactar a la

oficina del IRB llamando al 210-567-8250, o por correo al IRB, UTHSCSA, Mail Code 7830, 7703 Floyd Curl Drive, San Antonio, TX 78229-3900.

Section de Firma del Consentimiento de Investigación y Autorización

Firme esta sección si usted está de acuerdo en participar en esta investigación y está de acuerdo en el uso de su información protegida de salud en esta investigación. A usted se le dará una copia firmada de este documento. Usted no renuncia a ningunos derechos legales suyos al firmar esta forma.

FIRME ESTE DOCUMENTO SOLAMENTE SI TODAS LAS SIGUIENTES DECLARACIONES SON VERDADERAS:

AM

- Usted ha leído la información mencionada anteriormente.
- Sus preguntas han sido contestadas a su satisfacción

Sección para la Firma del Adulto

• Usted ha decidido voluntariamente tomar parte en este estudio de investigación

			PM
Nombre del Sujeto	Firma del Sujeto	Fecha	Hora
			AM PM
Nombre impreso del Testigo	Firma del Testigo	Fecha	Hora
□Verifique si el consentimiento y autorizaci comunicar y/o comprender Español. Testi Declaración del testigo: Yo es ← (iniciales del testi	ón obtenida del individuo que no es capaz de leer y/o go inicie abajo: tuve presente durante todo el proceso c go)	escribir, pero de lo con le consentimiento	<i>trario se puede</i> O.
			AM PM
Nombre del la persona obteniendo el consentimiento y autorización	Firma de la persona obteniendo el consentimiento y autorización	Fecha	Hora
El consentimiento y la autorización se c comunicar y / o comprender Español. El m	btuvo de este individuo que no es capaz de leer y / ο ε étodo utilizado para la comunicación con el tema era: _	escribir, pero de lo cont	rario se puede

Los medios específicos por los que el sujeto estuvo de acuerdo con su participación fue:

Seccion para la Firma del Tutor o Representante Autorizado

 Usted está dando consentimiento voluntariamente de parte de otra persona para participar en este estudio, porque usted cree que a esta persona le gustaría tomar parte, si pudiera tomar la decisión, y usted cree que tomar parte es en el mejor interés para esta persona.

Nombre impreso del Sujeto	Firma del sujeto, lo que indica el asentimiento (Si incapaz de firmar, la persona que obtiene el consentimiento debe poner	Fecha	Hora
	sus iniciales aquí)		AM PM
Nombre de la persona que da el consentimiento y autorización para el sujeto	Firma de la persona que da el consentimiento y autorización □Padre/□Tutor/□Representante Legalmente Autorizado	Fecha	Hora
			AM PM
Nombre impreso del Testigo	Firma del Testigo	Fecha	Hora
			AM PM
Nombre de la persona que obtiene el consentimiento y autorización	Firma de la persona que obtiene el consentimiento y autorización	Fecha	Hora

Equipment needed:

- Omron HBP-1300-PK Automatic Blood Pressure Monitor Professional Kit
- 5 sizes BP cuffs

Procedure:



- 1. Have the patient sit quietly with legs uncrossed for 5 min before measurement.
- 2. Locate the brachial artery by palpation and mark the skin with a little dot (the brachial artery is usually found at the crease of the arm, under the muscle and slightly towards the body).
- 3. Place the appropriate size cuff around the *upper right arm* so that:
 - a) The midpoint of the length of the bladder lies over the brachial artery, and;
 - b) The cuff is at heart level.
 - **Note 1:** Measure the arm circumference and find the cuff with the matching range

(see below – Omron manual, p. 19):

 Measure the circumference of the patient's arm and select the cuff size that is appropriate for the circumference.

 Select the cuff that is suitable for the patient from the cuffs below.

 Arm circumference

	Arm circumterence							
Cuff name	(inch)	(cm)						
GS CUFF XL (GCUFF-XL)*	17-20	42 - 50						
GS CUFF L (GCUFF-L)	13-17	32 - 42						
GS CUFF M (GCUFF-M)	9-13	22 - 32						
GS CUFF S (GCUFF-S)*	7-9	17 - 22						
GS CUFF SS (GCUFF-SS)*	5-7	12 - 18						

* Available as an optional accessory.

Note 2: Confirm for yourself where the midpoint of the length of the bladder is by folding the bladder in two. Do not trust the marking on the cuff

- 4. Place the lower edge of the cuff, with its tubing connections, about 1 inch above the natural crease across the inner aspect of the elbow.
- 5. Wrap the cuff snugly around the bare arm (or over light clothing), with the palm of the patient's hand turned upward. Make sure the long edges of the cuff lie on top of each other.
- 6. Secure the cuff firmly, but do not wrap the cuff too tightly around the arm.

Note 3: The width of the bladder should be at least **40%** of arm circumference. The bladder length should cover **80-100%** of arm circumference.

Note 4: If a cuff is too small, the next largest cuff should be used, even if it appears large.

7. Measure the patient's blood pressure with an OMRON HBP-1300-PK Automatic Blood Pressure Monitor Professional Kit. If BP is elevated, wait at least 30 sec and repeat the measurement. If BP continues to be elevated, wait another 30 sec and confirm with a third measurement. Record the last measurement in the form.

How to Assess Fitness Test Eligibility for Children

Instructions for Using Growth Charts

Obtain accurate measurements for the child's height: Height (measured to the nearest 0.1 cm) will be obtained using a SECA brand stadiometer. Participants will stand with their back to the wall, with shoes removed, looking straight ahead.



Height

- Patient should remove their shoes and stand erect with their back as close to the stadiometer as possible and their eyes straight ahead.
- Top of the head should be parallel to and lightly touching the measuring rod, which should be at a 90deg angle with the ruler.
- Feet and ankles should be almost together.
- Have the patient take a full inspiration, then step out from under the stadiometer.
- Read the height to the nearest **0.1 cm** and record on the Data Collection Form/Child.

Notes: Round **up** if height is between two 0.1cm lines.

Record height in feet and inches as well to nearest 1in; round **up** if arrows are at or above ½" mark (required for Activity Monitor initialization).

- 2. Select the most appropriate growth chart for the child's age (see p.)
- 3. Plot the child's measurements.
 - Age is plotted along the horizontal axis. Use a straight-edge to draw/trace a vertical line up through that point.
 - Height (inches and cm) is plotted along the vertical axis. Use a straight-edge to draw/trace a horizontal line across through that point.
 - Mark where the two lines intersect and identify the curved line closest to this mark. The number that appears at the right end of this line is the stature-for-age percentile you will use on the blood pressure chart. Record this on the Data Collection Form.

Note: If age and height lines intersect between two percentile curves, record the **range** (e.g., 25-50) on the Data Collection Form.

- 4. Look at the blood pressure chart for either a boy or girl to interpret the measurements:
 - Go to the section of the table for the child's age.
 - Look at the row in this section for the 95th blood pressure percentile.
 - In the systolic BP section select the column that matches the stature (height)-for-age percentile selected above.
 - Identify the point where the row and column meet. This number is the upper limit of systolic blood pressure allowed.
 - Participant with systolic and or/or diastolic BP <95th percentile is ok to proceed with Fitness Tests.
 - Participant with systolic and/or diastolic BP ≥95th percentile is NOT ELIGIBLE to proceed with Fitness Tests.

NOTE: It is very important to advise other assessment staff that a participant is <u>NOT ELIGIBLE</u> for the Fitness Test:



1. Circle **"No"** on the Data Collection Form at Assessment Part 1

2. Repeat Blood Pressure measurement/eligibility screen

at Assessment Part 2

ALERT VALUES PROTOCOL 1

Confirmation of elevated blood pressure and next steps:

- Use the current gender-, age- and height-appropriate BP tables (on pp. XX for ages 6-11).
- Systolic and/or diastolic BP <90th percentile is normal.
- Systolic and/or diastolic BP between the 90-95th percentile **OR** BP 120/80 or greater **at any age** is pre-hypertension.
- Systolic and/or diastolic BP >95th percentile and <99th percentile **on 3 or more separate occasions** is hypertension.

Next steps:

1. In the event of elevated BP measurements at Assessment Part I, repeat the measurement at Assessment Part II. **UHS Project Coordinator** should inform the physician via Sunrise secure message if BP continues to be elevated, so patient may be further evaluated.

2. **Research staff** should inform the parent/guardian participant if child's BP continues to be elevated at Assessment Part 2, and that provider will be informed. Provider may repeat measurement at next Clinic Visit.

• If average BP is >99th percentile on **any** occasion, inform the physician **immediately** so patient may be further evaluated.



How to Read Stature/Height-for-Age Charts for Children

Adapted from: Best Evidence Statement (BES) Date published/posted: January 9, 2009

1. Find the age & height

Example: 14 yr. old boy, 66in tall



2. Draw a line to where the two numbers intersect





4. Once intersection point is located, from that point go up to the nearest Percentile curved line.

Example: move up to the nearest curved line, which happens to be 75.



2 to 20 years: Boys Stature-for-age and Weight-for-age percentiles

NAME ____

RECORD #



Stature-for-age and Weight-for-age percentiles (GIRLS)

2 to 20 years: Girls

NAME _



How to Read Blood Pressure Tables for Children

1. Locate the age and percentile.

Example: a 14 yr. old boy who is 66in tall is in the 75th percentile.

Age (Year)	PD	Systolic BP (mmHg)												
	Percentile	← Percentile of Height →												
	•	5th	10th	25th	50th	75th	90th	95th						
11	50th	99	100	102	104	1 5	107	107						
	90th	113	114	115	117	1 9	120	121						
	95th	117	118	119	121	1. 3	124	125						
	99th	124	125	127	129	1 0	132	132						
12	50th	101	102	104	106	1 8	109	110						
	90th	115	116	118	120	1 1	123	123						
	95th	119	120	122	123	1: 5	127	127						
	99th	126	127	129	131	1 3	134	135						
13	50th	104	105	106	108	1 0	111	112						
	90th	117	118	120	122	1 4	125	126						
	95th	121	122	124	126	1 8	129	130						
\sim	99th	128	130	131	133	1 5	136	137						
14	50th	106	107	109	111	13	114	115						
	90th	120	121	122	125	1.16	128	128						
	95th	404	105	107	100	130	132	132						

2. This is the cut off for the child's systolic BP. The BP cannot be <mark>1</mark>30 or above.

Example: A 14 yr. old boy with a systolic BP of 130 or higher is ineligible for fitness assessments.

				Systo	lic BP (r	nmHg)			_
Are	Percentile		•	Perce	ntile of	Height	→		
(Year)	•	5th	10th	25th	50th (75th	90th	95th	
11	50th	99	100	102	104	115	107	107	
	90th	113	114	115	117	1 9	120	121	
	95th	117	118	119	121	1 3	124	125	
	99th	124	125	127	129	10	132	132	
12	50th	101	102	104	106	1.8	109	110	
	90th	115	116	118	120	1 1	123	123	
	95th	119	120	122	123	1 5	127	127	
	99th	126	127	129	131	1 3	134	135	
13	50th	104	105	106	108	1 0	111	112	_
	90th	117	118	120	122	14	125	126	
	95th	121	122	124	126	1 8	129	130	
\sim	99th	128	130	131	133	1 5	136	137	
14	50th	106	107	109	111	13	114	115	_
\smile	90th	120	121	122	125	126	128	128	
	95th	121	105	107	120	130	132	132	
	99th	131	132	134	136	138	139	140	

3. Repeat same steps to determine diastolic BP.

	RD		Systolic BP (mmHg) ← Percentile of Height →								Diastolic BP (mmHg) ← Percentile of Height →						
Age	Percentile																
Year)	¥	5th	10th	25th	50th	75th	90th	95th	5th	10th	25th	50th	75th	90th	95th		
6	50th	91	92	94	96	98	99	100	53	53	54	55	56	57	57		
	90th	105	106	108	110	111	113	113	68	68	69	70	71	72	72		
- C	95th	109	110	112	114	115	117	117	72	72	73	74	75	76	76		
	99th	116	117	119	121	123	124	125	80	80	81	82	83	84	84		
7	50th	92	94	95	97	99	100	101	55	55	56	57	58	59	59		
	90th	106	107	109	111	113	114	115	70	70	71	72	73	74	74		
- C	95th	110	111	113	115	117	118	119	74	74	75	76	77	78	78		
	99th	117	118	120	122	124	125	126	82	82	83	84	85	86	86		
8	50th	94	95	97	99	100	102	102	56	57	58	59	60	60	61		
	90th	107	109	110	112	114	115	116	71	72	72	73	74	75	76		
- C	95th	111	112	114	116	118	119	120	75	76	77	78	79	79	80		
	99th	119	120	122	123	125	127	127	83	84	85	86	87	87	88		
9	50th	95	96	98	100	102	103	104	57	58	59	60	61	61	62		
	90th	109	110	112	114	115	117	118	72	73	74	75	76	76	77		
- C	95th	113	114	116	118	119	121	121	76	77	78	79	80	81	81		
_	99th	120	121	123	125	127	128	129	84	85	86	87	88	88	89		
10	50th	97	98	100	102	103	105	106	58	59	60	61	61	62	63		
	90th	111	112	114	115	117	119	119	73	73	74	75	76	77	78		
- C	95th	115	116	117	119	121	122	123	77	78	79	80	81	81	82		
	99th	122	123	125	127	128	130	130	85	86	86	88	88	89	90		
11	50th	99	100	102	104	105	107	107	59	59	60	61	62	63	63		
	90th	113	114	115	117	119	120	121	74	74	75	76	77	78	78		
- C	95th	117	118	119	121	123	124	125	78	78	79	80	81	82	82		
	99th	124	125	127	129	130	132	132	86	86	87	88	89	90	90		
12	50th	101	102	104	106	108	109	110	59	60	61	62	63	63	64		
	90th	115	116	118	120	121	123	123	74	75	75	76	77	78	79		
C	95th	119	120	122	123	125	127	127	78	79	80	81	82	82	83		
	99th	126	127	129	131	133	134	135	86	87	88	89	90	90	91		

Blood Pressure Levels for Boys by Age and Height Percentile

2	PD			Systo	lic BP	(mmHg)	(Diastolic BP (mmHg)							
Age (Year)	Percentile	0	•	- Perce	entile of	f Height	+		← Percentile of Height →						
	4	5th	10th	25th	50th	75th	90th	95th	5th	10th	25th	50th	75th	90th	95th
6	50th	91	92	93	94	96	97	98	54	54	55	56	56	57	58
	90th	104	105	106	108	109	110	111	68	68	69	70	70	71	72
	95th	108	109	110	111	113	114	115	72	72	73	74	74	75	76
	99th	115	116	117	119	120	121	122	80	80	80	81	82	83	83
7	50th	93	93	95	96	97	99	99	55	56	56	57	58	58	59
	90th	106	107	108	109	111	112	113	69	70	70	71	72	72	73
	95th	110	111	112	113	115	116	116	73	74	74	75	76	76	77
	99th	117	118	119	120	122	123	124	81	81	82	82	83	84	84
8	50th	95	95	96	98	99	100	101	57	57	57	58	59	60	60
	90th	108	109	110	111	113	114	114	71	71	71	72	73	74	74
	95th	112	112	114	115	116	118	118	75	75	75	76	77	78	78
	99th	119	120	121	122	123	125	125	82	82	83	83	84	85	86
9	50th	96	97	98	100	101	102	103	58	58	58	59	60	61	61
	90th	110	110	112	113	114	116	116	72	72	72	73	74	75	75
	95th	114	114	115	117	118	119	120	76	76	76	77	78	79	79
	99th	121	121	123	124	125	127	127	83	83	84	84	85	86	87
10	50th	98	99	100	102	103	104	105	59	59	59	60	61	62	62
	90th	112	112	114	115	116	118	118	73	73	73	74	75	76	76
	95th	116	116	117	119	120	121	122	77	77	77	78	79	80	80
	99th	123	123	125	126	127	129	129	84	84	85	86	86	87	88
11	50th	100	101	102	103	105	106	107	60	60	60	61	62	63	63
	90th	114	114	116	117	118	119	120	74	74	74	75	76	77	77
	95th	118	118	119	121	122	123	124	78	78	78	79	80	81	81
	99th	125	125	126	128	129	130	131	85	85	86	87	87	88	89
12	50th	102	103	104	105	107	108	109	61	61	61	62	63	64	64
	90th	116	116	117	119	120	121	122	75	75	75	76	77	78	78
	95th	119	120	121	123	124	125	126	79	79	79	80	81	82	82
	99th	127	127	128	130	131	132	133	86	86	87	88	88	89	90

Blood Pressure Levels for Girls by Age and Height Percentile

Chapter 6: Cardiovascular Fitness

Equipment needed:

- Step box (The STEP 4" risers x 2, stacked for total height 8")*
- Metronome
- Pulse oximeter
- Timer
- Data Recording Form
- Pen/Pencil
- Clipboard





Pre-Test Conditions:

- Ensure that the subject is not recovering from illness or suffering from a cold or other condition that makes them unsuitable for step test.
- The subject should be wearing loose-fitting, comfortable clothing and suitable shoes (i.e., **no heels or flip flops**).
- The testing area should be quiet, well ventilated and between 64 and 68 degrees Fahrenheit
- BP should be within normal range (i.e., <95th percentile)!

Procedure:

- 1. Place the pulse oximeter on the subject's index or middle finger. Record subject's heart rate (HR) at rest.
- Make sure the neck cord is secured to hanging pouch (see illustrations on the next page). Remove pulse oximeter from finger and place in hanging pouch, then suspend around subject's neck. Use extra white cord if additional length needed.
- 3. Start the metronome with a pace of 24 ascents per minute (**96 beats per minute**) for the subject to become familiar with the rhythm.
- 4. Demonstrate to the subject how to step: step up onto the top of the step with one foot and then another foot with both legs fully straightened; then step down with one foot, followed by the other foot: demonstrating the stepping command: "up, up, down, down" at each beep.
- 5. When the subject is ready, ask them to listen to the rhythm and start stepping as you start the monitor watch.
- 6. Make sure that the subject is following the rhythm by providing the commands: "up, up, down, down" until they reach a steady and consistent pace; and tell the subject that they may change the lead foot.
- 7. The subject will step up and down on the step box for a <u>maximum of three minutes or</u> <u>until exhaustion</u>. Exhaustion is defined as when <u>the subject cannot maintain the</u> <u>stepping rate for 15 seconds with positive encouragement</u> from the test administrator.



- 2. During counting, press #2 will enter into lap time mode, meaning that 1 portion of the counting is registered on the display while the counting is still going on in the background
- 3. Press #2 will get you to the current counting

Special Considerations: The subject should be encouraged to finish the three minutes if they can maintain the steps per minute. The test should be stopped if the HR reaches **200** beats per minute. If <u>at any time</u> during the test the subject shows <u>signs of overtiredness or dizziness</u> stop the test, recover and cool-down the subject.

8. Record the heart rate and duration on the data sheet <u>immediately</u> after the subject stops stepping, and then have the subject sit down on the step. Record the heart rate again at <u>1 minute</u> and <u>2 minutes</u> after the test.

Pulse Oximeter

6.3 Mounting the hanging rope

Step 1. Put the end of the rope through the hole.

Step 2. Put another end of the rope through the first one and then tighten it.



Figure 4. Mounting the hanging rope

7 Operating Guide

- 7.1 Insert the two batteries properly to the direction, and then replace the cover.
- 7.2 Open the clip as shown in Figure 5.



Figure 5. Put finger in position

7.3 Let the patient's finger put into the rubber cushions of the clip (make sure the finger is in the right position), and then clip the finger.

7.4 Press the switch button once on front panel.

7.5 Do not shake the finger and keep the patient at ease during the process. Meanwhile, human body is not recommended in movement status.

7.6 Get the information directly from screen display.

7.7 In boot-strap state, press button , and the device is reset.

 Δ Fingernails and the luminescent tube should be on the same side.

Adapted from: *Farris et al., 2011, Cardiopulm Phys Ther J; Santo and Golding, 2003, Res Q Exerc Spo

Overview:

Weight will be measured (to the nearest **0.1 kg**) using a TANITA SC-331S scale with the patient in light clothing and no shoes. The observer will ensure that the scale is balanced (zeroed) at each use. Body mass index (BMI) will be calculated from the weight and the SECA stadiometer height measures. Waist circumference will be measured using a Myotape measuring belt to the nearest **0.1cm**. This measurement is taken in the exam room, directly over patient's bare skin.

Weight, height, and waist circumference will be measured and recorded at all visits in the **Data Collection Form,** on paper then entered directly into REDCap. BMI will be calculated as weight (kg)/height squared (m²). BMI percentiles will be determined using age- and gender-specific tables (pp. 7-8).



Equipment:

- Tanita
- Sanitizing wipes
- Paper for Tanita (NOTE: Unit will not perform measurement without installed paper roll)

Procedure:

Weight/ Body Fat

(See TANITA manual for preset instructions; will use Pattern 1 or 2) – images on next pages

Tanita Scale



Important: Participants should <u>urinate prior</u> to doing these procedures. Body composition analysis with the Tanita analyzer is affected by excess body water.

- 1. Have the patient remove their socks, if not already done.
- 2. <u>Turn on the TANITA scale</u> by pressing the on/off key. "0.0" should appear on the upper portion of the display.
- 3. Press the **lb/kg** button to select the measurement unit.
- 4. Enter Clothes Weight (**0.1kg**), using numerical keys; press Enter.
- 5. Select the body type: **Standard**
- 6. Select gender: Female/Male
- 7. Enter age, using numerical keys. Press Enter.
- 8. Enter height (centimeters) using numerical keys. Press Enter.
- 9. <u>Start measurement:</u> Have the participant step on weighing platform with bare feet so they touch all 4 electrodes. Stand in a stable position without bending one's knees.
- 10. Once the body weight and impedance measurements have been completed, the overall body fat percentage will be displayed and a beep will sound. **Measurement results print.**
- 11. After printing is completed, **step off the platform**.
- 12. Record weight, BMI, % body fat, fat mass, fat free mass on Data Collection Form; staple the printout to the appropriate form (Baseline, 1mo, 6mo, 12mo) and place in participant folder.
- 13. **IMPORTANT:** Clean the platform with sanitizing wipes.




NOTE: Limited data is printed for children (<18 yrs): gender, age, height, weight, fat %, fat mass, FFM (fat free mass), and BMI (body mass index).

TANITA Example

Category name Weight •Measured weight. Fat mass •-Total weight of fat mass in the body. Muscle mass* •- Bone-free lean tissue mass (LTM)	Image: Control of the contro	LOGO Serial No. The default is 00000001. Adds 1 each time it measures. D When it is set with an ID, it is printed out. (The default is without an ID.) Fat % Fat % is amount of body fat as a proportion of body weight. FFM Fat Free Mass is comprised of muscle,	INPUT BODY COMPOSITION ANALYZER SC-331S OCT/14/2009 18:22 SERIAL No. 00000003 INPUT ID NO. 0000000123 BODY TYPE STANDARD GENDER MALE AGE 36 HEIGHT 170.4cm CLOTHES WEIGHT
TBW %*	TBW 39.2kg TBW 3 50.9 3 2005 WASS 50.9 3	bone, tissue, water, and all other fat	1. Dkg
BMR*	EMR 6676 kJ FIABLIC AGE FIABLIC AGE VISCERAL FAT RATING OF STATUS OF ST	 TBW* Total Body Water is the amount of water retained in the body. TBW is said to comprise between 50% 70% of total body weight. Generally, men tend to have higher water weight than women due to a greater amount of muscle. Bone mass* Bone mineral amount included in the entire bone. Metabolic age* Metabolic age is evaluated young when a muscular amount is larger, and BMR is higher. BMI Calculated with "weight (kg) / height (m)²⁷ The standard value is for the Standard mode. In the case of the Athletic mode, the standard value is just a reference. And for those who are 17 years old or younger, only the body fat % is displayed as the standard value. The muscle mass, total body water and the estimated bone mass for those who are 17 years old or younger are for reference. 	Result 64.4kg WEIGHT 64.4kg FAT % 13.7 % FAT MASS 8.8kg FFM 55.6kg MUSCLE MASS 52.8kg TBW % 61.3 % BONE MASS 2.8kg BMR 6609 kJ METABOLIC AGE 22.2 IDEAL BODY WEIGHT 63.9kg DEGREE OF OBESITY 0.8 % Predicted weight: 10 % Predicted fat mass: 6.2kg FAT TO LOSE: 2.6kg Consult your physician before beginning any weight management program. Tanita is not regram. Tanita is not re
*18 - 99 years only			
Preset 1			Preset 2

Set height increment (0.1cm)



Control Panel





Trouble Shooting



Trouble Shooting Continued...



Note

 In the case that an error is displayed other than the above, turn off the power once, and then measure again.

If the same error is displayed repeatedly, contact our customer service center.

Waist Circumference (narrowest waist)

Waist circumference (WC) is measured with the patient standing with feet together, arms at the sides, and palms facing inward. Measurements should be taken as the patient exhales gently. WC will be measured twice; *if the value differs by* >**1** *cm*, *repeat the measure and record the two closest values to the nearest* **0.1** *cm*.

- Locate the narrowest point of the patient's waist by feeling for the bottom of the rib and the top of the hip bone. Mark the midpoint between these two points with a marking pen (*optional; recommended until familiar with procedure*).
- Pass the belt around the patient's body over the mark you made and clip the peg into the handle. Press the button on top of the measuring belt to tighten.
- Check to see that the belt is covering the narrowest part of the waist, adjust as needed.
- Press the button on top of the measuring belt again so the belt fits snugly against the body. *Note: patient should not inhale deeply to reduce waist size.*
- Record the measurement to the nearest **0.1 cm** on the Anthropometrics Form. Release the belt and repeat the measure a second time. Make sure the values are **<1 cm** difference from each other.

Determine WC percentile using age- and gender-based chart for Hispanic children (below). Abnormal WC is \geq **90**th percentile for age and gender.

		Percen	tile waist among	circumfer boys, cm	ence		Percentile waist circumference among girls, cm					
Age, y	ears N	10 th	25 th	50 th	75 th	90 th	N	10 th	25 th	50 th	75 th	90 th
2 3 4 5	255,333 258,559 296,003 264,485	43.9 45.7 47.6 49.4	45.8 47.9 49.9 51.9	48.0 50.5 53.0	51.1 54.4 57.7 61.0	55.1 59.3 63.5 67.6	262,893 225,403 325,340 248 389	44.1 45.9 47.7 49.5	46.2 48.2 50.1 52.1	47.8 50.2 52.6 55.0	50.9 54.0 57.1 60.1	54.9 58.7 62.4
6 7 8 9 10 11	275,632 280,231 266,604 301,160 224,208 242,796	51.2 53.1 54.9 56.8 58.6 60.5	54.0 56.0 58.0 60.1 62.1 64.1	58.0 60.5 63.0 65.5 68.0 70.5	64.2 67.5 70.8 74.1 77.3 80.6	71.8 76.0 80.1 84.3 88.5 92.6	258,705 247,436 258,908 249,988 236,867 267,200	51.3 53.1 54.9 56.7 58.5 60.3	54.0 56.0 57.9 59.9 61.8 63.8	57.4 59.7 62.1 64.5 66.9 69.3	63.2 66.2 69.3 72.3 75.4 78.4	70.0 73.7 77.5 81.2 85.0 88.8
12 13 14 15 16 17 18	298,821 214,337 219,128 258,110 226,267 227,178 197,207	62.3 64.1 66.0 67.8 69.7 71.5 73.3	66.2 68.2 70.2 72.3 74.3 76.3 78.4	73.0 75.5 78.0 80.5 83.0 85.5 88.0	83.9 87.2 90.4 93.7 97.0 100.3 103.6	96.8 101.0 105.1 109.3 113.5 117.6 121.8	236,265 225,006 257,514 183,105 186,132 186,920 200,084	62.1 63.9 65.7 67.5 69.3 71.1 72.9	65.7 67.7 69.6 71.6 73.5 75.5 77.4	71.6 74.0 76.4 78.8 81.2 83.5 85.9	81.5 84.6 87.6 90.7 93.7 96.8 99.8	92.5 96.3 100.1 103.8 107.6 111.2 115.1

Table 3.	Estimated Percentiles for Waist Circumference for Mexican
	American Children and Adolescents by Sex

Data are from the National Health and Nutrition Examination Survey, 1999-2008.

Reference: Messiah et al. (2011), Metabolic Syndrome and Related Disorders 9:297-303

Body Mass Index-for-age percentiles (BOYS)



Body Mass Index-for-age percentiles (GIRLS)



Baseline Assessments

Supervision of self- and interviewer-administered instruments during Assessment Part 1 and 2

Part 1 Surveys

A. Block Kids Food Screener/FFQ (NutritionQuest) – interviewer administered to <u>both</u> parent and child on Dell Venue 11 Pro tablet. See Food Frequency Questionnaire Protocol for details

- B. REDCap Surveys (parent only) see REDCap Survey Administration Protocol for details
- C. REDCap Surveys Protocol see REDCap Survey Administration Protocol for details
 - 1) Family Health (self-administered paper-pencil)
 - 2) Family Nutrition (administered by phone by Research staff)
 - a. Nutrition Survey Calls Protocol (How to conduct Nutrition Call)

Part 2 Surveys

- 1) PAQ-C interviewer administered to <u>both parent</u> and child in paper-pencil version
- 2) Family Demographics (parent only; self-administered paper-pencil)
- 3) Family Physical Activity (parent only; interviewer-administered paper-pencil)

Overview:

The food frequency questionnaire (FFQ) will be interviewer-administered to the parent **and** child in their language of choice using a Dell Venue 11 Pro tablet during Assessment Part 1. The FFQ covers foods eaten by the child in the past week. Questions are directed to the child, but the parent may assist with recall. This is particularly important for younger children (6-10 years).

Equipment:

- Dell Venue 11 Pro tablet with stylus and protective cover/stand
- Cord for charging/plugging in the tablet
- Frequency flash cards in English and Spanish

Preparing the tablet:

- 1. Turn on tablet and make sure it is fully charged (80-100%). If it is not, plug it into the wall socket next to the survey table.
- 2. Log in using UTHSCSA username and password
- 3. On the desktop you will see 2 folders:
 - a. FOODSCREENER ENGLISH
 - b. FOODSCREENER SPN (Spanish)
- 4. Open the folder corresponding to the participant's preferred language, and open the NutritionQuest.exe file to activate the survey.
- 5. You will be asked to enter a survey ID. Enter the StudyID + B for baseline, 6 for 6-month, 12 for 12-month (e.g., SW027B).
- 6. Click on "Start Questionnaire" and read out the instructions/questions to the participant.

Notes: Review Instructions for Administration prior to administering the FFQ!

Make sure participant is provided a copy of the Frequency flash card (see next page for English version) **in their preferred language of choice.** Refer to this flash-card (2pp. double-sided) as needed at specific points in the FFQ.

Think About Everything You Ate or Drank Last Week Chart (ENG)



THINK ABOUT EVERYTHING YOU ATE OR DRANK LAST WEEK.

REMEMBER WHAT YOU HAD FOR BREAKFAST, LUNCH, DINNER, AFTER SCHOOL, WHILE WATCHING TV, AND AT BEDTIME.

HOW OFTEN DID YOU EAT OR DRINK [...] IN THE PAST WEEK?

HOW MUCH IN ONE DAY (ON THE DAYS YOU ATE OR DRANK [...])?



WHAT KIND OF CEREAL DID YOU EAT? (CHOOSE THE ONE YOU ATE MOST OFTEN.)

- O Plain Cheerios, Grape Nuts, Shredded Wheat, Wheaties, Wheat Chex, Kix
- O Honey Nut Cheerios, Cap'n Crunch, Lucky Charms, Life, Golden Grahams, Frosted Mini Wheats, Raisin Bran
- O Other sweet cereals, like Frosted Flakes, Froot Loops
- O Any other cereal, like Corn Flakes, Rice Krispies

0

WHAT KIND OF MILK DID YOU DRINK? (CHOOSE THE ONE YOU DRANK MOST OFTEN.)

- O Whole milk
- Reduced-fat (2%) milk
- Low-fat (1%) milk 0

- O Non-fat milk
- Chocolate milk
- Soy milk

0

- 0 Lactaid milk
- 0
- 0 Don't know

© NutritionQuest - Berkeley, CA

PIENSE EN TODO LO QUE USTED COMIÓ O BEBIÓ <u>LA</u> <u>SEMANA PASADA</u>.

RECUERDE LO QUE COMÍO EN LA CASA, EN LA ESCUELA, DE LAS MÁQUINAS DISPENSADORAS O DE LA COMIDA RÁPIDA, Y EN LOS RESTAURANTES.

¿<u>CUANTAS DÍAS</u> DE LA SEMANA PASADA USTED COMIÓ O BEBIÓ [...]?

Nunca la	1 día	2 días	3 - 4 días	5 - 6 días	Cada día
semana	la semana	la semana	la semana	la semana	la semana
pasada	pasada	pasada	pasada	pasada	pasada

<u>ÈCUÁNTO EN UN DÍA (DURANTE LOS DÍAS EN QUE COMIÓ O BEBIÓ</u> [...])?

CUÁNDO COMIÓ CEREAL FRIÓ EN LA SEMANA PASADA, ¿QUE TIPO COMIÓ?

(Selecciona el tipo que comió con más frecuencia.)

O Cheerios, Grape Nuts, Shredded Wheat, Wheaties, Wheat

Chex, Kix

O Honey Nut Cheerios, Cap'n Crunch, Lucky Charms,

Life, Golden Grahams, Frosted Mini Wheats, Raisin Bran

Q Otro cereal con azúcar como Frosted Flakes, Froot Loops

O Cualquier otro tipo de cereal como Corn Flakes, Rice Krispies

<u>CUÁNDO TOMÓ VASOS DE LECHE, ¿QUÉ TIPO DE LECHE</u> <u>BEBIÓ?</u>

(Selecciona el tipo que tomó con más frecuencia.)

O Leche entera O Leche 1% O Leche con

chocolate O Leche Lactaid

O Leche 2% O Leche sin grasa O Leche de soya O No se

ID NUMBER

0	0	0	0	0	0	0	0	0	0
ᠿ	Ф	Ф	Ф	Ф	Ф	Ф	Ф	Ф	Ф
2	0	2	0	2	0	2	0	2	0
3	3	3	3	3	3	3	3	3	3
4									
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
0	0	0	0	0	0	0	0	0	0
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

Think about everything you ate or drank <u>last week</u>. Remember what you had for breakfast, lunch, dinner, after school, while watching TV, at bedtime, and on the weekend.

Please write your name in this box. Use a pencil to complete this survey.

55555555 666666666	HOV	V MANY YOU E	DAY AT O	S LAST	WEE K IT?	K DID				XH XY?
	None		2 davs	3-4 days	5-6 days	Every				
	week	last week	last week	last week	last week	last week				
Cereal, like corn flakes, Frosted Flakes	0	0	0	0	0	0	5	• O 1 bowl	O 2 bowls	O 3 bowls
Cooked cereal, like oatmeal	0	0	0	0	\bigcirc	niest		O A little	O Some	O A lot
Eggs, breakfast sandwiches or breakfast burritos	0	0	0	3	Re	0		O 1 egg	O 2 eggs	O 3 eggs
Breakfast bars, granola bars, Protein bars	0	0	00	500	2	S 0		<mark>)</mark> 1/2	<mark>0</mark> 1	<mark>0</mark> 2
Glasses of milk	0	°.	0	No le	8	0		O 1 glass	O 2 glasses	O 3+glasses
Real fruit juice, like orange juice, apple juice, or Mexican fruit drinks like licuados (DO NOT include soda)	0 2	it bio		40) ×	0	0		O 1 glass	O 2 glasses	O 3+glasses
Drinks like Coke or 7-Up, Sunny Delight, Hawaiian Punch, or aguas frescas (DO NOT include diet soda)		I CON	82	0	\bigcirc	0		O 1 bottle	O 2 bottles	O 3+bottles
Apples, bananas, or oranges	500	0.0	0	0	\bigcirc	0		<mark>)</mark> 1/2	<mark>0</mark> 1	<mark>0</mark> 2
Applesauce, fruit cocktail		0	0	0	0	0		O A little	O Some	O A lot
Any other fruit, like strawberries, grapes	0	0	0	0	\bigcirc	0		O A little	O Some	O A lot
French fries, hash browns, tater tote	0	0	0	0	0	0		O A little	O Some	O A lot
Other potatoes, like masned or boiled	0	0	0	0	0	0		O A little	O Some	O A lot
Ketchup or salsa	0	0	0	0	0	0		O A little	O Some	O A lot
Lettuce salad	0	0	0	0	\bigcirc	0		O A little	O Some	O A lot
Tomatoes, including on salad	0	0	0	0	\bigcirc	0		O 1/4 tomato	 1/2 tomato	0 1 tomato
Green beans or peas	0	0	0	0	0	0		O A little	O Some	O A lot
Other vegetables, like corn, carrots, greens, broccoli	0	0	0	0	\bigcirc	0		O A little	O Some	O A lot
Vegetable soup, tomato soup, any soup or stew with vegetables in it	0	0	0	0	\bigcirc	0		O A little	O Some	O A lot
Chili beans, pinto beans, black beans, including in burritos	0	0	0	0	\bigcirc	0		O A little	O Some	O A lot

Block_K_Screen_WEEK-3 ©2007 BDDS, Phone 510-704-8514 www.nutritionquest.com

Turn this page over ----->

	HOW MANY DAYS LAST WEEK DIE YOU EAT OR DRINK IT?							HOW MUCH			
	None last week	1 day last week	2 days last week	3-4 days last week	5-6 days last week	Every day last week	- L 				
Refried beans	0	0	0	0	\bigcirc	0		A little Some A lot			
Hamburgers, cheeseburgers	0	0	\bigcirc	0	\bigcirc	0		oooooooooooooooooooooooooooooooooooooo			
Hot dogs, corn dogs, or sausage	0	0	\bigcirc	0	\bigcirc	0		$\begin{array}{c c} & & & \\ \hline \\ 1 & 2 & 3 \end{array}$			
Lunch meat like boloney, ham, Lunchables	0	0	0	0	0	0		1 slice 2 slices 3+ slices			
Pizza or pizza pockets	0	0	0	0	0	0		A little Some A lot			
Spaghetti or ravioli <u>with tomato sauce</u>	0	0	0	0	0	0		A little Some A lot			
Macaroni and cheese	0	0	0	0	\bigcirc	0,6	8	A little Some A lot			
Chicken, including nuggets, wings, tenders, also in sandwiches or stew	0	0	0	0	0	HB		A little Some A lot			
Fish, fish sticks or sandwiches, tuna,shrimp	0	0	0		J.C	S		A little Some A lot			
Burritos or tacos	0	0	0		0	0		$\begin{array}{c c} & & \\ \hline \\ 1/2 & 1 & 2 \end{array}$			
Beef like roast, steak or in sandwiches	0	0	0	08	28	0		A little Some A lot			
Meat balls, meat loaf, beef stew, Hamburger Helper	0	Ath	Soc	0	\bigcirc	0		A little Some A lot			
Pork, like chops, roast, ribs		000	21	0	\bigcirc	0		A little Some A lot			
Popcorn	Ó	10	3	0	\bigcirc	0		A little Some A lot			
Snack chips like potato chips, Doritos, Fritos, tortilla chips	Seo	020	0	0	\bigcirc	0		A few Small bagLarge bag			
Ice cream	C C	0	\bigcirc	0	\bigcirc	0	1	O O O 1 scoop 2 scoops 3 scoops			
Candy, candy bars	33	0	\bigcirc	0	\bigcirc	0		O O O Mini Small Large			
Cookies, donuts, cakes like Ho-lics	0	0	\bigcirc	0	\bigcirc	0		A little Some A lot			
Cheese. Remember cheese in sandwiches or nachos with cheese or guesadillas	0	0	\bigcirc	0	\bigcirc	0		1 slice 2 slices 3+ slices			
Whole wheat bread or foils (NOT white bread)	0	0	\bigcirc	0	\bigcirc	0		1 slice 2 slices 3 slices			
What kind of cereal did you eat? (MARK TH	HE ON	E YOU A	TE TH	IE MOST	OF)						
 Plain Cheerios, Grape Nuts, Shredded Wheat, Wheaties, Wheat Chex, Kix Honey Nut Cheerios, Cap'n Crunch, Lucky Charms, Life, Golden Grahams, Frosted Mini Wheats, Raisin Bran Other sweet cereals, like Frosted Flakes, Froot Loops Any other cereal, like Corn Flakes, Rice Krispies 											
What kind of milk did you drink? OWho (MARK ONLY ONE) Red milk	ole milk uced fa	at 2%	⊃ Lov ⊃ Nor	v fat 1% r nfat milk	nilk ⊂	Chocol Soy mi	ate Ik	milk O Lactaid milk Don't know			
Please tell us about yourself											
Are you O How o Male Female are yo	old ⊂ ou?	2 03	3) 4 O t) 11 O 1	5 C	0 6 0 0 13 0	7 14	O 8 O 9 O 10 O 15 O 16 O 17			

Numero de Identificación

0	0	0	0	0	0	0	0	0	0
Ð	Ф	Ф	⊕	Ф	ᠿ	Ф	ᠿ	Ф	Ф
0	0	2	0	2	0	2	0	2	0
3	3	3	3	3	3	3	3	3	3
		4							
5	(5)	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
Ø	0	0	0	0	0	0	0	0	0
3	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

Piense en todo lo que usted comió o bebió la semana pasada. Recuerde lo que tenía para el desayuno, al almuerzo, cena, después de la escuela, mientras vió la televisión, a la hora de acostarse, y en el fin de semana.

Escriba por favor su nombre en esta caja. Utilice un lápiz para llenar esta encuesta.

@@@@@@@@@@									
	D'?				SEM/		ÀUŊż		N UN
	Nunca la	a 1 día	2 días	3-4 días	5-6 días	Cada día		DIA	
	pasada	semana pasada	semana pasada	semana pasada	semana pasada	semana pasada			
Cereal frío, como Corn Flakes, Frosted Flakes	0	0	0	0	0	0	• O 1 Tazon	O 2 Tazones	O 3 Tazones
Cereal cocido como avena	0	0	0	0	0	MI6S'	O Poquito	O Algo	O Mucho
Sándwich de huevo como Egg McMuffins / burritos con huevo	0	0	0	3	Se	0	O 1 huevo	O 2 huevos	O 3 huevos
Barras de desayuno, barras de granola, barras de proteína	0	0	00	200	90	50	<mark>)</mark> 1/2	<mark>)</mark> 1	<mark>)</mark> 2
Vasos de leche	0	0		No re	%	0	O 1 vaso	O 2 vasos	O 3+ vasos
Cualquier jugo natural de fruta, como jugo de naranja, jugo de manzana, como licuados (NO incluya sodas)	0	Jit is lo		4 O)	0	0	O 1 vaso	O 2 vasos	O 3+ vasos
Refrescos como Coke, 7-Up, Sunny Delight, Hawaiian Punch, o aguas frescas (NO incluya refrescos dietéticos)		I LOA	82	0	0	0	 1 botella	2 botellas	O 3+ botellas
Manzanas, plátanos, o naranjas	50	0.0	\bigcirc	0	\bigcirc	0	 1/2	<mark>)</mark> 1	<mark>)</mark> 2
Puré de manzana, cóctel de frute	S	0	0	0	0	0	O Poquito	O Algo	O Mucho
Cualquier otra fruta, como fresas, uvas	0	0	0	0	0	0	O Poquito	O Algo	O Mucho
Papas fritas, Tater Tots, 'hash browns), o papas fritas caseras	0	0	0	0	0	0	O Poquito	O Algo	O Mucho
Cualquier otro tipo de papas, con pure de papas, horneadas, o hervidas	0	0	0	0	0	0	O Poquito	O Algo	O Mucho
Kétchup o salsa	0	0	0	0	0	0	O Poquito	<mark>O</mark> Algo	O Mucho
Ensalada de lechuga	0	0	0	0	0	0	O Poquito	O Algo	O Mucho
Tomates, incluyendo en ensaladas	0	0	0	0	0	0	O 1/4 tomate	O 1/2 tomate	O 1 tomate
Ejotes o guisantes/chícharos	0	0	0	0	0	0	O Poquito	O Algo	O Mucho
Cualquier otras verduras como elote, zanahoria, hojas verdes, o brócoli	0	0	0	0	0	0	Poquito	O Algo	O Mucho
Sopa de verduras, sopa de tomate, cualquier sopa o guiso con verduras	0	0	0	0	0	0	O Poquito	O Algo	O Mucho
Frijoles pintos, frijoles negros, chile con frijoles o burritos de frijoles	0	0	0	0	0	0	O Poquito	O Algo	O Mucho
				_		L A			

Block_K_Screen_WEEK-3S ©2007 BDDS, Phone 510-704-8514 www.nutritionquest.com

ė.	,CUAN	TOS DÍA USTED I	AS DE LO CC	LA SEM MIÓ O E	IANA I BEBIÓ	PASADA	4	UC¿CU	ÁNTO	EN UN
• •	Nunca la semana pasada	1 día de la semana pasada	2 días de la semana pasada	3-4 días de la semana pasada	5-6 días de la semana pasada	Cada día de la semana pasada			DIA?	
Frijoles refritos	Ŏ	\bigcirc		0		\bigcirc		O Poquito		Mucho
Hamburguesas o hamburguesas con queso	0	0	0	0	0	0		1 Chico	1 Grande	2 Grandes
'Hot Dogs', 'corn dogs', o salchicha	0	0	0	0	\bigcirc	0		O 1	<mark>0</mark> 2	<mark>)</mark> 3
Carne como bologna, de jámon o Lunchables	0	0	0	0	0	0		O 1 Tajada	O 2 Tajadas	<mark>◯</mark> 3+ Tajadas
Pizza o Pizza Pockets	\bigcirc	0	\bigcirc	0	\bigcirc	0		Poguito	O Algo	O Mucho
Espagueti o ravioles con salsa de tomate	0	0	0	0	0	0		Poquito	Algo	Mucho
 Macarrones con queso 	0	0	\bigcirc	0	\bigcirc	00	¥	O Poquito		O Mucho
Pollo, incluyendo bocadillos, alas, tiras de pollo, también en sándwiches o guisado	0	0	0	0	0	2118		Poquito	Algo	Mucho
 Pescado, como sándwiches de pescado, palitos de pescado, camarones, o atún 	0	0	0	- CO		5		Poquito	Algo	O Mucho
Burritos o tacos	0	0	0	<u> </u>	0	0		0 1/2	<mark>0</mark> 1	<mark>0</mark> 2
Carne de res, asado, bistec, o en sándwiches	0	0	<u>8</u>	8°.	8	0		O		Mucho
Albóndigas, picadillo, guisado de res, Hamburger Helper	0	R	2 ^{9,0}		0	0		Poquito	Algo	Mucho
Carne de cerdo, como chuletas, asada, costillas		2001	21	0	0	0		Poquito	Algo	O Mucho
Palomitas de maíz	Č	6	3	0	0	0			0	0
Papitas como Doritos, Fritos, o 'chips' de tortillas) BO	020	0	0	\bigcirc	0		Poquitos	Algo O Bolsa	Bolsa
Helados (nieve)	0	0	\bigcirc	0	0	0				
Dulces o golosinas	32	0	\bigcirc	0	0	0		Mini	Pequeño	Grande
Galletas, donas, pastelitos como i lo-H σ S	0	0	0	0	0	0		O Poquito	Algo	O Mucho
 Queso, recuerde el queso en sándwiches, nachos con queso, y quesadillas 	0	0	0	0	0	0		O 1 Rebanada	O 2 Rebanada	o as 3 + Rebanadas
Pan de harina integral (no pan blanco)	0	0	0	0	0	0		O 1 Rebanada	C 2 Rebanad	o as 3 Rebanadas
 ¿Qué tipo de cereal come usted? (Marque sólo uno.) Cheerios, Grape Nuts, Shredded Wheat, Wheaties, Wheat Chex, Kix Honey Nut Cheerios, Cap'n Crunch, Lucky Charms, Life, Golden Grahams, Frosted Mini Wheats, Raisin Bran Otro cereal con azúcar como Frosted Flakes, Fruit Loops Cualquier otro tipo de cereal como Corn Flakes o Rice Krispies ¿Qué tipo de leche bebe usted? 										
(Marque sólo uno.) O Lech	e 2%		Lech	ie sin gras	a C) Leche de	e so	oya	No se	Э
Por favor dinos acerca de usted										
Eres O O Cuánto Masculino Femenino años tie	os O ne?	2 🔾	3	04 O 011 O	5 C	6 O 13 O	7 14	○ 8○ 15	○ 9○ 16	○ 10○ 17

Food Frequency Questionnaire (FFQ) Interviewer Protocol



Health4Kids (H4K): A Pediatric Obesity Management Intervention Trial for Hispanic Families (R01HD075936)

Food Frequency Questionnaire Interviewer Protocol



Contents

Administration of the FFQ	3
Preparing for Data Collection	
FFQ Administration Procedure	5
General FFQ Instructions	7
Instructions about the Frequency Part of the Food Questions	
Instructions about the Portion Size Part of the Food Questions	
Additional Instructions	
End of FFQ/Upload to NutritionQuest	12
FFQ Data Management	15

Administration of the FFQ

Preparing for Data Collection

NOTE: the following steps <u>must</u> be done in the office. Tablets cannot access the POM server remotely at Clinic sites.

- 1) Prior to leaving for an assessment, turn on the tablet. Use the stylus to swipe up to the log in screen.
- 2) Log in using your UTHSCSA credentials.
- 3) Open the Foodscreener folders and double click on the "NutritionQuest.exe" program file to ensure that it opens.



4) If it does not, use the desktop shortcut to go to the POM drive. Go to: <u>Measurement\Survey instruments\NutritionQuest Block Kids</u>. Copy the Food Screener folder to the tablet desktop. Repeat Step 3 and ensure that the program file opens.

🐌 i ⊋ 🐌 = i	NutritionQuest Blo	ck Kids		_ 🗆 🗙
File Home Share Vie	w			^ ()
Copy Paste Copy path	Move Copy to* to*	s • Properties the History	Select all Select none	
Clipboard	Organize New	Open	Select	
🗲 🌛 👻 🕇 📜 🔍 Measu	rement > Survey instruments > NutritionQuest Blo	ck Kids 🔎	✓ C Search Nutri	tionQuest Block Ki ${\cal P}$
Desktop Downloads Recent places	Name SAMPLE_LIC Agr_Online Acct with Offline Opti NutritionQuest_Online Screenshot.pdf FitimatedCalorieNeedsPerDavTable.pdf	Date modified 10/21/2014 1:10 PM 10/29/2014 2:46 PM 10/12/2015 11:56 A	Type Adobe Acrobat Doc Adobe Acrobat Doc	Size >> кв 393 КВ 109 КВ
 This PC Desktop Desumente 	 DietaryGuidelines2010.pdf Combined Block KIDS LastWeek Screener and Block Kids Physical Activity_Summary.pdf 	10/12/2015 10:49 A 8/19/2014 6:19 PM 8/19/2014 2:39 PM	Adobe Acrobat Doc Microsoft Word 97 Adobe Acrobat Doc	2,963 KB 46 KB 11 KB
Downloads Music Pictures Videos Windows (C:) pom (\\cfs\links\e	Block Kids 2004_revMyPyr_FoodGroups_plus Block Dietary Assessment Tools for Kids_Sum 20131113 ENLACE_Licensing agreement for Protected Foodscreener SPN FOODSCREENER ENGLISH	8/19/2014 6:19 PM 8/29/2014 1:54 PM 11/13/2013 11:44 A 2/24/2016 9:43 AM 7/15/2015 11:59 AM 7/6/2015 10:46 AM	Adobe Acrobat Doc Adobe Acrobat Doc Adobe Acrobat Doc File folder File folder File folder	143 KB 23 KB 1,132 KB
16 items 1 item selected 1	Pole download for analysis Account docs 42 KB	9/19/2015 9:50 AM 6/29/2015 1:26 PM	File folder File folder	~

- 5) Ensure that all Windows updates are completed and that tablet battery is fully charged <u>before</u> you leave for the Assessment.
- Important: Enter the Study ID# and assessment type, a maximum of 10 contiguous characters WITH NO SPACES (e.g. SW2966MO or SW296_6A1, not SW296 6MO). Do not enter study subject name or any other identifier. IT IS CRITICAL TO USE THE CORRECT ID# FOR THE FFQ_ ADMINISTRATION.
- Two folders named "Foodscreener ENGLISH" and "Foodscreener SPN" are located on the desktop of all FFQ administration tablets. Select the folder based on participant language preference (can be found in Microsoft Outlook meeting request from UHS Program Coordinator; also located in H4K Eligibility Screening-UHS form in REDCap). Double click on the folder to open.



Last revised 3-19-18

FFQ Administration Procedure

1) Double-click the "NutritionQuest.exe" program file. It may take 10-15 seconds for the survey instrument to open.

11 🖸 11 = 1	Application Tools	Foodscreener SPN	-	×
File Home Share View	Manage			~ O
🔄 🎯 🕤 🛧 🐌 🔸 Foodscree	ener SPN	~ C	Search Foodscreener SPN	Q
🚖 Favorites 🔷 Na	ame	Date modified	Туре	Size
🗾 Desktop	Backups	7/6/2015 11:09 AM	File folder	
A Downloads	unloaded to NutritionQuest	7/6/2015 11:15 AM	File folder	
25 Recent places	NutritionQuest.exe	2/27/2015 10:34 AM	Application	3,856 k
 Desktop Documents Downloads Music Pictures Videos Windows (C) pom (\\cfs\links\e 				
~ <				>
3 items 1 item selected 3.76 l	MB			

The opening screen requests the ID number of the subject about to be interviewed. Use the format 'Clinic/3 digits/Assessment Type'. Use the suffix "B" for Baseline, "6" for 6-month and "12" for 12-month, e.g. SW027B for a Baseline assessment at SW Clinic. IT IS CRITICAL THAT THE CORRECT ID NUMBER IS ENTERED WITHOUT SPACES. Click "Start Questionnaire."



- 3) Complete the FFQ (est. time 30 mins)
 - a. **NOTE:** Interviewer needs to ask all questions (verbatim) on the screen as they appear.
 - b. **NOTE:** If the interview is interrupted before all questions have been answered, the program automatically saves all the responses to questions that have been answered. To later complete the interview, interviewer must restart the program and use the drop down-box on the opening screen to select the correct subject ID number of the record to be completed.

NutritionQuest		Stop Survey
	Enter a new user ID # [not name] or choose a previous user ID #: (Maximum of 10 characters, EXACTLY as the ID # was uploaded E of the TTE was uploaded as '25', it must be sybed here as '25', not as '0000000 mil 0401052103 [v] 0401052103 0401212105 0501011104	

General FFQ Instructions

Introducing the Food Screener	Greet the participant and provide a transition to the FFQ, with a phrase such as the following: "Now I'd like to ask you some questions about the foods your son/daughter usually eat." Do not use phrases that include the word "diet", as some participants may think it means "dieting", rather than simply their usual food habits. Do not spend too much time at this initial introduction
Read questions as written	The words are not optional. Do not paraphrase. Do not omit any words. If subject answers question before it has been read completely, the interviewer should continue reading. This allows the subject to think about inclusion of foods that they might not otherwise have considered in giving their response.
Participant questions	If Participant asks a question for clarification, and you know the answer because it is in this Protocol, you may answer her question. It is not necessary to reread the entire question.
Note regarding foods <u>not</u> on the food list	The food list represents the most important nutrient sources in most children's diets. It does not, and is not intended to include all possible foods that children ever eat. Thus, it is likely that some foods that a child eats will not be on the list. Do not attempt to force unmentioned foods into categories by guessing at their similarity.

Instructions about the Frequency Part of the Food Questions

Frequency
categoriesBe sure the respondent has been provided with a copy of the Flashcards
showing frequency categories. Be careful to select the correct category (click
on the button), since recording the frequency incorrectly can make a big
difference in the nutrient estimate.

HE	AL	ГН
₩¢	6	Õ
41	KII	DS

THINK ABOUT EVERYTHING YOU ATE OR DRANK LAST WEEK.

REMEMBER WHAT YOU HAD FOR BREAKFAST, LUNCH, DINNER, AFTER SCHOOL, WHILE WATCHING TV, AND AT BEDTIME.

HOW OFTEN DID YOU EAT OR DRINK [...] IN THE PAST WEEK?



HOW MUCH IN ONE DAY (ON THE DAYS YOU ATE OR DRANK [...])?

© NutritionQuest – Berkeley, CA

Although you will ask the question in an open-ended way ("How many days last week did you eat...), encourage the participant to give her answers in terms of one of the predefined categories. Participants easily get the idea, and will quickly learn to give answers in the categories shown. Ask them to refer to the flashcard for categories.

Should I read all the response	In this Food Questionnaire, the answers are all in categories referring to how many days in the last week a food was eaten or beverage drunk, such as "None", "1 day", "2 days"
categories?	In most cases it is not necessary to read the response categories every time, although you may do so if the participant is hesitating or unclear. Instead, you will first show the participant an example of the type of
	categories you will be using to record her answers. Then, you will <u>simply</u> <u>ask the question in an open-ended way</u> , wait for a response (such as "5 days last week"), and record it in the appropriate category.

Wording of the frequency questions	It is not necessary to say "How often did you eat" for every food. You can repeat the introductory phrase from time to time, but most often you should just read the next food, without the "How often" This will make the interview go a little faster, be less boring, and perhaps encourage the participant to pick up the pace.
	Similarly, avoid repetitively saying "(<i>name of food</i>). How often do you eat that?" It is okay to say that occasionally to vary the wording and pace, but not for every food.
	Do not, however, just say " <u>Did</u> you eat …". This unnecessarily lengthens the interview, because then if the respondent says "yes" you still have to ask the "How often" question.
Items with more than one food	For example, "Apples or pears." Do not try to get separate estimates of frequency for the two foods. Just ask the respondent to answer frequency for that group of foods. And, don't worry about the two foods having different sizes.
Frequency answers that overlap the response categories	If the respondent answers with a range that does not fit exactly into one of the available categories (e.g., "3-4 days last week"), ask the respondent to choose which of the available categories is closest to how often they ate that item. For example, a response of "3-4 days last week" could be probed with "was that closer to 3 days last week, or 4 days?"
"None" frequency	Use the "None" response for any foods not eaten in the last week. These will be counted as zero.
Avoid confusion	There is potential for confusion between "how often" and "how many". Make sure to keep them separate for the respondent.
between "how often" and "how many"	So if respondent is answering orange juice as "4 cups a week", explain that you will ask "How many each time" in a subsequent question, but right now, you want her to tell you "how often" per week, meaning "how many days", <u>not</u> how many glasses per week.

Instructions about the **Portion Size** Part of the Food Questions

Portion size in this interview	Ask the portion size before moving on to frequency of the next food.
is very general	Ask the respondent "how much" did you eat/drink (the food or beverage) and read the portion size options. For some foods these are expressed in specific units (e.g. glasses, pieces).
	For a number of foods the portion sizes are expressed in very general terms: "a little / some / a lot." If the respondent asks you to interpret these, you are to ask them what these terms mean to them, saying, "What would you say is a little, some, a lot?" Or, if they press for an answer, ask them to describe the quantity in the way a person like them (in sex and age) would reply.
How important is portion size?	Although portion size will definitely improve the accuracy of the answers, you should not permit the participant to spend undue time on the portion size answers. These questions should move along quickly, with a breezy "What would you describe as 'a little', 'some', or 'a lot?"
Note on Beverage "portion sizes"	The portion size part of the beverages section is designed to capture the <i>number</i> of glasses or bottles that the child usually drank on the days she drank the beverage.
	For the beverage items listing portion size in "glasses", one glass is assumed to be an 8 oz. serving. This applies to milk, Hawaiian Punch and similar beverages, Hi-C and similar beverages, and fruit juices. This portion size information is provided for you the interviewer, so that you will be able to answer questions, if the participant asks. The interviewer does not need to offer the respondent this information, but if she asks, you may respond.
	For sodas, there is an additional question about the size of can/bottle/cup (in number of ounces) that the child usually drank on the days he/she drank this type of beverage.

Additional Instructions

Questions about type of cereal and milks

HEALTH M C C C 4 KIDS

WHAT KIND OF CEREAL DID YOU EAT? (CHOOSE THE ONE YOU ATE MOST OFTEN.)

O Plain Cheerios, Grape Nuts, Shredded Wheat, Wheaties, Wheat Chex, Kix

- O Honey Nut Cheerios, Cap'n Crunch, Lucky Charms, Life, Golden Grahams, Frosted Mini Wheats, Raisin Bran
- O Other sweet cereals, like Frosted Flakes, Froot Loops
- O Any other cereal, like Corn Flakes, Rice Krispies

WHAT KIND OF MILK DID YOU DRINK? (CHOOSE THE ONE YOU DRANK MOST OFTEN.)

0	Whole milk	0	Reduced-fat (2%) milk	0	Low-fat (1%) milk

O Non-fat milk O Chocolate milk O Soy milk

O Lactaid milk O Don't know

Ending the Survey

© NutritionQuest - Berkeley, CA

Questions about gender and age

Refer respondent to the flashcard when asking, "If you ate cereal last week, what kind of cereal..." Only read the cereal names if they don't have the flashcard. Ask respondent to indicate the **one** they ate the most of. Indicate to respondent that there can be only one response for this question.

Likewise with type of milk, refer respondent to the flashcard and ask them to tell you "If you drank milk last week, what kind of milk did you drink?" You can read descriptions as needed. Ask respondent to indicate the **one** they drank the most of. Indicate to respondent that there can be only one response for this question.

At the end of the survey is text "Please tell us about you."

Interviewer will probably already have this information about the respondent. If so, just enter information and click through to the next page. If not, ask these questions.

When you get to the screen following questions about age and sex, **click NEXT** to end the survey. **DO NOT** click on "Stop Survey."

WinterQuest-Questionnaire-Google Chrone	
https://www.mutritionquest.com/login/questionnaire.php?user_ffq_id=7270	
NutritionQuest	(Stop Survey
You have completed the final section of the survey. Thank you!	

End of FFQ/Upload to NutritionQuest

- 1) The interviewer **must** click all the way through to the last screen where icon reads: "Click here to end the session/Terminar Sesión"
 - a. **NOTE:** The FFQ administration will not be recorded as completed unless the session is finished correctly.

NutritionQuest Las preguntas están cerradas porque el cuestionario ha sido enviado.	Terminar Sesión
BIENVENIDOS SOBRE USTED DESAYUNO FRUTA VERDURAS/PASTA CARNES PANES BOTANAS/POSTRES BEBIDAS VITAMINAS ESTILO DE VIDA RESULTADOS	
🔇 REGRESAR 🛛 PRÓXIMO 📎	
Usted ha completado la sección final de esta encuesta. iMuchas Gracías!	

 NutritionQuest will automatically close the program once the session has ended. The file will be saved with the name "userdat.dat" in the folder on the desktop ("Foodscreener ENGLISH" or "Foodscreener SPN").



- 3) Open the folder and rename the .dat file with the Study ID #.
- 4) At the end of the assessment you will upload the file to NutritionQuest's website:
 - a. Open Google Chrome and go to the Group Login Page located at: <u>https://www.nutritionquest.com/login/?type=group</u>

Apps 🛨 Bookmarks 🦳 Cancer Resou	irces í Churches project 🧯 Funding sources 📁 Obesi	ity 🧰 PA 🍅 Personal 🍅 UTHSCSA	🗀 UTSPH 🛛 8. amazon.com 🗋 Amer	ican Associatio
	G	noale		
	Search Google or type URL	ogic	Ŷ	
	www.nutritionquest.ct REDCap	Welcome to Google C	Chrome Web Store	

b. On the login page, enter the Group Admin login "dorothy parma" and Password "pomstudy."

NutritionQuest	
OME	105.0
Group Admin Logia: deceity partial Password: Group Id: Submit	

- c. Enter the Group # corresponding to the language in which you conducted the Food Screener: **671 = ENGLISH, 672=SPANISH**. Click on "Submit."
- d. You will be taken to the Group page. Scroll down to the bottom and click on "Upload data records."

uesuviniane	quantity.						
Total number of	of sessions pe	rmitted:		400 Paid Fo	or':		
Number of ses	sions unalloca	ated:		387			
Number of ses	sions per use	r:		1			
Number of use	lumber of users accounts remaining: 387						
Total number	of sessions co	mpleted:		12			
				Save All Changes			
Jsers							
User Number [forward]	User ID	User Screen Name	Password	# of sessions permitted	# of sessions complete	# of sessions incomplete	Edit user
429982	SW001	SW001B	health4kids	1	1	0	Edit
433110	test_6-12_	SW041B	obnwdvhu	1	0	1	Edit
433111	SW015	SW015B	erypychk	1	1	0	Edit
437555	SW027B	SW027B	jhznlmnt	1	1	0	Edit
442976	SW080	SW080	mkofyvrf	1	1	0	Edit
451665	SW0016	SW0016	vyetuccx	1	1	0	Edit
452870	SE020B	SE020B	atipevhi	1	1	0	Edit
462624	SE040B	SE040B	vemrpqru	1	1	0	Edit
465142	Sw0156	Sw0156	fbzxydlt	1	1	0	Edit
467679	SW0276	SW0276	usgzsani	1	1	0	Edit
468371	SE074	SE074	bpaqrkea	1	1	0	Edit
	SW126	SW126	vsorkgxw	1	1	0	Edit
476090							

e. On the next page click on "Choose file".



f. In the popup window, find and select the correct Study ID# .dat file and click "Open."



- g. Click "Submit." You will see a message box about whether upload was successful and if there were errors (SCREENSHOT)
- h. Click "back to group." You should see the file at the bottom of the Group screen.

FFQ Data Management

- 1) **[On-site]** At the end of the data collection day, Measurement staff must rename and upload all "userdata.dat" files to NutritionQuest.
- 2) **[AT THE OFFICE]** *Measurement Coordinator* will perform a <u>weekly</u> upload of "userdata.dat" files to the NUTRITIONQUEST online system using the NutritionQuest Online Group Administrator's homepage.
 - a) During uploading, the online system will automatically check for duplicates (IDs and data strings). If a data record already online is incomplete, the system will allow you to overwrite it with data collected in a subsequently completed interview.

Food Frequency Questionnaire (FFQ) Survey-Baseline



ID NUMBER

0	0	0	0	0	0	0	0	0	0
ᠿ	Ф	Ф	Ф	Ф	Ф	Ф	Ф	Ф	Ф
2	0	2	0	2	0	2	0	2	0
3	3	3	3	3	3	3	3	3	3
4									
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
0	0	0	0	0	0	0	0	0	0
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

Think about everything you ate or drank <u>last week</u>. Remember what you had for breakfast, lunch, dinner, after school, while watching TV, at bedtime, and on the weekend.

Please write your name in this box. Use a pencil to complete this survey.

55555555 666666666	HOV	V MANY YOU E	DAY AT O	S LAST	WEE K IT?	K DID				CH AY?
	None		2 davs	3-4 days	5-6 days	Every	ľ			
	week	last week	last week	last week	last week	last week				
Cereal, like corn flakes, Frosted Flakes	0	0	0	0	0	0		• O 1 bowl	O 2 bowls	O 3 bowls
Cooked cereal, like oatmeal	0	0	0	0	\bigcirc	niest		O A little	O Some	O A lot
Eggs, breakfast sandwiches or breakfast burritos	0	0	0	3	Re	0		O 1 egg	O 2 eggs	O 3 eggs
Breakfast bars, granola bars, Protein bars	0	0	00	500	2	S 0		<mark>)</mark> 1/2	<mark>0</mark> 1	<mark>0</mark> 2
Glasses of milk	0	°.	0	No le	8	0		O 1 glass	O 2 glasses	O 3+glasses
Real fruit juice, like orange juice, apple juice, or Mexican fruit drinks like licuados (DO NOT include soda)	0 2	it bio		40) ×	0	0		O 1 glass	O 2 glasses	O 3+glasses
Drinks like Coke or 7-Up, Sunny Delight, Hawaiian Punch, or aguas frescas (DO NOT include diet soda)		I OA	82	0	\bigcirc	0		O 1 bottle	O 2 bottles	O 3+bottles
Apples, bananas, or oranges	500	0.0	0	0	\bigcirc	0		<mark>)</mark> 1/2	<mark>0</mark> 1	<mark>0</mark> 2
Applesauce, fruit cocktail		0	0	0	0	0		O A little	O Some	O A lot
Any other fruit, like strawberries, grapes	0	0	0	0	\bigcirc	0		O A little	O Some	O A lot
French fries, hash browns, tater tote	0	0	0	0	0	0		O A little	O Some	O A lot
Other potatoes, like masned or boiled	0	0	0	0	0	0		O A little	O Some	O A lot
Ketchup or salsa	0	0	0	0	0	0		O A little	O Some	O A lot
Lettuce salad	0	0	0	0	\bigcirc	0		O A little	O Some	O A lot
Tomatoes, including on salad	0	0	0	0	\bigcirc	0		O 1/4 tomato	 1/2 tomato	0 1 tomato
Green beans or peas	0	0	0	0	0	0		O A little	O Some	O A lot
Other vegetables, like corn, carrots, greens, broccoli	0	0	\bigcirc	0	\bigcirc	0		O A little	O Some	O A lot
Vegetable soup, tomato soup, any soup or stew with vegetables in it	0	0	0	0	\bigcirc	0		O A little	O Some	O A lot
Chili beans, pinto beans, black beans, including in burritos	0	0	0	0	\bigcirc	0		O A little	O Some	O A lot

Block_K_Screen_WEEK-3 ©2007 BDDS, Phone 510-704-8514 www.nutritionquest.com

Turn this page over ----->

:	HOW MANY DAYS LAST WEEK DID YOU EAT OR DRINK IT?									
	None last week	1 day last week	2 days last week	3-4 days last week	5-6 days last week	Every day last week		IN ONE DAY?		
Refried beans	0	0		0	\bigcirc	0		Iittle Some A lot		
Hamburgers, cheeseburgers	0	0	\bigcirc	0	\bigcirc	0		small 1 large 2 large		
Hot dogs, corn dogs, or sausage	0	0	\bigcirc	0	\bigcirc	0		$\begin{array}{c c} & & \\ \hline \\ 1 & 2 & 3 \end{array}$		
Lunch meat like boloney, ham, Lunchables	0	0	0	0	0	0		slice 2 slices 3+ slices		
Pizza or pizza pockets	0	0	0	0	0	0		little Some A lot		
Spaghetti or ravioli <u>with tomato sauce</u>	0	0	\bigcirc	0	\bigcirc	0				
Macaroni and cheese	0	0	\bigcirc	0	\bigcirc	06				
Chicken, including nuggets, wings, tenders, also in sandwiches or stew	0	0	0	0	0	a 18	A	little Some A lot		
Fish, fish sticks or sandwiches, tuna,	0	0	\bigcirc		R	5	A	ittle Some A lot		
Burritos or tacos	0	0	0	<u>0</u>	0	0		$\bigcirc \bigcirc \bigcirc \bigcirc \\ 1/2 \qquad 1 \qquad 2$		
Beef like roast, steak or in sandwiches	0	0	0	08	8	0		little Some A lot		
Meat balls, meat loaf, beef stew, Hamburger Helper	0	Ath	Soc		0	0	A	little Some A lot		
 Pork, like chops, roast, ribs 		2001	21	0	\bigcirc	0		little Some A lot		
Popcorn	Ó	10	3	0	\bigcirc	0				
Snack chips like potato chips, Doritos, Fritos, tortilla chips	, BO	020	\bigcirc	0	\bigcirc	0	A	few Small bagLarge bag		
Ice cream		0	\bigcirc	0	\bigcirc	0	1 s	coop 2 scoops 3 scoops		
Candy, candy bars	30	0	\bigcirc	0	\bigcirc	0		O O O ∕lini Small Large		
Cookies, donuts, cakes like Ho-hos	0	0	\bigcirc	0	\bigcirc	0		little Some A lot		
Cheese. Remember cheese in sandwiches or nachos with cheese or guesadillas	0	0	\bigcirc	0	\bigcirc	0	1	slice 2 slices 3+ slices		
 Whole wheat bread or foils (NOT white bread) 	0	0	\bigcirc	0	\bigcirc	0	1	slice 2 slices 3 slices		
What kind of cereal did you eat? (MARK Th	IE ON	E YOU A	TE TH	IE MOST	OF)					
 Plain Cheerios, Grape Nuts, Shredded Wheat, Wheaties, Wheat Chex, Kix Honey Nut Cheerios, Cap'n Crunch, Lucky Charms, Life, Golden Grahams, Frosted Mini Wheats, Raisin Bran Other sweet cereals, like Frosted Flakes, Froot Loops Any other cereal, like Corn Flakes, Rice Krispies 										
What kind of milk did you drink? (MARK ONLY ONE) OWhole milk Reduced fat 2% milk										
Please tell us about yourself										
Are you O How o Male Female are yo	old C ou?	2 03	3 (04 0 t 0 11 0 1	5 C 12 C	0 6 0 0 13 0	7 14	 8 ○ 9 ○ 10 15 ○ 16 ○ 17 		
Numero de Identificación

0	0	0	0	0	0	0	0	0	0
Ð	Ф	Ф	⊕	Ф	ᠿ	Ф	ᠿ	Ф	Ф
0	0	2	0	2	0	2	0	2	0
3	3	3	3	3	3	3	3	3	3
		4							
5	(5)	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
Ø	0	0	0	0	0	0	0	0	0
3	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

Piense en todo lo que usted comió o bebió la semana pasada. Recuerde lo que tenía para el desayuno, al almuerzo, cena, después de la escuela, mientras vió la televisión, a la hora de acostarse, y en el fin de semana.

Escriba por favor su nombre en esta caja. Utilice un lápiz para llenar esta encuesta.

@@@@@@@@@@									
	D'?				SEM/		ÀUŊż		N UN
	Nunca la	a 1 día	2 días	3-4 días	5-6 días	Cada día		DIA	
	pasada	semana pasada	semana pasada	semana pasada	semana pasada	semana pasada			
Cereal frío, como Corn Flakes, Frosted Flakes	0	0	0	0	0	0	• O 1 Tazon	O 2 Tazones	O 3 Tazones
Cereal cocido como avena	0	0	0	0	0	MI6S'	O Poquito	O Algo	O Mucho
Sándwich de huevo como Egg McMuffins / burritos con huevo	0	0	0	3	Se	0	O 1 huevo	O 2 huevos	O 3 huevos
Barras de desayuno, barras de granola, barras de proteína	0	0	00	200	90	50	<mark>)</mark> 1/2	<mark>)</mark> 1	<mark>)</mark> 2
Vasos de leche	0	0		No re	%	0	O 1 vaso	O 2 vasos	O 3+ vasos
Cualquier jugo natural de fruta, como jugo de naranja, jugo de manzana, como licuados (NO incluya sodas)	0	Jit is lo		4 O)	0	0	O 1 vaso	O 2 vasos	O 3+ vasos
Refrescos como Coke, 7-Up, Sunny Delight, Hawaiian Punch, o aguas frescas (NO incluya refrescos dietéticos)		I LOA	82	0	0	0	 1 botella	2 botellas	O 3+ botellas
Manzanas, plátanos, o naranjas	50	0.0	\bigcirc	0	\bigcirc	0	 1/2	<mark>)</mark> 1	<mark>)</mark> 2
Puré de manzana, cóctel de frute	S	0	0	0	0	0	O Poquito	O Algo	O Mucho
Cualquier otra fruta, como fresas, uvas	0	0	0	0	0	0	O Poquito	O Algo	O Mucho
Papas fritas, Tater Tots, 'hash browns), o papas fritas caseras	0	0	0	0	0	0	O Poquito	O Algo	O Mucho
Cualquier otro tipo de papas, con pure de papas, horneadas, o hervidas	0	0	0	0	0	0	O Poquito	O Algo	O Mucho
Kétchup o salsa	0	0	0	0	0	0	O Poquito	<mark>O</mark> Algo	O Mucho
Ensalada de lechuga	0	0	0	0	0	0	O Poquito	O Algo	O Mucho
Tomates, incluyendo en ensaladas	0	0	0	0	0	0	O 1/4 tomate	O 1/2 tomate	O 1 tomate
Ejotes o guisantes/chícharos	0	0	0	0	0	0	O Poquito	O Algo	O Mucho
Cualquier otras verduras como elote, zanahoria, hojas verdes, o brócoli	0	0	0	0	0	0	Poquito	O Algo	O Mucho
Sopa de verduras, sopa de tomate, cualquier sopa o guiso con verduras	0	0	0	0	0	0	O Poquito	O Algo	O Mucho
Frijoles pintos, frijoles negros, chile con frijoles o burritos de frijoles	0	0	0	0	0	0	O Poquito	O Algo	O Mucho
				_		L A			

Block_K_Screen_WEEK-3S ©2007 BDDS, Phone 510-704-8514 www.nutritionquest.com

ė.	,CUAN	TOS DÍA USTED I	AS DE LO CC	LA SEM MIÓ O E	IANA I BEBIÓ	PASADA	4	UCز	ÁNTO	EN UN
• •	Nunca la semana pasada	1 día de la semana pasada	2 días de la semana pasada	3-4 días de la semana pasada	5-6 días de la semana pasada	Cada día de la semana pasada			DIA?	
Frijoles refritos	Ŏ	\bigcirc		0		\bigcirc		O Poquito		Mucho
Hamburguesas o hamburguesas con queso	0	0	0	0	0	0		1 Chico	1 Grande	2 Grandes
'Hot Dogs', 'corn dogs', o salchicha	0	0	0	0	\bigcirc	0		O 1	<mark>0</mark> 2	<mark>)</mark> 3
Carne como bologna, de jámon o Lunchables	0	0	0	0	0	0		O 1 Tajada	O 2 Tajadas	O 3+ Tajadas
Pizza o Pizza Pockets	\bigcirc	0	\bigcirc	0	\bigcirc	0		Poguito	O Algo	O Mucho
Espagueti o ravioles con salsa de tomate	0	0	0	0	0	0		Poquito	Algo	Mucho
 Macarrones con queso 	0	0	\bigcirc	0	\bigcirc	00	¥	O Poquito		O
Pollo, incluyendo bocadillos, alas, tiras de pollo, también en sándwiches o guisado	0	0	0	0	0	2118		Poquito	Algo	Mucho
 Pescado, como sándwiches de pescado, palitos de pescado, camarones, o atún 	0	0	0	- CO		5		Poquito	Algo	O Mucho
Burritos o tacos	0	0	0	<u> </u>	0	0		0 1/2	<mark>0</mark> 1	<mark>0</mark> 2
Carne de res, asado, bistec, o en sándwiches	0	0	<u>8</u>	8°.	8	0		O		Mucho
Albóndigas, picadillo, guisado de res, Hamburger Helper	0	RU	2 ^{9,0}		0	0		Poquito	Algo	Mucho
Carne de cerdo, como chuletas, asada, costillas		2001	21	0	0	0		Poquito	Algo	O Mucho
Palomitas de maíz	Č	6	3	0	0	0			0	0
Papitas como Doritos, Fritos, o 'chips' de tortillas) BO	020	0	0	\bigcirc	0		Poquitos	Algo O Bolsa	Bolsa
Helados (nieve)	0	0	\bigcirc	0	0	0				
Dulces o golosinas	32	0	\bigcirc	0	0	0		Mini	Pequeño	Grande
Galletas, donas, pastelitos como i lo-H σ S	0	0	0	0	0	0		O Poquito	Algo	O Mucho
 Queso, recuerde el queso en sándwiches, nachos con queso, y quesadillas 	0	0	0	0	0	0		O 1 Rebanada	O 2 Rebanada	o as 3 + Rebanadas
Pan de harina integral (no pan blanco)	0	0	0	0	0	0		O 1 Rebanada	C 2 Rebanad	o as 3 Rebanadas
 ¿Qué tipo de cereal come usted? (Marque Cheerios, Grape Nuts, Shredded Whea Honey Nut Cheerios, Cap'n Crunch, Lu Raisin Bran Otro cereal con azúcar como Frosted F Cualquier otro tipo de cereal como Cor ¿Qué tipo de leche bebe usted? 	sólo un at, Whe ucky Ch Flakes, m Flake e entera	io.) aties, W arms, Li Fruit Loo es o Rice	heat C fe, Go ops e Krisp ◯ Lect	chex, Kix Iden Gra ies ie 1%	hams, ⊂	Frosted	n cł	ini Whe	oats, <mark>◯ Lech</mark>	e Lactaid
(Marque sólo uno.) O Lech	e 2%		Lech	ie sin gras	a C) Leche de	e so	oya	No se	Э
Por favor dinos acerca de usted										
Eres O O Cuánto Masculino Femenino años tie	os O ne?	2 🔾	3	04 O 011 O	5 C	6 O 13 O	7 14	○ 8○ 15	○ 9○ 16	○ 10○ 17

REDCap Survey Administration Protocol



Health4Kids (H4K): A Pediatric Obesity Management Intervention Trial for Hispanic Families (R01HD075936)

REDCap Survey Administration Protocol



Table of Contents

2
3
3
3
4
6
6
11
11
16
16
23

Overview

The purpose of this protocol is to describe administration of surveys during assessments using REDCap forms and a study tablet.

Staff responsible

Measurement Coordinator and Research Staff UHS Program Coordinator and Patient Navigator

IMPORTANT:

Log on to **all tablets** at UTHSCSA **at least every 30 days** to ensure your login info is saved. This will avoid the need to request another user's login when off site.

Accessing REDCap



1. Turn on the study tablet by pressing and holding the button in the upper right corner until it vibrates. The log in prompt will appear.

2. Log in using your UTHSCSA username and password. If you don't have a log on, ask your partner to log in for you.

- 3. Open your browser. You should see the Internet access page from University Health System.
- Check the box agreeing to the terms and conditions → click on "Click To Connect." This will give you UHS wifi Internet access.



5. Locate the REDCap bookmark in your browser, or go to: <u>https://redcap.uthscsa.edu/REDCap/</u>

6. Log into REDCap using your assigned username and selected password. **NOTE:** If you enter the incorrect credentials three times, you will be locked out of REDCap for 30min. If this happens, ask your partner to log into REDCap for you to avoid delay in survey administration.



7. You should see at least two projects you can access for survey administration: "H4K Assessments" and "POM Spanish Surveys."

7	EDCap	Home	🔳 My Projects	+ New Project	🛿 Help & FAQ	🗄 Training Vie	deos 💻	Messen	ger perla.d	in as iaz	More 🗸
L	isted below are the	e REDCap	projects to which	n you currently ha	ve access. Click t	he project title	to open tl	ne projec	t. <u>Read more</u>	1	
	My Projects	🖆 Or	ganize					Filt	er projects b	y title	
	Project Title						Records	Fields	Instrument	Туре	Status
<	POM Spanish Sur	veys					128	449	1 form 5 surveys	i	C
	H4K Eligibility Scr	eening - l	JHS				1,529	129	8 forms	1	C
<	H4K Assessments						426	634	9 forms 5 surveys	Ē	C
	Health Educator I	nterventi	on Forms (copy)				184	259	5 forms	1	C
	H4K Process Eval	uation					184	35	3 forms		C

Part 1 Surveys – Family Health and Nutrition

These forms are located in the "H4K Assessments" project on REDCap in English, and "POM Spanish Surveys" in Spanish.

English administration

1. Click on the "H4K Assessments" project.

REDCap	Home	My Projects	+ New Project	Help & FAQ	🗄 Training Vid	eos 🗭	Messen	ger Logged	in as iaz	More
Listed below are the	e REDCap	projects to which	n you currently ha	ve access. Click t	he project title to	o open tł	ne projec	t. <u>Read more</u>	1	
My Projects	🖆 Oŋ	ganize					Filt	er projects by	y title	
Project Title						Records	Fields	Instrument	Туре	Status
POM Spanish Sur	veys					128	449	1 form 5 surveys	<u>j</u>	C
H4K Eligibility Scr	eening - L	JHS				1,529	129	8 forms	<u>i</u>	C
H4K Assessments	s					426	634	9 forms 5 surveys	<u> </u>	C
Health Educator	Interventi	on Forms (copy)				184	259	5 forms	_	C S

2. At the menu bar on the left, click on "Add/Edit Records." Enter the participant Study ID. If the ID exits, a drop-down menu will appear. If not, a new one will be created.

REDCap	H4K Assessments
Logged in as perla.dlaz Log out My Projects Project Home or ;≡ Project Setup REDCap Messenger Project status: Production	Add / Edit Records You may view an existing record/response by selecting it from the drop-down lists below. To create a new record/response, type a new value in the text box below and hit Tab or Enter. To quickly find a record without using the drop-downs, the text box will auto- populate with existing record names as you begin to type in it, allowing you to select it.
Data Collection	Total records: 426
Manage Survey Participants Record Status Dashboard Add / Edit Records	Choose an existing Study ID select record •
Applications	Enter a new or existing Study ID
🛅 Calendar	

3. You will see the participant record page.
Go to the column displaying the correct assessment type (baseline, 6-,month, 12month).

H4K Assessments

📰 Record Home Page

The grid below displays the form-by-form progress of data entered for the currently selected record. You may click on the colored status icons to access that form/event. If you wish, you may modify the events below by navigating to the <u>Define My Events</u> page.

Legend for sta	atus icons:
Incomplete	Incomplete (no
Onverified	🧭 Partial Survey F
Complete	🐼 Completed Sur

 $oxed{C}$ Choose action for record $\ensuremath{\,\bigtriangledown}$

Study ID SAHAKTest

	Data Collection Instrument	Baseline	1- month	Current HLP	6- month	12- month
	Informed Consent Documentation					
	Assessment Part 1	۲			\bigcirc	\bigcirc
	Assessment Part 2	۲				
	TANITA	\bigcirc	\bigcirc		\bigcirc	\bigcirc
	One-month Anthropometrics		\bigcirc			
	Assessment dates 6mo 12mo				۲	
	Hlp Visit 3 6month					
	Hlp Visit 4 12month					\bigcirc
	Current Healthy Lifestyle Prescription			۲		
v.	Family Health Survey (survey)	. (\bigcirc	\bigcirc
· • • • //	Family Nutrition Survey (survey)					
	Physical Activity Questionnaire Child $({\sf survey})$	\bigcirc			\bigcirc	\bigcirc
)	Family Pa Survey (survey)					
the	Family Demographics Survey (survey)	\bigcirc			\bigcirc	\bigcirc
	Delete all data on event:	×		×	×	

4. Select the first survey, "Family Health Survey," by clicking on the radio button. This will open the survey.

5. Administer the survey and afterwards change the "Form status" at the end of survey from "Incomplete" to "Complete." Then click on "Save and Exit Form."



NOTE: If you have not entered all required data, REDCap will show an error "Some fields are required!" box. Go back to the items you missed by clicking "Okay." When are you done entering the missing data click on "Save and Exit Form" again. You will be returned to the Record Page. <u>Sometimes, participants/parents will not</u> <u>answer some questions, in this case it is</u> <u>okay to click on "Ignore and leave record."</u>

6. For Baseline, this ends

6-month and 12-month,

administer the next form,

"Family Nutrition Survey"

following steps 3-5 above.

survey administration. For



H4K Assessments

📰 Record Home Page

The grid below displays the form-by-form progress of data entered for the currently selected record. You may click on the colored status icons to access that form/event. If you wish, you may modify the events below by navigating to the <u>Define My Events</u> page.





 $oldsymbol{C}$ Choose action for record $\,\,\bigtriangledown\,$

Study ID SAHAKTest 6-12-1-Current Data Collection Instrument Baseline HLP month month month Informed Consent Documentation Assessment Part 1 0 Assessment Part 2 0 TANITA One-month Anthropometrics Assessment dates 6mo 12mo Hlp Visit 3 6month Hlp Visit 4 12month Current Healthy Lifestyle Prescription Family Health Survey (sun Family Nutrition Survey (survey) Physical Activity Questionnaire Child (survey) Family Pa Survey (survey) Family Demographics Survey (survey) ×

REDCap Survey Administration Protocol *Last revised 3/1/2018* 7. When you are done administering all surveys for the day, close the browser and turn off the tablet by pressing and holding the button in the upper right corner until it vibrates.

8. Follow instructions on the screen for shutting down.



Spanish administration

1. Click on the "POM Spanish Surveys" project.



2. At the menu bar on the left, click on "Add/Edit Records." Enter the participant Study ID. If the ID exits, a drop-down menu will appear. If not, a new one will be created.

REDCap	POM Spanish Surveys
 Logged in as perla.diaz Log out My Projects Project Home or i≡ Project Setup REDCap Messenger Project status: Production 	Add / Edit Records You may view an existing record/response by selecting it from the drop-down lists below. To create a new record/response, type new value in the text box below and hit Tab or Enter. To quickly find a record without using the drop-downs, the text box will aut populate with existing record names as you begin to type in it, allowing you to select it.
Data Collection	Total records: 128
Manage Survey Participants Record Status Dashboard	Choose an existing Study ID select record 🔻
Add / Edit Records	Enter a new or existing Study ID
REDCap Survey A	Administration Protocol

Last revised 3/1/2018

3. You will see the participant record page. Go to the column displaying the correct assessment type (baseline, 6-, month, 12-month).

4. Select the first survey, "Family Health Survey Spn," by clicking on the radio button. This will open the survey.

POM Spanish Surveys

Record Home Page

The grid below displays the form-by-form progress of data entered for the currently selected record. You may click on the colored status icons to access that form/event. If you wish, you may modify the events below by navigating to the <u>Define My Events</u> page.



$oldsymbol{arGamma}$ Choose action for record $~\bigtriangledown$

Study ID SE014

Data Collection Instrument	Baseline	Six- month	Twelve- month
Hlp Visit 4 12month			
Family Health Survey Spn (survey)		\bigcirc	\bigcirc
Family Nutrition Surveyspn (survey)	۲		
Physical Activity Questionnairechildspn (survey)	\bigcirc	\bigcirc	\bigcirc
Family Pa Survey Spn (survey)			
Family Demographics Survey Spn (survey)	\bigcirc	\bigcirc	\bigcirc
Delete all data on event:	×		

5. Refer to steps 5-8 from "English Administration" to finish administering required forms.

Part 2 Surveys – PAQ-C, Family PA and Demographics

English Administration

1. Click on the "H4K Assessments" project.

REDCap	Home	🔳 My Projects	+ New Project	😧 Help & FAQ	\rm Training Video	os 💻	Messeng	ger perla.d	in as liaz	More
Listed below are the	e REDCap	projects to which	n you currently ha	ave access. Click t	he project title to	open th	ie projec	t. <u>Read more</u>	2	
My Projects	🖆 Or	ganize					Filt	er projects b	y title	
Project Title					R	ecords	Fields	Instrument	Туре	Status
POM Spanish Su	rveys					128	449	1 form 5 surveys	j.	C
H4K Eligibility Scr	reening - l	JHS				1,529	129	8 forms	1	C
H4K Assessment	s					426	634	9 forms 5 surveys	<u>_</u>	C
7						184	250	5 forms	-	1
Health Educator	Interventi	ion Forms (copy)				104	200	2.0.00	Ter h	

2. At the menu bar on the left, click on "Add/Edit Records." Enter the participant Study ID. If the ID exits, a drop-down menu will appear. If not, a new one will be created.

REDCap	H4K Assessments
Logged in as perla.dlaz Log out My Projects Project Home or ;≡ Project Setup REDCap Messenger Project status: Production	Add / Edit Records You may view an existing record/response by selecting it from the drop-down lists below. To create a new record/response, type new value in the text box below and hit Tab or Enter. To quickly find a record without using the drop-downs, the text box will auto populate with existing record names as you begin to type in it, allowing you to select it.
Data Collection	Total records: 426
Manage Survey Participants Record Status Dashboard Add / Edit Records	Choose an existing Study ID select record 🔻
Applications	Enter a new or existing Study ID
📆 Calendar	

3. You will see the participant record page. Go to the column displaying the correct assessment type (baseline, 6-, month, 12month).

H4K Assessments

Record Home Page

The grid below displays the form-by-form progress of data entered for the currently selected record. You may click on the colored status icons to access that form/event. If you wish, you may modify the events below by navigating to the <u>Define My Events</u> page.

🗹 Choose action for record 🗢

Legend for status icons:								
Incomplete	Incomplete (no							
Onverified	🥝 Partial Survey R							
Complete	Completed Surv							

Study ID SAHAKTest								
Data Collection Instrument	Baseline	1- month	Current HLP	6- month	12- month			
Informed Consent Documentation								
Assessment Part 1	۲			\bigcirc	\bigcirc			
Assessment Part 2	۲				\bigcirc			
TANITA	\bigcirc	\bigcirc		\bigcirc	\bigcirc			
One-month Anthropometrics								
Assessment dates 6mo 12mo				۲				
Hlp Visit 3 6month								
Hlp Visit 4 12month					\bigcirc			
Current Healthy Lifestyle Prescription			۲					
Family Health Survey (survey)	\bigcirc			\bigcirc	\bigcirc			
Family Nutrition Supray (mean)		1			\bigcirc			
Physical Activity Questionnaire Child (survey)				\bigcirc	\bigcirc			
Family Pa Survey (survey)					\bigcirc			
Family Demographics Survey (survey)	\bigcirc			\bigcirc	\bigcirc			
Delete all data on event:	×		×	×				

4. Select the third survey, "Physical Activity Questionnaire Child," by clicking on the radio button. This will open the survey.

5. Administer the survey and afterwards change the "Form status" at the end of the survey from "Incomplete" to "Complete." Then click on "Save and exit Form."

Form Status	
Complete?	Incomplete V
	Save & Exit Form Save & 👻
	Cancel

NOTE: If you have not entered all required data, REDCap will show an error "Some fields are required!" box. Go back to the items you missed by clicking "Okay." When are you done entering the missing data click on "Save and Exit Form" again. You will be returned to the Record Page. <u>Sometimes, participants/parents will not</u> <u>answer some questions, in this case it is</u> <u>okay to click on "Ignore and leave record."</u>

6. For all assessment types, go to the next

Survey and Family

Demographics, and

above.

two surveys, "Family PA

complete as in steps 3-5

🖪 Family Health Survey Editing existing Study ID SAHAKTest Event Name: Baseline st NOTE: Some fields are required × St Your data was successfully saved, but you did not provide a value for some fields that require a value. Please enter a value for the fields on this page that are listed below. D Provide a value for... • Study ID • Date C • a. How concerned is your child about his/her own weight?Click Here to Listen • b. How concerned are you about your child's weight? Click Here to Listen Т • c. How concerned are you about your child's overall health? Click Here to Listen pl • a. My child will succeed in achieving a healthy weight. Click Here to Listen • b. My family will be able to make changes in our eating. Click Here to Listen • c. My family will be able to make changes in our physical activity. Click Here to Listen • d. My family will be able to make changes in our TV/ video/ computer use. Click Here to Listen • a. Eating behavior Click Here to Listen b. Physical activity behavior Click Here to Listen • 4) Was your child born premature? Click Here to Listen 5) How much did your child weigh at birth (16 ounces =1 pound; 1000 grams = 1 kilogram)? Click Here to Listen • 5a) How was his/her weight measured? (Select from the choices below): Click Here to Listen • 6) At what age, in months, did your child stop breastfeeding or drinking breast milk that was pumped? Click Here to Listen • 7) At what age, in months, did your child stop using a bottle? Click Here to Listen • 1) My child eats breakfast daily. Click Here to Listen • 2) My child eats three meals a day. Click Here to Listen • 3) My child eats meals at a routine time. Click Here to Listen • 4) My child eats meals at the table. Click Here to Listen c Okav Ignore and leave record Ignore and go to next form 21

H4K Assessments

📰 Record Home Page

The grid below displays the form-by-form progress of data entered for the currently selected record. You may click on the colored status icons to access that form/event. If you wish, you may modify the events below by navigating to the <u>Define My Events</u> page.

☑ Choose action for record 🗢

Legend for sta	atus icons:
📀 Incomplete	🔘 Incomplete (no
🖲 Unverified	🧭 Partial Survey R
Complete	Completed Surv

Data Collection Instrument	Baseline	1- month	Current HLP	6- month	12- month
Informed Consent Documentation	\bigcirc				
Assessment Part 1	۲				
Assessment Part 2	۲				
TANITA	\bigcirc	\bigcirc			
One-month Anthropometrics					
Assessment dates 6mo 12mo				۲	
Hlp Visit 3 6month					
Hlp Visit 4 12month					\bigcirc
Current Healthy Lifestyle Prescription			۲		
Family Health Survey (survey)	\bigcirc				
Family Nutrition Survey (survey)	\bigcirc				
Physical Activity Questionnaire Child (survey)				\bigcirc	\bigcirc
Family Pa Survey (survey)					
Family Demographics Survey (survey	 			\bigcirc	\bigcirc
Delete all data on event.	×		×	×	

Study ID SAHAKTest

REDCap Survey Administration Protocol *Last revised 3/1/2018* 7. When you are done administering all surveys for the day, close the browser and turn off the tablet by pressing and holding the button in the upper right corner until it vibrates.

8. Follow instructions on the screen for shutting down.



Spanish Administration

1. Click on the "POM Spanish Surveys" project.

REDCap	Home	My Projects	+ New Project	Help & FAQ	🗄 Training Vio	leos 💻	Messen	ger perla.d	in as l iaz	More
Listed below are the	REDCap	projects to which	n you currently ha	ve access. Click t	he project title t	to open t	ne projec	t. <u>Read more</u>	2	
My Projects	🖆 Or	ganize					Filt	er projects b	y title	
Project Title						Records	Fields	Instrument	Туре	Status
POM Spanish Sur	veys					128	449	1 form 5 surveys	1	C
H4K Eligibility Scr	eening - l	JHS				1,529	129	8 forms	1	S
H4K Assessments	5					426	634	9 forms 5 surveys	1	ß
Health Educator I	nterventi	on Forms (copy)				184	259	5 forms	1	S
H4K Process Eval	uation					184	35	3 forms		C

2. At the menu bar on the left, click on "Add/Edit Records." Enter the participant Study ID. If the ID exits, a drop-down menu will appear. If not, a new one will be created.

REDCap	POM Spanish Surveys
 Logged in as perla.diaz Log out My Projects Project Home or ;≅ Project Setup REDCap Messenger Project status: Production 	Add / Edit Records You may view an existing record/response by selecting it from the drop-down lists below. To create a new record/response new value in the text box below and hit Tab or Enter. To quickly find a record without using the drop-downs, the text box populate with existing record names as you begin to type in it, allowing you to select it.
Data Collection	Total records: 128
🕵 Manage Survey Participants 📰 Record Status Dashboard 📴 Add / Edit Records	Choose an existing Study ID select record 🔻
	Frates a second state of the st

Last revised 3/1/2018

3. You will see the participant record page. Go to the column displaying the correct assessment type (baseline, 6-,month, 12month).

POM Spanish Surveys

📰 Record Home Page

The grid below displays the form-by-form progress of data entered for the currently selected record. You may click on the colored status icons to access that form/event. If you wish, you may modify the events below by navigating to the <u>Define My Events</u> page.

 ${\ensuremath{\it C}}$ Choose action for record $\ensuremath{\,\bigtriangledown}$

Legend for						
💿 Incomp						
🖲 Unverif						
Comple						

Study ID SE014

Data Collection Instrument	Baseline	Six- month	Twelve- month
Hlp Visit 4 12month	\bigcirc		
Family Health Survey Spn (survey)	\bigcirc	\bigcirc	\bigcirc
Family Nutrition Surveyson (survey)	۲		
Physical Activity Questionnairechildspn (survey)		\bigcirc	\bigcirc
Family Pa Survey Spn (survey)			\bigcirc
Family Demographics Survey Spn (survey)	\bigcirc	\bigcirc	\bigcirc
Delete all data on event:	×		

4. Select the third survey, "Physical Activity Questionnairechildspn," by clicking on the radio button. This will open the survey.

5. Refer to steps 5-8 from "English Administration" to finish administering required forms.

Tablet Maintenance and Troubleshooting

IMPORTANT: log on to all tablets at UTHSCSA at least every 30 days to ensure your login info is saved. This will avoid the need to request another user's login when off site.

- 1. Make sure the tablet battery is fully charged before going to an assessment site.
- 2. Plug the tablet into a power source once you have turned it on to ensure sufficient battery life throughout the assessment.
- 3. Log out and shut down the tablet after each assessment day to avoid draining the battery.
- 4. If you see a message that the tablet is restarting or installing updates, plug it in and allow it to restart. Meanwhile, set up the other tablet for surveys. DO NOT wait for the tablet to restart as this takes a long time.
- 5. If you find an error in any survey, email the *Measurement Coordinator* immediately with the survey name, Spanish or English, the question # and a description of the error.

Errors with Incomplete Family Health Baseline Survey

Errors may occur in 6-month or 12-month surveys because the <u>Family Health baseline survey has not</u> been completed.

NOTE: A survey is considered complete when the radio button is green. Refer to the box "Legend for status icons" located on top right corner of REDCap.



To avoid the following errors, make sure the Family Health baseline survey is marked "Complete:"

1. Go to the study ID record home page in "H4K Assessments" for English surveys, or "POM Spanish Surveys" for Spanish.

REDCap	Home	🔳 My Projects	+ New Project	Help & FAQ	H Training Vio	deos 💻	Messen	ger Logged	in as iaz	More -
Listed below are the	REDCap	projects to which	n you currently ha	ve access. Click t	he project title 1	to open tł	ne projec	t. <u>Read more</u>	1	
My Projects	🚰 Org	ganize					Filt	er projects bj	y title	
Project Title						Records	Fields	Instrument	Туре	Status
POM Spanish Surveys						128	449	1 form 5 surveys	Ē	C
H4K Eligibility Screening - UHS						1,529	129	8 forms	Ē	S
H4K Assessments	>					426	634	9 forms 5 surveys	<u>i</u>	S
Health Educator Intervention Forms (copy)						184	259	5 forms	<u>i</u>	C
H4K Process Evalu	uation					184	35	3 forms		S

2. Click on "Add/Edit Records" \rightarrow enter Study ID

		H4K Assessments
	Logged in as perla.dlaz Log out My Projects Project Home or j≡ Project Setup REDCap Messenger Project status: Production	S Add / Edit Records You may view an existing record/response by selecting it from the drop-down lists below. To create a new record/response, type a new value in the text box below and hit Tab or Enter. To quickly find a record without using the drop-downs, the text box will auto- populate with existing record names as you begin to type in it, allowing you to select it.
Data	Collection	Total records: 426
	Manage Survey Participants Record Status Dashboard Add / Edit Records	Choose an existing Study ID select record 🔻
Appl	ications	Enter a new or existing Study ID
131	Calendar	

H4K Assessments

Record Home Page

The grid below displays the form-by-form progress of data entered for the currently selected record. You may click on the colored status icons to access that form/event. If you wish, you may modify the events below by navigating to the <u>Define My Events</u> page.

🖸 Choose action for record 🗢

Legend for status icons:
Incomplete Incomplete

Incomplete Incomplete (no
 Unverified Oracial Survey R

Complete OCompleted Surv

3. In the "Baseline" column, click on the "Family Health Survey" and change its status to "Complete." Then click on "Save and Exit Form."

Study ID SAHAKTest								
Data Collection Instrument	Baseline	1- month	Current HLP	6- month	12- month			
Informed Consent Documentation								
Assessment Part 1	۲			\bigcirc	\bigcirc			
Assessment Part 2	۲							
TANITA	\bigcirc	\bigcirc		\bigcirc	\bigcirc			
One-month Anthropometrics								
Assessment dates 6mo 12mo				۲				
Hlp Visit 3 6month								
Hlp Visit 4 12month								
Current Healthy Lifestyle Prescription			۲					
Family Health Survey (survey)					\bigcirc			
Family Nutrition Survey (survey)								
Physical Activity Questionnaire Child (survey)	\bigcirc			\bigcirc	\bigcirc			
Family Pa Survey (survey)								
Family Demographics Survey (survey)	\bigcirc			\bigcirc	\bigcirc			
Delete all data on event:	×		×	×				



4. Once you have returned to the record home page, go back to the survey you were administering by clicking on its radio button.

H4K Assessments

📰 Record Home Page

The grid below displays the form-by-form progress of data entered for the currently selected record. You may click on the colored status icons to access that form/event. If you wish, you may modify the events below by navigating to the <u>Define My Events</u> page.

Legend for sta	atus icons:
Incomplete	Incomplete (no
Onverified	🥑 Partial Survey F
Complete	Completed Sur

🗹 Choose action for record 🗢

Study ID SAHAKTest

Data Collection Instrument	Baseline	1- month	Current HLP	6- month	12- month
Informed Consent Documentation	۲				
Assessment Part 1	۲				
Assessment Part 2	۲				
TANITA	\odot				\bigcirc
One-month Anthropometrics					
Assessment dates 6mo 12mo				۲	
Hlp Visit 3 6month					
Hlp Visit 4 12month					۲
Current Healthy Lifestyle Prescription			۲		
Family Health Survey (survey)	۲			0	
Family Nutrition Survey (survey)					
Physical Activity Questionnaire Child (survey)					
Family Pa Survey (survey)					
Family Demographics Survey (survey)	\odot			0	\odot
Delete all data on event:	×		×	×	

If this does not make the questions go away, just skip them and inform the *Measurement Coordinator*:

a. Family Health: child's health status (qs 4-8)

Health Status	
4) Was your child born premature? <u>Click Here to Listen</u> * must provide value	No Yes Onn't Know Click Here to Listen reset
5) How much did your child weigh at birth (16 ounces =1 pound; 1000 grams = 1 kilogram)? <u>Click Here to Listen</u> * must provide value	B
5a) How was his/her weight measured? (Select from the choices below): <u>Click Here to Listen</u> * must provide value	pounds and ounces kilograms and grams Onn't Know Click Here to Listen reset
6) At what age, in months, did your child stop breastfeeding or drinking breast milk that was pumped? <u>Click Here to Listen</u> * must provide value	 Child was never breastfed or given breastmilk Child stopped breastfeeding or drinking breastmilk at age months Don't Know Click Here to Listen
7) At what age, in months, did your child stop using a bottle? <u>Click</u> <u>Here to Listen</u> * must provide value	 Child never used a bottle Child stopped using a bottle (includes any liquid given) at age months Don't Know Click Here to Listen
8) At what age, in months, did you introduce solid foods to your child's diet? <u>Click Here to Listen</u>	B

b. Family Nutrition: food insecurity (qs 20-27)

20. "The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more." Was that often, sometimes, or never true for (you/your household) in the last 12 months? Click Here to Listen * must provide value	B 0	0	0	Save & Exit For Save & Go To N Cancel
21. "(I/we) couldn't afford to eat balanced meals." Was that often, sometimes, or never true for (you/your household) in the last 12 months? Click Here to Listen * must provide value	B 0	0	٢	© reset
22. In the last 12 months, did (you/you household) ever cut the size of your me there wasn't enough money for food?	or other adults in <u>;</u> eals or skip meals l	your because O Y B O N C C	es lo lick Here to Listen	reset
	Don't Know	No	Yes	Click Here to Listen
24. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food? Click Here to Listen * must provide value	8 0 9	0	0	•
25. In the last 12 months, were you ever hungry but didn't eat because there wasn't enough money for food? Click Here to Listen * must provide value	8 0	0	0	0
26. In the last 12 months, did you or any member of your household receive benefits from the WIC program, that is, the Women, Infants and Children program? Click Here to Listen * must provide value	8 0	0	0	0
27. Have you or anyone in your household ever received SNAP or Food Stamp benefits? Click Here to Listen * must provide value	8 0 9	0	0	reset
	Don't know	No	Yes	Click Here to Listen
27a. In the last 12 months, did you or anyone who lives here receive SNAP or Food Stamp benefits? Click Here to Listen * must provide value	8 0 P	0	0	0
27b. Does any member of your household} currently receive SNAP or Food Stamp benefits? Click Here to	8 0	0	0	eset

REDCap Survey Administration Protocol

Last revised 3/1/2018

c. Family Demographics: **ANY** questions that are **NOT** part of the Perceived Stress Scale or Parent Physical Activity (**only qs 31-47 should appear**).

PERCEIVED STRESS SCALE These questions ask you about your fee	lings	and though	ts during the last	month. For each	n statement tell m	Save & Exit For Save & Stay
you feit or thought a certain way. In the	e past	t month			l	Cancel
		Never	Almost never	Sometimes	Fairly often	Very often
31. How often have you been upset because of something that happened unexpectedly? Click Here to Listen	H (0	0	۲	0	() reset
32. How often have you felt that you were unable to control the important things in your life? Click Here to Listen	H P	0	0	٢	0	reset
33. How often have you felt nervous and "stressed"? Click Here to Listen	H P	۲	0	0	0	 reset
34. How often have you felt confident about your ability to handle your personal problems? Click Here to Listen	H (P	0	٥	٢	0	0 reset
35. How often have you felt that things were going your way? Click Here to Listen	H	٢	0	0	0	0 reset
36. How often have you found that you could not cope with all the things that you had to do? Click Here to Listen	H P	0	0	0	0	O
37. How often have you been able to control irritations in your life? Click Here to Listen	H	0	0	0	0	
38. How often have you felt that you were on top of things? Click Here to Listen	H P	۲	0	٢	0	0 reset
39. How often have you been angered because of things that were outside of your control? Click Here to Listen	H P	0	0	0	0	0
40. How often have you felt difficulties were piling up so high that you could not overcome them? Click Here to Listen	H P	0	٢	۲	٢	reset

Parent Physical Activity

Click Here to Listen

Think about all the vigorous activities that you did in the last 7 days. Vigorous physical activities refer to ac take hard physical effort and make you breathe much harder than normal. Think only about those physical you did for at least 10 minutes at a time.

Save & Exit For
Save & Stay
Cancel

CHER THEFE TO LOTEN		
41. During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling? <u>Click Here to Listen</u>	 No vigorous physical activities 1 day 2 days 3 days 4 days 5 days 6 days 7 days Click Here to Listen 	
	days per week	reset

Think about all the moderate activities that you did in the last 7 days. Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

Click Here to Listen			
		No moderate physical activities	
		I day	
42. During the last 7 days on how many days did you do we donte		2 days	
43. During the last 7 days, on now many days did you do moderate physical activities like carrying light loads, bicycling at a regular		3 days	
physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.		4 days	
	>	5 days	
Click Here to Listen		6 days	
* must provide value		7 days	
		Click Here to Listen	
			reset

Think about the time you spent walking in the last 7 days. This includes at work and at home, walking to travel from place to place, and any other walking that you might do solely for recreation, sport, exercise, or leisure.

days per week

Click Here to Listen		
	No walking	
	1 day	
	2 days	
45. During the last 7 days, on how many days did you walk for at least 10 minutes at a time? Click Here to Listen	t 🔍 3 days	
	🛞 🄍 4 days	
	🗭 🔍 5 days	
* must provide value	6 days	
	7 days	
	Click Here to Listen	
	davs per week	rese
The last question is about the time you spent sitting on weekdays home, while doing course work and during leisure time. This may reading, or sitting or lying down to watch television.	ys during the last 7 days. Include time spent at work, a y include time spent sitting at a desk, visiting friends,	t

Click Here to Listen

REDCap Survey Administration Protocol *Last revised 3/1/2018*

Hiding or erasing values

NOTE: changes done to certain survey questions can result in REDCap showing a "redcap.uthscsa.edu says:" message. To view the current page you must click "OK."



This message will sometimes appear for the following:

- POM Spanish Survey Family Nutrition
- Baseline Assessment Part 1 and 2; it happens on the waist circumference values where you have to enter a third measurement value

THIS DOES NOT APPLY TO EVERY STUDY ID AND/OR SURVEY. Depending on the survey, sometimes **more than one** of the same message will continue to be prompted. In this instance, just click "Cancel" until you are able to view the desired screen.

Family Health Survey-Baseline (ENG & SPN)



FAMILY HEALTH SURVEY – Baseline Study ID:_____

Date	:				

Dear Parent,

Thank you for agreeing to be part of this important study. Please answer these questions about your child's diet and physical activity. Please answer for the child who is enrolled in the **Health4Kids** study.

Your Child's Weight

1) Answer the following questions on a scale of 0–10, where 0 = not at all concerned and 10 = very concerned:

	Don't Know	0	1	2	3	4	5	6	7	8	9	10
		Not at all concerned				Somewhat concerned			Very concerned			ed
a. How concerned is your child about his/her own weight?												
b. How concerned are you about your child's weight?												
c. How concerned are you about your child's overall health?												

2) How **sure** are you of the following statements? Answer on a scale of 0–10, where 0 = not at all sure and 10 = very sure:

	0	1	2	3	4	5	6	7	8	9	10
	Not at all sure				So	mew	hat s	Very sure			
a. My child will succeed in achieving a healthy weight.											
b. My family will be able to make changes in our eating.											
c. My family will be able to make changes in our physical activity.											
d. My family will be able to make changes in our TV/ video/ computer use.											

3) How much **effort** do you think it will take to change your child's eating and physical activity behaviors? Answer on a scale of 0–10, where 0 = very little effort and 10 = a lot of effort

	0	1	2	3	4	5	6	7	8	9	10		
	Ver effo	y little ort	e		S e	ome effort			A lot of effort				
a. Eating behavior													
b. Physical activity behavior													



Date: _____

Health Status

4)	Was	your	child	born	premature?
----	-----	------	-------	------	------------

No
Yes

Don't Know

5) How much did	your child weigh at birth	(16 ounces =1 pound; 1000 g	rams = 1 kilogram)?
- 1			(· · · · · · · · · · · · · · · · · · ·	·

pounds and ounces
Don't Know
OR
kilos and grams
Don't Know
) At what age, in months, did your child stop breastfeeding or drinking breast milk that was pumped?

Child was never breastfed or given breastmilk
Child stopped breastfeeding or drinking breastmilk at age months
(1yr=12mo; 2yr=24mo; 3yr=36mo)
Don't Know

7) At what age, in months, did your child stop using a bottle?

	С
П	С

Child never used a bottle

Child stopped using a bottle (includes any liquid given) at age |___|months

Don't Know

8) At what age, in months, did you introduce solid foods to your child's diet?

|____months

Don't Know



FAMILY HEALTH SURVEY – Baseline Study ID:_____

Date: _____

Body Image

The following questions are regarding your child's body. Look at the pictures on the poster board. Please focus on the body shapes of the **girl** if your child is a girl, and the **boy** if your child is a boy. *ONLY SELECT ONE PICTURE.*

9) Select the number of the picture that best represents your child's **current** body.

	1	2	3	4	5	6	7	8	9	10	11
Girl											
Boy											

10) Now select the number of the picture that best represents the body you would **like** your child to have.

	1	2	3	4	5	6	7	8	9	10	11
Girl											
Воу											

11) Now select the number of the picture that best represents the **ideal** body of a girl/boy your child's size.

	1	2	3	4	5	6	7	8	9	10	11
Girl											
Воу											

Mealtime Routines

How **often** does your child follow the routines below? Answer on a scale of 0-4, where 0 = Almost Never, and 4 = Nearly Always:

	Almost Never (0)	Sometimes (1)	Often (2)	Very often (3)	Nearly Always (4)
1) My child eats breakfast daily.					
2) My child eats three meals a day.					
3) My child eats meals at a routine time.					
4) My child eats meals at the table.					
5) My child stays seated at the table for the entire meal.					



FAMILY HEALTH SURVEY – Baseline Study ID:_____

Date: _____

Physical activity is any activity that increases your child's heart rate and makes him/her breathe hard some of the time. Physical activity can be done in sports, playing with friends, or walking to school. Some examples of physical activities are running, biking, dancing, rollerblading, skateboarding, swimming, soccer, basketball, football, jumping rope, playing hopscotch.

- 1. **During the past 7 days**, on how many days was your child physically active for a total of <u>at least 60 minutes per day?</u> Add up all the time your child spent in any kind of physical activity that increased their heart rate and made them breathe hard some of the time.
 - 0 days
 1 day
 2 days
 3 days
 4 days
 5 days
 6 days
 7 days
 Don't Know

ENCUESTA SALUD DE LA FAMILIA – PUNTO DE REFERENCIA Study ID:

Fecha: _____

Estimado padre de familia,

Gracias por aceptar a ser parte de este importante estudio. Por favor responda a las preguntas sobre la dieta y actividad física de su niño. Por favor responda por su niño quien está inscrito en el estudio llamado Salud Para Niños (Health4Kids).

Peso de su niño

1) Conteste las siguientes preguntas en una escala de 0-10, donde 0 = no le preocupa en absoluto, y 10 = muy preocupado/a:

	No se	0	1	2	3	4	5	6	7	8	9	10
		No le en a	e pre bsolı	ocup uto	ba	Alg Pre	o ocu	pad	o/a	Muy Prec	ocupad	do/a
a. ¿Qué tan preocupado/a está su niño/a acerca de su propio peso?												
b. ¿Qué tan preocupado/a está usted sobre el peso de su niño/a?												
c. ¿Qué tan preocupado/a está usted sobre la salud general de su niño/a?												

2) ¿Que tan seguro/a esta usted sobre las siguientes declaraciones? Responda en una escala de 0-10, donde 0 = absolutamente inseguro/a y 10 = muy seguro/a:

	0	1	2	3	4	5	6	7	8	9	10
	Absolutamente inseguro			Algo seguro			Muy seguro				
a. Mi niño/a tendrá éxito en lograr un peso saludable.											
b. Mi familia será capaz de hacer cambios en nuestra alimentación.											
c. Mi familia será capaz de hacer cambios en nuestra actividad física.											
d. Mi familia será capaz de hacer cambios en nuestro uso de la televisión / video juegos/ y computadora.											

3) ¿Cuánto esfuerzo crees que llevará para cambiar los hábitos de alimentación y actividad física de su niño/a? Responda en una escala de 0-10, donde 0 = muy poco esfuerzo y 10 = mucho esfuerzo:

	0	1	2	3	4	5	6	7	8	9	10
	Muy esfi	y poc uerzo	;O)		Alg esf	o de uerzo)		Mu esf	cho uerzo	D
a. Hábitos de alimentación											
b. La actividad física											



Estado de salud

4) ¿Su niño nació prematuro?

No
Si

No lo se

5) ¿Cuánto peso su niño al nacer (16 onzas = 1 libra; 1000 gramos = 1 kilogramo)?

	libras yl onzas
	No lo se
	0
۱	_/lkilos yl gramos
	No lo se
6) ¿A fue bo	qué edad, dejo su niño el amamantamiento o de beber la leche bombeada de pecho que mbeada?
	Mi niño nunca se alimentó con leche materna o fue dado la leche materna. Mi niño dejo el amamantamiento o de beber la leche de pecho a la edad de _ meses (1 año = 12 meses; 2 años = 24 meses; 3 años = 36 meses) No lo se

7) ¿A qué edad, en meses, dejo su niño de beber de un biberón?

Niño nunca uso un biberón
Niño dejo de beber de un biberón(incluyendo cualquier liquido) a la edad de meses
No lo se

8) ¿A qué edad, en meses, introdujo alimentos sólidos a la dieta de su niño?

	meses
--	-------

□ No lo se



Last revised 6-22-15

ENCUESTA SALUD DE LA FAMILIA – PUNTO DE REFERENCIA Study ID: _____ Fecha: _____

La imagen del cuerpo

Las siguientes preguntas se enfocan en la imagen del cuerpo de su niño/a. Mire las imagines en el poster. Por favor enfóquese en la forma del cuerpo de la **niña** si tiene una niña, y el **niño** si tiene un niño. SOLO SELECCIONE UNA IMAGEN.

9) Seleccione el número de la foto que más representa el cuerpo de su niño/a **en este momento**.

	1	2	3	4	5	6	7	8	9	10	11
Niña											
Niño											

10) Ahora seleccione el número de la foto que más representa el cuerpo que **le gustaría** que su niño/a tuviera.

	1	2	3	4	5	6	7	8	9	10	11
Niña											
Niño											

11) Ahora seleccione el número de la foto que más representa el cuerpo **ideal** de un niño/a con el tamaño de su niño/a.

	1	2	3	4	5	6	7	8	9	10	11
Niña											
Niño											

Rutina diaria de alimentación

¿Con que frecuencia sigue su niño/a las rutinas siguientes? Responda en una escala de 0-4, donde 0 = casi nunca y 4 = casi siempre:

	Casi nunca (0)	A veces (1)	Con frecuencia (2)	Con mucho frecuencia (3)	Casi siempre (4)
1) Mi niño/a desayuna diariamente.					
2) Mi niño/a come tres comidas al día.					
3) Mi niño/a come comidas en rutina.					
4) Mi niño/a come comidas en la mesa.					
5) Mi niño/a se queda sentado en la mesa durante todo el tiempo de la comida.					



ENCUESTA SALUD DE LA FAMILIA – PUNTO DE REFERENCIA Study ID: _____ Fecha: _____

La actividad física es cualquier actividad que aumenta el ritmo cardíaco de su niño/a y le hace respirar profundo por un parte del tiempo. La actividad física se puede hacer en los deportes, jugando con amigos o caminando a la escuela. Algunos ejemplos de actividades físicas son correr, andar en bicicleta, bailar, patinar, andar en patineta, nadar, jugar fútbol, jugar basquetbol, saltar la cuerda, jugar bebeleche.

1. **Durante los últimos 7 días**, ¿cuántos días fue su niño/a físicamente activo/a <u>por un total de</u> <u>al menos 60 minutos al día</u>? Suma todo el tiempo que su niño/a pasó haciendo cualquier clase de actividad física que aumento su ritmo cardiaco.





Family Nutrition Survey Calls Protocol


Health4Kids (H4K): A Pediatric Obesity Management Intervention Trial for Hispanic Families

(R01HD075936)

Nutrition Survey Calls Protocol



Table of Contents

Overview	3
Staff responsible	3
Duties:	3
Access needed by research staff:	3
Participants to Call	4
Identifying ID	4
REDCap Steps	4
Excel Nutrition Phone Call Log	8
Logging Calls	8
Nutrition Phone Call Script	9
English Script	9
Spanish Script	9
Excel Clearing Study ID's 1	10

Overview

Staff responsible

For purposes of this protocol, research staff under the Measurement Coordinator supervision will conduct nutrition survey calls.

After Baseline Assessment 1 is completed, research staff will check REDCap "Baseline assessment dates Nut survey" report to verify which upcoming participants have clinic visit 1 (CV1) approaching and call them to complete nutrition survey.

Duties:

- Make phone calls to participants after Baseline Assessment 1 (BA1) and before Clinic Visit 1 is reached
 - Phone calls made after CV1 date will need a deviation
- Log attempts of Nutrition survey phone calls onto "Nutrition Phone Calls Log" excel sheet
- Fill out Nutrition Survey answers into REDCap

Access needed by research staff:

- REDCap access- "H4K Assessments" project
- POM folder access- "Nutrition Phone Calls Log" excel sheet

Participants to Call

Identifying ID

Before making the nutrition survey phone call, identify the study ID which must be called, located in a report on REDCap.

REDCap Steps

1. Log into REDCap, click on "H4K Assessments" project.

My Projects	🖆 Organize
Project Title	
POM Spanish S	irveys
H4K Eligibility S	reening - UHS
H4K Assessme	ts
Cultural Barrie	s to Cervical Cancer Prevention (ENG)

2. On the bottom left side scroll down to "Reports" and click on "2. Baseline assessment dates Nut survey" tab.

Reports	🖍 Edit reports 😑
 Enrollment for IRB reg Baseline assessment survey Retention programming Christmas 2 Schools Primary outcomes bases Primary outcomes - a Completion Measurement reming 	norting dates Nut ing: b-day seline dult der calls
Help & Information	Ξ

3. The participant's "Study ID, Event Name, Assessment Date (BA1), nutrition survey complete or incomplete, preferred language, Assessment part 2 date (BA2), and clinic visit date 1 will be displayed.

Study ID (base1_id1)	Event Name (redcap_event_name)	Assessment Date (baseline1_date)	Complete? (family_nutrition_survey_complete)	Preferred language (pref_language)	Assessment Part 2 date (assess_2date)	Clinic Visit 1 Date (clinic1_date)
SE061	Baseline	05-02-2017 10:15	Theomphete (0)	Opanish (2)	05-09-2017 18:00	
SE062	Baseline	05-22-2017 10:00	Incomplete (0)	Spanish (2)	05-30-2017 16:00	
SE171	Baseline	05-02-2017 17:00	Incomplete (0)	English (1)	05-09-2017 17:30	
SE195	Baseline	05-15-2017 09:00	Incomplete (0)	English (1)	05-22-2017 09:00	
SE196	Baseline	05-16-2017 18:00	Incomplete (0)	Spanish (2)	05-23-2017 18:30	
SE200	Baseline	05-16-2017 16:00	Incomplete (0)	English (1)	05-23-2017 16:30	
SW299	Baseline	05-20-2017 11:00	Incomplete (0)	Spanish (2)	06-03-2017 10:30	
SE183	Baseline	04-11-2017 17:00	Incomplete (0)	Spanish (2)	04-18-2017 16:30	05-23-2017 13:25:00
<u>SE189</u>	Baseline	05-09-2017 16:00	Incomplete (0)	Spanish (2)	05-16-2017 16:30	06-06-2017 09:40:00
SW285	Baseline	05-04-2017 17:00	Incomplete (0)	Spanish (2)	05-11-2017 17:30	06-12-2017 15:05:00

4. Choose study ID with the upcoming "Clinic Visit 1 Date", and then go to "Project Bookmarks" tab located to the left side. Click on "Go to H4K Eligibility Screening".

NOTE: Make a note on the nutrition surveys conducted after CV1 date is completed. Let Measurement coordinator know. Those surveys will have a deviation.

Project Bookmarks	🗡 <u>Edit</u> 📃
Go to H4K Eligibility So	reening
Reports	🖌 Edit reports 📃
 Enrollment for IRB reports Baseline assessment data survey Retention programming Christmas 2 Schools Primary outcomes base Primary outcomes - adu Completion Measurement reminded 	rting ates Nut g: b-day line alt r calls

5. Scroll up to "Data Collection" tab and click "Add / Edit Records". Then type in the chosen study ID and hit enter.

NOTE: For this protocol "SAHAKTest" will be the chosen study ID.

(isting StudyID (screening ID) select reco
or existing StudyID (screening SAHAKTest
0

6. Once inside the "Study ID (screening ID)", on the "Eligibility Screening Form Uhs", click on the button "Baseline" to display participant information.

ne grid below displays the form-by-for no the project for one particular Studyl efined events. You may click on the co orm for that event. If you wish, you may avigating to the <u>Define My Events</u> pag StudyID (screening ID	m progress D (screenin lored buttor modify the e.)) SAHAI	of data e og ID) for ns to acc events b	entered all ess that elow by	Legend for statt Incomplete (Unverified Complete
Data Collection Instrument	Baseline	6- Month	12- Month	
Eligibility Screening Form Uhs		1		
Lab Results	0			
ntroductory Session participant data	۲	•		
Schedule Clinic Visits	۲			
Jin Vicit 1				
	· · · · · · · · · · · · · · · · · · ·			
Study Withdrawal Form	0			

7. To conduct family nutrition surveys by phone obtain "Study ID, parent's last name, phone number, preferred language and best time to call".

NOTE: Once all information from above is obtained, transfer it to "Nutrition Phone Calls Log" excel sheet. Excel sheet is located in "POM \rightarrow Measurement \rightarrow H4K Assessment Reminder Calls folder".

Editing existing StudyID (screening ID) SAHAKTest		
Event Name: Baseline		
StudyID (screening ID)	SAL	JAKTest
Record ID	SA	HAKTestiD
Date of data entry	0 01	-18-2017 Today M-D-Y
* must provide value	MM-	DD-YYYY
Employee ID (initials)	Ð	
* must provide value	UHS	employee initials
	12 Sa	3ABC n Antonio, Tx 78240
Mailing address	9	
* must provide value		
Daren'te Last Name		
* must provide value	K	SAHAKTest
questions to confirm your child's eligibility for the study, as well as your w	illingne	 Yes
is this a good time to talk?	E C	O NO
purpose, risks, benefits, and procedures. Participant was provided an opportunity to ask questions and have them answered; and verbal conser was obtained to be screened about the study.	nt B (Yes No
Date screening completed	(H)	
* must provide value	- 9	01-18-2017 31 Today M-D-Y
		not interested in study
IF going off protocol, reason:	E	unable to contact
	9	🔍 no longer eligible (no-shows/r
Does your child live with you full-time? (i.e., does not live at alternate locat	ion	() Vas
every other week, alternating months, etc.)	H	O No
* must provide value	1	U ∪ NO
May I have your cell phone number?	100	· Yes
* must provide value	ğ	No
	-	
What is the number including the area code?		(210) 262-8110
* must provide value	27	Chrone and
Will you accent study text messages on your cell phone?	100	Yes
* must provide value	- 6	No No
		eligible if yes
	1	English
Do you prefer to receive texts in English or Spanish?		© Soppish
must provide value	2	opanisi
When would be the best time to call or text you regarding the study?		4:30pm

Excel Nutrition Phone Call Log

Logging Calls

8. Before conducting phone call, log call onto "Nutrition Phone Calls Log" excel sheet.

ſ	↓	Î	↓	↓	ſ	Î	Î	Î	ſ	Î	Ļ
В	С	D	E	F	G	н	1	J	K	L	M
Pref. Language	Phone Number	Parent Last Name	Time Called	Date 1st attempt call	Did they complete survey?	Date 2nd attempt phone call	Time Called	Date 3rd attempt phone call	Time Called	Date 4th attempt phone call	Date survey was completed
1	(210)123-4567	Ms. Health	9am	2/18/2018	Y						2/18/2018
2	(210)000-0000	Sra. For	10am	2/18/2018	Y						2/18/2018
1	(210) 111-1111	Ms. Kids	11:30am	2/18/2018	N	2/19/2018	11am				2/19/2018
				1	1						

9. Fill in the time the call was conducted, date of 1st call attempt, if participant completed survey, date of 2nd attempted phone call, time called, date of 3rd phone call attempt, time called, date of 4th attempt and date survey was completed.

NOTE: If survey was completed in first attempt of phone call, fill in the rest of the boxes in orange.

Nutrition Phone Call Script

English Script

ENG: Hi, may I please speak with Mr. /Ms. <u>(parent's name)</u>? Hi my name is <u>(your name)</u> and I am calling on behalf of the Health4Kids study. I am calling to see if you have time to answer a Nutrition survey by phone? The survey takes approximately 30-45 minutes if you chose to continue.

(If parent chooses to continue, respond the following) Great! The first question involves your child's diet. Who usually makes breakfast...? (Continue to ask rest of the questions on the survey).

(*If parent chooses not to continue, respond the following*) No worries! We can always reschedule. Is there a date and time you are available that I may call back?

(If parent seems hesitant, provide a date and time for them and ask if that will work with their schedule. Come up with a new date and update it onto excel sheet).

Spanish Script

SPN: Hola, ¿podría hablar con el Sr. / Sra.<u>(nombre de los padres)</u>? Hola mi nombre es <u>(tu nombre)</u> y estoy llamando del estudio Health4Kids. Estoy llamando para ver si tiene tiempo para responder a una encuesta de nutrición por teléfono. La encuesta tomara aproximadamente 30-45 minutos si decide continuar.

(If parent chooses to continue, respond the following)

¡Estupendo! La primera pregunta involucra la dieta de su hijo(a). ¿Quien generalmente hace el desayuno?… (Continue to ask rest of the questions on the survey).

(*If parent chooses not to continue, respond the following*) *iNo se preocupe! Podemos hacer otra cita ¿Hay* una fecha y horario en que esté disponible para que pueda devolver la llamada?

(If parent seems hesitant, provide a date and time for them and ask if that will work with their schedule. Come up with a new date and update it onto excel sheet).

NOTE: You do not have to follow word for word of this script; you can personalize it to your preference.

Excel Clearing Study ID's

1. Log into REDCap, click on "H4K Assessments" project. Go down to where "reports" are and click on "Baseline Assessment Dates Nut Survey".

l umber of r otal number records' = tota	results returned: 10 r of records queried: 3 al available data across all d	991 esignated events)	Stats & Charts	: Report 📋 Print Pa	ge Edit Report
Study ID	Event Name	Assessment Date	Complete? (family nutrition survey complete)	Preferred language	Assessment Part 2 (assess 2date)
SE061	Baseline	05-02-2017 18:15	Incomplete (0)	Spanish (2)	05-09-2017 18:00
SE062	Baseline	05-22-2017 10:00	Incomplete (0)	Spanish (2)	05-30-2017 16:00
SE171	Baseline	05-02-2017 17:00	Incomplete (0)	English (1)	05-09-2017 17:30
SE195	Baseline	05-15-2017 09:00	Incomplete (0)	English (1)	05-22-2017 09:00
SE196	Baseline	05-16-2017 18:00	Incomplete (0)	Spanish (2)	05-23-2017 18:30
SE200	Baseline	05-16-2017 16:00	Incomplete (0)	English (1)	05-23-2017 16:30
SW299	Baseline	05-20-2017 11:00	Incomplete (0)	Spanish (2)	06-03-2017 10:30
SE183	Baseline	04-11-2017 17:00	Incomplete (0)	Spanish (2)	04-18-2017 16:30
SE189	Baseline	05-09-2017 16:00	Incomplete (0)	Spanish (2)	05-16-2017 16:30
SW285	Baseline	05-04-2017 17:00	Incomplete (0)	Spanish (2)	05-11-2017 17:30

NOTE: To clear study ID's from report list, the survey must be "COMPLETED" first. Then clear it from report by going to "Edit Report".

2. Scroll down to "Step 3" and click on the calendar icon beneath "Operator Value".

All users - 0	OR – O Custom user access (Choose specification)	fic users,	roles, or data access groups who will have access)	
STEP 2				
S Fields to inclu	ide in report Ouick Add Add all	fields fro	m selected instrument: choose instrument	,
Field 1	base1_id1 "Study ID" •	INE	Instrument: Informed Consent Documenta	
Field 2	baseline1_date "Assessment Date"	(HHE)	Instrument: Assessment Part 1	
Field 3	family_nutrition_survey_complete "Cor •	(HHE)	Instrument: Family Nutrition Survey	
Field 4	pref_language "Preferred language"	(94E)	Instrument: Assessment Part 1	
Field 5	assess_2date "Assessment Part 2 date 🔹	INE	Instrument: Assessment Part 1	
Field 6	clinic1_date "Clinic Visit 1 Date"	INNE	Instrument: Assessment Part 2	
Field 7	clinic1_date2 "Clinic Visit 1 Date"	INC	Instrument: Assessment Part 2	
Field 8	Type variable name or field label			
Additional fie Include the sum	Ids to include in report (optional) vey identifier field and survey timestamp fiel	d(s)?		>
Filters (option	all events for each record returned [?]		Operator / Value	ORI
	baseline1 date "Assessment Date"	and	>= 04-01-2017 00:00 000 000	LM.
Filter 1	pasenne - and essessinent pare			

 Change the month/year and date to a closer date of the remaining "Incomplete" nutrition surveys. After changes are made, click "Done".



NOTE: The list will clear up to the chosen month,

year and date reagardless of completion of survey. It is important to remember to complete all surveys before clearing.

Instrument: Family	د	Ma	y	• 20	17	$\overline{}$	0	
Instrument: Assess	Su	Мо	Tu	We	Th	Fr	Sa	
Instrument: Assess		1	2	3	4	5	6	
Instrument: Assess	7	8	9	10	11	12	13	
Instrument: Assess	14	15	16	17	18	19	20	
	21	22	23	24	25	26	27	
	28	29	30	31				
	Time 00:00 Hour Minute							
Operator / Valu	No ^r	w				Do	ne	
> = •	05-01	-2017	00:0	1 📅 🕗	M-D-Y	ным		
					_	-	~	

Family Nutrition Survey-Baseline (ENG & SPN)

*Conducted by phone



Last Revised 3-11-16

Many of the following questions are about your child. Please remember to think about the child you have enrolled in the H4K study when answering these questions.

Child's Diet

1. These questions are about who is responsible for certain activities in your home. Check only one answer.

	Mom (1)	Dad (2)	Both Parents (3)	One of the children (4)	Parents & children together (5)	Other relative (6)	Does not apply (7)
a. Who usually makes breakfast?							
b. Who usually makes lunch?							
c. Who usually makes dinner?							
d. Who usually decides what your family eats for breakfast?							
e. Who usually decides what your family eats for lunch?							
f. Who usually decides what your family eats for dinner?							

2. Do you have the following **food rules** in your home...

(please check your response)

a. How many servings of fruit and vegetables your child should eat	Yes	No
b. How many snacks your child is allowed to eat	Yes	No
c. When your child can snack	Yes	No
d. Which snacks your child can eat	Yes	No
e. No second helpings for your child at meals	Yes	No
f. Limited portion sizes for your child at meals	Yes	No
g. No dessert for your child except fruit	Yes	No
h. No sweet snacks for your child	Yes	No
i. No fried snacks at home (such as potato chips) for your child	Yes	No
j. Avoid going with your child to cafes or restaurants that sell unhealthy foods	Yes	No
k. Avoid buying sweets and chips and bringing them into the house	Yes	No

3. When it is mealtime and your child is not hungry what do you usually do? *(please check your response)*

table and not eat		table and eat a little	with the family	hungry
Suggest the child	Suggest the child	Suggest the child	Convince the child to eat a full meal	It never happens,
sit down at the	eat later	sit down at the		the child is always



DATE:				

4. Do you buy food upon your child's request?

	Not at all (0)	Rarely (1)	Sometimes (2)	Often (3)	Very Often (4)
a. Fruits and vegetables:					
b. Snacks or sugary cereal:					

5. Of the following **snack foods**, which did your child eat in the <u>past week</u>? (please check all that apply)

Potato chips/corn chips like Fritos™ /nacho chips like Doritos™/Cheetos™
Pretzels/Baked chips
Popcorn
Peanut butter crackers / cheese-filled crackers / cheese-filled pretzels
Goldfish™ crackers / animal crackers/ graham crackers
Pop Tarts [™]
Fruit flavored candy like <i>Skittles</i> ™
Chocolate candy
Snack cakes / Twinkies™ /donuts/sweet rolls /pastry / Little Debbies™
Cookies / brownies
Jell-O™ / pudding
Sugar-free Jell-O™ / sugar-free pudding
Fruit rollups / dried fruit / Fun Fruit™
Ice cream
Yogurt / Go-GURT™ / yogurt tubes
Cheese (including string cheese)
Fruit
Vegetables
Granola bars
Nuts
Cereal
Sandwich
Pizza

	0 Days	1 Day	2 Days	3 Days	4 Days	5 Days	6 Days	7 Days	NA	Don't Know
6. During the <u>past week</u> , how many days did your child eat snacks in front of the TV ?										
7. During the <u>past week</u> , how many days did your child drink sugar-sweetened beverages in front of the TV ? Sugar- sweetened beverages include soda, Capri Sun, sweet tea, sports drinks, Kool-Aid and other powdered drinks; do not count 100% juice, diet soda, or other products with artificial sweeteners.										
8. During <u>the past week</u> , how many days did you eat together as a family for the following meals?	0 Days	1 Day	2 Days	3 Days	4 Days	5 Days	6 Days	7 Days	NA	Don't Know
a. Breakfast?										
c. Dinner?										
9. During the <u>past week</u> , how many days was the TV on during dinner?										

10. During the <u>past week</u>, how many <u>times</u> did you or someone else in your family cook food for breakfast or dinner **at home**? This includes time spent putting the ingredients together to cook a meal. Do not include heating up leftovers.

|____| ENTER NUMBER

NEVER	0
DON'T KNOW.	

11. How much time do you or someone else in your family **usually** spend on cooking dinner and cleaning up after the cooking? Please do not include time spent eating.

ENTER NUMBER	
SELECT UNIT OF TIME	
MINUTES	1
HOURS	2

Last Revised 3-11-16



DATE:

12	. Now let's think about eating out. IN THE PAST WEEK,	Number of days							
	on how many days did your family go out to eat at or bring home foods from? (please check only one number per question)	0	1	2	3	4	5	6	7
a.	Relatives' or Friends' homes								
b.	Fast food restaurants (like McDonald's, Taco Cabana, Panda Express)								
C.	Other restaurants including sit down restaurants with table service, buffet restaurants (like Golden Corral, China Sea) and pick-up-and-take-home (like pizza)								
d.	Grocery stores (hot or cold ready-to-eat food from a store)								
e.	Cafeterias (school or work)								
f.	Other outlets including vending machines and on-street vendors (food trucks, carts, wagons)								

Child's Beverages (WATER)

Now, think about your child's beverage intake from all sources including home, school, child care, and restaurants. Think about all beverages.

13. IN THE PAST WEEK, on how many days did your child drink water?

None last week -Skip to Question 14.
└└ 1 day last week →Continue to 13a
2 days last week -Continue to 13a
☐ 3 days last week -Continue to 13a
4 days last week -Continue to 13a
☐ 5 days last week -Continue to 13a
☐ 6 days last week -Continue to 13a
Every day last week - Continue to 13a
Don't Know -777 -Skip to Question 14.
13a. How many glasses of water did your child drink in one day ?
☐ 1 glass per day
2 glasses per day

3 or more glasses per day

Don't Know-777

_

DATE:

Food Accessibility

Based on **the past 30 days**, thinking about where you store food, please choose the appropriate response for each question. *(please check your response)*

	Never (0)	Rarely (1)	Sometimes (2)	Frequently (3)	Always (4)
14. How often are <u>fruits and vegetables</u> in a place where your child can see and easily reach them?					
15. How often can your child get a <u>soda</u> without the help of an adult?					
16. How often can your child get <u>snack foods</u> without the help of an adult?					

Food Modeling

17. Based on **the past 30 days**, think about your food and meal behaviors. How often did you... (please check your response)

	Never (0)	Rarely (1)	Sometimes (2)	Frequently (3)	Always (4)
Eat healthy meals or snacks while your child was around? ("Healthy" is defined as fruits, vegetables, low- fat foods, lean meats, whole grains etc.)					
Eat meals in the living room or TV room?					
Take a second helping during meals?					
Eat unhealthy snacks around your children?					
Drink sugared drinks or non-diet soda around your children?					
Avoid going with your children to cafes or restaurants that sell unhealthy foods?					
Avoid buying sweets and chips or salty snacks and bringing them into the house?					
Avoid buying foods that you would like to buy because you do not want your children to have them?					



DATE: _____

18. Again, based on the past 30 days, how often did your child see you.... (please check

(please check your response)

	Never (0)	Rarely (1)	Sometimes (2)	Frequently (3)	Always (4)
Eat while standing?					
Eat straight from the pot/pan/bowl?					
Eat while watching television, reading, or working?					
Eat when you were bored?					
Eat when you were angry or in a bad or sad mood?					
Eat late in the evening or at night?					
Eat while driving					

19. Based on the last 30 days, think about your parenting regarding food: How often did you... (please check your response)

	Never (0)	Rarely (1)	Sometimes (2)	Frequently (3)	Always (4)
Use food as a reward for your child?					
Use food as a punishment for your child?					
Take your child with you grocery shopping?					
Prepare meals with your child?					
Plan meals/menus with your child?					
Offer healthy snacks when your child was hungry?					
Eat breakfast with your child?					
Eat dinner with your child?					
Have regularly scheduled meals and snacks with your family?					
Allow your child to eat snacks or sweets without permission?					
Allow your child to take soft drinks whenever he/she wants?					
Give your child soft drinks or snacks if (s)he asks?					
Give your child something else if they did not like what was prepared?					



DATE: _____

Food Insecurity

These next questions are about the food eaten in your household **IN THE LAST 12 MONTHS** and whether you were able to afford the food you need. Please check the response most closely matching how true each statement is for you:

	Don't Know	Never true (0)	Sometimes true (1)	Often true (2)
20. "The food that (I/we) bought just didn't last, and (I/we) didn't				
have money to get more." Was that often, sometimes, or				
never true for (you/your household) in the last 12 months?				
21. "(I/we) couldn't afford to eat balanced meals." Was that often,				
sometimes, or never true for (you/your household) in the last				
12 months?	Vaa (1			
22. In the last 12 months, did you or other adults in your	res (1	- GO TO 23)	NO (0 - 5	5KIP 10 24)
house there wasn't enough money for food?				
because there wasn't enough money for food :	Don't	Only 1 or	Somo month	s Almost
	Know	2 months	but not ever	v everv
		(1)	month (2)	month (3)
23. [IF YES] How often did this happen—almost every month,				
some months but not every month, or in only 1 or 2 months?				
	Do	n't Know	No (0)	Yes (1)
24. In the last 12 months , did you ever eat less than you felt you				
should because there wasn't enough money to buy food?				
25. In the last 12 months , were you ever hungry but didn't eat				
26. In the last 12 months, did you or any member of your				
20. In the last 12 months, did you of any member of your				
Women Infants and Children program?				
27 Have you or anyone in your household ever received SNAP	(SK	IP TO 28)	(SKIP TO 28)	(GO TO
or Food Stamp benefits?	((,	27a)
27a. [IF YES] In the last 12 months , did you or anyone who	(SKI	Р ТО 27С)	(SKIP to 27c)	(GO to
lives with you receive SNAP or Food Stamp benefits?				27b)
27b. [IF YES] Does any member of your household currently receive SNAP or Food Stamp benefits?				
27c. How much did you/your household receive in SNAP or				
food stamp benefits the last time you got them?			ENTER DOLL	AR AMOUNT
	Don't	Know (SKIP to 29)	No (0-SKIP t 29)	o Yes(1)
28. Does your child's school serve school lunches ? These are				
complete lunches that cost the same every day.				
	Don't	Know (SKIP	None (0- SKI	P ENTER A
		to 29)	to 29)	NUMBER FROM 1-5
28a. [IF YES] During the school year, about how many times				
a week does your child usually get a complete school lunch?				
	1			



DATE:	

	Don't Know	Free (1)	Reduced (2)	Full Price (3)
28b. Does your child get these lunches free, at a reduced price , or does he/she pay full price?				
	Don't Know (Skip to 30)	No (0) (Skip to 30)		Yes (1)
29. Does your child's school serve a complete breakfast that costs the same every day?				
	Don't Know	None (0)	ENTER / FRC	A NUMBER DM 1-5
29a. [IF YES] During the school year, about how many times a week does your child usually get a complete breakfast at school?				
	Don't Know (9)	Free (1)	Reduced (2)	Full Price (3)
29b. Does your child get these breakfasts free, at a reduced price, or does he/she pay full price?				

30. Which one of the following types of **transportation** do you usually use to go **food shopping**? (select only <u>one</u>)

Drive a car	
Take a taxi	

Get a ride with friends or family

Ride a bus

Walk

J Other

a. If other means of transportation, please specify _____

31. Where do you usually do most of your food shopping? (Select only one)

Supermarket (HEB, Target Superstore, Wal Mart Superstore)

Specialty store (fish market, farmers market, butcher)

Convenience store or gas station (Valero, Shell)

- Warehouse store (Sam's Club, Costco)
- Discount store (Dollar General, Family Dollar)



FAMILY NUTRITION SURVEY – Baseline STUDY ID: _____

DATE: _____

Environmental Support for Food

For the next questions, please check the choice that best represents how much you agree with each statement.

	Strongly Disagree (1)	Somewhat Disagree (2)	Somewhat Agree (3)	Strongly agree (4)	Don't know/Not sure
32. The place where I shop has a wide choice of fresh vegetables.					
33. The place where I shop has a wide choice of fresh fruit.					
34. The place where I shop has a wide choice of lean meats.					
35. I can afford to buy vegetables in the store where I buy most of my food.					
36. I can afford to buy fruit in the store where I buy most of my food.					
37. I can afford to buy lean meat in the store where I buy most of my food.					
38. I am satisfied with the store where I buy most of my food.					
39. Visiting a supermarket is easy for me to do.					
40. There is a wide choice of food stores near my home.					
41. Buying more fruit than I already do would be difficult on my budget.					
42. Buying more vegetables than I already do would be difficult on my budget.					
43. Buying more lean meat than I already do would be difficult on my budget.					



DATE: _____

Parenting Habits

Now I am going to ask you specifically about your parenting. I will read the following phrases as if you were saving it.

How much do you agree or disagree with each statement?	Disagree (1)	Slightly Disagree (2)	Neutral (3)	Slightly Agree (4)	Agree (5)	Don't Know	Does not Apply	
1. I offer sweets (candy, ice cream, cake) to my child as a reward for good behavior.								
 My child should always eat all the food on his/her plate. 								
3. I have to be especially careful to make sure my child eats enough.								
4. If my child says "I'm not hungry," I try to get him/her to eat anyway.								
5. If I don't regulate or guide my child's eating, he/she would eat much less than he/she should.								
6. I limit the amount of Sugar-sweetened beverages like soda, Capri Sun, sweet tea, sports drinks, Kool-Aid and other powdered drinks my child drinks.								
7. I limit the number of snacks my child eats.								
8. I limit the amount of time my child watches TV or videos during the week (Mon-Fri) .								
9. I limit the amount of time my child watches TV or videos during the weekend (Sat/Sun) .								
10. I limit the amount of time my child plays sit-down video games (like XBox, PlayStation, Nintendo DS) or is on the computer during the week (Mon-Fri) .								
11. I limit the amount of time my child plays sit- down video games (like XBox, PlayStation, Nintendo DS) or is on the computer during the weekend (Sat/Sun) .								
12. I limit the amount of time my child texts, talks, plays games, browses the Internet on a cell phone during the week (Mon-Fri)								
13. I limit the amount of time my child texts, talks, plays games, browses the Internet on a cell phone during the weekend (Sat/Sun) .								
14. I offer TV, videos, or video games to my child as a reward for good behavior.								
15. If I did not guide or regulate my child's TV watching, he/she would watch too much.								
16. I limit the amount of time my child watches TV or videos to 2 hours or less per day .								
st Revised 3-11-16 Page 10								



FAMILY NUTRITION SURVEY – Baseline STUDY ID: _____

DAIE.	

In the past month, how often did your child have to ask permission before?	Never (0)	Rarely (1)	Some Times (2)	Most of the time (3)	Always (4)	Don't Know	
17. Getting a snack?							
18. Drinking Sugar-sweetened beverages like soda, Capri Sun, sweet tea, sports drinks, Kool-Aid and other powdered drinks?							
In the past month, how often did you keep trac	k of the?						
19. Snacks (candy, ice cream, cake, chips) that your child ate?							
20. Sugar-sweetened beverages like soda, Capri Sun, sweet tea, sports drinks, Kool-Aid and other powdered drinks that your child drank?							
21. Amount of TV or videos your child watched?							
22. Amount of time your child spent texting, talking, playing games, browsing the Internet on a cell phone?							
23. Exercise your child got?							
24. Servings of fruits and vegetables your child ate?							
In the past month, how often did you?							
25. Praise your child for eating a healthy snack?							
26. Praise your child for being physically active?							
In the past month, how often did you disciplin	e your child	l for doing t	he followi	ng without	your per	mission?)
27. Watching TV or videos?							
28. Playing video games or the computer?							
29. Texting, talking, playing games, browsing the Internet on a cell phone?							
30. Getting a snack?							
31. Drinking a Sugar-sweetened beverage like soda, Capri Sun, sweet tea, sports drinks, Kool-Aid and other powdered drinks?							

Page 11

ENCUESTA NUTRICION DE LA FAMILIA – PUNTO DE REFERENCIA STUDY ID: ______ FECHA: _____

Muchas de las siguientes preguntas son acerca de su niño. Por favor tenga en mente <u>el niño/a que está inscrito</u> <u>en el estudio H4K</u> al contestar las preguntas.

Alimentación del niño

1. Estas preguntas son acerca de quién es responsable de ciertas actividades en su hogar. *Marque con una "X" sólo una respuesta*.

	Mamá (1)	Papá (2)	Ambos parientes (3)	Uno de los niños (4)	Padres e niños juntos (5)	Otro pariente (6)	No aplica (7)
a. ¿Quién generalmente prepara el desayuno?							
b. ¿Quién generalmente prepara el almuerzo?							
c. ¿Quién generalmente prepara la cena?							
d. ¿Quién decide lo que normalmente come su familia para el desayuno?							
e. ¿Quién decide lo que normalmente come su familia en el almuerzo?							
f. ¿Quién decide lo que normalmente come su familia para la cena?							

2. Las siguientes son reglas de alimentación. ¿Cuáles usa usted en su casa? ¿Tiene las siguientes reglas de alimentación en su casa...? (Por favor marque con una "X" su respuesta)

	SI (1)	NO (0)
a. Cuántas porciones de frutas y verduras debe de comer su niño/a		
b. Cuántos bocadillos está permitido comer su niño/a		
c. Cuando puede comer botanas su niño/a		
d. Cuales botanas puede comer su niño/a		
e. No hay segundas porciones para su niño/a en las comidas		
f. Tamaño de las porciones limitadas para su niño/a en las comidas		
g. No hay postre para su niño/a con excepto de frutas		
h. No hay dulces para su niño/a		
i. No hay bocadillos fritos en casa (como papas fritas) para su niño/a		
j. Evita ir a los cafés o restaurantes que venden alimentos poco saludables con su niño/a		
k. Evita la compra de dulces y papas fritas y llevarlas a casa		



ENCUESTA NUTRICION DE LA FAMILIA – PUNTO DE REFERENCIA STUDY ID: ______ FECHA: ____

3. Cuando es la hora de comer y su niño/a no tiene hambre, ¿que normalmente hace? (por favor marque con un circulo su respuesta)

Sugerir que su	Sugerir que su	Sugerir que su	Convencer al niño	Nunca ocurre, su
niño se siente en	niño coma	niño se siente en	que coma una	niño siempre tiene
la mesa pero que	después	la mesa pero que	comida completa	hambre
no coma		coma menos	con la familia	

4. ¿Usted compra comida cuando su niño/a lo pide?

	Nunca (0)	Rara la vez (1)	A veces (2)	Con frecuencia (3)	Muy frecuente (4)
a. Frutas y verduras:					
b. Botanas o cereales con azucar:					

5. ¿De las siguientes **botanas**, que ha comido su niño/a en <u>la semana pasada</u>? (por favor marque todas las que apliquen)

- □ Papas fritas/papas de maíz como Fritos M/papas de nacho como Doritos M/Cheetos M
- Galletas saladas tipo pretzel/papitas horneadas
- Palomitas de maíz
- Galletas de mantequilla de cacahuate / galletas rellenas de queso / pretzels rellenos de queso
- □ Galletas Goldfish[™]/ galletas de animales / galletas de Graham
- □ Pop Tarts[™]
- □ Fruta con sabor a caramelo como Skittles ™
- Dulces de chocolate
- □ Pastelitos / Twinkies ™/ rosquillas / panecillos dulce /pastelería / Pastelitos Little Debbies ™
- Galletas / brownies
- Gelatina / pudín
- Gelatina sin azúcar / pudín sin azúcar
- □ Los paquetes acumulativos de frutas / frutas secas / paquetes acumulativos de frutas Fun Fruit™
- □ Helado
- □ Yogur / Go-GURT [™] / tubos de yogur
- □ Queso (incluyendo queso de hebra)
- □ Frutas
- □ Verduras
- □ Barras de granola
- □ Nueces
- Cereal
- Bocadillo
- 🗆 Pizza

	0	1	2	3	4	5	6	7	No	No lo se
	Dias	Dia	Dias	Dias	Dias	Dias	Dias	Dias	aplica	l
6. Durante <u>la semana pasada,</u>										
¿qué tan seguido comió su										
niño/a botanas enfrente de la										
televisión?										



ENCUESTA NUTRICION DE LA FAMILIA – PUNTO DE REFERENCIA STUDY ID: ______ FECHA: _____

	0 Dias	1 Dia	2 Dias	3 Dias	4 Dias	5 Dias	6 Dias	7 Dias	No aplica	No lo se
7. Durante <u>la semana pasada</u> , ¿ qué tan seguido bebió su niño/a bebidas azucaradas enfrente de la televisión ? Bebidas azucaradas incluye soda, Capri Sun, té dulce, bebidas deportivas, Kool-Aid® u otras bebidas en polvo; no cuente el jugo de 100%, soda de dieta o otros productos con										
azucares artificiales.										
8. Durante <u>la semana pasada,</u> ¿qué tan seguido comieron en familia las siguientes comidas?	0 Dias	1 Dia	2 Dias	3 Dias	4 Dias	5 Dias	6 Dias	7 Dias	No aplica	No lo se
a. Desayuno										
b. Alimento o botana después de la escuela										
c. Cena										

10. Durante <u>la semana pasada</u>, ¿cuántas <u>veces</u> usted o alguien más en su familia cocino comida para el almuerzo o cena **en casa**? Esto incluye el tiempo dedicado a poner los ingredientes para cocinar una comida. No incluya recalentar las sobras.

_ ANOTE EL NÚMERO
NUNCA 0
NO LO SE

11. **En general**, ¿cuánto tiempo gasta usted o alguien más en su familia cocinando la cena y limpiando después de cocinar? Por favor no incluya tiempo comiendo.

	_ ANOTE EL NÚMERO	
	INGRESA LA UNIDAD	
	MINUTOS	1
	HORAS	2
	NO LO SE	

Last revised 03-17-16



ENCUESTA NUTRICION DE LA FAMILIA – PUNTO DE REFERENCIA STUDY ID: ______ FECHA: _____

12. Ahora piense de las comidas fuera de casa. Durante la semana pasada. ¿ cuántos días comió su familia fuera de	Numero de días								
casa o trajo comida preparada a la casa de? (por favor marque con una "X" solo una respuesta por cada pregunta)	0	1	2	3	4	5	6	7	
a. La casa de parientes o amigos									
b. Comida rápida (como McDonald's, Taco Cabana, Panda Express)									
 c. Otros restaurants incluyendo los restaurantes con servicio de mesa, restaurantes tipo buffet (como Golden Corral, China Sea) y comida que puede comprar y llevar a casa o la comida que puede recoger y llevar a casa (como pizza) 									
d. Tiendas de comestibles (comidas caliente o fría listos-para- comer de una tienda)									
e. Cafeterías (en la escuela o trabajo)									
 f. Otro puntos de venta, incluyendo máquinas expendedoras y vendedores en calle (camiones de comida, carritos de comida, vagones de alimentos) 									

Las bebidas del niño (AGUA)

Ahora, piense en el consumo de bebidas de su niño/a de todas las fuentes incluyendo el hogar, la escuela, la guardería, y los restaurantes. Piense de todas las bebidas.

- 13. En la semana pasada, ¿cuántos días bebió su niño agua?
 - □ Ningún día de la semana pasada -Salte a pregunta 14
 - 1 día de la semana pasada Continúe a 13a
 - 2 días de la semana pasada Continúe a 13a
 - □ 3 días de la semana pasada Continúe a 13a
 - 4 días de la semana pasada Continúe a 13a
 - 5 días de la semana pasada Continúe a 13a
 - 6 días de la semana pasada Continúe a 13a
 - Todos los días de la semana pasada Continúe a 13a
 - □ No lo se Salte a pregunta 14

13a. ¿Cuántos vasos de agua bebió su niño en un día?

- 1 vaso cada día
- 2 vasos cada día
- 3 o más vasos cada día
- □ No lo se



Page 4

Accesibilidad de la comida

Basado en **los últimos 30 días**, piense en donde guarda la comida. Por favor escoja la respuesta más apropiada por cada pregunta. (*Por favor marque con una "X" su respuesta*)

	Nunca (0)	Rara la vez (1)	A veces (2)	Con frecuencia (3)	Siempre (4)
14. ¿Con que frecuencia coloca <u>frutas y verduras</u>					
en un lugar donde su niño pueda ver y fácilmente					
alcanzarlos?					
15. ¿Con que frecuencia puede su niño conseguir					
<u>un refresco</u> sin la ayuda de un adulto?					
16. ¿Con que frecuencia puede su niño conseguir					
botanas sin la ayuda de un adulto?					

Modelado de la comida

17. Basado en **los últimos 30 días**, piense en su comida y sus hábitos de alimentación. (por favor marque con una "X" su respuesta)

¿Con que frecuencia	Nunca (0)	Rara la vez (1)	A veces (2)	Con frecuencia (3)	Siempre (4)
a. Comió comidas o botanas saludables mientras su niño estaba alrededor? ("saludable" se define como frutas, verduras, alimentos bajos en grasa, carnes					
magras, granos enteros, etc.)					
b. Come en la sala o sala de la TV?					
c. Se sirvió una segunda ración durante las comidas?					
d. Comió botanas poco saludables alrededor de su niño?					
e. Bebió bebidas azucaradas o refresco, alrededor de su niño?					
f. Evito ir con su niño a los cafés o restaurantes que venden alimentos poco saludables?					
g. Evito comprar dulces y papas fritas o botanas saladas y llevarlos a la casa?					
h. Evito comprar alimentos que le gustaría comprar pero no desea que su niño los tengan?					



Page 5

ENCUESTA NUTRICION DE LA FAMILIA – PUNTO DE REFERENCIA STUDY ID: _____ FECHA: _____

18. Otra vez de nuevo, basado en los últimos 30 días, ¿con qué frecuencia vio su niño usted... (por favor *marque con una "X" su respuesta)*

	Nunca (0)	Rara la vez (1)	A veces (2)	Con frecuencia (3)	Siempre (4)
a. ¿Comer mientras estaba parado?					
b. ¿Comer directamente de la olla/cacerola/ tazón?					
c. ¿Comer mientras miraba la televisión, leía o trabajaba?					
d. ¿Comer cuando estaba aburrido?					
e. ¿Comer cuando estaba enojado o en mal humor o triste?					
f. ¿Comer muy tarde o en la noche?					
g. ¿Comer mientras manejaba?					

19. Basado en **los últimos 30 días**, piense en su manera de criar con respecto a comida. ¿C<u>on que frecuencia ha ... (por favor marque con una "X" con su respuesta)</u>

	Nunca (0)	Rara la vez (1)	A veces (2)	Con frecuencia (3)	Siempre (4)
a. ¿Usado la comida como recompensa para su niño?					
b. ¿Usado la comida como castigo para su niño?					
c. ¿Llevado a su niño con usted a comprar la comida?					
d. ¿Preparado las comidas con su niño?					
e. ¿Planificado comidas o menús con su niño/a?					
f. ¿Ofrecido botanas saludables cuando su niño tenía hambre?					
g. ¿Desayunado con su niño?					
h. ¿Cenado con su niño?					
i. ¿Tenido comidas y botanas regularmente programadas con su familia?					
j. ¿Permitido que su niño coma botanas o dulces sin permiso?					
k. ¿Permitido que su niño beba refrescos cuando él quería?					
I. ¿Dado bebidas o botanas a su niño cuando él lo pide?					
m. ¿Dado a su niño otra cosa si no le gusta lo que fue preparado?					

Inseguridad de la comida

Las siguientes preguntas son acerca de los alimentos consumidos en su hogar **EN LOS ÚLTIMOS 12 MESES** y si fue capaz de pagar por los alimentos que necesitaba. *Por favor marque con una "X" la respuesta más cercana que se le haga más parecida a usted:*

	No lo se	Nunca fue verdad (0)	A veces fue verdad (1)	Con frecuencia fue verdad(2)
20. "La comida que compramos no dura, y no tenemos dinero para conseguir más." ¿Cierto que eso paso <u>con</u> <u>frecuencia, a veces o nunca</u> a (usted/su familia) en los últimos 12 meses?				
21. "No podiamos dar el lujo de comer comidas balanceadas." ¿Cierto que eso paso <u>con frecuencia, a</u> <u>veces o nunca</u> a (usted/su familia) en los últimos 12 meses?				
22. En los últimos 12 meses, ¿(usted o otros adultos en su hogar) alguna vez redujeron el tamaño de sus comidas o saltaron comidas porque no había suficiente dinero para comida?	(1) Si (0) No (Salte		e a pregunta 24)	
	No lo se	Solo en 1 o 2 meses (1)	Algunos mes pero no todo los meses (2	es Casi cada os mes (3) 2)
 [SI CONTESTAS SI] ¿Cuántas veces ha ocurrido esto — casi cada mes, algunos meses pero no todos los meses, o solo en 1 o 2 meses? 				
	No lo prec	se (Salte a junta 28)	No (0-Salte a pregunta 28	a Si (1))
24. En los últimos 12 meses, ¿alguna vez comió menos de lo que debería porque no había suficiente dinero para comprar comida?				
25. En los últimos 12 meses, ¿ha pasado hambre pero no comió porque no había suficiente dinero para comida?				
26. En los últimos 12 meses , ¿usted o cualquier miembro de su hogar recibió beneficios del programa WIC (Women, Infants and Children)?				
27. ¿Usted o cualquier miembro de su hogar alguna vez ha recibido beneficios de SNAP o Food Stamps?				
	No lo preg	se (Salte a unta 27C)	(0) No (Salte pregunta 270	a (1) Si c)
27a. En los últimos 12 meses , ¿usted o alguien que vive con usted recibió beneficios de SNAP o Food Stamps?				
27b. ¿Hay alguien en su hogar quien está en este momento recibiendo beneficios de SNAP o Food Stamps?				
27c. ¿Cual fue la cantidad de beneficios de SNAP o Food Stamps que ha recibido {usted / su hogar} <u>la última vez</u> que lo recibieron?			ANOTE C. DOI	ANTIDAD EN LARES

Page 7

Last Revised 03-17-16

ENCUESTA NUTRICION DE LA FAMILIA – PUNTO DE REFERENCIA STUDY ID: ______ FECHA: _____

	No lo se (Salte a pregunta 29)		No (0-Salte a pregunta 29)	Si (1)
28.¿La escuela de su niño/a sirve almuerzo ? Estas son				
comidas completas que cuestan lo mismo todos los días.				
	No lo se (Salte a pregi 29)	unta p	No (0-Salte a pregunta 29)	ANOTE UN NUMERO DE 1-5
28a.¿ Durante el año escolar , aproximadamente, cuántas veces a la semana por lo general recibe su niño/a un almuerzo completo en la escuela?				
	No lo se	Gratis (1)	Reducido (2)	Precio Completo (3)
28b.¿Su niño recibe estos almuerzos gratis, a un precio reducido , o el/ella paga el precio completo?				
	No lo se (Salte a pregunta 30)	No (l pre) - Salte a gunta30)	Si (1)
29. ¿La escuela de su niño/a sirve un desayuno completo que cuesta lo mismo todos los días?				
	No lo se (Salte a pregunta 30)	Nada (0)	INGRESE	NUMERO 1-5
29a.¿Durante el año escolar, aproximadamente cuántas veces a la semana por lo general recibe su niño/a un desayuno completo en la escuela?				
	No lo se	Gratis (1)	Reducido (2)	Precio Completo (3)
29b. Su niño/a recibe estos desayunos gratis, a un precio reducido, o el/ella paga el precio completo?				

30. ¿Cuál de los siguientes tipos de **transportación** típicamente usa para ir de compras de alimentos? (seleccione solo uno)

- □ Conduce un coche
- Toma un taxi
- □ Obtener un paseo con amigos o familiares
- Toma el autobús
- Camina
- □ Otro

30a. Si otros medios de transporte, por favor especifique

31. ¿Dónde típicamente hace la mayoría de sus compras de alimentos? (seleccione solo uno)

- Super Mercado (HEB, Target Superstore, Wal-Mart Superstore)
- □ Una tienda especializada (mercado de mariscos, mercado de granjeros, carniceria)
- □ Tienda o gasolinera (Valero, Shell)
- □ Tienda almacén (Sam's Club, Costco)
- Tienda de descuento (Dollar General, Family Dollar)



Ayuda ambiental para la nutrición

Para las siguientes preguntas, marque con una "X" la opción que mejor representa cuánto está usted de acuerdo con cada declaración.

	Muy Desacuerdo (1)	Algo Desacuerdo (2)	De Acuerdo (3)	Muy de Acuerdo (4)	No lo se/No esta seguro/a
32. El lugar donde voy de compras tiene amplia					
selección de verduras frescas.					
33. El lugar donde voy de compras tiene amplia selección de frutas frescas					
34. El lugar donde voy de compras tiene amplia selección de carnes magras.					
35. Tengo el lujo de comprar verduras en					
la tienda donde compro la mayoría de mi					
comida.					
36. Tengo el lujo de comprar fruta en					
la tienda donde compro la mayoría de mi					
comida.					
37. Tengo el lujo de comprar carne magra en					
la tienda donde compro la mayoría de mi					
comida.					
38. Estoy satisfecho con la tienda donde compro					
la mayoría de mi comida.					
39. Visitar un supermercado es fácil para mí.					
40. Hay una variedad de tiendas de alimentos					
cerca de mi casa.					
41. Comprar más fruta de lo que ya compro					
sería difícil en mi presupuesto.					
42. Comprar más verduras de lo que ya compro					
sería difícil en mi presupuesto.					
43. Comprar más carne magra de lo que ya					
compro sería difícil en mi presupuesto.					



Hábitos de los parientes de la familia

Ahora pasaremos a preguntas acerca de los hábitos de su hogar. Le voy a leer las siguientes declaraciones como si usted lo estuviera diciendo.

¿Qué tan de acuerdo o en desacuerdo está usted con cada	En Desacuerdo (1)	Un poco de Desacuerdo (2)	Neutral (3)	Un poco de Acuerdo	De Acuerdo (5)	No Io se	No aplica
	(-/	(-)		(4)	(•)		
1. Yo le ofrezco dulces (dulces,							
helado, pastel) a mi niño/a como							
recompensa por su buen							
comportamiento.							
2. Mi nino/a siempre debe comer toda							
2 Tengo que ser senseielmente							
3. Tengo que ser especialmente							
niño/a coma lo suficiente							
A Si mi niño/a dice que "No tiene							
hambre " vo trato de conseguir que							
él/ella coma.							
5. Si vo no dirijo lo que come mi							
niño/a, él/ella comería menos de lo							
que debería.							
6. Yo limito la cantidad de refrescos							
como soda, Capri Sun, te, bebidas							
deportes, Kool-Aid u otros bebidas en							
polvo que bebe mi niño/a.							
7. Yo limito la cantidad de botanas							
que come mi niño/a.							
8. Yo limito la cantidad de tiempo que							
mi nino/a mira la televisión o videos							
viernes)							
9 Volimito la cantidad de tiempo que							
mi niño/a mira la televisión o videos							
durante el fin de semana							
(sábado/domingo).							
10. Yo limito la cantidad de tiempo							
que mi niño/a se sienta a jugar con							
los videojuegos (como X Box,							
PlayStation, o Nintendo DS) o está en							
la computadora durante la semana							
(lunes a viernes).							
11. Yo limito la cantidad de tiempo							
que mi niño/a se sienta a jugar con							
los videojuegos (como Xbox,							
riay Station, o Nintendo DS) o que							
do somana (sábado/domingo)							
ue semana (savauu/uummyu).							



ENCUESTA NUTRICION DE LA FAMILIA – PUNTO DE REFERENCIA STUDY ID: ______ FECHA: _____

¿Qué tan de acuerdo o en desacuerdo está usted con cada declaración?	En Desacuerdo (1)	Un poco de Desacuerdo (2)	Neutral (3)	Un poco de Acuerdo (4)	De Acuerdo (5)	No Io se	No aplica
12. Yo limito la cantidad de tiempo que mi niño/a usa textos, habla, juega juegos, y navega por Internet en un teléfono celular durante la semana (lunes a viernes).							
13. Yo limito la cantidad de tiempo que mi niño/a usa textos, habla, juega juegos, y navega por Internet en un teléfono celular durante el fin de semana (sábado/domingo) .							
14. Yo le ofrezco la TV, videos o los videojuegos a mi niño/a como recompensa por buen comportamiento.							
15. Si yo no controlo la cantidad de tiempo que mi niño/a mira televisión, él/ella miraría demasiada.							
16. Yo limito la cantidad de tiempo que mi niño/a mira la televisión o videos a 2 horas o menos por dia .							
En el último mes, ¿con que frecuencia le pedio su niño/a permiso antes de? 17. Conseguir una botana?	Nunca (0)	Rara la vez (1)	A veces (2)	Con frecuencia (3)	Siempre (4)	No Io se	
18. Beber un refresco como soda, Capri Sun, te, bebidas deportes, Kool- Aid u otros bebidas en polvo?							

En el último mes, ¿con qué frecuencia estaba al tanto de?	Nunca (0)	Rara la vez (1)	A veces (2)	Con frecuencia (3)	Siempre (4)	No lo se
19. Las botanas (dulce, helado, pastel, papitas) que comió su niño/a?						
20. ¿Los refrescos azucarados como soda, Capri Sun, te, bebidas deportes, Kool-Aid u otros bebidas en polvo que bebió su niño/a?						
21. ¿La cantidad de tiempo que su niño/a miro la televisión o videos?						
22. ¿La cantidad de tiempo que su niño/a pasa en los mensajes de texto, hablando, jugando juegos, navegando por Internet en un teléfono celular?						



ENCUESTA NUTRICION DE LA FAMILIA – PUNTO DE REFERENCIA STUDY ID: ______ FECHA: _____

En el último mes, ¿con qué frecuencia estaba al tanto de?	Nunca (0)	Rara la vez (1)	A veces (2)	Con frecuencia (3)	Siempre (4)	No lo se
23. ¿La cantidad de ejercicio que hizo su niño/a?						
24. ¿La cantidad de frutas y verduras que comió su niño/a?						

En el último mes, ¿con qué frecuencia...?

25. ¿Felicitó a su niño/a por comerse una botana saludable?			
26. ¿Felicitó a su niño/a por estar físicamente activo?			

En el último mes, ¿con qué frecuencia disciplinó a su niño/a por hacer lo siguiente sin su permiso?

27. ¿Ver la televisión o videos?			
28. ¿Jugar los videojuegos o estar en la computadora?			
29. ¿Enviar mensajes de textos, hablar, jugar juegos, navegar por Internet en un teléfono celular?			
30. ¿Conseguir una botana?			
31. Bebio un refresco azucarado como soda, Capri Sun, te, bebidas deportes, Kool- Aid u otros bebidas en polvo.			



Physical Activity Questionnaire- Child (PAQ-C) Survey- Baseline (ENG & SPN)


Physical Activity Questionnaire (Child) – Baseline/6-month/12-month Study ID:	າ Date:
Sex: M F	
Age: Grade:	_
School:	

We are trying to find out about your level of physical activity from *the last 7 days* (in the last week). This includes sports or dances that make you sweat or make your legs feel tired, or games that make you breathe hard, like tag, skipping, running, climbing, and others.

Remember:

- 1. There are no right and wrong answers this is not a test.
- 2. Please answer all the questions as honestly and accurately as you can this is very important.

1. Physical activity **in your spare time**: Have you done any of the following activities in the past 7 days (last week)? If yes, how many times? (Mark only one per row)

	No (0)	One (1)	Two (2)	Three (3)	Four (4)	Five (5)	Six (6)	Seven (7) times or
								more
a) Skipping								
b) Rowing/Canoeing								
c) In-line skating,								
Skateboarding								
d) Tag								
e) Walking for exercise								
f) Bicycling								
g) Jogging or Running								
h) Aerobics								
i) Swimming								
j) Baseball, softball								
k) Dance								
I) Football, soccer								
m) Badminton								
n) Street hockey, floor								
hockey								
o) Volleyball								
p) Basketball								
q) Other, specify:								

2. Were you in school last week?



No (Skip to Q8)



Date: ____

3. In the last 7 days, **during your physical education (PE) classes**, how often were you very active (playing hard, running, jumping, throwing)? (Check one only.)

- □ I don't do PE□ Hardly ever
- Sometimes.
- Quite often
- □ Always

4. In the last 7 days, what did you do most of the time at recess? (Check one only.)

□ Sat down (talking, reading, doing schoolwork) □

 \Box Stood around or walked around \Box

Ran or played a little bit.

□ Ran around and played quite a bit □

Ran and played hard most of the time

5. In the last 7 days, what did you normally do *at lunch* (besides eating lunch)? (Check one only.)

 \Box Sat down (talking, reading, doing schoolwork) \Box

Stood around or walked around

Ran or played a little bit.

Ran around and played quite a bit

Ran and played hard most of the time

6. In the last 7 days, on how many days *right after school*, did you do sports, dance, or play games in which you were very active? (Check one only.)

None	

- 1 time last week.
- 2 times last week
- 3 times last week
- 4 times last week
- 5 times last week
- □ 6 times last week
- \Box 7 or more times last week

7. In the last 7 days, on how many *evenings* did you do sports, dance, or play games in which you were very active? (Check one only.)

None
1 time last week.
2 times last week
3 times last week
4 times last week
5 times last week
6 times last week
7 or more times last week





Date: _____

8. Over the past weekend, how many times did you do sports, dance, or play games in which you were very active? (Check one only.)

None
1 time
2 times
3 times
4 times
5 times
6 times

7 or more times

9. Which *one* of the following describes you **best** for the last 7 days? Read *all five* statements before deciding on the *one* answer that describes you.

All or most of my free time was spent doing things that involve little physical effort .

□ I **sometimes (1 — 2 times last week)** did physical things in my free time (e.g. played sports, went running, swimming, bike riding, did aerobics)

I often (3 — 4 times last week) did physical things in my free time

I quite often (5 — 6 times last week) did physical things in my free time

U very often (7 or more times last week) did physical things in my free time

10. Mark how often you did physical activity (like playing sports, games, doing dance, or any other physical activity) for each day last week.

	None (0)	Little bit (1)	Medium (2)	Often (3)	Very Often (4)
Monday□]	
Tuesday]]
Wednesday]
Thursday			[]	1
Friday]]
Saturday]]
Sunday			[]]

11. Were you sick last week, or did anything prevent you from doing your normal physical activities? (Check one.)

Yes (Go to 11a.)
No 🗆

11a. If Yes, what prevented you? _____



ENCUESTA DE ACTI Study ID:	VIDAD FISICA (NIÑO/A)-PUNTO DE REFERENCIA/6 meses/12 meses Fecha:
Género: M	F
Edad:	Grado en la escuela:
Escuela:	

Estamos tratando de averiguar acerca de su nivel de actividad física de los últimos 7 días. Esto incluye deportes o bailes que le hacen sudar o hacer que sus piernas se sientan cansadas o juegos que le hacen respirar con fuerza, como roña o escadidas, al saltar, correr, escalar y otros actividades físicas.

Recuerde:

- 1. No hay respuestas correctas o incorrectas—esto no es una prueba.
- 2. Por favor conteste todas las preguntas honestamente y exactamente come pueda-esto es muy importante.
- 1. Actividad física en su tiempo libre: ¿Haz realizado alguna de las siguientes actividades en los últimos 7 días? Si la respuesta es sí, ¿Cuántas veces? (Marque solo una respuesta por linea)

	No (0)	Uno (1)	Dos (2)	Tres (3)	Cuatro (4)	Cinco (5)	Seis (6)	Siete (7) veces o mas
a) Saltar								
b) Remar/piragüismo								
c) Patinaje en línea,								
patinaje								
d) Roña/escadidas								
e) caminar para ejercicio								
f) Ciclismo								
g) Trotar o correr								
h) Aerobic								
i) Nadar								
j) Béisbol, softbol								
k) Danza								
I) Futbol americano, futbol								
m) Bádminton								
n) Hockey en la calle o								
suelo								
o) Voleibol								
p) Baloncesto								
q) Otro, especifique:								

- 2. ¿Estabas en la escuela la semana pasada?
- Si (continúe con pregunta 3)
 - No (Salte a pregunta 8)



ENCUESTA DE ACTIVIDAD FISICA (NIÑO/A)-PUNTO DE REFERENCIA/6 meses/12 meses Study ID: ______ Fecha: _____

3. En los últimos 7 días, **durante la clase de educación física (PE)**, ¿con que frecuencia fue muy activo (jugando duro, corriendo, saltando, lanzando)? (Marque solo uno.)



- Con bastante frecuencia
- □ Siempre
- 4. En los últimos 7 días, ¿que hizo la mayor parte del tiempo en *el recreo*? (Marque solo uno.)
 - Se sentó (hablar, leer, hacer tarea)
 - Parado o caminar alrededor
 - Correr o jugar un poco
 - Correr alrededor y jugar bastante
 - Correr y jugar duro la mayoría del tiempo
- 5. En los últimos 7 días, ¿que hizo normalmente en el almuerzo (además de comer)? (Marque solo uno.)
 - Se sentó (hablar, leer, hacer tarea)
 - Parado o caminar alrededor
 - Correr o jugar un poco
 - Correr alrededor y jugar bastante
 - Correr y jugar duro la mayoría del tiempo
- 6. En los últimos 7 días, ¿cuantos días *después de escuela*, hizo deportes, bailaste, o jugaste juegos en cual fuiste muy activo? (Marque solo uno.)
 - □ Ninguno
 - Una vez en la última semana
 - □ 2 veces en la última semana
 - □ 3 veces en la última semana
 - 4 veces en la última semana
 - 5 veces en la última semana
 - 6 veces en la última semana
 - □ 7 veces o más en la última semana



ENCUESTA DE ACTIVIDAD FISICA (NIÑO/A)-PUNTO DE REFERENCIA/6 meses/12 meses Study ID: ______ Fecha: _____

7. En los últimos 7 días, ¿cuantas *tardes* jugo deportes, bailo, o jugo juegos en cual usted fue muy activo? (Marque solo uno.)



- 8. *En el último fin de semana*, ¿cuantas veces jugo deportes, bailo, o jugo juegos en cual usted fue muy active? (Marque solo uno.)
 - Ninguno
 Una vez
 2 veces
 3 veces
 4 veces
 5 veces
 6 veces
 7 veces o más
- 9. *Cuál* de las siguientes opciones te describe *mejor* de los últimos 7 días? Lea *todas las cinco* declaraciones antes de decidir una respuesta que te describe.
 - **Todos o la mayor** parte de mi tiempo libre hize cosas que implicaron poco esfuerzo físico.
 - A veces (1-2 veces la semana pasada) hice cosas físicas en mi tiempo libre (por ejemplo jugar deportes, fui a correr, nadar, andar en bicicleta, aerobic)
 - Con frecuencia (3-4 veces la semana pasada) hice cosas físicas en mi tiempo libre.
 - Con mucha frecuencia (5-6 veces la semana pasada) hice cosas físicas en mi tiempo libre. La mayoría de las veces (7 o más veces la semana pasada) hice cosas físicas en mi tiempo libre.



ENCUESTA DE ACTIVIDAD FISICA (NIÑO/A)-PUNTO DE REFERENCIA/6 meses/12 meses Fecha: Study ID: _____

10. Marque con qué frecuencia hizo actividad física (como jugar deportes, juegos, bailar, o cualquier otra actividad física) para cada día la semana pasada.

	Ninguno (0)	Un poco (1)	Algo (2)	Con frecuencia (3)	Con mucha frecuencia (4)
Lunes	[]		I
Martes	Ι		[]	1
Miércoles	[]]
Jueves			I]	I
Viernes			I]]
Sábado]	1
Domingo	I]]

11. ¿Estaba enfermo/a la semana pasada o algo le impidió poder realizar sus actividades físicas normales? (Marque solo uno.)



Si (continúe a pregunta 11a)

11a. Si su respuesta es sí, ¿Qué le impidió?_____



Family Demographics Survey- Baseline (ENG & SPN)



FAMILY DEMOGRAPHICS/HEALTH STATUS Study ID: _____

Date: _____

Child's Demographics

- 5. Which one of these groups would you say best represents your child's race?
 - □ White
 - Black or African American
 - Asian
 - □ Native Hawaiian or Other Pacific Islander
 - □ American Indian or Alaska Native
 - □ More than one race
 - Other, specify: |_____
 - Don't Know
- 6. What type of health insurance does your child have?
 - □ None
 - □ Private Health Insurance
 - □ Medicaid/CHIP
 - □ Military health care (Tricare/VA/Champ-VA)
 - Other, specify: |_____
 - Don't Know
- 7. What is your relationship to the child enrolled in the H4K study?
 - □ Mother (biological-, adopted-, step-, or foster-mother)
 - Father (biological-, adopted-, step-, or foster-father)
 - □ Grandmother
 - Grandfather
 - □ Aunt
 - □ Uncle
 - Other, specify: |_____|

Child's Family History

8. Who in your child's family has any of the following problems? (Circle all that apply.)

	Mother(1)	Father(2)	Grandparent(3)	Sibling (4)	None (0)
a) Diabetes	1	2	3	4	0
b) High blood pressure	1	2	3	4	0
c) Thyroid illness	1	2	3	4	0
d) Hormone problems	1	2	3	4	0
e) Heart disease	1	2	3	4	0
f) Sleep apnea	1	2	3	4	0
g) High cholesterol	1	2	3	4	0
h) Bone problems	1	2	3	4	0
i) Anemia	1	2	3	4	0
j) Liver problems	1	2	3	4	0
k) Kidney problems	1	2	3	4	0
I) Severe obesity	1	2	3	4	0



Child's Culture and Acculturation

- 9. What language(s) does your child primarily speak?
 - □ Only English
 - □ More English than **Spanish**
 - Both English and **Spanish** equally
 - □ More **Spanish** than English
 - Only Spanish
 - Don't Know
- 10. What language(s) do you primarily speak with your child?
- □ Only English □ More English than **Spanish** Both English and **Spanish** equally □ More **Spanish** than English □ Only **Spanish** Don't Know 11. In what country was your child born? □ United States □ Mexico Another country, specify: |_____
- 12. Were any of his/her grandparents born in the U.S.?
 - □ No
 - □ Yes
 - Don't Know

Now, these next questions are about you.

Parent Culture and Acculturation

- 13. Are you Latino, Hispanic, Mexican/Mexican American, or of Spanish origin?
 - □ No
 - □ Yes
 - Don't Know
- 14. Which one of these groups would you say best represents your race?



FAMILY DEMOGRAPHICS/HEALTH STATUS Study ID: _____

Date: _____

15. In what country were you born?
 United States Mexico Another country, specify: (GO TO 15a.) Don't Know
15a. [IF BORN IN ANOTHER COUNTRY] At what age did you come to live in the US for the first time?
age first came to the US ☐ Don't Know
15b. [<i>IF BORN IN ANOTHER COUNTRY</i>] From the time that you first moved to the US to today, about how many total years have you lived in the US? (Note: these may not be continuous years)
│ │ │ years and │ │ │months □ Don't Know
16. Where was your mother born?
 □ In the US □ In Mexico □ In another country, specify: □ Don't Know

17. Where was your father born?

- □ In Mexico
- □ In another country, specify: _____

Don't Know



FAMILY DEMOGRAPHICS/HEALTH STATUS Study ID: _____

18. This set of questions concerns your use of different languages and your ethnic identification. Please circle the answer that best describes you.

		Almost Always (4)	Often (3)	Sometimes (2)	Almost never (1)
a.	How <u>often</u> do you speak English ?				
b.	How often do you speak English with your friends?				
C.	How <u>often</u> do you speak Spanish ?				
d.	How often do you speak Spanish with your friends?				
		Very well (4)	Well (3)	Poorly (2)	Very poorly (1)
e.	How well do you understand music in English?				
f.	How <u>well</u> do you speak Spanish ?				
g.	How well do you read in Spanish?				
h.	How well do you understand TV programs in Spanish?				
i.	How well do you understand radio programs in Spanish?				

		Very well (4)	Well (3)	Poorly (2)	Very poorly (1)
j.	How well do you understand music in Spanish?				
		Almost Always (4)	Often (3)	Sometimes (2)	Almost never (1)
k.	How <u>often</u> do you watch TV programs in English ?				
Ι.	How often do you listen to radio programs in English?				
m.	How often do you listen to music in English?				
n.	How often do you search the internet in English?				
0.	How <u>often</u> do you watch TV programs in Spanish?				
р.	How often do you listen to radio programs in Spanish?				
q.	How often do you listen to music in Spanish?				
r.	How often do you search the Internet in Spanish?				



Date: _____

Parent Demographics

- 21. Are you currently ...?
 - □ Married, living with spouse
 - □ Married, not living with spouse
 - □ Living as married
 - □ Divorced
 - □ Widowed
 - □ Separated
 - □ Single
 - Don't Know

22. What type of medical insurance do you have? Select all that apply.

No insurance

- Private insurance
- Medicaid
 Medicaere
- □ Medicare
- Uniform Health Care/Tricare
- □ VA Health Care
- Other (Specify:_)
- Don't Know

23. How many adults over the age of 18 years live in your household, including you?

|__| Number of adults □ Don't Know

FAMILY DEMOGRAPHICS/HEALTH STATUS Study ID: _____

Date	2			

24. What is the highest degree or level of school you completed in the U.S. (and in your home country if reared outside the U.S.)? [MARK ONLY ONE RESPONSE IN EACH COLUMN]

a. In the United States	b. In another country
□ NA-–only attended school in another country	\Box NA only attended school in the United States
No school or only kindergarten	No school or only kindergarten
□ 1 st grade	□ 1 st grade
□ 2 nd grade	□ 2 nd grade
□ 3 rd grade	□ 3 rd grade
4 th grade	□ 4 th grade
□ 5 th grade	□ 5 th grade
□ 6 th grade	□ 6 th grade
7 th grade	\Box 1 st year of middle school
□ 8 th grade	□ 2 nd year of middle school
9 th grade	□ 3 rd year of middle school
10 th grade	□ 1 st year of high school
☐ 11 th grade	□ 2 nd year high school
☐ 12 th grade/GED	□ 3 rd year high school
1+ years of college, but no college degree	\Box 1+ years of college, but no college degree
Trade/vocational school certificate	Technical school
Associate's degree (AA, AS)	Associate's degree (AA, AS)
☐ Bachelor's degree (BA, AB, BS)	Bachelor's degree (BA, AB, BS)
Master's degree (MA, MS, MEd, MSW, MPH, MBA)	Master's degree (MA, MS, Med, MSW, MPH, MBA)
Doctoral degree (PhD, EdD)	Doctoral degree (PhD, EdD)
Professional degree (MD, DDS, DVM, LLB, JD)	Professional degree (MD, DDS, DVM, LLB, JD)

25. Are you currently...? (select only one response)

- Employed for wages full-time, 35hrs or more per week
- Employed for wages part-time, less than 35hrs per week
- □ Self-employed, full-time, 35hrs or more per week
- Self-employed, part-time, less than 35hrs per week
- Employed in seasonal labor
- Out of work for more than 1 year (Skip to Q26)
- Out of work for less than 1 year (Skip to Q26)
- A homemaker (Skip to Q26)
- □ Retired (Skip to Q26)
- Do not work (Skip to Q26)
- □ Unable to work (Skip to Q26)
- Don't Know (Skip to Q26)

25a. [IF WORKING] What is your occupation? [SELECT THE CATEGORY THAT BEST



FAMILY DEMOGRAPHICS/HEALTH STATUS Study ID: _____

Date: _____

REPRESENTS YOUR JOB DESCRIPTION]

- Professional or Technical
- □ Manager, Official or Proprietor
- Clerical
- □ Sales Worker
- Craftsman, Foreman, or Skilled Manual Worker
- □ Semi-Skilled Operative
- □ Service Worker
- □ Laborer/Farmworker
- \Box Don't Know \rightarrow SKIP to Q26.

25b. Considering all jobs, how many hours do you work in a typical week?

|__| hours per week □ Don't Know

- 26. Is your annual household income from all sources...?
 - □ Less than \$10,000
 - □ \$10,001 to \$15,000
 - □ \$15,001 to \$20,000
 - □ \$20,001 to \$25,000
 - □ \$25,001 to \$35,000
 - □ \$35,001 to \$50,000
 - □ \$50,001 to \$75,000
 - □ \$75,001 or greater
 - Don't Know
- 27. How many **adults and children**, including you, were supported by your annual household income during the past year, whether they live in or outside your home?
 - |__ | __ | people □ Don't Know

28. Do you...?

- □ Rent a house
- □ Rent an apartment/townhouse/condo/trailer
- Own a house
- Own an apartment/townhouse/condo/trailer
- □ Have other living arrangements
- Don't Know

29. How long have you lived in your present location?

|____ Number of years OR months (circle one)

30. How many working vehicles do you have in your household that are available for use?



|_____| working vehicles

Perceived Stress Scale

These questions ask you about your feelings and thoughts during the last month. For each statement tell me how often you felt or thought a certain way. Almost Sometimes Fairly Never Very (2) Often (3) Often 4) Never (1) (0) In the past month ... 31. How often have you been upset because of something that happened unexpectedly? How often have you felt that you 32. were unable to control the important things in your life? 33. How often have you felt nervous and "stressed"? How often have you felt confident 34. about your ability to handle your personal problems? 35. How often have you felt that things were going your way? How often have you found that 36. you could not cope with all the things that you had to do? Almost Never Sometimes Very Fairly (0) Never (1) (2) Often (3) Often 4) In the past month ... How often have you been able to 37. control irritations in your life? 38. How often have you felt that you were on top of things? How often have you been angered 39. because of things that were outside of your control? 40. How often have you felt difficulties were piling up so high that you could not overcome them?



FAMILY DEMOGRAPHICS/HEALTH STATUS Study ID: _____

Date: _____

Parent Physical Activity

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the **last 7 days**. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do <u>at work</u>, as part of your <u>house and yard work</u>, to get from place to place, and in your spare time for <u>recreation</u>, <u>exercise or sport</u>.

Think about all the **vigorous** activities that you did in the **last 7 days**. **Vigorous** physical activities refer to activities that take <u>hard physical effort and make you breathe much harder than normal</u>. Think *only* about those physical activities that you did for **at least 10 minutes** at a time.

41. During the **last 7 days**, on how many days did you do **vigorous** physical activities like heavy lifting, digging, aerobics, or fast bicycling?

____ days per week

□ No vigorous physical activities (*Skip to Q43*)

42. How much time did you usually spend doing vigorous physical activities on one of those days?

____hours per day ____minutes per day ☐ Don't know/Not sure

Think about all the **moderate** activities that you did in the **last 7 days**. **Moderate** activities refer to activities that take <u>moderate physical effort and make you breathe somewhat harder than normal</u>. Think *only* about those physical activities that you did for **at least 10 minutes** at a time.

43. During the **last 7 days**, on how many days did you do **moderate** physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? **Do not include walking**.

___ days per week

□ No moderate physical activities (Skip to Q45)

44. How much time did you usually spend doing moderate physical activities on one of those days?

____hours per day ____minutes per day

Don't know/Not sure

Think about the time you spent **walking** in the **last 7 days**. This includes at work and at home, walking to travel from place to place, and any other walking that you might do solely for recreation, sport, exercise, or leisure.

45. During the last 7 days, on how many days did you walk for at least 10 minutes at a time?

___ days per week
D No walking **(***Skip to Q47***)**



Date: _____

46. How much time did you usually spend walking on one of those days?

hours per day
minutes per day
Don't know/Not sure

The last question is about the time you spent **sitting on weekdays** during the **last 7 days**. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

47. During the last 7 days, how much time did you spend sitting on a week day?

 hours per day
minutes per day
Don't know/Not sure

Parent Technology Use

Please answer the following questions about your cell phone, texting, email, and Internet usage. Remember, all of your answers will be kept private.

48. How do you access the Internet at home?

Home computer

Personal cell phone

🛛 Both

I do not have home Internet access (**skip to Q49**)

48a. Are you able to watch videos (e.g., YouTube) on your computer or other electronic device?

NoYesDon't know

49. Do you have an email address?

NoYesDon't know

50. Please enter at least 1 additional phone number where we can reach you (aside from the cell phone which receives text messages). These do not have to be cell phone numbers:

Phone 1:	())	 	
Phone 1:	()	 	

Phone 2: (____)_____

Thank you for your responses, and welcome to the Health4Kids Study!





Demográfica del niño

5. ¿Cuál de estos grupos diría usted representa la raza de su niño/a?

	Blanco
	Negro o afro-americano
	Asiático
	Nativo de Hawái u otras islas del Pacífico
	Indio americano o nativo de Alaska
	Más de una raza
	Otra, especifique:
	No lo se
6. ¿Qué ti	ipo de seguro médico tiene su niño/a?
	□ Ninguno
	Seguro médico privado
	Medicaid/CHIP
	Seguro militar (Tricare/VA/Champ-VA)
	 Seguro militar (Tricare/VA/Champ-VA) Otra, especifique:
	 Seguro militar (Tricare/VA/Champ-VA) Otra, especifique: No lo se

- 7. ¿Cuál es su relación con el niño/a inscrito en el estudio Health4Kids?
 - Madre (-biológica, madrastra, o madre adoptiva)
 - Padre (-biológico, padrastro, o padre adoptivo)
 - Abuela
 - Abuelo
 - 🛛 Tia
 - 🛛 Tio
 - Otra, especifique: |_____|



Page 1

ENCUESTA DEMOGRAFIA FAMILIAR/ESTADO DE SALUD-PUNTO DE REF	ERENCIA
Study ID:	Fecha:

Historia familiar del niño

8. ¿Quién en la familia de su niño/a tiene cualquiera de las siguientes problemas? (*Marque con un circulo todo lo que corresponda.*)

		Madre(1)	Padre(2)	Abuelo/a(3)	Hermano/a (4)	Nadie(0)
a)	Diabetes					
b)	Alta presión					
c)	Enfermedad de la tiroides					
d)	Problemas hormonales					
e)	Enfermedad del corazón					
f)	La apnea del sueño					
g)	El colesterol alto					
h)	Problemas de huesos					
i)	Anemia					
j)	Problemas del hígado					
k)	Problemas del riñón					
I)	Obesidad severa					

Cultura del niño y aculturación

- 9. ¿Qué idioma(s) habla su niño/a principalmente?
 - □ Solo ingles
 - Mas ingles que español
 - Tanto el inglés y **español** por igual
 - Mas **español** que ingles
 - Solo español
 - No lo se
- 10. ¿Qué idioma(s) habla usted con su niño/a principalmente?
 - Solo ingles
 - Mas ingles que **español**
 - ☐ Tanto el inglés y **español** por igual
 - Mas **español** que ingles
 - Solo español
 - No lo se
- 11. ¿En qué país nació su niño/a?
 - Estados Unidos
 - México
 - Otro país, especifique: |____|



12. ¿Alguno de sus abuelos nacieron en los Estados Unidos?

No
Si
No lo se

Ahora, las siguientes preguntas son acerca de usted.

Cultura del pariente de familia y aculturación

- 13. ¿Usted se considera latino, hispano, mexicano/mexicano-americano, o de origen español?
 - □ No □ Si □ No lo se

14. ¿Cuál de estos grupos diría usted representa su raza? Seleccione solo una respuesta.

	Blanco
	Negro o afro-americano
	Asiático
	Nativo de Hawái u otras islas del Pacífico
	Indio americano o nativo de Alaska
	Más de una raza
	Otra, especifique:
15. ,	¿En qué país nació usted?
	Estados Unidos México Otro país, especifique: (VAYA a 15a.) No lo se
	15a. [SI NACIDO EN OTRO PAIS] ¿A qué edad llegaste a los EE.UU. por primera vez?
	edad que primero vino a los estados unidos ☐ No lo se
	15b. [<i>SI NACIDO EN OTRO PAIS]</i> Desde el momento que primero se mudó a los EE.UU. hasta hoy, ¿cuántos años en total ha vivido en los EE.UU.? (Nota: puede que no sean años continuos)
	│ │ │ años y │ │ │ meses │ No lo se



16. ¿Dónde nació su madre?

	 En los EE.UU. En México En otro país, especifique: 	_
17.	¿Dónde nació su padre?	
	 En los EE.UU. En México En otro país, especifique: 	_

18. Este grupo de preguntas se refiere a su uso de diferentes idiomas y su identificación étnica. Marque con un círculo la respuesta que mejor aplique.

		Casi siempre (4)	Con frecuencia (3)	A veces (2)	Casi nunca (1)
a.	¿Con qué <u>frecuencia</u> habla usted inglés ?				
b.	¿Con qué frecuencia habla inglés con sus amigos?				
C.	¿Con qué frecuencia habla usted español ?				
d.	¿Con qué frecuencia habla español con sus amigos?				
		Muy bien (4)	Bien (3)	Mal (2)	Muy mal (1)
e.	¿Qué tan <u>bien</u> habla usted inglés ?				
f.	¿Qué tan bien lee en inglés?				
g.	¿Qué tan bien entiende los programas de televisión en inglés?				
h.	¿Qué tan bien entiende los programas de radio en inglés?				
i.	¿Qué tan bien escribe en inglés?				
j.	¿Qué tan bien entiende la música en inglés?				
k.	¿Qué tan <u>bien</u> habla usted español ?				
I.	¿Qué tan bien escribe en español?				
m.	¿Qué tan bien entiende la música en español?				



		Casi siempre (4)	Con frecuencia (3)	A veces (2)	Casi nunca (1)
n.	¿Con qué <u>frecuencia</u> mira programas de televisión en inglés ?				
0.	¿Con qué frecuencia escucha los programas de radio en inglés?				
p.	¿Con qué frecuencia escucha la música en inglés?				
q.	¿Con qué frecuencia hace búsquedas en el internet en inglés?				
r.	¿Con qué <u>frecuencia</u> mira programas de televisión en español ?				
S.	¿Con qué frecuencia escucha los programas de radio en español?				
t.	¿Con qué frecuencia escucha la música en español?				
		Casi siempre (4)	Con frecuencia (3)	A veces (2)	Casi nunca (1)
u.	¿Con qué frecuencia hace búsquedas en el internet en español?				

Demográfica del pariente de familia

- 21. ¿Esta usted...?
 - Casado/a, conviviendo con su esposa/o
 - Casado/a, no conviviendo con su esposa/o
 - Conviviendo en unión libre
 - Divorciado/a
 - □ Viudo/a
 - □ Separado/a
 - □ Soltero/a
 - No lo se

22. ¿Qué tipo de seguro médico tiene usted? Seleccione todo lo que corresponda.

Ninguno
Seguro médico privado
Medicaid/CHIP
Medicare
Seguro militar (Tricare)
Seguro VA/Champ-VA
Otra, especifique:

No lo se



23. ¿Cuántos adultos mayores de 18 años de edad viven en su hogar, incluyendo usted?

|__| Número de adultos □ No lo se

En las Estadas Unidas

24. ¿Cuál fue el grado o nivel más alto de educación que has completado en los EE.UU. y en su país de origen si se crió fuera de los EE.UU.?[MARQUE CON UNA "X" SÓLO UNA RESPUESTA EN CADA COLUMNA]

a. En los Estados Unidos	b. En otro país
 A. En los Estados Unidos NAsolo asistío a la escuela en otro país No fue a la escuela o solo kínder 1^{er} grado 2^{do} grado 3^{er} grado 4^{to} grado 5^{to} grado 6^{to} grado 6^{to} grado Octavo grado Octavo grado 10^o grado 11^o grado 12^o grado/GED 1 año o más de universidad, sin terminar la carrera universitaria Certificado de escuela técnica/vocacional Título de asociado (AA, AS) Licenciatura (BA, AB, BS) Maestría (MA, MS, MEd, MSW, MPH, MBA) 	 D. En otro país NA solo asistío a la escuela en los Estados Unidos No fue a la escuela o solo kínder 1^{er} grado 2^{do} grado 3^{er} grado 4^{to} grado 5^{to} grado 6^{to} grado 1^{er} año de secundaria 2^{do} año de secundaria 3^{er} año de secundaria 1^{er} año de preparatoria 2^{do} año de preparatoria 3^{er} año de preparatoria 3^{er} año de preparatoria 1 año o más de universidad, sin terminar la carrera universitaria Certificado de escuela técnica/vocacional Título de asociado Licenciatura (BA, AB, BS)
Maestria (MA, MS, MEd, MSW, MPH, MBA)	□ Licenciatura (BA, AB, BS) □ Maestría (MA, MS, Med, MSW, MPH, MBA)
Doctorado (PND, EdD)	
LI TITUIO profesional (MD, DDS, DVM, LLB, JD)	
	☐ Titulo profesional (MD, DDS, DVM, LLB, JD)

25. ¿Esta usted actualmente ...? (Marque con una "X" solo una respuesta)

Empleado/a bajo salario de tiempo completo, 35 horas o más a la semana

- Empleado/a bajo salario de medio tiempo, menos de 35 horas por semana
- □ Trabajando por su propia cuenta, tiempo completo, 35 horas o más por semana
- Trabajando por su propia cuenta, medio tiempo, menos de 35 horas por semana
- Empleado/a en trabajo de temporada
- Fuera de trabajo por más de un año (Salte a pregunta 26)
- Fuera de trabajo por menos de un año (Salte a pregunta 26)
- Un pariente de familia que se queda en casa (Salte a pregunta 26)

Last Revised 8-02-17



Page 6

ENCUESTA DEMOGRAFIA FAMILIAR/ESTADO DE SALUD-PUNTO DE RE	FERENCIA
Study ID:	Fecha: _

🛛 Jubilado/a (Salte a	pregunta	26)
----------------	---------	----------	-----

□ No trabaja (Salte a pregunta 26)

□ No puede trabajar (Salte a pregunta 26)

□ No lo sé (Salte a pregunta 26)

25a.	[SI ESTÁ TRABAJANDO] ¿A qué se dedica?
[SELE	ECCIONE LA CATEGORÍA QUE MEJOR REPRESENTE LA DESCRIPCIÓN DE SU TRABAJO]

- Gerente, funcionario/oficial o propietaria
- Trabajo en una oficina
- Trabajo en ventas
- Artesano, supervisor, o trabajador manual cualificado
- Operador semicalificado
- Trabajador que proporciona servicios
- Obrero/Trabajador en el campo/agricultura
- \Box No lo se \rightarrow Salte a pregunta 26.

25b. Tomando en cuenta todos los trabajos, ¿Cuántas horas trabaja usted un una semana típica?

	horas por semana
	No lo se

26. ¿Su ingreso anual del hogar de todas las fuentes de ingreso es ...?

- ☐ Menos de \$10,000
- De \$10,001 a \$15,000
- De \$15,001 a \$20,000
- De \$20,001 a \$25,000
- De \$25,001 a \$35,000
- De \$35,001 a \$50,000
- De \$50,001 a \$75,000
- □ \$75,001 o mas
- No lo se

27. ¿Cuántos **adultos y niños**, incluyéndose a usted, se mantuvieron con este ingreso durante el año pasado, y aunque vivan en su casa o fuera de su casa?

|__ |__ | personas □ No lo se

28. ¿Usted...?



	Renta	casa
--	-------	------

- Renta un apartamento/casa de pueblo/condominio/ tráiler
- Tiene casa propia
- Tiene un apartamento/casa de pueblo/condominio/ tráiler proprio
- Tiene otra arreglo de vivienda
- No lo se

29. ¿Cuánto tiempo ha vivido en su ubicación?

- |____ numero de años o meses (por favor marque uno)
- 30. ¿Cuántos vehículos que funcionan y que estén disponibles para uso tiene en su casa?

Escala de estrés observado

Las siguientes preguntas son acerca de sus sentimientos y pensamientos durante los últimos 30 días. Para cada pregunta, indique con qué frecuencia se sintió o pensó de una cierta manera.

En e	l último mes	Nunca (0)	Casi nunca (1)	De vez en cuando (2)	Con bastante frecuencia (3)	Con mucha frecuencia (4)
31.	¿Con qué frecuencia se ha sentido molesto/a por algo que ocurrió inesperadamente?					
32.	¿Con qué frecuencia se ha sentido que no puede controlar las cosas importantes en su vida?					
33.	¿Con qué frecuencia se ha sentido nervioso/a y estresado/a?					
34.	¿Con qué frecuencia se ha sentido segura de su capacidad para manejar sus problemas personales?					
35.	¿Con qué frecuencia se ha sentido que las cosas están sucediendo de manera favorable para usted?					
36.	¿Con qué frecuencia ha descubierto que no puede enfrentar todas las cosas que tenía que hacer?					
37.	¿Con qué frecuencia ha sido capaz de controlar las irritaciones en su vida?					
En e	l último mes …	Nunca (0)	Casi nunca (1)	De vez en cuando (2)	Con bastante frecuencia (3)	Con mucha frecuencia (4)

Last Revised 8-02-17



Page 8

38.	¿Con qué frecuencia se ha sentido que tenía todo bajo control?			
39.	¿Con qué frecuencia se ha enojado por cosas que estaban fuera de su control?			
40.	¿Con qué frecuencia se ha sentido que las dificultades se le acumulan tan alto que no puede superarlas?			

La actividad física del pariente de familia

Estamos interesados en averiguar sobre las clases de actividades físicas que la gente hace como parte de su vida diaria. Las preguntas le preguntarán sobre el tiempo que paso siendo físicamente activos en los últimos 7 días. Por favor responda a cada pregunta incluso si no se considerá como una persona activa. Por favor, piense en las actividades que hace en el trabajo, como parte de su casa y en la yarda, para llegar de un lugar a otro, y en su tiempo libre para la recreación, el ejercicio o deporte.

Piense en todas las actividades físicas vigorosas que hizo en los últimos 7 días. Actividades físicas vigorosas se refieren a actividades que requieren un esfuerzo físico y te hacen respirar más fuerte de lo normal. Piense sólo en aquellas actividades físicas que hizo por lo menos 10 minutos a la vez.

41. Durante los últimos 7 días, ¿cuántos días hizo actividades físicas vigorosas como levantar objetos pesados, cavar, aeróbicos o andar en bicicleta rápido?

_____ días por semana

- □ Ninguna actividad física vigorosa (**Salte a pregunta** 43)
- 42. ¿Cuánto tiempo se tarda haciendo actividades físicas vigorosas en uno de esos días?

__horas por día ___minutos por día □ No lo se/No estoy seguro/a

Piensa en todas las actividades físicas moderadas que hizo en los últimos 7 días. Actividades físicas moderadas se refieren a actividades que requiere un esfuerzo físico moderado y te hacen respirar un poco fuerte de lo normal. Piense sólo en aquellas actividades físicas que hizo por lo menos 10 minutos a la vez.

43. Durante los últimos 7 días, ¿cuántos días hizo actividades físicas moderadas como cargar cosas ligeras, andar en bicicleta a ritmo regular o jugar doble de tenis? No incluya caminar.

días por semana

Ninguna actividad física moderada (Salte a pregunta 45)
 44. ¿Cuánto tiempo se tarda haciendo actividades físicas moderadas en uno de esos días?

horas por día



___minutos por día

□ No lo se/No estoy seguro/a

Piense en el tiempo que pasa **caminando** en los **últimos 7 días**. Esto incluye en el trabajo y en casa, caminando para llegar de un lugar a otro, y cualquier otro tiempo libre para la recreación, deporte o el ejercicio.

45. Durante los últimos 7 días, ¿cuántos días camino por lo menos 10 minutos a la vez?

días por semana
No camine (Salte a pregunta 47)

46. ¿Cuánto tiempo se tarda caminando en uno de esos días?

____horas por día _____minutos por día □ No lo se/No estoy seguro/a

La última pregunta es sobre el tiempo que pasa **sentado de lunes a viernes** durante los **últimos 7 días**. Esto incluye el tiempo que pasa en el trabajo, en casa, mientras hace las materias del curso y durante el tiempo de ocio. Esto puede incluir tiempo que pasa sentado en un escritorio, visitando amigos, leyendo, sentado o acostado para ver la televisión.

47. Durante los últimos 7 días, ¿cuánto tiempo paso sentada en un día típico?

horas por dia ___ minutos por dia □ No lo sé/No estoy seguro/a

Uso de la tecnología del pariente de familia

Por favor responder a las siguientes preguntas acerca de su uso del teléfono celular, mensajes de texto, correo electrónico y uso del internet. Recuerde, todas sus respuestas se mantendrá privadas.

48. ¿Como accede el internet en casa?

□с	omputa	adora	de	la	casa
----	--------	-------	----	----	------

Teléfono celular personal

□ Ambos

No tengo acceso al internet en casa (Salte a pregunta 50.)

48a. ¿Eres capaz de ver los vídeos (por ejemplo, YouTube) en su computadora o otro dispositivo electrónico?

🗆 No



□ Si □ No lo se

49. ¿Tienes un correo electrónico?

No
Si
No lo se

50. Por favor, introduzca por lo menos 1 número de teléfono alternativo donde podemos comunicarnos con usted (aparte del número de celular donde recibe mensajes de texto). Estos no tienen que ser números de teléfono celular.

Número de teléfono 1: (____)_____

Número de teléfono 2: (____)_____

Gracias por sus respuestas, y bienvenido al estudio Health4Kids!





Family Physical Activity (PA) Survey- Baseline (ENG & SPN)



Date: _____

Home Environment

- 1. What best describes your home? (please mark your response)
 - □ Apartment
 - □ Condominium
 - □ Multi-family house (Duplex)
 - □ Single Family House
 - □ Mobile Home
 - □ Shelter

2. How often is your child active in the following places? Please mark with an X the answer that best applies to your <u>child enrolled in the H4K study</u>.

	Never (0)	Once a month or less (1)	Once every other week (2)	Once a week or more (3)	Does not apply
a) Inside our home					
b) In our yard					No yard (4)
c) In our driveway					No driveway (4)
d) At a neighbor's house, yard or driveway					
e) In a local street, cul de sac (dead end street), vacant lot					

3. Please indicate if you have the following items in your home, yard, or apartment complex, and if you have them, how often <u>your child</u> uses each item. Please mark with an X the answer that best applies to your child.

	Not Available (0)	Available but never uses (1)	Uses once a month or less (2)	Uses once every other week (3)	Uses once a week or more (4)
a) bike					
b) basketball hoop					
c) jump rope, hula hoop					
d) sports equipment (balls, racquets, bats, sticks)					
e) Swimming pool					
f) roller skates, skateboard, scooter					
g) fixed play equipment (swing set, play house, jungle gym)					
h) yard game (volleyball net, soccer goal)					
i) exercise, play or recreation room					
j) trampoline					
k) stairs					
I) active video game (like Wii Fit)					



Physical Activity Accessibility – Home

Considering the things that you said you have in the question above...

	None (0)	All (1)	Most (2)	Some (3)	Very few (4)
4. How much of them are stored in an area that your child uses regularly?					
5. How much of them are stored someplace where your child would need help getting them out before he/she can use them?					
6. How much of them are stored out of sight when your child is not using them?					

Child's Physical Activity

Physical activity is <u>any activity that increases your child's heart rate and makes him/her breathe hard some of the time.</u> Physical activity can be done in sports, playing with friends, or walking to school. Some examples of physical activities are running, biking, dancing, rollerblading, skateboarding, swimming, soccer, basketball, football, jumping rope, or playing hopscotch.

7. Over a typical or usual week, on how many days is your child physically active	0 Days	1 Day	2 Days	3 Days	4 Days	5 Days	6 Days	7 Days	Don't Know
day?									
Now, thinking about a typical week that is	s most re	epresent	ative of t	he majo	rity of the	e weeks	during th	ne year	
8. Not counting school or physical									
education (PE) classes, how many									
days per week does your child play or									
practice team sports?									
9. Not counting school or PE									
classes, how many days per week does									
your child have physical activity classes									
or lessons like martial arts, dance, and									
tennis where they are not part of a									
team?									
10. How many days per week does									
your child engage in <u>active play outside</u> ,									
like playing hopscotch, jumping rope,									
playing on a swing set, throwing or									
kicking a ball?									



FAMILY PHYSICAL ACTIVITY SURVEY – Baseline/6-month/12-month Study ID:	Date:
11. Is your child enrolled in school?	
 No (skip to Q15) Yes, in school - Continue to Q12 	
12. Name of School	
 13. How many days per week does your child have gym or PE class at school? 0 days 1 day 2 3 4 5 or more Don't Know 	
14. On average, how long is each PE period?minutes per classdon't know	
 15. Do you have a dog at home? Yes No (skip to Q16) 15a. If you answered yes, how much time did your child spend walking your dog last week hours minutesdon't know 	:?
 16. Compared to other children of the same age and sex, how would you rate your child's activity much less active somewhat less active 	γ levels?

- □ about the same
- □ somewhat more active
- □ much more active

Child's Sedentary Screen Time

17. On a typical weekday/weekend day, including evenings, how much time does your child do the following activities?

	ACTIVITY	None	15min	30min	1 hour	2 hours	3 hours	4 hours or more
a.	Watching TV/DVDS on a typical weekday							
b.	Watching TV/DVDS on a typical weekend day							
C.	Texting, talking, playing games, browsing the Internet on a cell phone on a typical weekday							



Date: ____

	ACTIVITY	None	15min	30min	1 hour	2 hours	3 hours	4 hours or more
d.	Texting, talking, playing games, browsing the Internet on a cell phone on a typical weekend day							
e.	Playing computer or video games (like Nintendo or X-box; do NOT include active games like Wii Fit) on a typical weekday							
f.	Playing computer or video games (like Nintendo or X-box; do NOT include active games like Wii Fit) on a typical weekend day							

- 18. Does your child have a TV set in his/her bedroom?
 - □ yes
 - 🗆 no
- 19. Do you think your child watches too much TV?
 - □ yes
 - 🗆 no
 - don't know

20. Do you think your child spends too much time playing computer/video games?

- □ yes
- 🗆 no
- don't know

Child's Sleep

21. In the past week, on average, how much time did your child sleep during a usual 24-hour period? Please include night time sleep and day time naps. Answer separately for <u>weekdays</u> and for <u>weekend days</u>.

1a.|___ hours |__ |min per day on a **weekday** □ Don't Know

1b.|___ hours |__ | min per day on a **weekend day** □ Don't Know

- 22. Does your child have a regular weekday bedtime?
 - □ None of the time
 - □ Some of the time
 - □ Most of the time
 - Always
 - Don't Know

Page 4

Date: _____

23. What time does your child usually go to bed during a weekday?

|__|_|:|__| am/pm □ Don't Know

24. Is this the same time your child goes to bed on the weekend?

□ No (Continue to Q24a)

□ Yes (Skip)

Don't Know (Skip)

24a. If not, what time does your child go to bed on weekends?

□ |<u>|</u>]:|<u>|</u>] am/pm □ Don't Know

Physical Activity/Sedentary Modeling

In **the past 30 days**, think about the types of things <u>you</u> did in your leisure time and your parenting related to physical activity. Please mark the appropriate box for each question

25. How often did your child see you	Never (0)	Rarely (1)	Sometimes (2)	Frequently (3)	Always (4)
a) Doing something that was physically active (like walking, biking, playing sports)?					
b) Doing moderately active housework or yard- work?					
c) Use physical activity for relaxation or stress relief?					
d) On the computer?					
e) Watching TV/movies?					
f) Playing video games					



26. How often (Please mark the appropriate box for each question)	Never (0)	Rarely (1)	Sometimes (2)	Frequently (3)	Always (4)
a) Did <u>your child hear you</u> talk about participating in a sport or being physical active?					
b) Did <u>your child hear you</u> say that you were too tired to do something active?					
c) Were you physically active <u>with your child</u> or did you play sports with him/her?					
d) Did you verbally encourage your child to be physically active or play sports?					
e) Did you transport your child to a place where he/she can be physically active or play sports?					
f) Did you send your child outside to play when the weather was nice?					
g) Did you give your child options for new physical activities to try?					
 h) Did you praise your child when they were physically active? 					
 i) Did you watch your child practice or perform a dance routine? 					
j) Did you watch your child practice for sports?					
k) Did you watch your child play sports?					

Sedentary Policies

Based on the last 30 days, think about your parenting regarding time spent watching television, playing video games, and on the computer:

- 27. Do you have any **firm limits or agreements** with your child about how much he/she can watch TV or Videos?
 - $\square \text{ No (go to Q28)} \\ \square \text{ Yos (If yos, go to Q28)}$

☐ Yes (If yes, go to Q27a)

27a. How much time are they allowed to watch Television or Videos <u>per day</u>? ______ (hours, minutes)

27b. How often are these limits enforced?	(please circle your response)
---	-------------------------------

Page 6
Date:

28. Do you have any **firm limits or agreements** with your child about how much time he/she is allowed to play computer or video games?

No (SKIP to Q29)
Yes (go to Q28a)

28a. How much time is your child allowed to play computer or video games per day? (hours, minutes)

28b. How often are these limits enforced?

(please circle your response)

Never (0)Rarely (1)Sometimes (2)Frequently (3)Always (4)
--

Environmental Support for Physical Activity

29. About how long would it take you to <u>walk (on your own, without your children)</u> from your home to the <u>nearest</u> **stores or public places** listed below? Please mark the time it would take you to walk to each place, even if you don't normally go there.

	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	Don't know
a) convenience/corner store/small grocery store/ bodega						
b) supermarket						
c) fruit/vegetable market						
d) library						
e) elementary school						
f) fast food restaurant						
g) non-fast food restaurant						
h) pharmacy/drug store						
i) bus stop						

30. About how long would it take you to <u>walk (on your own, without your children)</u> from your home to the <u>nearest</u> **recreation place** listed below? Please mark the time it would take you to walk to each place, even if you don't normally go there.

	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	Don't know
a) Indoor recreation or exercise facility (public or private)						
b) biking/hiking/walking trails, paths						
c) basketball court						



	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	Don't know
d) other playing fields/courts (soccer, football, softball, tennis, skate park etc.)						
e) YMCA						
f) boys and girls club						
g) swimming pool						
h) walking / running track						
i) school with recreation facilities open to the public						
j) public park						
k) public playground with equipment						

31. Please mark the answer that best applies to **your child**. Do you agree or disagree with the following statements:

It is <u>difficult</u> for my child to be active in the local park near our home because	1 Strongly Disagree	2 Somewhat Disagree	3 Somewhat agree	4 Strongly agree	Don't know
a) There is not enough space to be active in					
b) There is no choice of activities					
c) There is no play equipment					
d) There is no adult supervision					
e) There are no other children there					
f) It is not safe because of crime (strangers, gangs, drugs)					
g) My child gets bullied, teased, harassed					
h) It is not safe because it is close to a road					
i) There are too many people there					
j) It does not have good lighting					
k) It is difficult to get to					



Date: _____

32. Please mark the answer that best applies to the neighborhood where you and your child live.

	1 Strongly	2 Somewhat	3 Somewhat	4 Strongly	Don't know
	Disagree	Disagree	agree	agree	
a) The streets in our neighborhood do not					
nave many cul-de-sacs (dead-end					
b) The distance between interpetiene					
b) The distance between intersections					
is usually short (100 yards or loss; the					
length of a football field or less)					
a) There are many different routes for					
detting from place to place in our					
peighborhood (My child doesn't have to					
a the same way every time)					
d) There are sidewalks on most of the					
streets in our neighborhood					
a) Sidewalks are separated from the					
road/traffic in our neighborhood by parked					
care					
f) There is grass/dirt between the streets					
and the sidewalks in our neighborhood					
g) There are trees along the streets in my					
neighborhood.					
h) There are many interesting things for					
my child to look at while walking in my					
neighborhood.					
i) There are many beautiful natural things					
for my child to look at in my neighborhood					
(e.g., gardens, views).					
j) There are many buildings/homes in my					
neighborhood that are nice to look at for					
<u>my child</u> .					
k) There is so much traffic along <u>nearby</u>					
streets that it makes it difficult or					
unpleasant for <u>my child</u> to walk (alone or					
with someone) in our neighborhood.					
I) The speed of traffic on most <u>nearby</u>					
streets is usually slow (30 mph or less).					
m) Most drivers go <u>faster</u> than the posted					
speed limits in our neighborhood.					
n) Our neighborhood streets have good					
lighting at hight.					
o) walkers and blkers on the streets in					
our neighborhood can be easily seen by					
people in their nomes.					
blb welkers erose busy streats in sur					
neip waikers cross busy streets in our					
a) When walking in our paighborhood					
there are a lot of exhaust fumes					
there are a lot of exhaust fumes.					



	1 Strongly Disagree	2 Somewhat Disagree	3 Somewhat agree	4 Strongly agree	Don't know
s) The crime rate in our neighborhood makes it unsafe for my child to go on					
walks (alone or with someone) at night.					
t) I am worried about letting my child play					
outside <u>alone</u> around my home (yard,					
driveway, apartment common area)					
because I am afraid of my child being					
taken or nurt by a stranger.					
u) I am worried about letting my child be					
outside with a friend around my home					
because I am afraid my child will be taken					
or hurt by a stranger.					
v) I am worried about letting my child play					
or walk <u>alone or with friends</u> in my					
neighborhood and local streets					
because I am afraid my child will be taken					
or hurt by a stranger.					
w) I am worried about letting my child be					
alone or with friends in a local or nearby					
park because I am afraid my child will be					
taken or hurt by a stranger.					



Ambiente de casa

- 1. ¿Que clase de hogar tiene? (por favor marque con una "X" su respuesta)
 - □ Apartamento
 - Condominio
 - Casa multifamiliar (Dúplex)
 - Casa unifamiliar
 - Casa móvil/tráiler
 - □ Albergue
- ¿Con qué frecuencia su niño/a tiene actividad física en los siguientes lugares? Por favor marque con una "X" la respuesta que mejor aplica a <u>su niño/a que está inscrita en el estudio H4K</u>.

	Nunca (0)	Una vez al mes o menos (1)	Una vez cada dos semanas (2)	Una vez cada semana o más (3)	No Aplica (4)
a) Dentro de nuestra casa					
b) En nuestra yarda					Sin yarda
c) En nuestra entrada					Sin entrada
d) En la casa, yarda o entrada					
de un vecino					
e) En la calle, callejón sin					
salida, un terreno baldío					

3. Por favor indique si usted tiene los siguientes artículos en su casa, patio o apartamento, y si es que los tiene, con qué frecuencia usa cada artículo <u>su niño/a</u>. Por favor marque con una "X" la respuesta que mejor aplique a su niño/a.

	No disponible (0)	Disponible pero nunca usa (1)	Usa una vez al mes o menos (2)	Usa una vez cada dos semanas (3)	Usa una vez cada semana o mas (4)
a) bicicleta					
b) canasta de baloncesto					
c) cuerda de saltar, el aro de hula hula					
d) equipo deportivo (por ejemplo, pelotas, raquetas, palos)					
e) piscina					
f) patines, la patineta, el scooter					
g) equipo de juego fijo (por ejemplo, columpio, casa de juego, armazón de barras para juegos infantiles)					
h) juegos de la yarda (red de voleibol, futbol)					
i) ejercicio, cuarto de juego o sala de recreo					
j) trampolín					
k) escaleras					
I) videojuego interactivo (por ejemplo, Wii-FIT)					

Accesibilidad de actividades físicas – La casa

Tome en cuenta las respuestas que ha contestado en las preguntas arribas...

	Nada (0)	Todos (1)	Mayoría (2)	Algo (3)	Muy Poco (4)
4. ¿Cuántos de los artículos están guardados en un lugar que típicamente usa su niño/a?					
5. ¿Cuántos de los artículos están guardados en un lugar donde su niño/a necesitaría ayuda a sacarlos antes de que él/ella puede utilizarlos?					
 ¿Cuántos de los artículos están guardados fuera de la vista de su niño/a cuando no los usa? 					

Actividad física del niño/a

La actividad física es <u>cualquier actividad que aumenta el ritmo cardíaco de su niño/a y le hace respirar</u> <u>profundo por un parte del tiempo</u>. La actividad física se puede hacer en los deportes, jugando con amigos o caminando a la escuela. Algunos ejemplos de actividades físicas son correr, montar en bicicleta, bailar, patinar, andar en patineta, nadar, jugar fútbol, jugar basquetbol, saltar a la cuerda, o jugar rayuela.

7. Durante los últimos 7 días ¿cuántos días fue su niño/a	0 Días	1 Día	2 Días	3 Días	4 Días	5 Días	6 Días	7 Días	No lo se
físicamente activo/a por un total de al menos 60 minutos al día?									
Ahora, piense en una semana típica , q	ue más re	epresent	a la mayo	oría de l	as semar	nas dura	ante el a	ño	
8. Sin contar las clases de									
educación física, ¿cuántos días a la									
semana jugó o practicó su niño/a									
algún <u>deporte de equipo</u> ?									
9. Sin contar las clases de									
educación física, ¿cuántos días a la									
semana tiene su niño/a <u>clases o</u>									
lecciones de actividad física donde no									
<u>son parte de un equipo</u> como artes									
marciales, baile, o tenis?									
10. ¿Cuántos días a la semana									
participa su niño/a <u>en juego activo al</u>									
aire libre, como, jugando a la rayuela,									
saltando la cuerda, jugando en un									
columpio, tirando o pateando una									
pelota?									

H	EA	L	Ή
Ť\$			Ĩ
4	K	ID	S

11. ¿Está su niño/a inscrito/a en la escuela?

No (Salte a pregunta 15)	
Si, en la escuela	

12. Nombre de la escuela

13. ¿Cuántos días a la semana tiene su niño/a clase de gimnasio o educación física (PE) en la escuela?

0 días
1 día
2 días
3 días
4 días
5 días o mas
No lo se

14. En promedio, ¿cuantos minutos es cada clase de PE?

____ Minutos por cada clase □ No lo se

15. ¿Tienes un perro en casa?

□ Si □ No (Salte a pregunta 16)

15a. [Si contestas si], ¿Por cuánto tiempo paseo a su perro su niño/a la semana pasado?

Horas _____ minutos

- 16. En comparación con otros niños/a de la misma edad y género, ¿cómo calificaría los niveles de actividad física de su niño/a?
 - Mucho menos activo
 - \Box un poco menos activo
 - casi lo mismo
 - un poco más activo
 - Mucho más activo



Tiempo sedentario del niño/a

17. En un día típico de la semana/fin de semana, incluyendo las noches, ¿cuánto tiempo dedica su niño/a haciendo las siguientes actividades?

ACTIVIDAD	Ningun	15min	30min	1 hora	2 horas	3 horas	4 horas o mas
a. Mirando la Tele/DVD en un típico día de la semana							
b. Mirando la Tele/DVD en un típico día de fin de semana							
c. Enviando mensajes de textos, hablando, jugando juegos, navegando por Internet en un teléfono celular en un típico día de la semana .							
d. Enviando mensajes de textos, hablando, jugando juegos, navegando por Internet en un teléfono celular en un típico día de fin de semana .							
e. Jugando con la computadora o videojuegos (como Nintendo o X-box; no incluya los juegos activos como Wii Fit) en un típico día de la semana							
f. Jugando con la computadora o videojuegos (como Nintendo o X-box; no incluya los juegos activos como Wii Fit) en un típico día de fin de semana							

18. ¿Tiene su niño/a una televisión en su cuarto?

Si
No

19. ¿Usted piensa que su niño/a mira demasiada televisión?

□ Si □ No □ No lo se

20. ¿Usted piensa que su niño/a pasa demasiado tiempo jugando en la computadora o videojuegos?

Si		
No		
No	lo	se



El sueño del niño

21. Durante la semana pasada, en promedio, ¿cuánto tiempo durmió su niño/a durante un periodo de 24 horas? Por favor incluya los tiempos durante la noche y siestas durante el día. Responda por separado para los días <u>de la semana</u> y de los días del <u>fin de semana</u>.

1a.|___| horas |___|minutos por cada dia **entre semana**

1b.|___| horas |___| minutos por cada día de los **fines de semana**

- 22. ¿Tiene su niño/a una hora de regularidad para dormir entre semana?
 - No, nunca
 - □ A veces
 - Mayoría del tiempo
 - Siempre
 - □ No lo se
- 23. ¿A qué hora se acuesta típicamente su niño/a entre semana?

	<u> </u>	am/pm
	No lo se	

24. ¿Es esta la misma hora que se acuesta su niño/a durante los fines de semana?

- □ Si (Salte a Q25)
- □ No lo se (Salte a Q25)

24a. Si no, ¿a qué hora se acuesta su niño/a durante los fines de semana?

□ |__|:|__| am/pm □ No lo se



Modelado actividad física/el sedentarismo

En **los últimos 30 días**, piense en los tipos de cosas que hace en su tiempo libre y en su manera de educar con respecto a la actividad física. Por favor marque con una "X" la respuesta que mejor aplique a su niño/a.

25. Con que frecuencia su niño/a lo/a veo	Nunca (0)	Raramente (1)	A Veces (2)	Con Frecuencia (3)	Siempre (4)
a. ¿Haciendo algo que era físicamente activo (por ejemplo, caminar, andar en bicicleta, jugar un deporte)?					
b. ¿Haciendo el "Que hacer" o limpieza, o trabajo de la yarda?					
c. ¿Utilizar la actividad física para la relajación o alivio de la tensión?					
d. ¿En la computadora?					
e. ¿Viendo TV/películas?					
f. ¿Jugando videojuegos?					

26. Con que frecuencia	Nunca (0)	Raramente (1)	A Veces (2)	Con Frecuencia (3)	Siempre (4)
a. ¿Lo/a <u>escucho su niño/a</u> hablar de participar en un deporte o una actividad física?					
b. ¿Lo/a <u>escucho su niño/a</u> decir que estaba muy cansado/a para hacer algo activo?					
c. ¿Era físicamente activo/a <u>con su niño/a</u> o jugo un deporte con él/ella?					
d. ¿Animo verbalmente a su niño/a para ser físicamente activo o jugar un deporte?					
e. ¿Llevo a su niño/a a un lugar donde él/ella puede ser físicamente activo o jugar un deporte?					
f. ¿Envió a su niño/a a jugar afuera cuando el clima estaba agradable?					
g. ¿Le dio a su niño/a opciones de nuevas actividades físicas para intentar?					
h. ¿Elogio a su niño/a cuando estaban físicamente activos?					
i. ¿Miro a su niño/a practicar o realizar una rutina de baile?					
j. ¿Miro a su niño/a practicando un deporte?					
k. ¿Miro a su niño/a jugando un deporte?					



Las pólizas sedentarias

Basándose **en los últimos 30 días**, piense en su manera de educar con respecto al tiempo de ver televisión, jugar videojuegos y en la computadora:

- 27. ¿Tiene algunos límites o acuerdos firmes con su niño/a acerca de cuánto tiempo puede ver la televisión o videos?
 - □ No (Salte a pregunta 28)
 - □ Si (Salte a pregunta 27a)

27a. ¿Cuánto tiempo se les permite ver la televisión o videos por día?

_____ (horas, minutos)

27b. ¿Con qué frecuencia se aplican estos límites? (favor de marcar con un circulo su respuesta)

Nunca (0) Raramente (1) A vece	(2) Con frecuencia (3) Siempre (4)
--------------------------------	---------------------------------------

- 28. ¿Tiene algunos **límites o acuerdos firmes** con su niño/a acerca de cuánto tiempo puede jugar en la computadora o videojuegos?
 - □ No (Salte a pregunta 29)
 - □ Si (Salte a pregunta 28a)

28a. ¿Cuánto tiempo se le permite a su niño jugar en la computadora o videojuegos <u>por día</u>? _____(horas, minutos)

28b. ¿Con qué frecuencia se aplican estos límites? (favor de marcar con un circulo su respuesta)

Nunca (0) Raramente (1) A veces (2) C	Con frecuencia (3)	Siempre (4)
---	-----------------------	-------------

Apoyo ambiental para la actividad física

29. Sobre cuánto tiempo le tomaría <u>caminar (por su cuenta, sin sus niños/as</u>) desde su casa a la **tienda más cercana o lugares públicos** indicados a continuación. Favor de marcar con una "X" el tiempo que le tomaría a caminar a cada lugar, aunque no vaya normalmente allí.

	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	No lo se
1 conveniencia/abarrote o tienda de la esquina/ pequeña tienda de comestibles/bodega						
2 el supermercado						
3 mercado de fruta y verduras						
4 biblioteca						
5 escuela primaria						

Last revised 3-17-16



	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	No lo se
6 restaurante de comida rápida						
7 restaurante de comida que no es rápida						
8 farmacia						
9 parada de autobús						

30. Cuánto tiempo le tomaría en <u>caminar (por su cuenta, sin sus niños/as)</u> desde su casa a el **lugar de recreación más cercano** indicados a continuación. Favor de marcar con una "X" el tiempo que le tomaría a caminar a cada lugar, aunque no vaya normalmente allí.

	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	No lo se
1 centro de recreación o ejercicio (público o privado)						
2 ciclismo/senderismo/senderos para caminar, caminos						
3 cancha de baloncesto						
4 otros campos de juego/canchas (fútbol, futbol americano, softbol, tenis, parque de patín etc)						
5 YMCA						
6 club de niños y niñas						
7 piscina						
8 pista de caminar/correr						
9 escuela con instalaciones recreativas abiertas al público						
10 Parque público						
11 Parque infantil público con equipo de juego						

31. Favor de marcar la respuesta que mejor se aplica **a su niño/a**. ¿Está de acuerdo o en desacuerdo con las siguientes declaraciones?

Es <u>difícil</u> que mi niño/a sea activo/a en el parque local cerca de nuestra casa porque	(1) Muy en desacuerdo	(2) Algo desacuerdo	(3) Algo de acuerdo	(4) Muy de acuerdo	No lo se
1. No hay suficiente espacio para estar					
2. No hay opción de actividades					
3. No hay ningún equipo para jugar					
4. No hay supervisión de un adulto					
5. No hay otros niños allí					





Es <u>difícil</u> que mi niño/a sea activo/a en el parque local cerca de nuestra casa	(1) Muy en desacuerdo	(2) Algo desacuerdo	(3) Algo de acuerdo	(4) Muy de acuerdo	No lo se
porque				_	
6. No es seguro debido a crimen (extraños, pandillas, drogas)					
7. Mi niño es intimidado, se burlan, o es					
acosada					
8. No es seguro porque está cerca de una carretera					
9. Hay demasiada gente allí					
10. No tiene iluminación buena					
11. Es difícil llegar allí					

32. Favor de marcar la respuesta que mejor se aplica al vecindario donde usted y su niño/a viven.

	(1) Muy en desacuerdo	(2) Algo desacuerdo	(3) Algo de acuerdo	(4) Muy de acuerdo	No lo se
1. Las calles de nuestra vecindad no tienen muchos callejones sin salida.					
2. La distancia entre las intersecciones (donde se cruzan las calles) en nuestra vecindad es generalmente corto (100 yardas o menos; la longitud de una cancha de fútbol o menos).					
3. Hay muchas rutas diferentes para llegar de un lugar a otro lugar en nuestra vecindad (mi niño/a no tiene que ir por el mismo camino cada vez).					
4. Hay aceras en la mayoría de las calles en nuestra vecindad.					
5. Las aceras están separadas de la calle/tráfico en nuestra vecindad por coches aparcados.					
6. Hay hierba/suciedad entre las calles y las aceras en nuestra vecindad.					
7. Hay árboles a lo largo de las calles en mi vecindario .					
8. Hay muchas cosas interesantes <u>que mi</u> <u>niño/a</u> puede mirar mientras caminamos en mi vecindad.					
9. Hay muchas cosas naturales hermosas para <u>que mi niño/a</u> puede mirar en mi vecindad (por ejemplo, jardines, vistas).					
10. Hay muchos edificios/hogares en mi vecindad que son agradables de mirar <u>para mi niño/a</u> .					



	(1) Muy en desacuerdo	(2) Algo desacuerdo	(3) Algo de acuerdo	(4) Muy de acuerdo	No lo se
11. Hay mucho tráfico a lo largo de las calles <u>cercanas</u> que resulta difícil o desagradable para mi niño/a caminar (solo/a o con alguien) en nuestra vecindad.					
12. La velocidad del tráfico en <u>calles</u> <u>cercanas</u> la mayoría es generalmente lenta (30mph o menos).					
13. La mayoría de los conductores van más <u>rápido</u> que los límites de velocidad en nuestra vecindad.					
14. Las calles de nuestra vecindad tienen buena iluminación por la noche.					
15. Los caminantes y ciclistas en las calles de nuestro vecindario pueden verse fácilmente por la gente en sus casas.					
16. Hay pasos peatonales y señales para ayudar a los caminantes cruzar calles ocupadas en nuestro vecindario.					
17. Al caminar en nuestra vecindad hay un montón de gases de escape.					
18. Hay una alta tasa de delincuencia en nuestra vecindad.					
19. La tasa de delincuencia en nuestra vecindad lo hace inseguro para mi niño/a realizar caminatas (solo/a o con alguien) por la noche.					
20. Me preocupa que mi niño/a juegue fuera <u>solo/a</u> alrededor de mi casa (patio, entrada de auto, apartamento zona común) porque tengo miedo que sea secuestrado o herido por un desconocido.					
21. Me preocupa que mi niño/a este a fuera <u>con un amigo/a</u> alrededor de mi casa porque tengo miedo que sea secuestrado o herido por un desconocido					
22. Me preocupa que mi niño/a jugué o camine <u>solo o con amigos</u> en mi vecindad y las calles locales porque tengo miedo que sea secuestrado o herido por un desconocido.					
23. Me preocupa que mi niño/a este <u>solo</u> <u>o con amigos</u> en un <u>parque local o</u> <u>cercano</u> porque tengo miedo que sea secuestrado o herido por un desconocido.					



6-months & 12-months Assessments

Supervision of self- and interviewer-administered instruments during Assessment Part 1 and 2

Part 1 Surveys (6A1 and 12A1)

- A. Adverse Event Form- Child Physical Activity Check-in
- B. Food Frequency (parent and child) FFQ Scantron
 - Use tablet if possible for FFQ (ENG & SPN)
- C. REDCap Surveys (or by Paper)
 - Family Health (6/12 months)
 - Family Nutrition (6/12 months)- NOTE: this one is conducted on site and NOT by phone

Part 2 Surveys (6A2 and 12A2)

- A. REDCap Surveys (or by Paper)
 - Physical Activity Questionnaire- Child (PAQ-C) (6/12 months)
 - Family Physical Activity (PA) (6/12 months)
 - Family Demographics (6/12 months)

Child Physical Activity Checkin Survey-6-months/12-months (ENG & SPN)



Date: _____

Since the last **Health4Kids** assessment 6 months ago, has your child had an injury or health condition that made it hard for him/her to be physically active?

No	(ei

No (end of questionnaire)

□ Yes

Don't Know (end of questionnaire)

If Yes:

1) WHEN did the injury/condition happen?

	n the	past 2	weeks
---------	-------	--------	-------

- □ In the past month
- □ 1-3 months ago
- \square >3 months ago
- Don't Know

2) WHERE did the injury/condition occur?

- At school
- At home
- Other, specify: _____
- Don't Know

3 What was your child doing when the injury occurred? (if health condition/illness, select N/A)

Walking
Running
Playing by him/herself
Playing with family or friends
Playing on a sports team
Other, specify:
N/A (health condition/illness, not an injury)
Don't Know

***Notes:** (Document sufficient information about injury/condition so that investigators may determine if the incident is related to participation in the research)



Fecha:

Desde la última evaluación para el estudio Health4Kids hace 6 meses, ¿Ha tenido su hijo/a una lesión o condición de salud que lo hizo difícil para que él/ella fuera físicamente activo/a?

 No (final de la encuesta) Sí No lo sé (final de la encuesta)
Si respondió que S í:
1) ¿CUANDO ocurrió la lesión/condición?
 En las últimas 2 semanas En el último mes Hace 1-3 meses > 3 meses No lo sé
2) ¿DONDE ocurrió la lesión/condición?
 En la escuela En casa Otra, especifique: No lo sé
3) ¿Que estaba haciendo su hijo/a cuando ocurrió la lesión? (si está una condición de salud/enfermedad, seleccione N/A)
 ☐ Caminando ☐ Corriendo ☐ Jugando solo/a ☐ Jugando con familia o amigos

- Jugando en un equipo deportivo
- Otra, especifique: _____
- □ N/A (condición de salud/enfermedad, no una lesión)
- □ No lo sé

*Notes: (Document sufficient information about injury/condition so that investigators may determine if the incident is related to participation in the research)



Food Frequency Questionnaire (FFQ) Survey-6-months/12-months



ID NUMBER

0	0	0	0	0	0	0	0	0	0
ᠿ	Ф	Ф	Ф	Ф	Ф	Ф	Ф	Ф	Ф
2	0	2	0	2	0	2	0	2	0
3	3	3	3	3	3	3	3	3	3
4									
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
0	0	0	0	0	0	0	0	0	0
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

Think about everything you ate or drank <u>last week</u>. Remember what you had for breakfast, lunch, dinner, after school, while watching TV, at bedtime, and on the weekend.

Please write your name in this box. Use a pencil to complete this survey.

55555555 666666666	HOV	V MANY YOU E	DAY AT O	S LAST	WEE K IT?	K DID				XH XY?
	None		2 davs	3-4 days	5-6 days	Every				
	week	last week	last week	last week	last week	last week				
Cereal, like corn flakes, Frosted Flakes	0	0	0	0	0	0	5	• O 1 bowl	O 2 bowls	O 3 bowls
Cooked cereal, like oatmeal	0	0	0	0	\bigcirc	niest		O A little	O Some	O A lot
Eggs, breakfast sandwiches or breakfast burritos	0	0	0	3	Re	0		O 1 egg	O 2 eggs	O 3 eggs
Breakfast bars, granola bars, Protein bars	0	0	00	500	2	S 0		<mark>)</mark> 1/2	<mark>0</mark> 1	<mark>0</mark> 2
Glasses of milk	0	°.	0	No le	8	0		O 1 glass	O 2 glasses	O 3+glasses
Real fruit juice, like orange juice, apple juice, or Mexican fruit drinks like licuados (DO NOT include soda)	0 2	it bio		40) ×	0	0		O 1 glass	O 2 glasses	O 3+glasses
Drinks like Coke or 7-Up, Sunny Delight, Hawaiian Punch, or aguas frescas (DO NOT include diet soda)		I CON	82	0	\bigcirc	0		O 1 bottle	O 2 bottles	O 3+bottles
Apples, bananas, or oranges	500	0.0	0	0	\bigcirc	0		<mark>)</mark> 1/2	<mark>0</mark> 1	<mark>0</mark> 2
Applesauce, fruit cocktail		0	0	0	0	0		O A little	O Some	O A lot
Any other fruit, like strawberries, grapes	0	0	0	0	\bigcirc	0		O A little	O Some	O A lot
French fries, hash browns, tater tote	0	0	0	0	0	0		O A little	O Some	O A lot
Other potatoes, like masned or boiled	0	0	0	0	0	0		O A little	O Some	O A lot
Ketchup or salsa	0	0	0	0	0	0		O A little	O Some	O A lot
Lettuce salad	0	0	0	0	\bigcirc	0		O A little	O Some	O A lot
Tomatoes, including on salad	0	0	0	0	\bigcirc	0		O 1/4 tomato	 1/2 tomato	0 1 tomato
Green beans or peas	0	0	0	0	0	0		O A little	O Some	O A lot
Other vegetables, like corn, carrots, greens, broccoli	0	0	0	0	\bigcirc	0		O A little	O Some	O A lot
Vegetable soup, tomato soup, any soup or stew with vegetables in it	0	0	0	0	\bigcirc	0		O A little	O Some	O A lot
Chili beans, pinto beans, black beans, including in burritos	0	0	0	0	\bigcirc	0		O A little	O Some	O A lot

Block_K_Screen_WEEK-3 ©2007 BDDS, Phone 510-704-8514 www.nutritionquest.com

Turn this page over ----->

	HOW MANY DAYS LAST WEEK DID YOU EAT OR DRINK IT?						HOW MUCH		
	None last week	1 day last week	2 days last week	3-4 days last week	5-6 days last week	Every day last week	- L 		
Refried beans	0	0	0	0	\bigcirc	0		A little Some A lot	
Hamburgers, cheeseburgers	0	0	\bigcirc	0	\bigcirc	0		oooooooooooooooooooooooooooooooooooooo	
Hot dogs, corn dogs, or sausage	0	0	\bigcirc	0	\bigcirc	0		$\begin{array}{c c} & & & \\ \hline & & \\ 1 & 2 & 3 \end{array}$	
Lunch meat like boloney, ham, Lunchables	0	0	0	0	0	0		1 slice 2 slices 3+ slices	
Pizza or pizza pockets	0	0	0	0	0	0		A little Some A lot	
Spaghetti or ravioli <u>with tomato sauce</u>	0	0	0	0	0	0		A little Some A lot	
Macaroni and cheese	0	0	0	0	\bigcirc	0,6	8	A little Some A lot	
Chicken, including nuggets, wings, tenders, also in sandwiches or stew	0	0	0	0	0	HB		A little Some A lot	
Fish, fish sticks or sandwiches, tuna,shrimp	0	0	0		J.C	S		A little Some A lot	
Burritos or tacos	0	0	0		0	0		$\begin{array}{c c} & & \\ \hline \\ 1/2 & 1 & 2 \end{array}$	
Beef like roast, steak or in sandwiches	0	0	0	08	28	0		A little Some A lot	
Meat balls, meat loaf, beef stew, Hamburger Helper	0	Ath	Soc	0	\bigcirc	0		A little Some A lot	
Pork, like chops, roast, ribs		000	21	0	\bigcirc	0		A little Some A lot	
Popcorn	Ó	10	3	0	\bigcirc	0		A little Some A lot	
Snack chips like potato chips, Doritos, Fritos, tortilla chips	Seo	020	0	0	\bigcirc	0		A few Small bagLarge bag	
Ice cream	C C	0	\bigcirc	0	\bigcirc	0	1	O O O 1 scoop 2 scoops 3 scoops	
Candy, candy bars	33	0	\bigcirc	0	\bigcirc	0		O O O Mini Small Large	
Cookies, donuts, cakes like Ho-locs	0	0	\bigcirc	0	\bigcirc	0		A little Some A lot	
Cheese. Remember cheese in sandwiches or nachos with cheese or guesadillas	0	0	\bigcirc	0	\bigcirc	0		1 slice 2 slices 3+ slices	
Whole wheat bread or foils (NOT white bread)	0	0	\bigcirc	0	\bigcirc	0		1 slice 2 slices 3 slices	
What kind of cereal did you eat? (MARK TH	HE ON	E YOU A	TE TH	IE MOST	OF)				
 Plain Cheerios, Grape Nuts, Shredded Wheat, Wheaties, Wheat Chex, Kix Honey Nut Cheerios, Cap'n Crunch, Lucky Charms, Life, Golden Grahams, Frosted Mini Wheats, Raisin Bran Other sweet cereals, like Frosted Flakes, Froot Loops Any other cereal, like Corn Flakes, Rice Krispies 									
What kind of milk did you drink? OWho (MARK ONLY ONE) Red milk	ole milk uced fa	at 2%	⊃ Lov ⊃ Nor	v fat 1% r nfat milk	nilk ⊂	Chocol Soy mi	ate Ik	milk O Lactaid milk Don't know	
Please tell us about yourself									
Are you O How o Male Female are yo	old ⊂ ou?	2 03	3) 4 O t) 11 O 1	5 C	0 6 0 0 13 0	7 14	O 8 O 9 O 10 O 15 O 16 O 17	

Numero de Identificación

0	0	0	0	0	0	0	0	0	0
Ð	Ф	Ф	ᠿ	Ф	ᠿ	Ф	ᠿ	Ф	Ф
0	0	2	0	2	0	2	0	2	0
3	3	3	3	3	3	3	3	3	3
		4							
5	(5)	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
Ø	0	0	0	0	0	0	0	0	0
3	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

Piense en todo lo que usted comió o bebió la semana pasada. Recuerde lo que tenía para el desayuno, al almuerzo, cena, después de la escuela, mientras vió la televisión, a la hora de acostarse, y en el fin de semana.

Escriba por favor su nombre en esta caja. Utilice un lápiz para llenar esta encuesta.

@@@@@@@@@@									
	D'?				SEM/		ÀUŊż		N UN
	Nunca la	a 1 día	2 días	3-4 días	5-6 días	Cada día		DIA	
	pasada	semana pasada	semana pasada	semana pasada	semana pasada	semana pasada			
Cereal frío, como Corn Flakes, Frosted Flakes	0	0	0	0	0	0	• O 1 Tazon	O 2 Tazones	O 3 Tazones
Cereal cocido como avena	0	0	0	0	0	MI6S'	O Poquito	O Algo	O Mucho
Sándwich de huevo como Egg McMuffins / burritos con huevo	0	0	0	3	Se	0	O 1 huevo	O 2 huevos	O 3 huevos
Barras de desayuno, barras de granola, barras de proteína	0	0	00	200	90	50	<mark>)</mark> 1/2	<mark>)</mark> 1	<mark>)</mark> 2
Vasos de leche	0	0		No re	%	0	O 1 vaso	O 2 vasos	O 3+ vasos
Cualquier jugo natural de fruta, como jugo de naranja, jugo de manzana, como licuados (NO incluya sodas)	0	Jit is lo		4 O)	0	0	O 1 vaso	O 2 vasos	O 3+ vasos
Refrescos como Coke, 7-Up, Sunny Delight, Hawaiian Punch, o aguas frescas (NO incluya refrescos dietéticos)		I LOA	82	0	0	0	 1 botella	2 botellas	O 3+ botellas
Manzanas, plátanos, o naranjas	50	0.0	\bigcirc	0	\bigcirc	0	 1/2	<mark>)</mark> 1	<mark>)</mark> 2
Puré de manzana, cóctel de frute	S	0	0	0	0	0	O Poquito	O Algo	O Mucho
Cualquier otra fruta, como fresas, uvas	0	0	0	0	0	0	O Poquito	O Algo	O Mucho
Papas fritas, Tater Tots, 'hash browns), o papas fritas caseras	0	0	0	0	0	0	O Poquito	O Algo	O Mucho
Cualquier otro tipo de papas, con pure de papas, horneadas, o hervidas	0	0	0	0	0	0	O Poquito	O Algo	O Mucho
Kétchup o salsa	0	0	0	0	0	0	O Poquito	<mark>O</mark> Algo	O Mucho
Ensalada de lechuga	0	0	0	0	0	0	O Poquito	O Algo	O Mucho
Tomates, incluyendo en ensaladas	0	0	0	0	0	0	O 1/4 tomate	O 1/2 tomate	O 1 tomate
Ejotes o guisantes/chícharos	0	0	0	0	0	0	O Poquito	O Algo	O Mucho
Cualquier otras verduras como elote, zanahoria, hojas verdes, o brócoli	0	0	0	0	0	0	Poquito	O Algo	O Mucho
Sopa de verduras, sopa de tomate, cualquier sopa o guiso con verduras	0	0	0	0	0	0	O Poquito	O Algo	O Mucho
Frijoles pintos, frijoles negros, chile con frijoles o burritos de frijoles	0	0	0	0	0	0	O Poquito	O Algo	O Mucho
				_		L A			

Block_K_Screen_WEEK-3S ©2007 BDDS, Phone 510-704-8514 www.nutritionquest.com

ė.	,CUAN	TOS DÍA USTED I	AS DE LO CC	LA SEM MIÓ O E	IANA I BEBIÓ	PASADA	4	UC¿CU	ÁNTO	EN UN
• •	Nunca la semana pasada	1 día de la semana pasada	2 días de la semana pasada	3-4 días de la semana pasada	5-6 días de la semana pasada	Cada día de la semana pasada			DIA?	
Frijoles refritos	Ŏ	0		0		\bigcirc		O Poquito		Mucho
Hamburguesas o hamburguesas con queso	0	0	0	0	0	0		1 Chico	1 Grande	2 Grandes
'Hot Dogs', 'corn dogs', o salchicha	0	0	0	0	0	0		O 1	<mark>0</mark> 2	<mark>)</mark> 3
Carne como bologna, de jámon o Lunchables	0	0	0	0	0	0		O 1 Tajada	O 2 Tajadas	O 3+ Tajadas
Pizza o Pizza Pockets	\bigcirc	0	\bigcirc	0	\bigcirc	0		Poguito	O Algo	O Mucho
Espagueti o ravioles con salsa de tomate	0	0	0	0	0	0		Poquito	Algo	Mucho
 Macarrones con queso 	0	0	\bigcirc	0	\bigcirc	00	¥	O Poquito		O
Pollo, incluyendo bocadillos, alas, tiras de pollo, también en sándwiches o guisado	0	0	0	0	0	2118		Poquito	Algo	Mucho
 Pescado, como sándwiches de pescado, palitos de pescado, camarones, o atún 	0	0	0	- CO		5		Poquito	Algo	O Mucho
Burritos o tacos	0	0	0	<u> </u>	0	0		0 1/2	<mark>0</mark> 1	<mark>0</mark> 2
Carne de res, asado, bistec, o en sándwiches	0	0	<u>8</u>	8°.	8	0		O		Mucho
Albóndigas, picadillo, guisado de res, Hamburger Helper	0	R	2 ^{9,0}		0	0		Poquito	Algo	Mucho
Carne de cerdo, como chuletas, asada, costillas		2001	21	0	0	0		Poquito	Algo	O Mucho
Palomitas de maíz	Č	6	3	0	0	0			0	0
Papitas como Doritos, Fritos, o 'chips' de tortillas) BO	020	0	0	\bigcirc	0		Poquitos	Algo O Bolsa	Bolsa
Helados (nieve)	0	0	\bigcirc	0	0	0				
Dulces o golosinas	32	0	\bigcirc	0	0	0		Mini	Pequeño	Grande
Galletas, donas, pastelitos como i lo-H σ S	0	0	0	0	0	0		O Poquito	Algo	O Mucho
 Queso, recuerde el queso en sándwiches, nachos con queso, y quesadillas 	0	0	0	0	0	0		O 1 Rebanada	O 2 Rebanada	o as 3 + Rebanadas
Pan de harina integral (no pan blanco)	0	0	0	0	0	0		O 1 Rebanada	C 2 Rebanad	o as 3 Rebanadas
 ¿Qué tipo de cereal come usted? (Marque Cheerios, Grape Nuts, Shredded Whea Honey Nut Cheerios, Cap'n Crunch, Lu Raisin Bran Otro cereal con azúcar como Frosted F Cualquier otro tipo de cereal como Cor ¿Qué tipo de leche bebe usted? 	sólo un at, Whe ucky Ch Flakes, m Flake e entera	io.) aties, W arms, Li Fruit Loo es o Rice	heat C fe, Go ops e Krisp <mark>⊃ Lec</mark> t	chex, Kix Iden Gra ies ie 1%	hams, ⊂	Frosted	n cł	ini Whe	eats, <mark>◯ Lech</mark>	e Lactaid
(Marque sólo uno.) O Lech	e 2%		Lech	ie sin gras	a C) Leche de	e so	oya	No se	Э
Por favor dinos acerca de usted										
Eres O O Cuánto Masculino Femenino años tie	os O ne?	2 🔾	3	04 O 011 O	5 C	6 O 13 O	7 14	○ 8○ 15	○ 9○ 16	○ 10○ 17

Family Health Survey-6-months/12-months (ENG & SPN)



FAMILY HEALTH SURVEY – Baseline Study ID:_____

Date	:				

Dear Parent,

Thank you for agreeing to be part of this important study. Please answer these questions about your child's diet and physical activity. Please answer for the child who is enrolled in the **Health4Kids** study.

Your Child's Weight

1) Answer the following questions on a scale of 0–10, where 0 = not at all concerned and 10 = very concerned:

	Don't Know	0	1	2	3	4	5	6	7	8	9	10
		Not cond	at al cern	ll ed		Sc co	mew ncer	/hat ned	c	V onc	ery ern	ed
a. How concerned is your child about his/her own weight?												
b. How concerned are you about your child's weight?												
c. How concerned are you about your child's overall health?												

2) How **sure** are you of the following statements? Answer on a scale of 0–10, where 0 = not at all sure and 10 = very sure:

	0	1	2	3	4	5	6	7	8	9	10
	N	ot at a	all su	re	So	mew	hat s	ure	Ve	ery su	ire
a. My child will succeed in achieving a healthy weight.											
b. My family will be able to make changes in our eating.											
c. My family will be able to make changes in our physical activity.											
d. My family will be able to make changes in our TV/ video/ computer use.											

3) How much **effort** do you think it will take to change your child's eating and physical activity behaviors? Answer on a scale of 0–10, where 0 = very little effort and 10 = a lot of effort

	0	1	2	3	4	5	6	7	8	9	10	
	Very little effort				Some effort				A lot of effort			
a. Eating behavior												
b. Physical activity behavior												



Date: _____

Health Status

4)	Was	your	child	born	premature?
----	-----	------	-------	------	------------

No
Yes

Don't Know

5) How much did	your child weigh at birth	(16 ounces =1 pound; 1000 g	rams = 1 kilogram)?
- 1			(· · · · · · · · · · · · · · · · · · ·	·

pounds and ounces
Don't Know
OR
kilos and grams
Don't Know
) At what age, in months, did your child stop breastfeeding or drinking breast milk that was pumped?

Child was never breastfed or given breastmilk
Child stopped breastfeeding or drinking breastmilk at age months
(1yr=12mo; 2yr=24mo; 3yr=36mo)
Don't Know

7) At what age, in months, did your child stop using a bottle?

	С
П	С

Child never used a bottle

Child stopped using a bottle (includes any liquid given) at age |___|months

Don't Know

8) At what age, in months, did you introduce solid foods to your child's diet?

|____months

Don't Know



FAMILY HEALTH SURVEY – Baseline Study ID:_____

Date: _____

Body Image

The following questions are regarding your child's body. Look at the pictures on the poster board. Please focus on the body shapes of the **girl** if your child is a girl, and the **boy** if your child is a boy. *ONLY SELECT ONE PICTURE.*

9) Select the number of the picture that best represents your child's **current** body.

	1	2	3	4	5	6	7	8	9	10	11
Girl											
Boy											

10) Now select the number of the picture that best represents the body you would **like** your child to have.

	1	2	3	4	5	6	7	8	9	10	11
Girl											
Воу											

11) Now select the number of the picture that best represents the **ideal** body of a girl/boy your child's size.

	1	2	3	4	5	6	7	8	9	10	11
Girl											
Воу											

Mealtime Routines

How **often** does your child follow the routines below? Answer on a scale of 0-4, where 0 = Almost Never, and 4 = Nearly Always:

	Almost Never (0)	Sometimes (1)	Often (2)	Very often (3)	Nearly Always (4)
1) My child eats breakfast daily.					
2) My child eats three meals a day.					
3) My child eats meals at a routine time.					
4) My child eats meals at the table.					
5) My child stays seated at the table for the entire meal.					



FAMILY HEALTH SURVEY – Baseline Study ID:_____

Date: _____

Physical activity is any activity that increases your child's heart rate and makes him/her breathe hard some of the time. Physical activity can be done in sports, playing with friends, or walking to school. Some examples of physical activities are running, biking, dancing, rollerblading, skateboarding, swimming, soccer, basketball, football, jumping rope, playing hopscotch.

- 1. **During the past 7 days**, on how many days was your child physically active for a total of <u>at least 60 minutes per day?</u> Add up all the time your child spent in any kind of physical activity that increased their heart rate and made them breathe hard some of the time.
 - 0 days
 1 day
 2 days
 3 days
 4 days
 5 days
 6 days
 7 days
 Don't Know

ENCUESTA SALUD DE LA FAMILIA – PUNTO DE REFERENCIA Study ID:

Fecha: _____

Estimado padre de familia,

Gracias por aceptar a ser parte de este importante estudio. Por favor responda a las preguntas sobre la dieta y actividad física de su niño. Por favor responda por su niño quien está inscrito en el estudio llamado Salud Para Niños (Health4Kids).

Peso de su niño

1) Conteste las siguientes preguntas en una escala de 0-10, donde 0 = no le preocupa en absoluto, y 10 = muy preocupado/a:

	No se	0	1	2	3	4	5	6	7	8	9	10
		No le en a	e pre bsolı	ocup uto	ba	Alg Pre	o ocu	pad	o/a	Muy Prec	ocupad	do/a
a. ¿Qué tan preocupado/a está su niño/a acerca de su propio peso?												
b. ¿Qué tan preocupado/a está usted sobre el peso de su niño/a?												
c. ¿Qué tan preocupado/a está usted sobre la salud general de su niño/a?												

2) ¿Que tan seguro/a esta usted sobre las siguientes declaraciones? Responda en una escala de 0-10, donde 0 = absolutamente inseguro/a y 10 = muy seguro/a:

	0	1	2	3	4	5	6	7	8	9	10
	Absolutamente inseguro		Algo seguro				Muy seguro				
a. Mi niño/a tendrá éxito en lograr un peso saludable.											
b. Mi familia será capaz de hacer cambios en nuestra alimentación.											
c. Mi familia será capaz de hacer cambios en nuestra actividad física.											
d. Mi familia será capaz de hacer cambios en nuestro uso de la televisión / video juegos/ y computadora.											

3) ¿Cuánto esfuerzo crees que llevará para cambiar los hábitos de alimentación y actividad física de su niño/a? Responda en una escala de 0-10, donde 0 = muy poco esfuerzo y 10 = mucho esfuerzo:

	0	1	2	3	4	5	6	7	8	9	10
	Muy poco esfuerzo		Alg esf	o de uerzo	þ	Mucho esfuerzo					
a. Hábitos de alimentación											
b. La actividad física											



Estado de salud

4) ¿Su niño nació prematuro?

No
Si

No lo se

5) ¿Cuánto peso su niño al nacer (16 onzas = 1 libra; 1000 gramos = 1 kilogramo)?

	libras yl onzas
	No lo se
	0
۱	_/lkilos yl gramos
	No lo se
6) ¿A fue bo	qué edad, dejo su niño el amamantamiento o de beber la leche bombeada de pecho que mbeada?
	Mi niño nunca se alimentó con leche materna o fue dado la leche materna. Mi niño dejo el amamantamiento o de beber la leche de pecho a la edad de _ meses (1 año = 12 meses; 2 años = 24 meses; 3 años = 36 meses) No lo se

7) ¿A qué edad, en meses, dejo su niño de beber de un biberón?

Niño nunca uso un biberón
Niño dejo de beber de un biberón(incluyendo cualquier liquido) a la edad de meses
No lo se

8) ¿A qué edad, en meses, introdujo alimentos sólidos a la dieta de su niño?

	meses
--	-------

□ No lo se



Last revised 6-22-15

ENCUESTA SALUD DE LA FAMILIA – PUNTO DE REFERENCIA Study ID: _____ Fecha: _____

La imagen del cuerpo

Las siguientes preguntas se enfocan en la imagen del cuerpo de su niño/a. Mire las imagines en el poster. Por favor enfóquese en la forma del cuerpo de la **niña** si tiene una niña, y el **niño** si tiene un niño. SOLO SELECCIONE UNA IMAGEN.

9) Seleccione el número de la foto que más representa el cuerpo de su niño/a **en este momento**.

	1	2	3	4	5	6	7	8	9	10	11
Niña											
Niño											

10) Ahora seleccione el número de la foto que más representa el cuerpo que **le gustaría** que su niño/a tuviera.

	1	2	3	4	5	6	7	8	9	10	11
Niña											
Niño											

11) Ahora seleccione el número de la foto que más representa el cuerpo **ideal** de un niño/a con el tamaño de su niño/a.

	1	2	3	4	5	6	7	8	9	10	11
Niña											
Niño											

Rutina diaria de alimentación

¿Con que frecuencia sigue su niño/a las rutinas siguientes? Responda en una escala de 0-4, donde 0 = casi nunca y 4 = casi siempre:

	Casi nunca (0)	A veces (1)	Con frecuencia (2)	Con mucho frecuencia (3)	Casi siempre (4)
1) Mi niño/a desayuna diariamente.					
2) Mi niño/a come tres comidas al día.					
3) Mi niño/a come comidas en rutina.					
4) Mi niño/a come comidas en la mesa.					
5) Mi niño/a se queda sentado en la mesa durante todo el tiempo de la comida.					



ENCUESTA SALUD DE LA FAMILIA – PUNTO DE REFERENCIA Study ID: _____ Fecha: _____

La actividad física es cualquier actividad que aumenta el ritmo cardíaco de su niño/a y le hace respirar profundo por un parte del tiempo. La actividad física se puede hacer en los deportes, jugando con amigos o caminando a la escuela. Algunos ejemplos de actividades físicas son correr, andar en bicicleta, bailar, patinar, andar en patineta, nadar, jugar fútbol, jugar basquetbol, saltar la cuerda, jugar bebeleche.

1. **Durante los últimos 7 días**, ¿cuántos días fue su niño/a físicamente activo/a <u>por un total de</u> <u>al menos 60 minutos al día</u>? Suma todo el tiempo que su niño/a pasó haciendo cualquier clase de actividad física que aumento su ritmo cardiaco.





Family Nutrition Survey-6-months/12-months

(ENG & SPN)



96 | Page

FAMILY NUTRITION SURVEY – BASELINE STUDY ID: _____

Last Revised 3-11-16

Many of the following questions are about your child. Please remember to think about the child you have enrolled in the H4K study when answering these questions.

Child's Diet

1. These questions are about who is responsible for certain activities in your home. Check only one answer.

	Mom (1)	Dad (2)	Both Parents (3)	One of the children (4)	Parents & children together (5)	Other relative (6)	Does not apply (7)
a. Who usually makes breakfast?							
b. Who usually makes lunch?							
c. Who usually makes dinner?							
d. Who usually decides what your family eats for breakfast?							
e. Who usually decides what your family eats for lunch?							
f. Who usually decides what your family eats for dinner?							

2. Do you have the following **food rules** in your home...

(please check your response)

a. How many servings of fruit and vegetables your child should eat	Yes	No
b. How many snacks your child is allowed to eat	Yes	No
c. When your child can snack	Yes	No
d. Which snacks your child can eat	Yes	No
e. No second helpings for your child at meals	Yes	No
f. Limited portion sizes for your child at meals	Yes	No
g. No dessert for your child except fruit	Yes	No
h. No sweet snacks for your child	Yes	No
i. No fried snacks at home (such as potato chips) for your child	Yes	No
j. Avoid going with your child to cafes or restaurants that sell unhealthy foods	Yes	No
k. Avoid buying sweets and chips and bringing them into the house	Yes	No

3. When it is mealtime and your child is not hungry what do you usually do? *(please check your response)*

table and not eat		table and eat a little	with the family	hungry
Suggest the child	Suggest the child	Suggest the child	Convince the child to eat a full meal	It never happens,
sit down at the	eat later	sit down at the		the child is always



FAMILY NUTRITION SURVEY – BASELINE STUDY ID: _____

DATE:				

4. Do you buy food upon your child's request?

	Not at all (0)	Rarely (1)	Sometimes (2)	Often (3)	Very Often (4)
a. Fruits and vegetables:					
b. Snacks or sugary cereal:					

5. Of the following **snack foods**, which did your child eat in the <u>past week</u>? (please check all that apply)

Potato chips/corn chips like Fritos™ /nacho chips like Doritos™/Cheetos™
Pretzels/Baked chips
Popcorn
Peanut butter crackers / cheese-filled crackers / cheese-filled pretzels
Goldfish™ crackers / animal crackers/ graham crackers
Pop Tarts [™]
Fruit flavored candy like <i>Skittles</i> ™
Chocolate candy
Snack cakes / Twinkies™ /donuts/sweet rolls /pastry / Little Debbies™
Cookies / brownies
Jell-O™ / pudding
Sugar-free Jell-O™ / sugar-free pudding
Fruit rollups / dried fruit / Fun Fruit™
Ice cream
Yogurt / Go-GURT™ / yogurt tubes
Cheese (including string cheese)
Fruit
Vegetables
Granola bars
Nuts
Cereal
Sandwich
Pizza

FAMILY NUTRITION SURVEY – BASELINE STUDY ID: _____

D/ \ E :	

	0 Days	1 Day	2 Days	3 Days	4 Days	5 Days	6 Days	7 Days	NA	Don't Know
6. During the <u>past week</u> , how many days did your child eat snacks in front of the TV ?										
7. During the <u>past week</u> , how many days did your child drink sugar-sweetened beverages in front of the TV ? Sugar- sweetened beverages include soda, Capri Sun, sweet tea, sports drinks, Kool-Aid and other powdered drinks; do not count 100% juice, diet soda, or other products with artificial sweeteners.										
8. During <u>the past week</u> , how many days did you eat together as a family for the following meals?	0 Days	1 Day	2 Days	3 Days	4 Days	5 Days	6 Days	7 Days	NA	Don't Know
a. Breakfast?										
c. Dinner?										
9. During the <u>past week</u> , how many days was the TV on during dinner?										

10. During the <u>past week</u>, how many <u>times</u> did you or someone else in your family cook food for breakfast or dinner **at home**? This includes time spent putting the ingredients together to cook a meal. Do not include heating up leftovers.

|____| ENTER NUMBER

NEVER	0
DON'T KNOW.	

11. How much time do you or someone else in your family **usually** spend on cooking dinner and cleaning up after the cooking? Please do not include time spent eating.

ENTER NUMBER	
SELECT UNIT OF TIME	
MINUTES	1
HOURS	2

Last Revised 3-11-16


FAMILY NUTRITION SURVEY – BASELINE STUDY ID: _____

DATE:

12	. Now let's think about eating out. IN THE PAST WEEK,	Number of days							
	on how many days did your family go out to eat at or bring home foods from? (please check only one number per question)	0	1	2	3	4	5	6	7
a.	Relatives' or Friends' homes								
b.	Fast food restaurants (like McDonald's, Taco Cabana, Panda Express)								
C.	Other restaurants including sit down restaurants with table service, buffet restaurants (like Golden Corral, China Sea) and pick-up-and-take-home (like pizza)								
d.	Grocery stores (hot or cold ready-to-eat food from a store)								
e.	Cafeterias (school or work)								
f.	Other outlets including vending machines and on-street vendors (food trucks, carts, wagons)								

Child's Beverages (WATER)

Now, think about your child's beverage intake from all sources including home, school, child care, and restaurants. Think about all beverages.

13. IN THE PAST WEEK, on how many days did your child drink water?

None last week -Skip to Question 14.
└└ 1 day last week →Continue to 13a
2 days last week -Continue to 13a
☐ 3 days last week -Continue to 13a
4 days last week -Continue to 13a
☐ 5 days last week -Continue to 13a
☐ 6 days last week -Continue to 13a
Every day last week - Continue to 13a
Don't Know -777 -Skip to Question 14.
13a. How many glasses of water did your child drink in one day ?
☐ 1 glass per day
2 glasses per day

3 or more glasses per day

Don't Know-777

_

FAMILY NUTRITION SURVEY – BASELINE STUDY ID: _____

DATE:

Food Accessibility

Based on **the past 30 days**, thinking about where you store food, please choose the appropriate response for each question. *(please check your response)*

	Never (0)	Rarely (1)	Sometimes (2)	Frequently (3)	Always (4)
14. How often are <u>fruits and vegetables</u> in a place where your child can see and easily reach them?					
15. How often can your child get a <u>soda</u> without the help of an adult?					
16. How often can your child get <u>snack foods</u> without the help of an adult?					

Food Modeling

17. Based on **the past 30 days**, think about your food and meal behaviors. How often did you... (please check your response)

	Never (0)	Rarely (1)	Sometimes (2)	Frequently (3)	Always (4)
Eat healthy meals or snacks while your child was around? ("Healthy" is defined as fruits, vegetables, low- fat foods, lean meats, whole grains etc.)					
Eat meals in the living room or TV room?					
Take a second helping during meals?					
Eat unhealthy snacks around your children?					
Drink sugared drinks or non-diet soda around your children?					
Avoid going with your children to cafes or restaurants that sell unhealthy foods?					
Avoid buying sweets and chips or salty snacks and bringing them into the house?					
Avoid buying foods that you would like to buy because you do not want your children to have them?					



FAMILY NUTRITION SURVEY – BASELINE STUDY ID: _____

DATE: _____

18. Again, based on the past 30 days, how often did your child see you.... (please check

(please check your response)

	Never (0)	Rarely (1)	Sometimes (2)	Frequently (3)	Always (4)
Eat while standing?					
Eat straight from the pot/pan/bowl?					
Eat while watching television, reading, or working?					
Eat when you were bored?					
Eat when you were angry or in a bad or sad mood?					
Eat late in the evening or at night?					
Eat while driving					

19. Based on the last 30 days, think about your parenting regarding food: How often did you... (please check your response)

	Never (0)	Rarely (1)	Sometimes (2)	Frequently (3)	Always (4)
Use food as a reward for your child?					
Use food as a punishment for your child?					
Take your child with you grocery shopping?					
Prepare meals with your child?					
Plan meals/menus with your child?					
Offer healthy snacks when your child was hungry?					
Eat breakfast with your child?					
Eat dinner with your child?					
Have regularly scheduled meals and snacks with your family?					
Allow your child to eat snacks or sweets without permission?					
Allow your child to take soft drinks whenever he/she wants?					
Give your child soft drinks or snacks if (s)he asks?					
Give your child something else if they did not like what was prepared?					



DATE: _____

Food Insecurity

These next questions are about the food eaten in your household **IN THE LAST 12 MONTHS** and whether you were able to afford the food you need. Please check the response most closely matching how true each statement is for you:

	Don't Know	Never true (0)	Sometimes true (1)	Often true (2)
20. "The food that (I/we) bought just didn't last, and (I/we) didn't				
have money to get more." Was that often, sometimes, or				
never true for (you/your household) in the last 12 months?				
21. "(I/we) couldn't afford to eat balanced meals." Was that often,				
sometimes, or never true for (you/your household) in the last				
12 months?	Vaa (1			
22. In the last 12 months, did you or other adults in your	res (1	- GO TO 23)	NO (0 - 5	5KIP 10 24)
house there wasn't enough money for food?				
because there wasn't enough money for food :	Don't	Only 1 or	Somo month	s Almost
	Know	2 months	but not ever	v everv
		(1)	month (2)	month (3)
23. [IF YES] How often did this happen—almost every month,				
some months but not every month, or in only 1 or 2 months?				
	Do	n't Know	No (0)	Yes (1)
24. In the last 12 months , did you ever eat less than you felt you				
should because there wasn't enough money to buy food?				
25. In the last 12 months , were you ever hungry but didn't eat				
26. In the last 12 months, did you or any member of your				
20. In the last 12 months, did you of any member of your				
Women Infants and Children program?				
27 Have you or anyone in your household ever received SNAP	(SK	IP TO 28)	(SKIP TO 28)	(GO TO
or Food Stamp benefits?	((,	27a)
27a. [IF YES] In the last 12 months , did you or anyone who	(SKI	Р ТО 27С)	(SKIP to 27c)	(GO to
lives with you receive SNAP or Food Stamp benefits?				27b)
27b. [IF YES] Does any member of your household currently receive SNAP or Food Stamp benefits?				
27c. How much did you/your household receive in SNAP or				
food stamp benefits the last time you got them?			ENTER DOLL	AR AMOUNT
	Don't	Know (SKIP to 29)	No (0-SKIP t 29)	o Yes(1)
28. Does your child's school serve school lunches ? These are				
complete lunches that cost the same every day.				
	Don't	Know (SKIP	None (0- SKI	P ENTER A
		to 29)	to 29)	NUMBER FROM 1-5
28a. [IF YES] During the school year, about how many times				
a week does your child usually get a complete school lunch?				
	1			



FAMILY NUTRITION SURVEY – BASELINE STUDY ID:

DATE:	

	Don't Know	Free (1)	Reduced (2)	Full Price (3)
28b. Does your child get these lunches free, at a reduced price , or does he/she pay full price?				
	Don't Know (Skip to 30)	N (Ski	lo (0) p to 30)	Yes (1)
29. Does your child's school serve a complete breakfast that costs the same every day?				
	Don't Know	None (0)	ENTER / FRC	A NUMBER DM 1-5
29a. [IF YES] During the school year, about how many times a week does your child usually get a complete breakfast at school?				
	Don't Know (9)	Free (1)	Reduced (2)	Full Price (3)
29b. Does your child get these breakfasts free, at a reduced price, or does he/she pay full price?				

30. Which one of the following types of **transportation** do you usually use to go **food shopping**? (select only <u>one</u>)

Drive a car	
Take a taxi	

Get a ride with friends or family

Ride a bus

Walk

J Other

a. If other means of transportation, please specify _____

31. Where do you usually do most of your food shopping? (Select only one)

Supermarket (HEB, Target Superstore, Wal Mart Superstore)

Specialty store (fish market, farmers market, butcher)

Convenience store or gas station (Valero, Shell)

- Warehouse store (Sam's Club, Costco)
- Discount store (Dollar General, Family Dollar)



FAMILY NUTRITION SURVEY – Baseline STUDY ID: _____

DATE: _____

Environmental Support for Food

For the next questions, please check the choice that best represents how much you agree with each statement.

	Strongly Disagree (1)	Somewhat Disagree (2)	Somewhat Agree (3)	Strongly agree (4)	Don't know/Not sure
32. The place where I shop has a wide choice of fresh vegetables.					
33. The place where I shop has a wide choice of fresh fruit.					
34. The place where I shop has a wide choice of lean meats.					
35. I can afford to buy vegetables in the store where I buy most of my food.					
36. I can afford to buy fruit in the store where I buy most of my food.					
37. I can afford to buy lean meat in the store where I buy most of my food.					
38. I am satisfied with the store where I buy most of my food.					
39. Visiting a supermarket is easy for me to do.					
40. There is a wide choice of food stores near my home.					
41. Buying more fruit than I already do would be difficult on my budget.					
42. Buying more vegetables than I already do would be difficult on my budget.					
43. Buying more lean meat than I already do would be difficult on my budget.					



DATE: _____

Parenting Habits

Now I am going to ask you specifically about your parenting. I will read the following phrases as if you were saving it.

How much do you agree or disagree with each statement?	Disagree (1)	Slightly Disagree (2)	Neutral (3)	Slightly Agree (4)	Agree (5)	Don't Know	Does not Apply
1. I offer sweets (candy, ice cream, cake) to my child as a reward for good behavior.							
 My child should always eat all the food on his/her plate. 							
3. I have to be especially careful to make sure my child eats enough.							
4. If my child says "I'm not hungry," I try to get him/her to eat anyway.							
5. If I don't regulate or guide my child's eating, he/she would eat much less than he/she should.							
6. I limit the amount of Sugar-sweetened beverages like soda, Capri Sun, sweet tea, sports drinks, Kool-Aid and other powdered drinks my child drinks.							
7. I limit the number of snacks my child eats.							
8. I limit the amount of time my child watches TV or videos during the week (Mon-Fri) .							
9. I limit the amount of time my child watches TV or videos during the weekend (Sat/Sun) .							
10. I limit the amount of time my child plays sit-down video games (like XBox, PlayStation, Nintendo DS) or is on the computer during the week (Mon-Fri) .							
11. I limit the amount of time my child plays sit- down video games (like XBox, PlayStation, Nintendo DS) or is on the computer during the weekend (Sat/Sun).							
12. I limit the amount of time my child texts, talks, plays games, browses the Internet on a cell phone during the week (Mon-Fri)							
13. I limit the amount of time my child texts, talks, plays games, browses the Internet on a cell phone during the weekend (Sat/Sun) .							
14. I offer TV, videos, or video games to my child as a reward for good behavior.							
15. If I did not guide or regulate my child's TV watching, he/she would watch too much.							
16. I limit the amount of time my child watches TV or videos to 2 hours or less per day .							
ast Revised 3-11-16				H	FAL.	PHT P	age 10



FAMILY NUTRITION SURVEY – Baseline STUDY ID: _____

DAIE.	

In the past month , how often did your child have to ask permission before?	Never (0)	Rarely (1)	Some Times (2)	Most of the time (3)	Always (4)	Don't Know	
17. Getting a snack?							
18. Drinking Sugar-sweetened beverages like soda, Capri Sun, sweet tea, sports drinks, Kool-Aid and other powdered drinks?							
In the past month, how often did you keep trac	k of the?						
19. Snacks (candy, ice cream, cake, chips) that your child ate?							
20. Sugar-sweetened beverages like soda, Capri Sun, sweet tea, sports drinks, Kool-Aid and other powdered drinks that your child drank?							
21. Amount of TV or videos your child watched?							
22. Amount of time your child spent texting, talking, playing games, browsing the Internet on a cell phone?							
23. Exercise your child got?							
24. Servings of fruits and vegetables your child ate?							
In the past month, how often did you?							
25. Praise your child for eating a healthy snack?							
26. Praise your child for being physically active?							
In the past month, how often did you disciplin	e your child	l for doing t	he followi	ng without	your per	mission?)
27. Watching TV or videos?							
28. Playing video games or the computer?							
29. Texting, talking, playing games, browsing the Internet on a cell phone?							
30. Getting a snack?							
31. Drinking a Sugar-sweetened beverage like soda, Capri Sun, sweet tea, sports drinks, Kool-Aid and other powdered drinks?							

Page 11

ENCUESTA NUTRICION DE LA FAMILIA – PUNTO DE REFERENCIA STUDY ID: ______ FECHA: _____

Muchas de las siguientes preguntas son acerca de su niño. Por favor tenga en mente <u>el niño/a que está inscrito</u> <u>en el estudio H4K</u> al contestar las preguntas.

Alimentación del niño

1. Estas preguntas son acerca de quién es responsable de ciertas actividades en su hogar. *Marque con una "X" sólo una respuesta*.

	Mamá (1)	Papá (2)	Ambos parientes (3)	Uno de los niños (4)	Padres e niños juntos (5)	Otro pariente (6)	No aplica (7)
a. ¿Quién generalmente prepara el desayuno?							
b. ¿Quién generalmente prepara el almuerzo?							
c. ¿Quién generalmente prepara la cena?							
d. ¿Quién decide lo que normalmente come su familia para el desayuno?							
e. ¿Quién decide lo que normalmente come su familia en el almuerzo?							
f. ¿Quién decide lo que normalmente come su familia para la cena?							

2. Las siguientes son reglas de alimentación. ¿Cuáles usa usted en su casa? ¿Tiene las siguientes reglas de alimentación en su casa...? (Por favor marque con una "X" su respuesta)

	SI (1)	NO (0)
a. Cuántas porciones de frutas y verduras debe de comer su niño/a		
b. Cuántos bocadillos está permitido comer su niño/a		
c. Cuando puede comer botanas su niño/a		
d. Cuales botanas puede comer su niño/a		
e. No hay segundas porciones para su niño/a en las comidas		
f. Tamaño de las porciones limitadas para su niño/a en las comidas		
g. No hay postre para su niño/a con excepto de frutas		
h. No hay dulces para su niño/a		
i. No hay bocadillos fritos en casa (como papas fritas) para su niño/a		
j. Evita ir a los cafés o restaurantes que venden alimentos poco saludables con su niño/a		
k. Evita la compra de dulces y papas fritas y llevarlas a casa		



ENCUESTA NUTRICION DE LA FAMILIA – PUNTO DE REFERENCIA STUDY ID: ______ FECHA: ____

3. Cuando es la hora de comer y su niño/a no tiene hambre, ¿que normalmente hace? (por favor marque con un circulo su respuesta)

Sugerir que su	Sugerir que su	Sugerir que su	Convencer al niño	Nunca ocurre, su
niño se siente en	niño coma	niño se siente en	que coma una	niño siempre tiene
la mesa pero que	después	la mesa pero que	comida completa	hambre
no coma		coma menos	con la familia	

4. ¿Usted compra comida cuando su niño/a lo pide?

	Nunca (0)	Rara la vez (1)	A veces (2)	Con frecuencia (3)	Muy frecuente (4)
a. Frutas y verduras:					
b. Botanas o cereales con azucar:					

5. ¿De las siguientes **botanas**, que ha comido su niño/a en <u>la semana pasada</u>? (por favor marque todas las que apliquen)

- □ Papas fritas/papas de maíz como Fritos M/papas de nacho como Doritos M/Cheetos M
- Galletas saladas tipo pretzel/papitas horneadas
- Palomitas de maíz
- Galletas de mantequilla de cacahuate / galletas rellenas de queso / pretzels rellenos de queso
- □ Galletas Goldfish[™]/ galletas de animales / galletas de Graham
- □ Pop Tarts[™]
- □ Fruta con sabor a caramelo como Skittles ™
- Dulces de chocolate
- □ Pastelitos / Twinkies ™/ rosquillas / panecillos dulce /pastelería / Pastelitos Little Debbies ™
- Galletas / brownies
- Gelatina / pudín
- Gelatina sin azúcar / pudín sin azúcar
- □ Los paquetes acumulativos de frutas / frutas secas / paquetes acumulativos de frutas Fun Fruit™
- □ Helado
- □ Yogur / Go-GURT [™] / tubos de yogur
- □ Queso (incluyendo queso de hebra)
- □ Frutas
- □ Verduras
- □ Barras de granola
- □ Nueces
- Cereal
- Bocadillo
- 🗆 Pizza

	0	1	2	3	4	5	6	7	No	No lo se
	Dias	Dia	Dias	Dias	Dias	Dias	Dias	Dias	aplica	l
6. Durante <u>la semana pasada,</u>										
¿qué tan seguido comió su										
niño/a botanas enfrente de la										
televisión?										



ENCUESTA NUTRICION DE LA FAMILIA – PUNTO DE REFERENCIA STUDY ID: ______ FECHA: _____

	0 Dias	1 Dia	2 Dias	3 Dias	4 Dias	5 Dias	6 Dias	7 Dias	No aplica	No lo se
7. Durante <u>la semana pasada,</u> ¿qué tan seguido bebió su niño/a bebidas azucaradas enfrente de la televisión ? Bebidas azucaradas incluye soda, Capri Sun, té dulce, bebidas deportivas, Kool-Aid® u otras bebidas en polvo; no cuente el jugo de 100%, soda de dieta o otros productos con										
azucares artificiales.										
8. Durante <u>la semana pasada,</u> ¿qué tan seguido comieron en familia las siguientes comidas?	0 Dias	1 Dia	2 Dias	3 Dias	4 Dias	5 Dias	6 Dias	7 Dias	No aplica	No lo se
a. Desayuno										
b. Alimento o botana después de la escuela										
c. Cena										

10. Durante <u>la semana pasada</u>, ¿cuántas <u>veces</u> usted o alguien más en su familia cocino comida para el almuerzo o cena **en casa**? Esto incluye el tiempo dedicado a poner los ingredientes para cocinar una comida. No incluya recalentar las sobras.

_ ANOTE EL NÚMERO
NUNCA 0
NO LO SE

11. **En general**, ¿cuánto tiempo gasta usted o alguien más en su familia cocinando la cena y limpiando después de cocinar? Por favor no incluya tiempo comiendo.

	_ ANOTE EL NÚMERO	
	INGRESA LA UNIDAD	
	MINUTOS	1
	HORAS	2
	NO LO SE	

Last revised 03-17-16



ENCUESTA NUTRICION DE LA FAMILIA – PUNTO DE REFERENCIA STUDY ID: ______ FECHA: _____

12. Ahora piense de las comidas fuera de casa. Durante la semana pasada. ¿ cuántos días comió su familia fuera de	nte la Numero de días							
casa o trajo comida preparada a la casa de? (por favor marque con una "X" solo una respuesta por cada pregunta)	0	1	2	3	4	5	6	7
a. La casa de parientes o amigos								
b. Comida rápida (como McDonald's, Taco Cabana, Panda Express)								
 c. Otros restaurants incluyendo los restaurantes con servicio de mesa, restaurantes tipo buffet (como Golden Corral, China Sea) y comida que puede comprar y llevar a casa o la comida que puede recoger y llevar a casa (como pizza) 								
d. Tiendas de comestibles (comidas caliente o fría listos-para- comer de una tienda)								
e. Cafeterías (en la escuela o trabajo)								
 f. Otro puntos de venta, incluyendo máquinas expendedoras y vendedores en calle (camiones de comida, carritos de comida, vagones de alimentos) 								

Las bebidas del niño (AGUA)

Ahora, piense en el consumo de bebidas de su niño/a de todas las fuentes incluyendo el hogar, la escuela, la guardería, y los restaurantes. Piense de todas las bebidas.

- 13. En la semana pasada, ¿cuántos días bebió su niño agua?
 - □ Ningún día de la semana pasada -Salte a pregunta 14
 - 1 día de la semana pasada Continúe a 13a
 - 2 días de la semana pasada Continúe a 13a
 - □ 3 días de la semana pasada Continúe a 13a
 - 4 días de la semana pasada Continúe a 13a
 - 5 días de la semana pasada Continúe a 13a
 - 6 días de la semana pasada Continúe a 13a
 - Todos los días de la semana pasada Continúe a 13a
 - □ No lo se Salte a pregunta 14

13a. ¿Cuántos vasos de agua bebió su niño en un día?

- 1 vaso cada día
- 2 vasos cada día
- 3 o más vasos cada día
- □ No lo se



Page 4

Accesibilidad de la comida

Basado en **los últimos 30 días**, piense en donde guarda la comida. Por favor escoja la respuesta más apropiada por cada pregunta. (*Por favor marque con una "X" su respuesta*)

	Nunca (0)	Rara la vez (1)	A veces (2)	Con frecuencia (3)	Siempre (4)
14. ¿Con que frecuencia coloca <u>frutas y verduras</u>					
en un lugar donde su niño pueda ver y fácilmente					
alcanzarlos?					
15. ¿Con que frecuencia puede su niño conseguir					
<u>un refresco</u> sin la ayuda de un adulto?					
16. ¿Con que frecuencia puede su niño conseguir					
botanas sin la ayuda de un adulto?					

Modelado de la comida

17. Basado en **los últimos 30 días**, piense en su comida y sus hábitos de alimentación. (por favor marque con una "X" su respuesta)

¿Con que frecuencia	Nunca (0)	Rara la vez (1)	A veces (2)	Con frecuencia (3)	Siempre (4)
a. Comió comidas o botanas saludables mientras su niño estaba alrededor? ("saludable" se define como frutas, verduras, alimentos bajos en grasa, carnes					
magras, granos enteros, etc.)					
b. Come en la sala o sala de la TV?					
c. Se sirvió una segunda ración durante las comidas?					
d. Comió botanas poco saludables alrededor de su niño?					
e. Bebió bebidas azucaradas o refresco, alrededor de su niño?					
f. Evito ir con su niño a los cafés o restaurantes que venden alimentos poco saludables?					
g. Evito comprar dulces y papas fritas o botanas saladas y llevarlos a la casa?					
h. Evito comprar alimentos que le gustaría comprar pero no desea que su niño los tengan?					



Page 5

ENCUESTA NUTRICION DE LA FAMILIA – PUNTO DE REFERENCIA STUDY ID: _____ FECHA: _____

18. Otra vez de nuevo, basado en los últimos 30 días, ¿con qué frecuencia vio su niño usted... (por favor *marque con una "X" su respuesta)*

	Nunca (0)	Rara la vez (1)	A veces (2)	Con frecuencia (3)	Siempre (4)
a. ¿Comer mientras estaba parado?					
b. ¿Comer directamente de la olla/cacerola/ tazón?					
c. ¿Comer mientras miraba la televisión, leía o trabajaba?					
d. ¿Comer cuando estaba aburrido?					
e. ¿Comer cuando estaba enojado o en mal humor o triste?					
f. ¿Comer muy tarde o en la noche?					
g. ¿Comer mientras manejaba?					

19. Basado en **los últimos 30 días**, piense en su manera de criar con respecto a comida. ¿C<u>on que frecuencia ha ... (por favor marque con una "X" con su respuesta)</u>

	Nunca (0)	Rara la vez (1)	A veces (2)	Con frecuencia (3)	Siempre (4)
a. ¿Usado la comida como recompensa para su niño?					
b. ¿Usado la comida como castigo para su niño?					
c. ¿Llevado a su niño con usted a comprar la comida?					
d. ¿Preparado las comidas con su niño?					
e. ¿Planificado comidas o menús con su niño/a?					
f. ¿Ofrecido botanas saludables cuando su niño tenía hambre?					
g. ¿Desayunado con su niño?					
h. ¿Cenado con su niño?					
i. ¿Tenido comidas y botanas regularmente programadas con su familia?					
j. ¿Permitido que su niño coma botanas o dulces sin permiso?					
k. ¿Permitido que su niño beba refrescos cuando él quería?					
I. ¿Dado bebidas o botanas a su niño cuando él lo pide?					
m. ¿Dado a su niño otra cosa si no le gusta lo que fue preparado?					

Inseguridad de la comida

Las siguientes preguntas son acerca de los alimentos consumidos en su hogar **EN LOS ÚLTIMOS 12 MESES** y si fue capaz de pagar por los alimentos que necesitaba. *Por favor marque con una "X" la respuesta más cercana que se le haga más parecida a usted:*

	No lo se	Nunca fue verdad (0)	A veces fue verdad (1)	Con frecuencia fue verdad(2)
20. "La comida que compramos no dura, y no tenemos dinero para conseguir más." ¿Cierto que eso paso <u>con</u> <u>frecuencia, a veces o nunca</u> a (usted/su familia) en los últimos 12 meses?				
21. "No podiamos dar el lujo de comer comidas balanceadas." ¿Cierto que eso paso <u>con frecuencia, a</u> <u>veces o nunca</u> a (usted/su familia) en los últimos 12 meses?				
22. En los últimos 12 meses, ¿(usted o otros adultos en su hogar) alguna vez redujeron el tamaño de sus comidas o saltaron comidas porque no había suficiente dinero para comida?		(1) Si	(0) No (Salte	e a pregunta 24)
	No lo se	Solo en 1 o 2 meses (1)	Algunos mes pero no todo los meses (2	es Casi cada os mes (3) 2)
 [SI CONTESTAS SI] ¿Cuántas veces ha ocurrido esto — casi cada mes, algunos meses pero no todos los meses, o solo en 1 o 2 meses? 				
	No lo prec	se (Salte a junta 28)	No (0-Salte a pregunta 28	a Si (1))
24. En los últimos 12 meses, ¿alguna vez comió menos de lo que debería porque no había suficiente dinero para comprar comida?				
25. En los últimos 12 meses, ¿ha pasado hambre pero no comió porque no había suficiente dinero para comida?				
26. En los últimos 12 meses , ¿usted o cualquier miembro de su hogar recibió beneficios del programa WIC (Women, Infants and Children)?				
27. ¿Usted o cualquier miembro de su hogar alguna vez ha recibido beneficios de SNAP o Food Stamps?				
	No lo preg	se (Salte a unta 27C)	(0) No (Salte pregunta 270	a (1) Si c)
27a. En los últimos 12 meses , ¿usted o alguien que vive con usted recibió beneficios de SNAP o Food Stamps?				
27b. ¿Hay alguien en su hogar quien está en este momento recibiendo beneficios de SNAP o Food Stamps?				
27c. ¿Cual fue la cantidad de beneficios de SNAP o Food Stamps que ha recibido {usted / su hogar} <u>la última vez</u> que lo recibieron?			ANOTE C. DOI	ANTIDAD EN LARES

Page 7

Last Revised 03-17-16

ENCUESTA NUTRICION DE LA FAMILIA – PUNTO DE REFERENCIA STUDY ID: ______ FECHA: _____

	No lo se (Salte a pregunta 29)		No (0-Salte a pregunta 29)	Si (1)
28.¿La escuela de su niño/a sirve almuerzo ? Estas son				
comidas completas que cuestan lo mismo todos los días.				
	No lo se (Salte a pregunta 29)		No (0-Salte a pregunta 29)	ANOTE UN NUMERO DE 1-5
28a.¿ Durante el año escolar , aproximadamente, cuántas veces a la semana por lo general recibe su niño/a un almuerzo completo en la escuela?				
	No lo se	Gratis (1)	Reducido (2)	Precio Completo (3)
28b.¿Su niño recibe estos almuerzos gratis, a un precio reducido , o el/ella paga el precio completo?				
	No lo se (Salte a pregunta 30)	No (l pre) - Salte a gunta30)	Si (1)
29. ¿La escuela de su niño/a sirve un desayuno completo que cuesta lo mismo todos los días?				
	No lo se (Salte a pregunta 30)	Nada (0)	INGRESE	NUMERO 1-5
29a.¿Durante el año escolar, aproximadamente cuántas veces a la semana por lo general recibe su niño/a un desayuno completo en la escuela?				
	No lo se	Gratis (1)	Reducido (2)	Precio Completo (3)
29b. Su niño/a recibe estos desayunos gratis, a un precio reducido, o el/ella paga el precio completo?				

30. ¿Cuál de los siguientes tipos de **transportación** típicamente usa para ir de compras de alimentos? (seleccione solo uno)

- □ Conduce un coche
- Toma un taxi
- □ Obtener un paseo con amigos o familiares
- Toma el autobús
- Camina
- □ Otro

30a. Si otros medios de transporte, por favor especifique

31. ¿Dónde típicamente hace la mayoría de sus compras de alimentos? (seleccione solo uno)

- Super Mercado (HEB, Target Superstore, Wal-Mart Superstore)
- □ Una tienda especializada (mercado de mariscos, mercado de granjeros, carniceria)
- □ Tienda o gasolinera (Valero, Shell)
- □ Tienda almacén (Sam's Club, Costco)
- Tienda de descuento (Dollar General, Family Dollar)



Ayuda ambiental para la nutrición

Para las siguientes preguntas, marque con una "X" la opción que mejor representa cuánto está usted de acuerdo con cada declaración.

	Muy Desacuerdo (1)	Algo Desacuerdo (2)	De Acuerdo (3)	Muy de Acuerdo (4)	No lo se/No esta seguro/a
32. El lugar donde voy de compras tiene amplia					
selección de verduras frescas.					
33. El lugar donde voy de compras tiene amplia selección de frutas frescas					
34. El lugar donde voy de compras tiene amplia selección de carnes magras.					
35. Tengo el lujo de comprar verduras en					
la tienda donde compro la mayoría de mi					
comida.					
36. Tengo el lujo de comprar fruta en					
la tienda donde compro la mayoría de mi					
comida.					
37. Tengo el lujo de comprar carne magra en					
la tienda donde compro la mayoría de mi					
comida.					
38. Estoy satisfecho con la tienda dónde compro					
la mayoría de mi comida.					
39. Visitar un supermercado es fácil					
para mi.					
40. Hay una variedad de tiendas de alimentos					
cerca de mi casa.					
41. Comprar más fruta de lo que ya compro					
sería difícil en mi presupuesto.					
42. Comprar más verduras de lo que ya compro					
sería difícil en mi presupuesto.					
43. Comprar más carne magra de lo que ya					
compro sería difícil en mi presupuesto.					



Hábitos de los parientes de la familia

Ahora pasaremos a preguntas acerca de los hábitos de su hogar. Le voy a leer las siguientes declaraciones como si usted lo estuviera diciendo.

¿Qué tan de acuerdo o en desacuerdo está usted con cada	En Desacuerdo (1)	Un poco de Desacuerdo (2)	Neutral (3)	Un poco de Acuerdo	De Acuerdo (5)	No Io se	No aplica
	(-/	(-)		(4)	(•)		
1. Yo le ofrezco dulces (dulces,							
helado, pastel) a mi niño/a como							
recompensa por su buen							
comportamiento.							
2. Mi nino/a siempre debe comer toda							
2 Tengo que ser senseielmente							
3. Tengo que ser especialmente							
niño/a coma lo suficiente							
A Si mi niño/a dice que "No tiene							
hambre " vo trato de conseguir que							
él/ella coma.							
5. Si vo no dirijo lo que come mi							
niño/a, él/ella comería menos de lo							
que debería.							
6. Yo limito la cantidad de refrescos							
como soda, Capri Sun, te, bebidas							
deportes, Kool-Aid u otros bebidas en							
polvo que bebe mi niño/a.							
7. Yo limito la cantidad de botanas							
que come mi niño/a.							
8. Yo limito la cantidad de tiempo que							
mi nino/a mira la televisión o videos							
viernes)							
9 Volimito la cantidad de tiempo que							
mi niño/a mira la televisión o videos							
durante el fin de semana							
(sábado/domingo).							
10. Yo limito la cantidad de tiempo							
que mi niño/a se sienta a jugar con							
los videojuegos (como X Box,							
PlayStation, o Nintendo DS) o está en							
la computadora durante la semana							
(lunes a viernes).							
11. Yo limito la cantidad de tiempo							
que mi niño/a se sienta a jugar con							
los videojuegos (como Xbox,							
riayStation, o Nintendo DS) o que							
do somana (sábado/domingo)							
ue semana (savauu/uummyu).							



ENCUESTA NUTRICION DE LA FAMILIA – PUNTO DE REFERENCIA STUDY ID: ______ FECHA: _____

¿Qué tan de acuerdo o en desacuerdo está usted con cada declaración?	En Desacuerdo (1)	Un poco de Desacuerdo (2)	Neutral (3)	Un poco de Acuerdo (4)	De Acuerdo (5)	No Io se	No aplica
12. Yo limito la cantidad de tiempo que mi niño/a usa textos, habla, juega juegos, y navega por Internet en un teléfono celular durante la semana (lunes a viernes).							
13. Yo limito la cantidad de tiempo que mi niño/a usa textos, habla, juega juegos, y navega por Internet en un teléfono celular durante el fin de semana (sábado/domingo) .							
14. Yo le ofrezco la TV, videos o los videojuegos a mi niño/a como recompensa por buen comportamiento.							
15. Si yo no controlo la cantidad de tiempo que mi niño/a mira televisión, él/ella miraría demasiada.							
16. Yo limito la cantidad de tiempo que mi niño/a mira la televisión o videos a 2 horas o menos por dia .							
En el último mes, ¿con que frecuencia le pedio su niño/a permiso antes de? 17. Conseguir una botana?	Nunca (0)	Rara la vez (1)	A veces (2)	Con frecuencia (3)	Siempre (4)	No Io se	
18. Beber un refresco como soda, Capri Sun, te, bebidas deportes, Kool- Aid u otros bebidas en polvo?							

En el último mes, ¿con qué frecuencia estaba al tanto de?	Nunca (0)	Rara la vez (1)	A veces (2)	Con frecuencia (3)	Siempre (4)	No lo se
19. Las botanas (dulce, helado, pastel, papitas) que comió su niño/a?						
20. ¿Los refrescos azucarados como soda, Capri Sun, te, bebidas deportes, Kool-Aid u otros bebidas en polvo que bebió su niño/a?						
21. ¿La cantidad de tiempo que su niño/a miro la televisión o videos?						
22. ¿La cantidad de tiempo que su niño/a pasa en los mensajes de texto, hablando, jugando juegos, navegando por Internet en un teléfono celular?						



ENCUESTA NUTRICION DE LA FAMILIA – PUNTO DE REFERENCIA STUDY ID: ______ FECHA: _____

En el último mes, ¿con qué frecuencia estaba al tanto de?	Nunca (0)	Rara la vez (1)	A veces (2)	Con frecuencia (3)	Siempre (4)	No lo se
23. ¿La cantidad de ejercicio que hizo su niño/a?						
24. ¿La cantidad de frutas y verduras que comió su niño/a?						

En el último mes, ¿con qué frecuencia...?

25. ¿Felicitó a su niño/a por comerse una botana saludable?			
26. ¿Felicitó a su niño/a por estar físicamente activo?			

En el último mes, ¿con qué frecuencia disciplinó a su niño/a por hacer lo siguiente sin su permiso?

27. ¿Ver la televisión o videos?			
28. ¿Jugar los videojuegos o estar en la computadora?			
29. ¿Enviar mensajes de textos, hablar, jugar juegos, navegar por Internet en un teléfono celular?			
30. ¿Conseguir una botana?			
31. Bebio un refresco azucarado como soda, Capri Sun, te, bebidas deportes, Kool- Aid u otros bebidas en polvo.			



Physical Activity Questionnaire- Child (PAQ-C) Survey-6-months/12-months (ENG & SPN)



Physical Activity Questionnaire (Child) – Baseline/6-month/12-month Study ID:	າ Date:
Sex: M F	
Age: Grade:	_
School:	

We are trying to find out about your level of physical activity from *the last 7 days* (in the last week). This includes sports or dances that make you sweat or make your legs feel tired, or games that make you breathe hard, like tag, skipping, running, climbing, and others.

Remember:

- 1. There are no right and wrong answers this is not a test.
- 2. Please answer all the questions as honestly and accurately as you can this is very important.

1. Physical activity **in your spare time**: Have you done any of the following activities in the past 7 days (last week)? If yes, how many times? (Mark only one per row)

	No (0)	One (1)	Two (2)	Three (3)	Four (4)	Five (5)	Six (6)	Seven (7) times or
								more
a) Skipping								
b) Rowing/Canoeing								
c) In-line skating,								
Skateboarding								
d) Tag								
e) Walking for exercise								
f) Bicycling								
g) Jogging or Running								
h) Aerobics								
i) Swimming								
j) Baseball, softball								
k) Dance								
I) Football, soccer								
m) Badminton								
n) Street hockey, floor								
hockey								
o) Volleyball								
p) Basketball								
q) Other, specify:								

2. Were you in school last week?



No (Skip to Q8)



Date: ____

3. In the last 7 days, **during your physical education (PE) classes**, how often were you very active (playing hard, running, jumping, throwing)? (Check one only.)

- □ I don't do PE□ Hardly ever
- Sometimes.
- Quite often
- □ Always

4. In the last 7 days, what did you do most of the time at recess? (Check one only.)

□ Sat down (talking, reading, doing schoolwork) □

 \Box Stood around or walked around \Box

Ran or played a little bit.

□ Ran around and played quite a bit □

Ran and played hard most of the time

5. In the last 7 days, what did you normally do *at lunch* (besides eating lunch)? (Check one only.)

 \Box Sat down (talking, reading, doing schoolwork) \Box

Stood around or walked around

Ran or played a little bit.

Ran around and played quite a bit

Ran and played hard most of the time

6. In the last 7 days, on how many days *right after school*, did you do sports, dance, or play games in which you were very active? (Check one only.)

None	

- 1 time last week.
- 2 times last week
- 3 times last week
- 4 times last week
- 5 times last week
- □ 6 times last week
- \Box 7 or more times last week

7. In the last 7 days, on how many *evenings* did you do sports, dance, or play games in which you were very active? (Check one only.)

None
1 time last week.
2 times last week
3 times last week
4 times last week
5 times last week
6 times last week
7 or more times last week





Date: _____

8. Over the past weekend, how many times did you do sports, dance, or play games in which you were very active? (Check one only.)

None
1 time
2 times
3 times
4 times
5 times
6 times

7 or more times

9. Which *one* of the following describes you **best** for the last 7 days? Read *all five* statements before deciding on the *one* answer that describes you.

All or most of my free time was spent doing things that involve little physical effort .

□ I **sometimes (1 — 2 times last week)** did physical things in my free time (e.g. played sports, went running, swimming, bike riding, did aerobics)

I often (3 — 4 times last week) did physical things in my free time

I quite often (5 — 6 times last week) did physical things in my free time

I very often (7 or more times last week) did physical things in my free time

10. Mark how often you did physical activity (like playing sports, games, doing dance, or any other physical activity) for each day last week.

	None (0)	Little bit (1)	Medium (2)	Often (3)	Very Often (4)
Monday□]	
Tuesday]]
Wednesday]
Thursday			[]	1
Friday]]
Saturday]]
Sunday			[]]

11. Were you sick last week, or did anything prevent you from doing your normal physical activities? (Check one.)

Yes (Go to 11a.)
No 🗆

11a. If Yes, what prevented you? _____



ENCUESTA DE ACT	VIDAD FISICA (NIÑO/A)-PUNTO DE REFERENCIA/6 meses/12 meses Fecha:
Género: M	F
Edad:	Grado en la escuela:
Escuela:	

Estamos tratando de averiguar acerca de su nivel de actividad física de los últimos 7 días. Esto incluye deportes o bailes que le hacen sudar o hacer que sus piernas se sientan cansadas o juegos que le hacen respirar con fuerza, como roña o escadidas, al saltar, correr, escalar y otros actividades físicas.

Recuerde:

- 1. No hay respuestas correctas o incorrectas—esto no es una prueba.
- 2. Por favor conteste todas las preguntas honestamente y exactamente come pueda-esto es muy importante.
- 1. Actividad física en su tiempo libre: ¿Haz realizado alguna de las siguientes actividades en los últimos 7 días? Si la respuesta es sí, ¿Cuántas veces? (Marque solo una respuesta por linea)

	No (0)	Uno (1)	Dos (2)	Tres (3)	Cuatro (4)	Cinco (5)	Seis (6)	Siete (7) veces o mas
a) Saltar								
b) Remar/piragüismo								
c) Patinaje en línea,								
patinaje								
d) Roña/escadidas								
e) caminar para ejercicio								
f) Ciclismo								
g) Trotar o correr								
h) Aerobic								
i) Nadar								
j) Béisbol, softbol								
k) Danza								
I) Futbol americano, futbol								
m) Bádminton								
n) Hockey en la calle o								
suelo								
o) Voleibol								
p) Baloncesto								
q) Otro, especifique:								

- 2. ¿Estabas en la escuela la semana pasada?
- Si (continúe con pregunta 3)
 - No (Salte a pregunta 8)



ENCUESTA DE ACTIVIDAD FISICA (NIÑO/A)-PUNTO DE REFERENCIA/6 meses/12 meses Study ID: ______ Fecha: _____

3. En los últimos 7 días, **durante la clase de educación física (PE)**, ¿con que frecuencia fue muy activo (jugando duro, corriendo, saltando, lanzando)? (Marque solo uno.)



- Con bastante frecuencia
- □ Siempre
- 4. En los últimos 7 días, ¿que hizo la mayor parte del tiempo en *el recreo*? (Marque solo uno.)
 - Se sentó (hablar, leer, hacer tarea)
 - Parado o caminar alrededor
 - Correr o jugar un poco
 - Correr alrededor y jugar bastante
 - Correr y jugar duro la mayoría del tiempo
- 5. En los últimos 7 días, ¿que hizo normalmente en el almuerzo (además de comer)? (Marque solo uno.)
 - Se sentó (hablar, leer, hacer tarea)
 - Parado o caminar alrededor
 - Correr o jugar un poco
 - Correr alrededor y jugar bastante
 - Correr y jugar duro la mayoría del tiempo
- 6. En los últimos 7 días, ¿cuantos días *después de escuela*, hizo deportes, bailaste, o jugaste juegos en cual fuiste muy activo? (Marque solo uno.)
 - □ Ninguno
 - Una vez en la última semana
 - □ 2 veces en la última semana
 - □ 3 veces en la última semana
 - 4 veces en la última semana
 - 5 veces en la última semana
 - 6 veces en la última semana
 - □ 7 veces o más en la última semana



ENCUESTA DE ACTIVIDAD FISICA (NIÑO/A)-PUNTO DE REFERENCIA/6 meses/12 meses Study ID: ______ Fecha: _____

7. En los últimos 7 días, ¿cuantas *tardes* jugo deportes, bailo, o jugo juegos en cual usted fue muy activo? (Marque solo uno.)



- 8. *En el último fin de semana*, ¿cuantas veces jugo deportes, bailo, o jugo juegos en cual usted fue muy active? (Marque solo uno.)
 - Ninguno
 Una vez
 2 veces
 3 veces
 4 veces
 5 veces
 6 veces
 7 veces o más
- 9. *Cuál* de las siguientes opciones te describe *mejor* de los últimos 7 días? Lea *todas las cinco* declaraciones antes de decidir una respuesta que te describe.
 - **Todos o la mayor** parte de mi tiempo libre hize cosas que implicaron poco esfuerzo físico.
 - A veces (1-2 veces la semana pasada) hice cosas físicas en mi tiempo libre (por ejemplo jugar deportes, fui a correr, nadar, andar en bicicleta, aerobic)
 - Con frecuencia (3-4 veces la semana pasada) hice cosas físicas en mi tiempo libre.
 - Con mucha frecuencia (5-6 veces la semana pasada) hice cosas físicas en mi tiempo libre. La mayoría de las veces (7 o más veces la semana pasada) hice cosas físicas en mi tiempo libre.



ENCUESTA DE ACTIVIDAD FISICA (NIÑO/A)-PUNTO DE REFERENCIA/6 meses/12 meses Fecha: Study ID: _____

10. Marque con qué frecuencia hizo actividad física (como jugar deportes, juegos, bailar, o cualquier otra actividad física) para cada día la semana pasada.

	Ninguno (0)	Un poco (1)	Algo (2)	Con frecuencia (3)	Con mucha frecuencia (4)
Lunes	[]		I
Martes	Ι		[]	1
Miércoles	[]]
Jueves			I]	I
Viernes			I]]
Sábado]	1
Domingo	I]]

11. ¿Estaba enfermo/a la semana pasada o algo le impidió poder realizar sus actividades físicas normales? (Marque solo uno.)



Si (continúe a pregunta 11a)

11a. Si su respuesta es sí, ¿Qué le impidió?_____



Family Physical Activity (PA) Survey-6-months/12-months

(ENG & SPN)



Date: _____

Home Environment

- 1. What best describes your home? (please mark your response)
 - □ Apartment
 - □ Condominium
 - □ Multi-family house (Duplex)
 - □ Single Family House
 - □ Mobile Home
 - □ Shelter

2. How often is your child active in the following places? Please mark with an X the answer that best applies to your <u>child enrolled in the H4K study</u>.

	Never (0)	Once a month or less (1)	Once every other week (2)	Once a week or more (3)	Does not apply
a) Inside our home					
b) In our yard					No yard (4)
c) In our driveway					No driveway (4)
d) At a neighbor's house, yard or driveway					
e) In a local street, cul de sac (dead end street), vacant lot					

3. Please indicate if you have the following items in your home, yard, or apartment complex, and if you have them, how often <u>your child</u> uses each item. Please mark with an X the answer that best applies to your child.

	Not Available (0)	Available but never uses (1)	Uses once a month or less (2)	Uses once every other week (3)	Uses once a week or more (4)
a) bike					
b) basketball hoop					
c) jump rope, hula hoop					
d) sports equipment (balls, racquets, bats, sticks)					
e) Swimming pool					
f) roller skates, skateboard, scooter					
g) fixed play equipment (swing set, play house, jungle gym)					
h) yard game (volleyball net, soccer goal)					
i) exercise, play or recreation room					
j) trampoline					
k) stairs					
I) active video game (like Wii Fit)					



Physical Activity Accessibility – Home

Considering the things that you said you have in the question above...

	None (0)	All (1)	Most (2)	Some (3)	Very few (4)
4. How much of them are stored in an area that your child uses regularly?					
5. How much of them are stored someplace where your child would need help getting them out before he/she can use them?					
6. How much of them are stored out of sight when your child is not using them?					

Child's Physical Activity

Physical activity is <u>any activity that increases your child's heart rate and makes him/her breathe hard some of the time.</u> Physical activity can be done in sports, playing with friends, or walking to school. Some examples of physical activities are running, biking, dancing, rollerblading, skateboarding, swimming, soccer, basketball, football, jumping rope, or playing hopscotch.

7. Over a typical or usual week, on how many days is your child physically active	0 Days	1 Day	2 Days	3 Days	4 Days	5 Days	6 Days	7 Days	Don't Know
day?									
Now, thinking about a typical week that is most representative of the majority of the weeks during the year									
8. Not counting school or physical									
education (PE) classes, how many									
days per week does your child play or									
practice team sports?									
9. Not counting school or PE									
classes, how many days per week does									
your child have physical activity classes									
or lessons like martial arts, dance, and									
tennis where they are not part of a									
team?									
10. How many days per week does									
your child engage in <u>active play outside</u> ,									
like playing hopscotch, jumping rope,									
playing on a swing set, throwing or									
kicking a ball?									



FAMILY PHYSICAL ACTIVITY SURVEY – Baseline/6-month/12-month Study ID:	Date:
11. Is your child enrolled in school?	
 No (skip to Q15) Yes, in school - Continue to Q12 	
12. Name of School	
 13. How many days per week does your child have gym or PE class at school? 0 days 1 day 2 3 4 5 or more Don't Know 	
14. On average, how long is each PE period?minutes per classdon't know	
 15. Do you have a dog at home? Yes No (skip to Q16) 15a. If you answered yes, how much time did your child spend walking your dog last week hours minutesdon't know 	(?
 16. Compared to other children of the same age and sex, how would you rate your child's activity much less active somewhat less active 	γ levels?

- □ about the same
- □ somewhat more active
- □ much more active

Child's Sedentary Screen Time

17. On a typical weekday/weekend day, including evenings, how much time does your child do the following activities?

	ACTIVITY	None	15min	30min	1 hour	2 hours	3 hours	4 hours or more
a.	Watching TV/DVDS on a typical weekday							
b.	Watching TV/DVDS on a typical weekend day							
C.	Texting, talking, playing games, browsing the Internet on a cell phone on a typical weekday							



Date: ____

	ACTIVITY	None	15min	30min	1 hour	2 hours	3 hours	4 hours or more
d.	Texting, talking, playing games, browsing the Internet on a cell phone on a typical weekend day							
e.	Playing computer or video games (like Nintendo or X-box; do NOT include active games like Wii Fit) on a typical weekday							
f.	Playing computer or video games (like Nintendo or X-box; do NOT include active games like Wii Fit) on a typical weekend day							

- 18. Does your child have a TV set in his/her bedroom?
 - □ yes
 - 🗆 no
- 19. Do you think your child watches too much TV?
 - □ yes
 - 🗆 no
 - don't know

20. Do you think your child spends too much time playing computer/video games?

- □ yes
- 🗆 no
- □ don't know

Child's Sleep

21. In the past week, on average, how much time did your child sleep during a usual 24-hour period? Please include night time sleep and day time naps. Answer separately for <u>weekdays</u> and for <u>weekend days</u>.

1a.|__| hours |__| ∣min per day on a **weekday** □ Don't Know

1b.|___ hours |__ | min per day on a **weekend day** □ Don't Know

- 22. Does your child have a regular weekday bedtime?
 - □ None of the time
 - □ Some of the time
 - Most of the time
 - Always
 - Don't Know

Page 4

Date: _____

23. What time does your child usually go to bed during a weekday?

|__|_|:|__| am/pm □ Don't Know

24. Is this the same time your child goes to bed on the weekend?

□ No (Continue to Q24a)

□ Yes (Skip)

Don't Know (Skip)

24a. If not, what time does your child go to bed on weekends?

□ |<u>|</u>]:|<u>|</u>] am/pm □ Don't Know

Physical Activity/Sedentary Modeling

In **the past 30 days**, think about the types of things <u>you</u> did in your leisure time and your parenting related to physical activity. Please mark the appropriate box for each question

25. How often did your child see you	Never (0)	Rarely (1)	Sometimes (2)	Frequently (3)	Always (4)
a) Doing something that was physically active (like walking, biking, playing sports)?					
b) Doing moderately active housework or yard- work?					
c) Use physical activity for relaxation or stress relief?					
d) On the computer?					
e) Watching TV/movies?					
f) Playing video games					



26. How often (Please mark the appropriate box for each question)	Never (0)	Rarely (1)	Sometimes (2)	Frequently (3)	Always (4)
a) Did <u>your child hear you</u> talk about participating in a sport or being physical active?					
b) Did <u>your child hear you</u> say that you were too tired to do something active?					
c) Were you physically active <u>with your child</u> or did you play sports with him/her?					
d) Did you verbally encourage your child to be physically active or play sports?					
e) Did you transport your child to a place where he/she can be physically active or play sports?					
f) Did you send your child outside to play when the weather was nice?					
g) Did you give your child options for new physical activities to try?					
 h) Did you praise your child when they were physically active? 					
 i) Did you watch your child practice or perform a dance routine? 					
j) Did you watch your child practice for sports?					
k) Did you watch your child play sports?					

Sedentary Policies

Based on the last 30 days, think about your parenting regarding time spent watching television, playing video games, and on the computer:

- 27. Do you have any **firm limits or agreements** with your child about how much he/she can watch TV or Videos?
 - $\square \text{ No (go to Q28)} \\ \square \text{ Yos (If yos, go to Q28)}$

☐ Yes (If yes, go to Q27a)

27a. How much time are they allowed to watch Television or Videos <u>per day</u>? ______ (hours, minutes)

27b. How often are these limits enforced?	(please circle your response)
---	-------------------------------

Page 6

Date:

28. Do you have any **firm limits or agreements** with your child about how much time he/she is allowed to play computer or video games?

No (SKIP to Q29)
Yes (go to Q28a)

28a. How much time is your child allowed to play computer or video games per day? (hours, minutes)

28b. How often are these limits enforced?

(please circle your response)

Never (0)Rarely (1)Sometimes (2)Frequently (3)Always (4)
--

Environmental Support for Physical Activity

29. About how long would it take you to <u>walk (on your own, without your children)</u> from your home to the <u>nearest</u> **stores or public places** listed below? Please mark the time it would take you to walk to each place, even if you don't normally go there.

	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	Don't know
a) convenience/corner store/small grocery store/ bodega						
b) supermarket						
c) fruit/vegetable market						
d) library						
e) elementary school						
f) fast food restaurant						
g) non-fast food restaurant						
h) pharmacy/drug store						
i) bus stop						

30. About how long would it take you to <u>walk (on your own, without your children)</u> from your home to the <u>nearest</u> **recreation place** listed below? Please mark the time it would take you to walk to each place, even if you don't normally go there.

	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	Don't know
a) Indoor recreation or exercise facility (public or private)						
b) biking/hiking/walking trails, paths						
c) basketball court						


FAMILY PHYSICAL ACTIVITY SURVEY – Baseline/6-month/12-month Study ID: _____

	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	Don't know
d) other playing fields/courts (soccer, football, softball, tennis, skate park etc.)						
e) YMCA						
f) boys and girls club						
g) swimming pool						
h) walking / running track						
i) school with recreation facilities open to the public						
j) public park						
k) public playground with equipment						

31. Please mark the answer that best applies to **your child**. Do you agree or disagree with the following statements:

It is <u>difficult</u> for my child to be active in the local park near our home because	1 Strongly Disagree	2 Somewhat Disagree	3 Somewhat agree	4 Strongly agree	Don't know
a) There is not enough space to be active in					
b) There is no choice of activities					
c) There is no play equipment					
d) There is no adult supervision					
e) There are no other children there					
f) It is not safe because of crime (strangers, gangs, drugs)					
g) My child gets bullied, teased, harassed					
h) It is not safe because it is close to a road					
i) There are too many people there					
j) It does not have good lighting					
k) It is difficult to get to					



Date: _____

FAMILY PHYSICAL ACTIVITY SURVEY – Baseline/6-month/12-month Study ID: _____

32. Please mark the answer that best applies to the neighborhood where you and your child live.

	1 Strongly	2 Somewhat	3 Somewhat	4 Strongly	Don't know
	Disagree	Disagree	agree	agree	
a) The streets in our neighborhood do not					
nave many cul-de-sacs (dead-end					
b) The distance between interpections					
b) The distance between intersections					
is usually short (100 yards or loss; the					
length of a football field or less)					
a) There are many different routes for					
detting from place to place in our					
peighborhood (My child doesn't have to					
a the same way every time)					
d) There are sidewalks on most of the					
streets in our neighborhood					
a) Sidewalks are separated from the					
road/traffic in our neighborhood by parked					
care					
f) There is grass/dirt between the streets					
and the sidewalks in our neighborhood					
g) There are trees along the streets in my					
neighborhood.					
h) There are many interesting things for					
my child to look at while walking in my					
neighborhood.					
i) There are many beautiful natural things					
for my child to look at in my neighborhood					
(e.g., gardens, views).					
j) There are many buildings/homes in my					
neighborhood that are nice to look at for					
<u>my child</u> .					
k) There is so much traffic along <u>nearby</u>					
streets that it makes it difficult or					
unpleasant for <u>my child</u> to walk (alone or					
with someone) in our neighborhood.					
I) The speed of traffic on most <u>nearby</u>					
streets is usually slow (30 mph or less).					
m) Most drivers go <u>faster</u> than the posted					
speed limits in our neighborhood.					
n) Our neighborhood streets have good					
lighting at hight.					
o) walkers and blkers on the streets in					
our neighborhood can be easily seen by					
people in their nomes.					
blb welkers erose busy streats in sur					
neip waikers cross busy streets in our					
a) When walking in our paighborhood					
there are a lot of exhaust fumes					
there are a lot of exhaust fumes.					



FAMILY PHYSICAL ACTIVITY SURVEY – Baseline/6-month/12-month Study ID: _____

	1 Strongly Disagree	2 Somewhat Disagree	3 Somewhat agree	4 Strongly agree	Don't know
s) The crime rate in our neighborhood makes it unsafe for my child to go on					
walks (alone or with someone) at night.					
t) I am worried about letting my child play					
outside <u>alone</u> around my home (yard,					
driveway, apartment common area)					
because I am afraid of my child being					
taken or nurt by a stranger.					
u) I am worried about letting my child be					
outside with a friend around my home					
because I am afraid my child will be taken					
or hurt by a stranger.					
v) I am worried about letting my child play					
or walk <u>alone or with friends</u> in my					
neighborhood and local streets					
because I am afraid my child will be taken					
or hurt by a stranger.					
w) I am worried about letting my child be					
alone or with friends in a local or nearby					
park because I am afraid my child will be					
taken or hurt by a stranger.					



Ambiente de casa

- 1. ¿Que clase de hogar tiene? (por favor marque con una "X" su respuesta)
 - □ Apartamento
 - Condominio
 - Casa multifamiliar (Dúplex)
 - Casa unifamiliar
 - Casa móvil/tráiler
 - □ Albergue
- ¿Con qué frecuencia su niño/a tiene actividad física en los siguientes lugares? Por favor marque con una "X" la respuesta que mejor aplica a <u>su niño/a que está inscrita en el estudio H4K</u>.

	Nunca (0)	Una vez al mes o menos (1)	Una vez cada dos semanas (2)	Una vez cada semana o más (3)	No Aplica (4)
a) Dentro de nuestra casa					
b) En nuestra yarda					Sin yarda
c) En nuestra entrada					Sin entrada
d) En la casa, yarda o entrada					
de un vecino					
e) En la calle, callejón sin					
salida, un terreno baldío					

3. Por favor indique si usted tiene los siguientes artículos en su casa, patio o apartamento, y si es que los tiene, con qué frecuencia usa cada artículo <u>su niño/a</u>. Por favor marque con una "X" la respuesta que mejor aplique a su niño/a.

	No disponible (0)	Disponible pero nunca usa (1)	Usa una vez al mes o menos (2)	Usa una vez cada dos semanas (3)	Usa una vez cada semana o mas (4)
a) bicicleta					
b) canasta de baloncesto					
c) cuerda de saltar, el aro de hula hula					
d) equipo deportivo (por ejemplo, pelotas, raquetas, palos)					
e) piscina					
f) patines, la patineta, el scooter					
g) equipo de juego fijo (por ejemplo, columpio, casa de juego, armazón de barras para juegos infantiles)					
h) juegos de la yarda (red de voleibol, futbol)					
i) ejercicio, cuarto de juego o sala de recreo					
j) trampolín					
k) escaleras					
I) videojuego interactivo (por ejemplo, Wii-FIT)					

Accesibilidad de actividades físicas – La casa

Tome en cuenta las respuestas que ha contestado en las preguntas arribas...

	Nada (0)	Todos (1)	Mayoría (2)	Algo (3)	Muy Poco (4)
4. ¿Cuántos de los artículos están guardados en un lugar que típicamente usa su niño/a?					
5. ¿Cuántos de los artículos están guardados en un lugar donde su niño/a necesitaría ayuda a sacarlos antes de que él/ella puede utilizarlos?					
 ¿Cuántos de los artículos están guardados fuera de la vista de su niño/a cuando no los usa? 					

Actividad física del niño/a

La actividad física es <u>cualquier actividad que aumenta el ritmo cardíaco de su niño/a y le hace respirar</u> <u>profundo por un parte del tiempo</u>. La actividad física se puede hacer en los deportes, jugando con amigos o caminando a la escuela. Algunos ejemplos de actividades físicas son correr, montar en bicicleta, bailar, patinar, andar en patineta, nadar, jugar fútbol, jugar basquetbol, saltar a la cuerda, o jugar rayuela.

7. Durante los últimos 7 días ¿cuántos días fue su niño/a	0 Días	1 Día	2 Días	3 Días	4 Días	5 Días	6 Días	7 Días	No lo se
físicamente activo/a por un total de al menos 60 minutos al día?									
Ahora, piense en una semana típica , q	ue más re	epresent	a la mayo	oría de l	as semar	nas dura	ante el a	ño	
8. Sin contar las clases de									
educación física, ¿cuántos días a la									
semana jugó o practicó su niño/a									
algún <u>deporte de equipo</u> ?									
9. Sin contar las clases de									
educación física, ¿cuántos días a la									
semana tiene su niño/a <u>clases o</u>									
lecciones de actividad física donde no									
<u>son parte de un equipo</u> como artes									
marciales, baile, o tenis?									
10. ¿Cuántos días a la semana									
participa su niño/a <u>en juego activo al</u>									
aire libre, como, jugando a la rayuela,									
saltando la cuerda, jugando en un									
columpio, tirando o pateando una									
pelota?									

H	EA	LŢ	Ή
Ť\$			Ĩ
4	K	ID	S

11. ¿Está su niño/a inscrito/a en la escuela?

No (Salte a pregunta 15)	
Si, en la escuela	

12. Nombre de la escuela

13. ¿Cuántos días a la semana tiene su niño/a clase de gimnasio o educación física (PE) en la escuela?

0 días
1 día
2 días
3 días
4 días
5 días o mas
No lo se

14. En promedio, ¿cuantos minutos es cada clase de PE?

____ Minutos por cada clase □ No lo se

15. ¿Tienes un perro en casa?

□ Si □ No (Salte a pregunta 16)

15a. [Si contestas si], ¿Por cuánto tiempo paseo a su perro su niño/a la semana pasado?

Horas _____ minutos

- 16. En comparación con otros niños/a de la misma edad y género, ¿cómo calificaría los niveles de actividad física de su niño/a?
 - Mucho menos activo
 - \Box un poco menos activo
 - casi lo mismo
 - un poco más activo
 - Mucho más activo



Tiempo sedentario del niño/a

17. En un día típico de la semana/fin de semana, incluyendo las noches, ¿cuánto tiempo dedica su niño/a haciendo las siguientes actividades?

ACTIVIDAD	Ningun	15min	30min	1 hora	2 horas	3 horas	4 horas o mas
a. Mirando la Tele/DVD en un típico día de la semana							
b. Mirando la Tele/DVD en un típico día de fin de semana							
c. Enviando mensajes de textos, hablando, jugando juegos, navegando por Internet en un teléfono celular en un típico día de la semana .							
d. Enviando mensajes de textos, hablando, jugando juegos, navegando por Internet en un teléfono celular en un típico día de fin de semana .							
e. Jugando con la computadora o videojuegos (como Nintendo o X-box; no incluya los juegos activos como Wii Fit) en un típico día de la semana							
f. Jugando con la computadora o videojuegos (como Nintendo o X-box; no incluya los juegos activos como Wii Fit) en un típico día de fin de semana							

18. ¿Tiene su niño/a una televisión en su cuarto?

Si
No

19. ¿Usted piensa que su niño/a mira demasiada televisión?

□ Si □ No □ No lo se

20. ¿Usted piensa que su niño/a pasa demasiado tiempo jugando en la computadora o videojuegos?

Si		
No		
No	lo	se



El sueño del niño

21. Durante la semana pasada, en promedio, ¿cuánto tiempo durmió su niño/a durante un periodo de 24 horas? Por favor incluya los tiempos durante la noche y siestas durante el día. Responda por separado para los días <u>de la semana</u> y de los días del <u>fin de semana</u>.

1a.|___| horas |___|minutos por cada dia **entre semana**

1b.|___| horas |___| minutos por cada día de los **fines de semana**

- 22. ¿Tiene su niño/a una hora de regularidad para dormir entre semana?
 - No, nunca
 - □ A veces
 - Mayoría del tiempo
 - Siempre
 - □ No lo se
- 23. ¿A qué hora se acuesta típicamente su niño/a entre semana?

	<u> </u>	am/pm
	No lo se	

24. ¿Es esta la misma hora que se acuesta su niño/a durante los fines de semana?

- □ Si (Salte a Q25)
- □ No lo se (Salte a Q25)

24a. Si no, ¿a qué hora se acuesta su niño/a durante los fines de semana?

□ |__|:|__| am/pm □ No lo se



Modelado actividad física/el sedentarismo

En **los últimos 30 días**, piense en los tipos de cosas que hace en su tiempo libre y en su manera de educar con respecto a la actividad física. Por favor marque con una "X" la respuesta que mejor aplique a su niño/a.

25. Con que frecuencia su niño/a lo/a veo	Nunca (0)	Raramente (1)	A Veces (2)	Con Frecuencia (3)	Siempre (4)
a. ¿Haciendo algo que era físicamente activo (por ejemplo, caminar, andar en bicicleta, jugar un deporte)?					
b. ¿Haciendo el "Que hacer" o limpieza, o trabajo de la yarda?					
c. ¿Utilizar la actividad física para la relajación o alivio de la tensión?					
d. ¿En la computadora?					
e. ¿Viendo TV/películas?					
f. ¿Jugando videojuegos?					

26. Con que frecuencia	Nunca (0)	Raramente (1)	A Veces (2)	Con Frecuencia (3)	Siempre (4)
a. ¿Lo/a <u>escucho su niño/a</u> hablar de participar en un deporte o una actividad física?					
b. ¿Lo/a <u>escucho su niño/a</u> decir que estaba muy cansado/a para hacer algo activo?					
c. ¿Era físicamente activo/a <u>con su niño/a</u> o jugo un deporte con él/ella?					
d. ¿Animo verbalmente a su niño/a para ser físicamente activo o jugar un deporte?					
e. ¿Llevo a su niño/a a un lugar donde él/ella puede ser físicamente activo o jugar un deporte?					
f. ¿Envió a su niño/a a jugar afuera cuando el clima estaba agradable?					
g. ¿Le dio a su niño/a opciones de nuevas actividades físicas para intentar?					
h. ¿Elogio a su niño/a cuando estaban físicamente activos?					
i. ¿Miro a su niño/a practicar o realizar una rutina de baile?					
j. ¿Miro a su niño/a practicando un deporte?					
k. ¿Miro a su niño/a jugando un deporte?					



Las pólizas sedentarias

Basándose **en los últimos 30 días**, piense en su manera de educar con respecto al tiempo de ver televisión, jugar videojuegos y en la computadora:

- 27. ¿Tiene algunos límites o acuerdos firmes con su niño/a acerca de cuánto tiempo puede ver la televisión o videos?
 - □ No (Salte a pregunta 28)
 - □ Si (Salte a pregunta 27a)

27a. ¿Cuánto tiempo se les permite ver la televisión o videos por día?

_____ (horas, minutos)

27b. ¿Con qué frecuencia se aplican estos límites? (favor de marcar con un circulo su respuesta)

Nunca (0) Raramente (1) A vece	(2) Con frecuencia (3) Siempre (4)
--------------------------------	---------------------------------------

- 28. ¿Tiene algunos **límites o acuerdos firmes** con su niño/a acerca de cuánto tiempo puede jugar en la computadora o videojuegos?
 - □ No (Salte a pregunta 29)
 - □ Si (Salte a pregunta 28a)

28a. ¿Cuánto tiempo se le permite a su niño jugar en la computadora o videojuegos <u>por día</u>? _____(horas, minutos)

28b. ¿Con qué frecuencia se aplican estos límites? (favor de marcar con un circulo su respuesta)

Nunca (0) Raramente (1) A veces (2) C	Con frecuencia (3)	Siempre (4)
---	-----------------------	-------------

Apoyo ambiental para la actividad física

29. Sobre cuánto tiempo le tomaría <u>caminar (por su cuenta, sin sus niños/as</u>) desde su casa a la **tienda más cercana o lugares públicos** indicados a continuación. Favor de marcar con una "X" el tiempo que le tomaría a caminar a cada lugar, aunque no vaya normalmente allí.

	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	No lo se
1 conveniencia/abarrote o tienda de la esquina/ pequeña tienda de comestibles/bodega						
2 el supermercado						
3 mercado de fruta y verduras						
4 biblioteca						
5 escuela primaria						

Last revised 3-17-16



	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	No lo se
6 restaurante de comida rápida						
7 restaurante de comida que no es rápida						
8 farmacia						
9 parada de autobús						

30. Cuánto tiempo le tomaría en <u>caminar (por su cuenta, sin sus niños/as)</u> desde su casa a el **lugar de recreación más cercano** indicados a continuación. Favor de marcar con una "X" el tiempo que le tomaría a caminar a cada lugar, aunque no vaya normalmente allí.

	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	No lo se
1 centro de recreación o ejercicio (público o privado)						
2 ciclismo/senderismo/senderos para caminar, caminos						
3 cancha de baloncesto						
4 otros campos de juego/canchas (fútbol, futbol americano, softbol, tenis, parque de patín etc)						
5 YMCA						
6 club de niños y niñas						
7 piscina						
8 pista de caminar/correr						
9 escuela con instalaciones recreativas abiertas al público						
10 Parque público						
11 Parque infantil público con equipo de juego						

31. Favor de marcar la respuesta que mejor se aplica **a su niño/a**. ¿Está de acuerdo o en desacuerdo con las siguientes declaraciones?

Es <u>difícil</u> que mi niño/a sea activo/a en el parque local cerca de nuestra casa porque	(1) Muy en desacuerdo	(2) Algo desacuerdo	(3) Algo de acuerdo	(4) Muy de acuerdo	No lo se
1. No hay suficiente espacio para estar					
2. No hay opción de actividades					
3. No hay ningún equipo para jugar					
4. No hay supervisión de un adulto					
5. No hay otros niños allí					





Es <u>difícil</u> que mi niño/a sea activo/a en el parque local cerca de nuestra casa	(1) Muy en desacuerdo	(2) Algo desacuerdo	(3) Algo de acuerdo	(4) Muy de acuerdo	No lo se
porque				_	
6. No es seguro debido a crimen (extraños, pandillas, drogas)					
7. Mi niño es intimidado, se burlan, o es					
acosada					
8. No es seguro porque está cerca de una carretera					
9. Hay demasiada gente allí					
10. No tiene iluminación buena					
11. Es difícil llegar allí					

32. Favor de marcar la respuesta que mejor se aplica al vecindario donde usted y su niño/a viven.

	(1) Muy en desacuerdo	(2) Algo desacuerdo	(3) Algo de acuerdo	(4) Muy de acuerdo	No lo se
1. Las calles de nuestra vecindad no tienen muchos callejones sin salida.					
2. La distancia entre las intersecciones (donde se cruzan las calles) en nuestra vecindad es generalmente corto (100 yardas o menos; la longitud de una cancha de fútbol o menos).					
3. Hay muchas rutas diferentes para llegar de un lugar a otro lugar en nuestra vecindad (mi niño/a no tiene que ir por el mismo camino cada vez).					
4. Hay aceras en la mayoría de las calles en nuestra vecindad.					
5. Las aceras están separadas de la calle/tráfico en nuestra vecindad por coches aparcados.					
6. Hay hierba/suciedad entre las calles y las aceras en nuestra vecindad.					
7. Hay árboles a lo largo de las calles en mi vecindario .					
8. Hay muchas cosas interesantes <u>que mi</u> <u>niño/a</u> puede mirar mientras caminamos en mi vecindad.					
9. Hay muchas cosas naturales hermosas para <u>que mi niño/a</u> puede mirar en mi vecindad (por ejemplo, jardines, vistas).					
10. Hay muchos edificios/hogares en mi vecindad que son agradables de mirar <u>para mi niño/a</u> .					



	(1) Muy en desacuerdo	(2) Algo desacuerdo	(3) Algo de acuerdo	(4) Muy de acuerdo	No lo se
11. Hay mucho tráfico a lo largo de las calles <u>cercanas</u> que resulta difícil o desagradable para mi niño/a caminar (solo/a o con alguien) en nuestra vecindad.					
12. La velocidad del tráfico en <u>calles</u> <u>cercanas</u> la mayoría es generalmente lenta (30mph o menos).					
13. La mayoría de los conductores van más <u>rápido</u> que los límites de velocidad en nuestra vecindad.					
14. Las calles de nuestra vecindad tienen buena iluminación por la noche.					
15. Los caminantes y ciclistas en las calles de nuestro vecindario pueden verse fácilmente por la gente en sus casas.					
16. Hay pasos peatonales y señales para ayudar a los caminantes cruzar calles ocupadas en nuestro vecindario.					
17. Al caminar en nuestra vecindad hay un montón de gases de escape.					
18. Hay una alta tasa de delincuencia en nuestra vecindad.					
19. La tasa de delincuencia en nuestra vecindad lo hace inseguro para mi niño/a realizar caminatas (solo/a o con alguien) por la noche.					
20. Me preocupa que mi niño/a juegue fuera <u>solo/a</u> alrededor de mi casa (patio, entrada de auto, apartamento zona común) porque tengo miedo que sea secuestrado o herido por un desconocido.					
21. Me preocupa que mi niño/a este a fuera <u>con un amigo/a</u> alrededor de mi casa porque tengo miedo que sea secuestrado o herido por un desconocido					
22. Me preocupa que mi niño/a jugué o camine <u>solo o con amigos</u> en mi vecindad y las calles locales porque tengo miedo que sea secuestrado o herido por un desconocido.					
23. Me preocupa que mi niño/a este <u>solo</u> <u>o con amigos</u> en un <u>parque local o</u> <u>cercano</u> porque tengo miedo que sea secuestrado o herido por un desconocido.					



Family Demographics Survey-6-months/12-months

(ENG & SPN)

(Insert Here)



FAMILY DEMOGRAPHICS/HEALTH STATUS Study ID: _____

Date: _____

Child's Demographics

- 5. Which one of these groups would you say best represents your child's race?
 - □ White
 - Black or African American
 - Asian
 - □ Native Hawaiian or Other Pacific Islander
 - □ American Indian or Alaska Native
 - □ More than one race
 - Other, specify: |_____
 - Don't Know
- 6. What type of health insurance does your child have?
 - □ None
 - □ Private Health Insurance
 - □ Medicaid/CHIP
 - □ Military health care (Tricare/VA/Champ-VA)
 - Other, specify: |_____
 - Don't Know
- 7. What is your relationship to the child enrolled in the H4K study?
 - □ Mother (biological-, adopted-, step-, or foster-mother)
 - Father (biological-, adopted-, step-, or foster-father)
 - □ Grandmother
 - Grandfather
 - □ Aunt
 - □ Uncle
 - Other, specify: |_____|

Child's Family History

8. Who in your child's family has any of the following problems? (Circle all that apply.)

	Mother(1)	Father(2)	Grandparent(3)	Sibling (4)	None (0)
a) Diabetes	1	2	3	4	0
b) High blood pressure	1	2	3	4	0
c) Thyroid illness	1	2	3	4	0
d) Hormone problems	1	2	3	4	0
e) Heart disease	1	2	3	4	0
f) Sleep apnea	1	2	3	4	0
g) High cholesterol	1	2	3	4	0
h) Bone problems	1	2	3	4	0
i) Anemia	1	2	3	4	0
j) Liver problems	1	2	3	4	0
k) Kidney problems	1	2	3	4	0
I) Severe obesity	1	2	3	4	0

Last Revised 8-02-17



Child's Culture and Acculturation

- 9. What language(s) does your child primarily speak?
 - □ Only English
 - □ More English than **Spanish**
 - Both English and **Spanish** equally
 - □ More **Spanish** than English
 - Only Spanish
 - Don't Know
- 10. What language(s) do you primarily speak with your child?
- □ Only English □ More English than **Spanish** Both English and **Spanish** equally □ More **Spanish** than English □ Only **Spanish** Don't Know 11. In what country was your child born? □ United States □ Mexico Another country, specify: |_____
- 12. Were any of his/her grandparents born in the U.S.?
 - □ No
 - □ Yes
 - Don't Know

Now, these next questions are about you.

Parent Culture and Acculturation

- 13. Are you Latino, Hispanic, Mexican/Mexican American, or of Spanish origin?
 - □ No
 - □ Yes
 - Don't Know
- 14. Which one of these groups would you say best represents your race?

Last Revised 8-02-17



FAMILY DEMOGRAPHICS/HEALTH STATUS Study ID: _____

Date: _____

15. In what country were you born?
 United States Mexico Another country, specify: (GO TO 15a.) Don't Know
15a. [IF BORN IN ANOTHER COUNTRY] At what age did you come to live in the US for the first time?
age first came to the US ☐ Don't Know
15b. [<i>IF BORN IN ANOTHER COUNTRY</i>] From the time that you first moved to the US to today, about how many total years have you lived in the US? (Note: these may not be continuous years)
│ │ │ years and │ │ │months □ Don't Know
16. Where was your mother born?
 □ In the US □ In Mexico □ In another country, specify: □ Don't Know

17. Where was your father born?

- □ In Mexico
- □ In another country, specify: _____

Don't Know



FAMILY DEMOGRAPHICS/HEALTH STATUS Study ID: _____

18. This set of questions concerns your use of different languages and your ethnic identification. Please circle the answer that best describes you.

		Almost Always (4)	Often (3)	Sometimes (2)	Almost never (1)
a.	How <u>often</u> do you speak English ?				
b.	How often do you speak English with your friends?				
C.	How <u>often</u> do you speak Spanish ?				
d.	How often do you speak Spanish with your friends?				
		Very well (4)	Well (3)	Poorly (2)	Very poorly (1)
e.	How well do you understand music in English?				
f.	How <u>well</u> do you speak Spanish ?				
g.	How well do you read in Spanish?				
h.	How well do you understand TV programs in Spanish?				
i.	How well do you understand radio programs in Spanish?				

		Very well (4)	Well (3)	Poorly (2)	Very poorly (1)
j.	How well do you understand music in Spanish?				
		Almost Always (4)	Often (3)	Sometimes (2)	Almost never (1)
k.	How <u>often</u> do you watch TV programs in English ?				
Ι.	How often do you listen to radio programs in English?				
m.	How often do you listen to music in English?				
n.	How often do you search the internet in English?				
0.	How <u>often</u> do you watch TV programs in Spanish?				
р.	How often do you listen to radio programs in Spanish?				
q.	How often do you listen to music in Spanish?				
r.	How often do you search the Internet in Spanish?				



Date: _____

Parent Demographics

- 21. Are you currently ...?
 - □ Married, living with spouse
 - □ Married, not living with spouse
 - □ Living as married
 - □ Divorced
 - □ Widowed
 - □ Separated
 - □ Single
 - Don't Know

22. What type of medical insurance do you have? Select all that apply.

No insurance

- Private insurance
- Medicaid
 Medicaere
- □ Medicare
- Uniform Health Care/Tricare
- □ VA Health Care
- Other (Specify:_)
- Don't Know

23. How many adults over the age of 18 years live in your household, including you?

|__| Number of adults □ Don't Know

FAMILY DEMOGRAPHICS/HEALTH STATUS Study ID: _____

Date	2			

24. What is the highest degree or level of school you completed in the U.S. (and in your home country if reared outside the U.S.)? [MARK ONLY ONE RESPONSE IN EACH COLUMN]

a. In the United States	b. In another country
□ NA-–only attended school in another country	\Box NA only attended school in the United States
No school or only kindergarten	No school or only kindergarten
□ 1 st grade	□ 1 st grade
□ 2 nd grade	□ 2 nd grade
□ 3 rd grade	□ 3 rd grade
4 th grade	□ 4 th grade
□ 5 th grade	□ 5 th grade
□ 6 th grade	□ 6 th grade
7 th grade	\Box 1 st year of middle school
\square 8 th grade	□ 2 nd year of middle school
9 th grade	□ 3 rd year of middle school
10 th grade	□ 1 st year of high school
☐ 11 th grade	□ 2 nd year high school
☐ 12 th grade/GED	□ 3 rd year high school
1+ years of college, but no college degree	\Box 1+ years of college, but no college degree
Trade/vocational school certificate	Technical school
Associate's degree (AA, AS)	Associate's degree (AA, AS)
☐ Bachelor's degree (BA, AB, BS)	🛛 Bachelor's degree (BA, AB, BS)
Master's degree (MA, MS, MEd, MSW, MPH, MBA)	Master's degree (MA, MS, Med, MSW, MPH, MBA)
Doctoral degree (PhD, EdD)	Doctoral degree (PhD, EdD)
Professional degree (MD, DDS, DVM, LLB, JD)	Professional degree (MD, DDS, DVM, LLB, JD)

25. Are you currently...? (select only one response)

- Employed for wages full-time, 35hrs or more per week
- Employed for wages part-time, less than 35hrs per week
- □ Self-employed, full-time, 35hrs or more per week
- Self-employed, part-time, less than 35hrs per week
- Employed in seasonal labor
- Out of work for more than 1 year (Skip to Q26)
- Out of work for less than 1 year (Skip to Q26)
- A homemaker (Skip to Q26)
- □ Retired (Skip to Q26)
- Do not work (Skip to Q26)
- □ Unable to work (Skip to Q26)
- Don't Know (Skip to Q26)

25a. [IF WORKING] What is your occupation? [SELECT THE CATEGORY THAT BEST



FAMILY DEMOGRAPHICS/HEALTH STATUS Study ID: _____

Date: _____

REPRESENTS YOUR JOB DESCRIPTION]

- Professional or Technical
- □ Manager, Official or Proprietor
- Clerical
- □ Sales Worker
- Craftsman, Foreman, or Skilled Manual Worker
- □ Semi-Skilled Operative
- □ Service Worker
- □ Laborer/Farmworker
- \Box Don't Know \rightarrow SKIP to Q26.

25b. Considering all jobs, how many hours do you work in a typical week?

|__| hours per week □ Don't Know

- 26. Is your annual household income from all sources...?
 - □ Less than \$10,000
 - □ \$10,001 to \$15,000
 - □ \$15,001 to \$20,000
 - □ \$20,001 to \$25,000
 - □ \$25,001 to \$35,000
 - □ \$35,001 to \$50,000
 - □ \$50,001 to \$75,000
 - □ \$75,001 or greater
 - Don't Know
- 27. How many **adults and children**, including you, were supported by your annual household income during the past year, whether they live in or outside your home?
 - |__ | __ | people □ Don't Know

28. Do you...?

- □ Rent a house
- □ Rent an apartment/townhouse/condo/trailer
- Own a house
- Own an apartment/townhouse/condo/trailer
- □ Have other living arrangements
- Don't Know

29. How long have you lived in your present location?

|____ Number of years OR months (circle one)

30. How many working vehicles do you have in your household that are available for use?

Last Revised 8-02-17



|_____| working vehicles

Perceived Stress Scale

These questions ask you about your feelings and thoughts during the last month. For each statement tell me how often you felt or thought a certain way. Almost Sometimes Fairly Never Very (2) Often (3) Often 4) Never (1) (0) In the past month ... 31. How often have you been upset because of something that happened unexpectedly? How often have you felt that you 32. were unable to control the important things in your life? 33. How often have you felt nervous and "stressed"? How often have you felt confident 34. about your ability to handle your personal problems? 35. How often have you felt that things were going your way? How often have you found that 36. you could not cope with all the things that you had to do? Almost Never Sometimes Very Fairly (0) Never (1) (2) Often (3) Often 4) In the past month ... How often have you been able to 37. control irritations in your life? 38. How often have you felt that you were on top of things? How often have you been angered 39. because of things that were outside of your control? 40. How often have you felt difficulties were piling up so high that you could not overcome them?



FAMILY DEMOGRAPHICS/HEALTH STATUS Study ID: _____

Date: _____

Parent Physical Activity

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the **last 7 days**. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do <u>at work</u>, as part of your <u>house and yard work</u>, to get from place to place, and in your spare time for <u>recreation</u>, <u>exercise or sport</u>.

Think about all the **vigorous** activities that you did in the **last 7 days**. **Vigorous** physical activities refer to activities that take <u>hard physical effort and make you breathe much harder than normal</u>. Think *only* about those physical activities that you did for **at least 10 minutes** at a time.

41. During the **last 7 days**, on how many days did you do **vigorous** physical activities like heavy lifting, digging, aerobics, or fast bicycling?

____ days per week

□ No vigorous physical activities (*Skip to Q43*)

42. How much time did you usually spend doing vigorous physical activities on one of those days?

____hours per day ____minutes per day ☐ Don't know/Not sure

Think about all the **moderate** activities that you did in the **last 7 days**. **Moderate** activities refer to activities that take <u>moderate physical effort and make you breathe somewhat harder than normal</u>. Think *only* about those physical activities that you did for **at least 10 minutes** at a time.

43. During the **last 7 days**, on how many days did you do **moderate** physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? **Do not include walking**.

___ days per week

□ No moderate physical activities (Skip to Q45)

44. How much time did you usually spend doing moderate physical activities on one of those days?

____hours per day ____minutes per day

Don't know/Not sure

Think about the time you spent **walking** in the **last 7 days**. This includes at work and at home, walking to travel from place to place, and any other walking that you might do solely for recreation, sport, exercise, or leisure.

45. During the last 7 days, on how many days did you walk for at least 10 minutes at a time?

___ days per week
D No walking **(***Skip to Q47***)**



Last Revised 8-02-17

Date: _____

46. How much time did you usually spend walking on one of those days?

hours per day
minutes per day
Don't know/Not sure

The last question is about the time you spent **sitting on weekdays** during the **last 7 days**. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

47. During the last 7 days, how much time did you spend sitting on a week day?

 hours per day
minutes per day
Don't know/Not sure

Parent Technology Use

Please answer the following questions about your cell phone, texting, email, and Internet usage. Remember, all of your answers will be kept private.

48. How do you access the Internet at home?

Home computer

Personal cell phone

🛛 Both

I do not have home Internet access (**skip to Q49**)

48a. Are you able to watch videos (e.g., YouTube) on your computer or other electronic device?

NoYesDon't know

49. Do you have an email address?

NoYesDon't know

50. Please enter at least 1 additional phone number where we can reach you (aside from the cell phone which receives text messages). These do not have to be cell phone numbers:

Phone 1:	())	 	
Phone 1:	()	 	

Phone 2: (____)_____

Thank you for your responses, and welcome to the Health4Kids Study!





Family Demographics Survey ENG & SPN (6-months/12-months) NOTE: Located in "POM→Measurement→Survey Instruments→Final Surveys→ 6-month Surveys→ H4K 6-mo Survey Family Demographics

(Insert ENG Survey here)

Height (Overview)

Equipment needed:

- Assembled stadiometer
- Sanitizing wipes

Procedure:

- Ask the participant to remove shoes and socks & excessive hair-styling
- The participant should be standing straight with their back against the post, heels touching the base of post
- Bring the movable headpiece down close to the participant's head
 - Record the height on Data Collection form: the measurement is recorded to the nearest 0.1 cm. Also record the height in feet and inches to the nearest 0.25in

Special Considerations:

- Excessive hair-styling can lead to inaccurate measurements. Ask participants to remove any hair bands or ponytail holders from hair.
- Slouching causes variability in the readings.



Blood Pressure (Overview)

Equipment:

- Omron HBP-1300-PK Automatic Blood Pressure Monitor Professional Kit
- 5 sizes BP cuffs

Procedure:



- Participant must be *rested and seated* with *both feet flat on the ground*.
- Wrap the appropriate cuff size around the right arm of the participant
- Press "Start"
- Record the results
- Using the BP percentile charts, determine whether participant is "Okay to proceed with fitness test" or "NOT ELIGIBLE for fitness test"

NOTES: BP ≥95th percentile (systolic OR diastolic) is NOT ELIGIBLE for fitness test

BP >99th percentile requires the physician be notified for further evaluation!

3-Minute Step Test (Overview)

Equipment:

- 8" step (2 stacked 4" steps)
- Metronome
- Pulse oximeter
- Timer
- Chair

Pre-test Conditions:

- Participant wears appropriate clothes/shoes
- Participant's blood pressure measurement indicates "OK to proceed with Fitness Tests"

Procedure:

- Record pre-test heart rate (seated)
- Start metronome (96 bpm)
- Demonstrate step to participant
- Allow participant to try stepping
- "Step up, up, down, down for 3 minutes"
- Start the timer when participant is ready
- Stay near participant to check in and offer encouragement
- During the last few seconds, say "Last step: up, up, down, down, and STOP."
- Reset timer to 0:0:00 and restart. Record post-test heart rate immediately (standing). Have participant sit down.

Record 1-minute post-test heart rate (seated), and 2-minute post-test heart rate (seated).





Tanita (Overview)



Important: Participants should urinate prior to doing these procedures. Body composition analysis with the Tanita analyzer is affected by excess body water.

Tanita (Overview) Continued...

Equipment needed:

- Tanita
- Sanitizing wipes
- Paper for Tanita (**NOTE**: Unit will not perform measurement without installed paper roll)



Procedure:

- Remind participants to remove their shoes AND socks, if not already removed.
- Turn on the power by pressing the on/off key. "0.0" should appear on the upper portion of the display.
- Press the lb/kg button to select the measurement unit.
- Enter Clothes Weight, of 0.1 kg
- Select the body type: Standard (not Athletic)
- Select gender
- Enter age and height in centimeters (round up for decimals \geq 0.5cm)
- Ask participant to step on scale when "step on" is flashing green.
- The participant must stand still on the machine to read and print out results.
- Attach the printout to the proper recording form.
- Record the weight in kg and BMI on the Data Collection form.
- Disinfect the scale between participants.

Waist Circumference (Overview)

Equipment needed:

• Spring loaded measuring tape



Procedure:

- Find the narrowest point of the torso, halfway between the lowest point of the rib cage and the top of the hip bone.
- Take measurement from participant's right side, as close to the skin as possible, without causing an indentation of the skin (move clothing, as needed).
- Instruct the participant to take a deep breath, and then let it out slowly. Push the tightening button on the Myotape as they exhale.
- Record the measurement to the nearest 0.1 cm on the Data Collection form.

NOTE: If the difference between the two measurements is greater than 1 cm, a third measurement will be taken. Record all measurements taken.

Chapter 10: Data Collection Forms

Current versions on the following pages-

Assessment Order- (Located at Measurement site for reference)

Assessment checklist Part 1 and 2

Data collection form- child (Baseline, 6-month and 12-month Assessments)

Data collection form –parent (Baseline, 6-month and 12-month Assessments)

Combined parent and child 1-month Data Collection Form

FOLDERS: Orange = boys Green = girls



Baseline Part 1

(Note: Spanish survey titles are in italics/parentheses)

Item	Forms	Equipment/ Materials	Admin method
Informed	Documentation form		Staff
consent	Consent form (2 copies)		
Food Frequency		Tablet	Staff
(parent & child)	FFQ scantron (if tablet unavailable)	Frequency flashcards	
Parent survey	Family Health (Encuesta Salud de la	Tablet	Staff/
	Familia)	Body Image Board	Parent
Measurement	Assessment Checklist		Staff
	Data Collection Form – Child		
Check-out	Monitor Instructions	Magnets (2)	Staff
	Coach Memo	Activity Monitor in belt	
	UHS lab orders/Lab instructions card	Blue folder for docs	
	Subject payment form	\$20 gift card	
Optional	Bus pass payment form (on request)	Bus passes (2)	Staff
	School/work excuse (on request)		

Baseline Part 2

Item	Forms	Equipment/ Materials	Admin method
Parent/child	Physical Activity Questionnaire-Child (PAQ-C;	Tablet	Staff
survey	Encuesta de Actividad Fisica Niño/a)		
Parent	Family Physical Activity (PA; Encuesta Actividad	Tablet	Staff
surveys	Fisica de la Familia)		
	Family Demographics (Encuesta Demografia		Staff/
	Familiar/Estado de Salud)		Parent
Measurement	Assessment Checklist (from participant folder)		Staff
	Data Collection Form – Parent/Guardian		
Monitor check		Laptop	Staff
		Activity monitor	
Check-out	Subject payment form	\$20 gift card	Staff
	Clinic Visit Schedule	Child incentives	
Optional	Data Collection Form – Child (complete back		Staff
	page <u>if not eligible for Fitness Test</u> in Part 1)		
	School/work excuse (on request)		
	Bus pass payment form (on request)	Bus passes (2)	

FOLDERS: Orange = boys Green = girls



6-month/12-month Part 1

(Note: Spanish survey titles are in italics/parentheses)

Item	Forms	Equipment/Materials	Admin
Adverse Event	Child Physical Activity Check-in (Registro		Staff
Form	de la actividad física del niño)		
Food Frequency		Tablet	Staff
(parent & child)	FFQ scantron (if tablet unavailable)	Frequency flashcards	
Parent surveys	Family Health 6/12 Months (Encuesta	Tablet	Staff/
	Salud de la Familia – 6/12 Meses)	Body Image Board	Parent
	Family Nutrition 6/12 Months (Encuesta		Staff
	Nutricion de la Familia – 6/12 Meses)		
Measurement	Assessment Checklist		Staff
	Data Collection Form – Child		
Check-out	Monitor Instructions	Activity Monitor in belt	Staff
	Coach Memo	Blue folder for docs	
	UHS lab orders/Lab instructions card	\$30 gift cards (6-month)	
	Subject payment form	\$40 gift cards (12-month)	
Optional	Bus pass payment form (on request)	Bus passes (2)	Staff
	School/work excuse (on request)		

6-month/12-month Part 2

Item	Forms	Equipment/Materials	Admin
Parent/child	Physical Activity Questionnaire-Child	Tablet	Staff
survey	(PAQ-C; Encuesta de Actividad Fisica		
	Niño/a)		
Parent	Family Physical Activity (PA; Encuesta	Tablet	Staff
surveys	Actividad Fisica de la Familia)		
	Family Demographics 6/12 Months		Staff/
	(Encuesta Demografia Familiar/Estado de		Parent
	Salud – 6/12 Meses)		
Measurement	Assessment Checklist (from participant		Staff
	folder)		
	Data Collection Form – Parent/Guardian		
Monitor check		Laptop	Staff
		Activity monitor	
Check-out	Subject payment form	\$30 gift cards (6-month)	Staff
	Clinic Visit Schedule	\$40 gift cards (12-month)	
	(at 6-month only) Schedule 12-month	Child incentives	
	12-month only (graduation gifts)	H4K T-shirts (adult/child)	Staff
		Arte Publico Books (3)	
Optional	Data Collection Form – Child (complete		
	back page <u>if not eligible for Fitness Test</u>		
	in Part 1)		
	School/work excuse (on request)		
	Bus pass payment form (on request)	Bus passes (2)	

Stud	y ID:	Date:	Staff initials:	£7∦ ○ ○
ASS	SESSMENT CHECKLIS	T Part 1		4 KIDS
	Baseline 6-month 12-month	🔲 T-shi	rt size: Adult Child	
	(Baseline only): Pre-cor	nsent BMI eligib	ility check	
	Child: Height, TAN	NITA. BMI <20.0 '	?	
	(if YES): BMI perc card	entile calculator.	<u>BMI percentile <85th: Not eli</u>	gible. Provide \$20 gift
	BMI percentile ≥ 85 th : Cl	neck-In, Informed	Consent (+ Assent for childr	en aged 7 or older)
	IF 6/12-month: Ad	lverse Event Che	ecklist	
	Parent/Child Survey (FFG	2)		
	Parent: Surveys (Health,	Nutrition)		
	Child: Waist circumferen	се		
	Child: Blood pressure			
	Eligible for fitness	test? (<i>circle</i>) Y	ES / NO	
	Child (if YES): Fitness te	st		
	Child: Monitor initialized, memo	fitted in case/wa	istband, instructions (w/ 2 H4	K magnets), coach
	Checkout: Lab slip and in	structions		
	Checkout: HEB gift card/s	s and signed pay	ment form	
	Checkout: Schedule Asse	essment Part 2 (7	′+ days)	

HEALTH

10

Study	ly ID: Date: _		Staff ir	itials:	🏦 🚺 🚱 🗂
	SESSMENT CHECKLIST Part 2 Baseline 6-month 12-month	2			4 KIDS
	Check-In/drop off monitor				
	Monitor compliance: at least 4 days	s wear lengt	h? (<i>circle</i>)	YES / NO	
	(IF NO) Schedule Part 3: Mo	onitor return	(4-7 days) _		
	Parent/Child Survey (PAQ-C)				
	Parent: surveys (PA, Demographic	s)			
	Child: Blood Pressure (if NOT ELI	GIBLE for fit	ness test in F	Part I)	
	Child: eligible for fitness test	? (circle)	YES / NO		
	Staff informed Parent/guardian ver Provider will be notified by Researd	bally of elev ch Staff. Da	ated BP on 2 te:	occasions, and Staff i	d that Study nitials:
	Staff informed Parent/guardian ver Provider will be notified by Researce (IF YES): Child: Fitness test	bally of elev ch Staff. Da	ated BP on 2 te:	occasions, and Staff in	d that Study nitials:
	Staff informed Parent/guardian ver Provider will be notified by Research (IF YES): Child: Fitness test Parent: height	bally of elev ch Staff. Da	ated BP on 2 te:	occasions, and Staff in	d that Study nitials:
	Staff informed Parent/guardian ver Provider will be notified by Research (IF YES): Child: Fitness test Parent: height Parent: TANITA	bally of elev ch Staff. Da	ated BP on 2 te:	occasions, and Staff in	d that Study nitials:
	Staff informed Parent/guardian ver Provider will be notified by Research (IF YES): Child: Fitness test Parent: height Parent: TANITA Parent: Waist Circumference	bally of elev ch Staff. Da	ated BP on 2 te :	occasions, and Staff in	d that Study nitials:
	Staff informed Parent/guardian ver Provider will be notified by Research (IF YES): Child: Fitness test Parent: height Parent: TANITA Parent: Waist Circumference Checkout: Fasting labs in Sunrise?	bally of elev ch Staff. Da	ated BP on 2 te: YES / NO	occasions, and Staff in	d that Study nitials:
	Staff informed Parent/guardian ver Provider will be notified by Research (IF YES): Child: Fitness test Parent: height Parent: TANITA Parent: Waist Circumference Checkout: Fasting labs in Sunrise? Checkout: eligible for incentive? (c	bally of elev ch Staff. Da (circle) ircle)	ated BP on 2 te: YES / NO YES / NO	occasions, and Staff in	d that Study nitials:
	Staff informed Parent/guardian ver Provider will be notified by Research (IF YES): Child: Fitness test Parent: height Parent: TANITA Parent: Waist Circumference Checkout: Fasting labs in Sunrise? Checkout: eligible for incentive? (c Checkout: HEB gift card/s + \$10 ti	bally of elev ch Staff. Da (<i>circle</i>) <i>ircle</i>) ckets for trea	ated BP on 2 te: YES / NO YES / NO asure chest	occasions, and Staff in	d that Study nitials:
	Staff informed Parent/guardian ver Provider will be notified by Research (IF YES): Child: Fitness test Parent: height Parent: TANITA Parent: Waist Circumference Checkout: Fasting labs in Sunrise? Checkout: eligible for incentive? (c Checkout: HEB gift card/s + \$10 ti Checkout: Schedule Clini	bally of eleve ch Staff. Da (<i>circle</i>) <i>ircle</i>) ckets for trea c Visit (1-2 v	ated BP on 2 te: YES / NO YES / NO asure chest weeks)	occasions, and Staff in	d that Study nitials:
	Staff informed Parent/guardian ver Provider will be notified by Research (IF YES): Child: Fitness test Parent: height Parent: TANITA Parent: Waist Circumference Checkout: Fasting labs in Sunrise? Checkout: eligible for incentive? (c. Checkout: HEB gift card/s + \$10 ti Checkout: MEB gift card/s + \$10 ti Checkout: Schedule Clinit	bally of eleve ch Staff. Da <i>(circle)</i> <i>ircle)</i> ckets for trea c Visit (1-2 w nonth Part 1	ated BP on 2 te: YES / NO YES / NO asure chest weeks)	occasions, and Staff in	d that Study nitials:

HEALTH
Study ID#	Staff ID #	Date:	
DAT Baseline Part 1 6-mo Part 1 12-mo Part 1	TA COLLECTION FORM	M - CHILD	HEALTH
Age years	Gender: M / F		
Height: (cm)	(For Activity Monitor) (ft/in)	$/$ (round up if $\geq \frac{1}{2}$ in.)	Height %
TANITA (BODY COMP Height (Copy from above) Weight	OSITION) ght (kg) BMI (kg/m2) Image: Image	BMI %	TANITA PRINTOUT GOES HERE
BA	SELINE ONLY: IF BMI < calculator	20.0, use REDCap r to determine percentile	
(For Activity Monitor) W	eight (lbs) (multiply kg x 2.2)		
(BASELINE) IF BMI	percentile 85-98.9, conti	nue measurements:	
Measu	rement 1 Measurement 2	Measurement 3 (If the difference between Measurement 1 & 2 is > 1cm)	
Waist Circumference (cm)			
RESTING BP MSystolic Blood	Ieasurement 1 Measurement (after 5min if elevel) Ieasurement 1 Ieasurement (after 5min if elevel)	2 Measurement 3 (after 5min if still elevated, e.g. 120/80)	(FOR DATA ENTRY LATER)
Pressure(mmHg)Diastolic BloodPressure(mmHg)			
ELIGIBLE for STEP TE	ST? YES (BP<95% perc	entile for age/height)	

NO (BP≥95% percentile for age/height)

(Turn over for Fitness Test)

Study ID#	S	taff ID #	Date	:	
FITNESS (HR)	Time 0 (seated)	3 min (immediately after stopping)	4 min (seated on step)	5min (seated on step)	HIEALTH
3-Min Step Test (HR)					4 KIDS
If stopped at <3min: Record Time Stopped and HR		min sec			-

*Staff Notes:



Complete if NOT eligible for Step test at Part 1:

Height % _____ (copy from Part 1)

RESTING BP	Measurement 1	Measurement 2 (after 5min if elevated, e.g. 120/80)	Measurement 3 (after 5min if still elevated, e.g. 120/80)
Systolic Blood Pressure(mmHg)			
Diastolic Blood Pressure(mmHg)			

ELIGIBLE for STEP TEST?

YES (BP<95% percentile for age/height)

NO (BP≥95% percentile for age/height)

<u>FITNESS (HR)</u>	Time 0 (seated)	3 min (immediately after stopping)	4 min (seated on step)	5min (seated on step)
3-Min Step Test (HR)				
If stopped at <3min: Record Time Stopped and HR		min sec		

*Staff Notes:

Study ID#	Staff ID #	Date:	
DATA COLLECTION FO Baseline Part 2 6-mo Part 2 12-mo Part 2	ORM PARENT/GU	ARDIAN	HEALTH 4 KIDS
Age years Gen	der: M / F Bir	th Month:	TANITA PRINTOUT GOES HERE
If FEMALE:			
Pregnant? (circle one)	YES NO		
If YES, how many week	s/months? we	eks / months (circle one)	
(<i>Note:</i> Explain to participant the since it will affect weight and w	nat this is a standard vaist circumference re	question we ask <u>everyone,</u> esults.)	
Height (cm) (Record measurement before having the participant step out)	g) BMI (kg/m)	2)	
Measuremen	t 1 Measurement 2	Measurement 3 (If difference between Measurement 1 & 2 is > 1cm)	
Waist Circumference (cm)			

Study ID#	Staff ID #	Date:	
DATA COLLECTION F	ORM PARENT/GUA	RDIAN-1mo/6mo/12mo	HEALTH
	Food Bank voucher	given?	4 KIDS
Age years Gender: M / F	S20 Gift card given?	received in past 2 weeks?	TANITA PRINTOUTS
If FEMALE:			GO HERE
Pregnant? Y	'ES NO		
If YES, how many wee	ks/months? week	s / months (circle one)	
(<i>Note:</i> Explain to participant since it will affect weight and	that this is a standard qu waist circumference resi	lestion we ask <u>everyone,</u> ults.)	
Height (cm) (Record measurement before having the participant step out) Weight (l	kg) BMI (kg/m2)		
Measuremen	it 1 Measurement 2	Measurement 3 (If difference between	
Waist Circumference (cm)		Measurement 1 & 2 is > 1cm)	
			•
Age vears G	Gender: M/F	0110/121110	
Height (cm) (Record measurement before having the participant Weight (I	kg) BMI (kg/m2)		
step out)			
M		Macaumant 2	
Measuremen	it i ivieasurement 2	(If difference between Measurement 1 & 2 is > 1cm)	
Waist Circumference (cm)			(FOR DATA ENTRY LATER)

Gift Cards Overview

- 1. Use the forms located in the Payment form folder (not the **Bus Pass** payment form folder)
- 2. Make sure you fill out the following fields:
 - a. Visit or Payment Event (e.g., Baseline 1 or 2, 6-month/12-month 1 or 2)
- b. Cash value indicate the SUBJECT PAYMENT FORM number of gift cards, their value and the price ¹Payment Receipt Num 54041 (e.g. 2 x \$20 HEB). Short Study Title: 13-465H: Health 4 Kids (H4K) Intervention Trial for Hispanic Families IRB Number : HSC201304658 c. If Part 2, indicate how Principal Investigator: Deborah Parra-Medina, PhD many tickets worth of Department: Institute for Health Promotion Research gifts child selected from а Baulin lisit or Payment Event: treasure chest. Provide Cash X Gift Card Gift Item gifts according to activity Payment Type: or Debit Card Sponsor Gift Card Sponsor Gift monitor wear time (see p \$20 of Gift It Accelerometry Manual rial Number or Sequence Number 230 Part 2) d the HSC - Debit Card or Gift Item : 50007 or Subject Study ID: d. Serial number – 3 digits ²Vendor Number or written in black marker Vendor/Pay e Setup Form Attached: on the back of the card **Payee Signature:** 3 e research participant) Custodian or Payor Signature 4 son providing the payment) e. Subject Study ID - SW or 1. The Subject I SE + 3 digits mber for the form, i.e. 001, 002, 003, etc rticipant are greater than \$500 per calendar year a Ven ed; if the subject is not a Vendor/Payee in PeopleSoft th person making the payment (the custod ian or payor) must complete and attach a Vendor/Payee Setup Form All Subject Payment Forms and required documentation must be retained by the Custodian. For cash payments the original is attached to the Petty Cash Reimbursement Request submitted to the Bursar's Office and a copy is retained by the Custo 3. Make sure parent/guardian For Office Use Only participant signs under Payee The Custodian signature is required only if a Payor provided the payment. A Witness signature is required only if the Custodian provided the payment. Signature. **Custodian Signature:**

4. Authorized UTHSCSA staff will sign and date under Custodian or Payor Signature. If you are not a payor, leave this blank.

5. Give all signed forms to Measurement Coordinator.

SUBJECT PAYN	MENT FORM				
¹ Payment Receipt Number: <u>156196</u> / Study's PGID # C	54041 / ustodian's Employee ID # Form Sequence #				
Short Study Title: <u>13-465H: Health 4 Kids (H4K)</u> In	ntervention Trial for Hispanic Families				
IRB Number : <u>HSC20130465H</u>					
Principal Investigator: Deborah Parra-Medina, PhD					
Department: Institute for Health Promotion R	esearch				
Visit or Payment Event:					
C Payment Type: Sponsor Debit	ash X Gift Card 🛛 Gift Item Card 🔲 Sponsor Gift Card 🔲 Sponsor Gift				
Cash Value or Number of Gift Items:					
Serial Number or Sequence Number of the HSC - Debit Card or Gift Item :					
Name or Subject Study ID:					
² Vendor Number or Vendor/Payee Setup Form Attached:					
Payee Signature: (the research participant)	Date:				
Custodian or Payor Signature: (the person providing the payment)	Date:				
1. The Subject Payment Form number is assigned by the custodian. The elements of Number + a sequence number for the form, i.e. 001, 002, 003, etc.	the 3 part number are the study's PGID number + Custodian's Employee ID				
If payments to this study participant are greater than \$500 per calendar year a Ven person making the payment (the custodian or payor) must complete and attach a Ven	dor Number is required; if the subject is not a Vendor/Payee in PeopleSoft the ndor/Payee Setup Form.				
All Subject Payment Forms and required documentation must be retained by the Custodian. For cash payments the original is attached to the Petty Cash Reimbursement Request submitted to the Bursar's Office and a copy is retained by the Custodian.					
Eor Office I Se	Only				
The Custodian signature is required <u>on</u> A Witness signature is required <u>only</u> if t	ly if a Payor provided the payment. he Custodian provided the payment.				
Custodian Signature:	Date:				
OR					
Witness Signature:	Date:				
Clinical Trials Office	SPF Version: 3.2				

UT Health Science Center at San Antonio

Bus passes Overview

1. Use the forms located in the Bus Pass payment form folder.

- 2. Make sure you fill out the following fields:
 - a. Visit or Payment Event (e.g., Baseline 1 or 2, 6-month/12-month 1 or 2)
 - b. Cash value indicate the number of bus passes and their value (i.e. 2 x VIA Day Pass).
 - c. Serial number 2 digits written in black marker on the back of the passes
 - d. Subject Study ID SW or SE + 3 digits

3. Make sure parent/guardian participant signs under Payee Signature.

4. Authorized UTHSCSA staff will sign and date under Custodian or Payor Signature. If you are not a payor, leave this blank.

5.	Give all	signed	forms t	o Measu	irement	Coordinator.
э.	Give un	JIGHUU				coor annator.

		SUBJECT	PAYMENT	FORM		
	¹ Payment Receipt Number:	156196 Study's PGID #	/ Custodian	46847 's Employee I	/	Form Sequence #
	Short Study Title: 13	465H: Health 4 Kids	(H4K) Interventi	on Trial for H	lispanic Fa	milies
	IRB Number : HS	C20130465H				
	Principal Investigator: Del	borah Parra-Medina, B	MD.			
	Department: Ins	titute for Health Prom	otion Research			
	Visit or Payment Event:	βA.	2			
	Payment Type:	Sponsor i	Cash Debit Card	HSC - De	bit Card insor Gif	Gift Item t Card D Sponsor Gift
2 6	sh Value or Number of Gift Items:	2 × V	IA DA	YPA.	22	
Se of	rial Number or Sequence Number the HSC - Debit Card or Gift Item :	11,40	e			
	d Name or Subject Study ID:	52	J 365			
Ve	³ Vendor Number or ndor/Payee Setup Form Attached:					
	Payee Signature: (the research participant)	,			-	- pate: 10-10
4	Custodian or Payor Signature:	Deer	C			0.00

1. The Subject Payment Form number is assigned by the custodian. The elements of the 3 part number are the study's PGID number + Custodian's Employee ID Number a sequence number for the form 1.e. 001.002.003 are

Measurement Coordinator scans signed forms and saves in POM/Measurement/Data/Payment forms as a PDF with the month, date and year collected (e.g. 3-29-17)

Measurement Coordinator turns in signed paper forms to IHPR Accountant

	SUBJECT	PAYMEN	T FORM		
¹ Payment Receint Number	156196	,	46847 /		
	Study's PGID #	Custodi	an's Employee ID #	Form Sequence #	-
	antiniation and the st Warmings	\$800 (1775) - 49	1011 1011 10 100000 000000 00 000 00 000	15 DBb	
Short Study Title: <u>13</u>	-465H: Health 4 Kids	(H4K) Interve	ntion Trial for Hispanic I	families	
IRB Number : HS	C20130465H				
Principal Investigator: De	borah Parra-Medina,	PhD			
Department: In:	stitute for Health Prop	motion Researc	h		
Visit or Payment Event:				<i>.</i>	
Pavment Type:	□ □ Sponsor	Cash Debit Card	HSC - Debit Car	d 🕅 Gift Item ift Card 🗆 Spor	sor Gift
Cash Value or Number of Gift Items:	2 Via Day Pa	asses			
Serial Number or Sequence Number					
of the HSC - Debit Card or Gift Item :					
Name or Subject Study ID:					
² Vendor Number or					
Vendor/Payee Setup Form Attached:					
Payee Signature:					
(the research participant)				Date:	
Custodian or Payor Signature:					
(the person providing the payment)				Date:	
				_	
. The Subject Payment Form number is assigned by the lumber + a sequence number for the form, i.e. 001, 002,	custodian. The elem , 003, etc.	ents of the 3 p	art number are the stud	ly's PGID number + Custoc	ian's Employee ID
. If payments to this study participant are greater than \$ erson making the payment (the custodian or payor) mu	500 per calendar ye st complete and atta	ar a Vendor Nu ch a Vendor/P	mber is required; if the ayee Setup Form.	subject is not a Vendor/Pa	ayee in PeopleSoft the
Subject Payment Forms and required docume	ntation must be i	etained by t	he Custodian. For o	ash payments the orig	vinal is attached to
Petty Cash Reimbursement Requ	lest submitted to	the Bursar's	Office and a copy i	s retained by the Custo	odian.
	For Offic	a Use Only			
The Custodian s	ignature is requi	red <u>only</u> if a	Payor provided the	payment.	
A Witness signat	ure is required <u>o</u>	nly if the Cu	stodian provided th	e payment.	
Custodian Signature:				Date:	
OR					

Version Date: Jan. 2015





Name:

University Family Health Center--Southwest

Phone: 358-5100

Date:

Regarding: Employment/School Excuse

was seen at the UFHC-Southwest today.

- _____:
- May return to work/school, no restrictions.
- May be excused from work/school on:
- May return to work/school with these limitations:

Comments:

Signature

Date



Name:

University Family Health Center-Southeast

Phone: 358-5515

Date:

Regarding: Employment/School Excuse

was seen at the UFHC-Southeast today.

• May return to work/school, no restrictions.

• May be excused from work/school on:

• May return to work/school with these limitations:

Comments:

Signature

Date



Spring 2015

To Whom It May Concern:

Greetings! The student carrying this letter is a participant in **Health 4 Kids**, a research study being conducted at the University of Texas Health Science Center at San Antonio. The goal of our project is to promote healthy lifestyles, including increased physical activity among Hispanic children aged 6-11 years attending University Health System-affiliated pediatric clinics.

Each child participating in the research study will wear an activity monitor for 7 days so that we can monitor his/her physical activity. The activity monitor is a motion-sensing device, like a pedometer, that is about the size of a small pager and is worn on a belt around the waist, over or under clothing. We are asking each child to wear the activity monitors for a full week, including when he/she is playing sports and engaging in other physical activities, so that we receive accurate information about his/her activity level. Each child who wears a monitor does have parental consent to do so, and has provided his/her assent as well. There is minimal risk of injury in wearing the activity monitors during sports, and children who are concerned about this possibility were offered a padded pouch in which the monitor can be placed while participating in organized activities.

We ask that you allow this student to wear the activity monitor during your organized activity so that we may better measure his/her activity level. If you have any questions about the study or the activity monitor, please feel free to contact **Dorothy Long Parma** at University of Texas Health Science Center at San Antonio at **210-562-6524.**

Thank you for your understanding and cooperation with our research!

Sincerely,

Deborah Paua-Medina

Deborah Parra-Medina, PhD. Principal Investigator University of Texas Health Science Center in San Antonio 210-562-6521

CLINIC ASSESSMENT LOGISTICS

Scheduling responsibilities:

UHS Program Coordinator or Patient Navigator schedules Assessment Part 1 (both sites) at Baseline, 6- and 12-months; UHS Program Coordinator schedules Clinic Visit 3 and 4. Measurement Coordinator schedules Assessment Part 2, Part 3 (if needed), and Clinic Visit 1. Intervention Coordinator schedules Clinic Visit 2 with schedules provided by UHS Program Coordinator.

All scheduled Assessments and Clinic Visits will be documented in the *H4K Eligibility Assessment-UHS* Project calendar in REDCap (see REDCap Calendar Protocol at the end of REDCap/MessageSpace interface protocol for documentation roles and responsibilities).

Assessment Days and Times: Assessments Parts 1 and 2 will be held 3-4 times a week on <u>any</u> of the following days:

Clinic	Day	Assessment	Suggestions
		Туре	
Southwest	Tuesday	Part 1	Get fasting labs done prior to Part 2
(SW)	8am-12pm	Part 2 + fasting	appt (may go to Clinic lab earlier that
		labs	morning; or any lab in the UHS system.
		Part 3	Robert B. Green lab is open on
			Saturdays)
SW	Wednesday	Parts 1-3	Added to increase recruitment as of
	4pm-7pm	(Baseline	April 2017
	(alternate with SE	priority)	Get fasting labs done <u>prior to</u> Part 2
	as of 11/2017)		appt
SW	Thursday	Parts 1-3	Get fasting labs done prior to Part 2
	4pm-7pm		appt
Southeast	Monday	Parts 1-3	Get fasting labs done <u>prior to</u> Part 2
(SE)	8am-12pm		appt
SE	Tuesday	Parts 1-3	Get fasting labs done <u>prior to</u> Part 2
	4pm-7pm		appt
SE	Wednesday	Parts 1-3	Get fasting labs done <u>prior to</u> Part 2
	4pm-7pm	(6mo/12mo	appt
	(alternate with	priority)	
	SW as of 11/2017)		

Assessments will occur in **30 minute** slots for a maximum of **6 participant dyads per day**.

Components and order of each Assessment: (see details in Chaps. X-Y)

<u>Part 1</u>

Last revised 9/5/2018

- 1. Informed Consent (+ Assent for children aged 7 or older)
- 2. Parent-Assisted FFQ
- 3. Body Composition: child height, blood pressure
- 4. Fitness Test
- 5. Body Composition: child weight, BMI, % body fat (TANITA); waist circumference
- 6. Parent Surveys: Family Health (baseline); Family Health and Nutrition (6/12 months)
- 7. Monitor: distribution and participant instructions

8. Check-out: provide lab slip and instructions, gift card incentive, schedule Part 2 (7 days or more)

<u> Part 2</u>

- 1. Monitor: drop-off and wear time validation
- 2. Parent-assisted PAQ-C
- 3. Parent Surveys: Family Demographics and Physical Activity
- 4. Body Composition: parent anthropometrics

5. Checkout: distribute incentives, schedule Clinic Visit. At 6 months schedule 12-month Part 1 (see target dates spreadsheet)

<u>Telephone survey</u> (baseline only): *Research Associate* will contact participants between Baseline Part 1 and Clinic Visit 1 to conduct Family Nutrition survey. See below for details of telephone protocol/script.

Flowcharts of Assessments Part 1, 2 and 3 are on the following pages. **Part 1** will take approximately **1.5hrs** to complete; **Part 2** will take approximately **1-1.5hrs**.

Fig. 1 Assessment Part 1

Requires a minimum of 2 Measurement staff



Last revised 9/5/2018

Fig. 2A Assessment Part 2: Monitor and Optional child measures





Last revised 9/5/2018

Fig. 2B Assessment Part 2: Parent measures and Labs

Requires 1 Measurement staff



Fig. 3 Assessment Part 3: Re-issued Monitor Return Requires 1 Measurement staff

In the event of monitor wear non-compliance (<4 days of wear time), *Measurement Coordinator* will schedule a 3rd Assessment at the Clinic on the nearest available Assessment Day within 4-10 days for monitor recheck. Participants will receive incentives at this time if minimum monitor wear times are met, as shown in the diagram.



Rescheduling Assessments and No-Shows

Definition of No-Show:

1. Participant does not arrive at Measurement location on scheduled Assessment day/time AND cannot be reached by phone/text message 15-20min after scheduled start time

2. (Gray area) Participant has already rescheduled at least once; answers phone 15min after scheduled start time; but claims to have "forgotten" appointment despite verifying that they are receiving text message reminders

Procedure:

- 1. Participants will no longer be eligible for the study after two no-shows.
 - a. *Exception:* If second no-show is for a BA2 (monitor return), participant will be given 1 more opportunity to return monitor and complete Assessment; otherwise *UHS Program Coordinator* or *Patient Navigator* will initiate Monitor Retrieval (see below).
- 2. Participants will no longer be eligible for the study after <u>three reschedules</u>, or a combination of <u>two reschedules and one no-show</u>.
- 3. Participants may reschedule up to two times following a no-show.
- 4. UHS Program Coordinator/Patient Navigator will inform the parent/guardian at final re-schedule call that this is our final attempt to enroll the family so they are aware that if for whatever reason they are a no-show, we will not attempt to reschedule/contact them again.
- 5. *Measurement Coordinator* will update Eligibility Screening-UHS form to indicate participant is no longer eligible for the study.

including purpose, risks, benefits, and procedures. Participant was provided an opportunity to ask questions and have them answered; and verbal consent was obtained to be screened about the study. * must provide value	H ● Yes
Date screening completed * must provide value	H) 02-22-2017 1 Today M-D-Y
IF going off study, reason:	 ○ not interested in study ○ unable to contact ○ no longer eligible (no-shows/reschedules)

Note: No-shows are not counted for eligibility purposes during 6-month and 12-month assessments. Follow protocol for call attempts (see Recruitment Protocol). If not scheduled after maximum number of attempts, proceed to next assessment (e.g. If participant misses 6-month assessment, call to schedule 12-month at appropriate time – see Retention Protocol).

Monitor Retrieval

Patient Navigator will contact parent participant to schedule monitor return during regular assessment days/times, or pickup at participant's home. Patient Navigator will offer \$20 gift card as compensation for monitor return. Contact attempts will follow the same protocol as for recruitment scheduling (up to 5 attempts with no successful contact). After this point monitor will be considered **lost**. Measurement Coordinator will update equipment records accordingly.

MessageSpace Coordinator will send text messages to participant reminding them monitor is due for return and providing them with *UHS Program Coordinator* phone number to schedule return/pickup. *MessageSpace Coordinator* will send up to 3 texts, at discretion of *Measurement Coordinator*, until monitor is returned or considered lost.

Measurement space

SW Clinic:

Check-in, Informed consent, surveys, all measurements, activity monitor checkout and return, and Check-out will occur in the **Radiology area** next to Pedi Module. Door code is **451**.

Overflow location for informed consent/surveys: waiting room of Radiology area

SE Clinic: Pedi Module Door Code **1335**. Call security **210-358-2465** to unlock doors as needed. Consent/surveys occur in Specialty Clinic Exam room, with overflow in room next to Pedi Module waiting room; measurements occur in Specialty Clinic area around the corner.

Overflow surveys/consents on weekends/after hours will be in Pedi waiting area.

FOLDERS: Orange = boys Green = girls



Baseline Part 1

(Note: Spanish survey titles are in italics/parentheses)

Item	Forms	Equipment/ Materials	Admin method
Informed	Documentation form		Staff
consent	Consent form (2 copies)		
Food Frequency		Tablet	Staff
(parent & child)	FFQ scantron (if tablet unavailable)	Frequency flashcards	
Parent survey	Family Health (Encuesta Salud de la	Tablet	Staff/
	Familia)	Body Image Board	Parent
Measurement	Assessment Checklist		Staff
	Data Collection Form – Child		
Check-out	Monitor Instructions (2 copies)	Magnets (2)	Staff
	Coach Memo	Activity Monitor in belt	
	UHS lab orders/Lab instructions card		
	Subject payment form	\$20 gift card	
Optional	Bus pass payment form (on request)	Bus passes (2)	Staff
	School/work excuse (on request)		

Baseline Part 2

Item	Forms	Equipment/ Materials	Admin method
Parent/child	Physical Activity Questionnaire-Child (PAQ-C;	Tablet	Staff
survey	Encuesta de Actividad Fisica Niño/a)		
Parent	Family Physical Activity (PA; Encuesta Actividad	Tablet	Staff
surveys	Fisica de la Familia)		
	Family Demographics (Encuesta Demografia		Staff/
	Familiar/Estado de Salud)		Parent
Measurement	Assessment Checklist (from participant folder)		Staff
	Data Collection Form – Parent/Guardian		
Monitor check		Laptop	Staff
		Activity monitor	
Check-out	Subject payment form	\$20 gift card	Staff
	Clinic Visit Schedule	Child incentives	
Optional	Data Collection Form – Child (complete back		Staff
	page <u>if not eligible for Fitness Test</u> in Part 1)		
	School/work excuse (on request)		
	Bus pass payment form (on request)	Bus passes (2)	

FOLDERS: Orange = boys





6-month/12-month Part 1

(Note: Spanish survey titles are in italics/parentheses)

Item	Forms	Equipment/Materials	Admin
Adverse Event	Child Physical Activity Check-in (Registro		Staff
Form	de la actividad física del niño)		
Food Frequency		Tablet	Staff
(parent & child)	FFQ scantron (if tablet unavailable)	Frequency flashcards	
Parent surveys	Family Health (Encuesta Salud de la	Tablet	Staff/
	Familia – 6 Meses)	Body Image Board	Parent
	Family Nutrition (Encuesta Nutricion de		
	la Familia – 6 Meses)		Staff
Measurement	Assessment Checklist		Staff
	Data Collection Form – Child		
Check-out	Monitor Instructions (2 copies)	Activity Monitor in belt	Staff
	Coach Memo		
	UHS lab orders/Lab instructions card	\$30 gift cards (6-month)	
	Subject payment form	\$40 gift cards (12-month)	
Optional	Bus pass payment form (on request)	Bus passes (2)	Staff
	School/work excuse (on request)		

6-month/12-month Part 2

Item	Forms	Equipment/Materials	Admin
Parent/child	Physical Activity Questionnaire-Child	Tablet	Staff
survey	(PAQ-C; Encuesta de Actividad Fisica		
	Niño/a)		
Parent	Family Physical Activity (PA; Encuesta	Tablet	Staff
surveys	Actividad Fisica de la Familia)		
	Family Demographics (Encuesta		Staff/
	Demografia Familiar/Estado de Salud – 6		Parent
	Meses)		
Measurement	Assessment Checklist (from participant		Staff
	folder)		
	Data Collection Form – Parent/Guardian		
Monitor check		Laptop	Staff
		Activity monitor	
Check-out	Subject payment form	\$30 gift cards (6-month)	Staff
	Clinic Visit Schedule	\$40 gift cards (12-month)	
	(at 6-month only) Schedule 12-month	Child incentives	
	12-month only (graduation gifts)	H4K T-shirts (adult/child)	Staff
		Arte Publico Books (3)	
Optional	Data Collection Form – Child (complete		
	back page <u>if not eligible for Fitness Test</u>		
	in Part 1)		
	School/work excuse (on request)		
	Bus pass payment form (on request)	Bus passes (2)	

Health4Kids: Pediatric Obesity Management Trial for Hispanic Families (R01HD075936)

Lab Protocol

Staff Responsible

"Program Coordinator" = UHS Program Coordinator

"Measurement Coordinator" = UTHSCSA Measurement Coordinator

Lab Order Process

Prior to Baseline Assessment Program Coordinator will place a lab order in Sunrise EMR requesting Glucose, Insulin, Lipid Panel and Alanine Aminotransferase.

Research staff will provide a printed Sunrise lab request form (*Figure* 1) along with fasting instructions (*Figure* 2) to the parent at Baseline Assessment. The staff will instruct the parent to take this form with them to have the participant's labs drawn at any of the University Health System lab locations. Labs are drawn on a walk-in basis.

Lab hours are as follows: Monday-Friday 7:00am-6:00pm and Saturdays at the Robert B. Green Campus from 8:00am-12:00pm.

Lab Result

Once blood has been drawn and processed by the UHS lab, the results will be placed in the Sunrise EMR. The Program Coordinator will collect and enter all lab results in REDCap prior to Clinic Visit I. If the participant has already had labs drawn at least 3 months prior to their Baseline Assessment appointment those lab results will be accepted. The Program Coordinator will notify the Measurement Coordinator of the existing labs prior to the Baseline Assessment Part 1 appointment. The Program Coordinator will enter those results in REDCap.

10/5/2017 10:18:18 AM Page 1 of 1		University Health Order Reprin	System 1t	FSC - 840 Project Code - G007 RC# 701622
	_			
	Admi	Protocol:		Location: patient communication (W444)
Allergies	Aller	gen Reaction Description		Entered Date
	No Ki	nown Allergies		3/22/2017 10:45:55 AM
Order Status History	New S	Status Reason Who Entered	i	When
101New	Hold <sess Order</sess 	ion:>OutpatientOrders; <mode Espinoza, Crystal L (HEALT</mode 	>HD;*Outpatient 'H EDUCATOR)	10/5/2017 10:17:51 AM
Research Lab Order				001WYZPVG
Request I	Date T			
Request 7	ime Routi	ne		
Desired	Lab Gluco	se Fasting 2047050/GLUF		
Specimen So	urce BLOO	DD		
Study N	ame POM	Trial		
Study Nur	nber 00001			
Special Instruct	ions H4K regard Progr Projed Invest orsic(Study Orders. Please use: FSC: ling this research study, please am Coordinator, 210-358-3693 tt Coordinator, 210-562-6514, igator (P1): Carisse Orsi, MD, Quthscsa.edu	840 Project Code: G contact Research A: , Crystal.espinoza2(EsparzaL@austin.ut Assistant Professor,	007 RC#701622. For questions sistant (RA): Crystal Espinoza, @uhs-sa.com, Laura Esparza, exas.edu or Principal .210-567-5283,
Ordering Provider Information	tion Provi	der Name = Orsi, Carisse M /	UHS Number = 193	78
Ordering Visit Information	ation Order	ing Visit Status: PRE Orderin	ng Visit Number: 14	7861276
Order Summary Research Lab Order - Glucose Fasting 2047050/GLUF - Instructions: H4K Study Orders. Please use: FSC:840 Project Code: G007 RC#701622. For questions regarding this research study, please contact Research Assistant (RA): Crystal Espinoza, Program Coordinator, 210-358-3693, Crystal.espinoza2@uhs-sa.com, Laura Esparza, Pro Formed PTU: 10/57011 201751. Decumented PTU:				
AM	-		~	-
Requested By: Orsi, Carisse	M (MD)	Entered	By: Espinoz EDUCA	a, Crystal L (HEALTH TOR)
Phone: 358-3000		Phone:		
Pager:		Pager:		
Email:		Email:		
9				

Figure 1 Sunrise Lab Order



- 1. Your blood should be drawn 2-3 days before your appointment. If your appointment is <u>in the morning during the week</u>, you may come earlier that day for the blood draw (lab opens at 7:30am).
- 2. Please do not eat or drink anything except plain water for 12 hours before your blood draw.
- 3. Please come in the morning when the lab opens for your blood draw.



Figure 2 Fasting Instructions

Subject Payment Forms

Gift cards

- 1. Use the forms located in the Payment form folder (not the Bus Pass payment form folder)
- 2. Make sure you fill out the following fields:
 - a. Visit or Payment Event
 (e.g., Baseline 1 or 2, 1month, 6-month/12month 1 or 2)
 - b. Cash value indicate the number of gift cards, their value and the price (e.g. 2 x \$20 HEB).
 - c. If Part 2, indicate how many tickets worth of gifts child selected from treasure chest. Provide gifts according to activity monitor wear time (see Accelerometry Manual Part 2)
 - d. Serial number 3 digits written in black marker on the back of the card
 - e. Subject Study ID SW or SE + 3 digits

3. Make sure parent/guardian participant signs under Payee Signature.

4. Authorized UTHSCSA staff will sign and date under Custodian or Payor Signature. If you are not a payor, leave this blank.

5. Give all signed forms to Measurement Coordinator.

	SUBJECT	PAYMEN	FORM		
¹ Payment Receipt Number:	156196 Study's PGID #	/ Custodia	54041 n's Employee II	/)# For	rm Sequence #
Short Study Title: 1	8-465H: Health 4 Kids	(H4K) Interver	tion Trial for H	ispanic Families	
IRB Number : <u>H</u>	5C20130465H				
Principal Investigator: D	eborah Parra-Medina,	PhD			
Department: In	stitute for Health Pro	notion Researc			
Visit or Payment Event:	Bo	ulin	2		
Payment Type:	Sponsor	Cash Debit Card	X Gift C	ard 😡 nsor Gift Card	Gift Item d 🛛 Sponsor Gift
Cash Value or Number of Gift Items:	\$20 HE	B +	\$10	sifts	
Serial Number or Sequence Number of the HSC - Debit Card or Gift Item :	230			/	
Name or Subject Study ID:	52007				
² Vendor Number or Vendor/Payee Setup Form Attached:			\sim		
Pavee Signature		n 1			
(the research participant)	- 				Date: 3 - 29 - 1
Custodian or Payor Signature:	xen	2			Date: 3/29/17
he Subject Payment Form number is assigned by the nber + a sequence number for the form, i.e. 001, 002	custodian. The elem , 003, etc.	ents of the 3 pa	rt number are	the study's PGI	D number + Custodian's Employee ID
payments to this study participant are greater than \$ son making the payment (the custodian or payor) mu	500 per calendar yea st complete and atta	ar a Vendor Nu ch a Vendor/Pa	nber is require yee Setup Forr	d; if the subject n.	is not a Vendor/Payee in PeopleSoft th
ubject Payment Forms and required docume Petty Cash Reimbursement Requ	ntation must be r lest submitted to	etained by t the Bursar's	e Custodiar Office and a	. For cash pa copy is retair	yments the original is attached t ned by the Custodian.
	For Office	e Use Only			2.5396.775
The Custodian s A Witness signat	ignature is requir ure is required <u>or</u>	ed <u>only</u> if a <u>nly</u> if the Cus	Payor provid todian provi	led the paym ided the payn	ent. nent.

Bus passes

Use the forms located in the **Bus Pass** payment form folder.

2. Make sure you fill out the following fields:

a Visit or Doumont	
Event (e.g., Baseline	SUBJECT PAYMENT FORM
1 or 2, 1-month, 6- month/12-month 1 or 2)	¹ Payment Receipt Number: 156196 / 46847 / Study's PGID # Custodian's Employee ID # Form Sequence #
b. Serial number – 2	Short Study Title: 13-465H: Health 4 Kids (H4K) Intervention Trial for Hispanic Families
digits written in black marker on the back of the passes	IRB Number : HSC20130465H
c. Subject Study ID – SW or SE + 3 digits	Department: Institute for Health Promotion Research
3. Make sure	Visit or Payment Event: BA2
parent/guardian participant signs under Payee	Cash Cash Gift Card Gift Item Payment Type: Sponsor Debit Card Sponsor Gift Card Sponsor Gift
Signature.	Cash Value or Number of Gift Items: 2 X VIA PHY PHS 3
4. Authorized UTHSCSA staff will sign and date under	Serial Number or Sequence Number 1/1 4/6
Custodian or Payor Signature. If you are UHS	Name or Subject Study ID: SW 365
Staff, leave this blank.	² Vendor Number or Vendor/Payee Setup Form Attached:
5. Give all signed forms to Measurement Coordinator.	Payee Signature: (the research participant) $-\frac{10-10-12}{2}$
	Custodian or Payor Signature: OPCC Date: 9-29-17
Measurement Coordinator	1. The Subject Payment Form number is assigned by the custodian. The elements of the 3 part number are the study's PGID number + Custodian's Employee ID Number + a sequence number for the form, i.e. 001, 002, 003, etc.

scans signed forms and saves in POM/Measurement/Data/Payment forms as a PDF with the month, date and year collected (e.g. 3-29-17)

Measurement Coordinator turns in signed paper forms to IHPR Accountant.

Health4Kids (H4K): A Pediatric Obesity Management Intervention Trial for Hispanic Families (R01HD075936)

REDCap/MessageSpace Interface Protocol



Contents

Overview	3
Need for timely REDCap data entry	3
Staff responsible for data entry	3
Recruitment	4
Assessments	6
Part 1	6
Part 2	7
Clinic Visits and 6/12-month assessment dates	9
Clinic Visits	9
6-month/12-month assessment dates	. 10
Current Healthy Lifestyle Prescription (HLP)	. 12
Appendix: REDCap Calendar Protocol	. 13
Standardized entry nomenclature	. 13
Steps to create entries	. 14
Staff roles and responsibilities	. 14

Overview

The purpose of this protocol is to describe required data entry in REDCap in order to activate MessageSpace texts.

Need for timely REDCap data entry

1) The team at UTSA relies on timely data entry in REDCap to determine timing/targets of all text messages. These include reminders about assessments, monitor wear, blood draws, clinic visits; and intervention messages and polls.

2) *Measurement Coordinator* generates several REDCap reports based on appropriate data entry. Examples include retention (birthdays, holiday cards), and monthly report on consent/enrollment

Staff responsible for data entry

Measurement Coordinator and Research Staff – all entries in H4K Assessments forms; 1-mo assessment date/status; Study Withdrawal Form UHS Program Coordinator and Patient Navigator – baseline assessment date for newly eligible participants; Clinic Visit dates/providers; 6-month/12-month assessment dates Health Educator – Clinic Visit 1 HLP and Current HLP
Recruitment

The purpose of this form is to identify eligible participants and schedule their first (Baseline)

assessment. UHS Program Coordinator/Patient Navigator must fill in the following fields for

appropriate interfacing with MessageSpace:

Eligibility Screening Form Uhs		Save Reg
Adding new StudyID (screening ID) SW260		Save and
Event Name: Baseline		Save and
StudyID (screening ID)	SW260	
Record ID		

Note: Be sure to enter the correct StudyID.

BMI percentile 85-98.9?	
ICD-9 codes (check all that apply)	Preset
ICD-9 codes of exclusion (check all that apply)	 401.9 Hypertension 401.1 Hypertension 746.9 Congenital heart disease 250.00 Diabetes 250.02 Diabetes 272.2 Hyperlipidemia (must be on treatment) 493.90 Asthma 558.9 Inflammatory bowel disease Ineligible if one or more checked
Any ICD9 exclusion codes checked?	H Yes No reset
Eligible based on EMR criteria?	

Note: Click "Yes" for all participants meeting BMI eligibility criteria. This will open the ICD-9

exclusion codes field. Enter all ICD-9 and exclusion codes. Make sure you click the correct

exclusion code and EMR eligibility options ("Yes/No").



Select appropriate off-study reason, if applicable; required for data management.

What is the number including the area code?	> 8	enter numbers only	
Will you accept study text messages on your cell phone? * must provide value	Ð	 Yes No eligible if yes 	reset
Do you prefer to receive texts in English or Spanish? * must provide value	> ;	EnglishSpanish	reset
When would be the best time to call or text you regarding the study? * must provide value	Ð	time range, before/after, etc.	

Telephone number (cell) and preferred language are required for MessageSpace texts. Best

time to call is important for reminder calls and telephone surveys.

Baseline assessment Part 1 appointment date/time * must provide value	H MM-DD-YYYY time in hoursmin
Cell phone verified? (UTSA) * must provide value	⊖ Yes ⊘ ◎ No reset
Notes	₽ Ç

Baseline assessment Part 1 date/time is **required** for MessageSpace texts. Enter any

reschedules/pertinent details in Notes.

Assessments

Part 1

Assessment forms are located in the "H4K Assessments" project on REDCap. Research Staff in charge of the Measurement laptop will **at a minimum** enter data in the following fields on the date of assessment: study ID, date, status

Editing existing Study ID SE168		
Event Name: Baseline		
Study ID	SE168	
Study ID	(BE168	
" must provide value		_
Child's gender	🕞 🔍 Male	
* must provide value	🥪 🔍 Female	reset
Child's age	Û	
* must provide value	Ø	
Assessment Date	· · · · · · · · · · · · · · · · · · ·	
* must provide value	MM-DD-YYYY	
Data source EMR?	(H) 🔍 Yes	
* must provide value	No	
		reset
	Complete	
Assessment status	💾 🔍 Missed	
* must provide value	Rescheduled	
		reset
	2-18-17 MP requested reschedule	
Notes		

Note: If participant misses assessment, fill in reason in Notes field below status, and stop here.

	see age and general speaker and the
Anthropometrics (child)	
Child weight (kg)	
^e must provide value	weight to nearest 0.1kg
Child weight (lbs)	(H) View equation
must provide value	🧼 weight (kg) * 2.2
Child DMI (from TANITA subsuit)	

Note: Weight in kg (automatically converted to lbs.) is **required** for accelerometer initialization (see Accelerometry Manual Part 1)

Accelerometry distribution	
Accelerometer use explained and unit provided in good working order?	⊖ Yes ⊖ © No
Accelerometer unit ID	0
* must provide value	
Assessment Part 2 date	
* must provide value	
\$20 gift card provided this visit?	⊖ Yes 🗭 ♥ No
Form Status	
Complete?	B Incomplete ▼
	Save Record

Note: Fill in all fields. Part 2 date is required for MessageSpace!

Click on "Save Record" once you are done; if some fields are missing and an error message appears, click on "Ignore and Leave Record."

If Measurement Coordinator is not onsite for assessment, he/she will fill in rest of fields and update Assessment Part 1 form status to "Complete" ASAP. This is **required** to appropriately populate REDCap reports.

Part 2

Research Staff in charge of the Measurement laptop will **at a minimum** enter data in the following fields on the date of assessment: date, status

· · · · · · · · · · · · · · · · · · ·		
Event Name: Baseline		
Study ID	SE168	
Study ID	U U	
* must provide value	(e.g., SW001, RB034)	
Assessment Date	(H) (Now M-D-Y H:M	
* must provide value	мм-dd-үүүү	
	Completed	
Assessment status	🙂 🔍 Missed	
* must provide value	C Rescheduled	
		rese
Notes		

Note: If participant misses assessment, fill in reason in Notes field below status, and stop here.

B	
Q L	
Û F	1
Q	
(H) 🔘 Male	
🥃 🔍 Female	
	reset
H	
(enter word or abbreviation, e.g. Jan, Feb, Marc	ch, April)
	H H H Male P Female H (enter word or abbreviation, e.g. Jan, Feb, Marc

Note: Adult birth month must be entered at **baseline only** for the birthdays retention program report.

Accelerometer Check		
Accelerometer lost? * must provide value	● Yes ● No Has child lost the accelerometer?	reset
Accelerometer contains sufficient data for analysis? * must provide value	Yes No Are there at least 4 days of wear length recorded?	reset
Accelerometer unit ID	Ð	
* must provide value Labs done? * must provide value	⊕ ⊕ ⊖ ♥ ♥ ♥ ♥ ♥ No	reset

Note: Fill in all fields.

Assessment Part 3 date	H Now M-D-Y H:M
* must provide value	🔎 (for activity monitor return)
	Completed
Assessment Part 3 status	😬 🔍 Missed
* must provide value	Rescheduled
	reset
Accelerometer contains sufficient data for analysis?	• Yes
	🙂 🔍 No
	reset Are there at least 4 days of wear length recorded?
Clinic Visit 1 Date	H Now M-D-Y H:M:S
* must provide value	(use Sunrise schedule provided)

Note: Fill in all fields.

Research Staff in charge of data entry may fill in remaining Part 2 fields at a later date as needed for data management.

Clinic Visits and 6/12-month assessment dates

Clinic Visits

Measurement Coordinator/Research Staff who schedules Clinic Visits will enter them in "Schedule Clinic Visits" form in the "H4K Eligibility Screening-UHS" project in REDCap. Clinic Visit date and provider are **required** for MessageSpace texts.

UHS Program Coordinator is responsible for other entries (Clinic Visit status, reschedules, and situations when participant must be called to schedule Clinic Visit), and for updating form status to "Complete" after successful Clinic Visit 4.

Schedule Clinic Visits	Save Record
Editing existing StudyID (screening ID) SE002	Save and Cont
Event Name: Baseline	Save and go to
StudyID (screening ID)	SE002
Study ID	H View equation
Clinic Visit Number * must provide value	■ 1 → 2 → 3 → 4 reset
Baseline fasting labs (child) done? * must provide value	● Yes ● No Are labs in Sunrise?
Clinic Visit 1 appointment date/time * must provide value	🖞 04-04-2016 10:00 🕮 🕢 Now М-D-Ү НИМ
Clinic Visit 1 Provider * must provide value	Dr. RYAN VANRAMSHORST
Clinic Visit 1 status * must provide value	● completed → ○ rescheduled ○ no-show

6-month/12-month assessment dates

The purpose of this form is to alert UTSA to scheduled 6- and 12-month assessment dates, and trigger MessageSpace reminder texts.

UHS Program Coordinator is responsible for entering 6-month/12-month **Part 1** assessment dates in REDCap H4K Assessment project. *Measurement Coordinator*/Research staff is responsible for entering assessment status and monitor distribution/retrieval, Part 2 and Part 3 (if applicable) assessment dates.

Assessment dates omo 12mo	Save Record
Editing existing Study ID SE002	Save and co
Event Name: 6-month	
Study ID	SE002
StudyID	B SE002
* must provide value 6.month Assessments	
Assessment Date	10 02 02 2017 17:20 00 00 00 00 00 00 00 00 00 00 00 00 0
* must provide value	MM-DD-YYYY
	Complete
Assessment status	🙂 😐 Missed
must provide value	Rescheduled
	rese
	() Yes
Monitor distributed?	🕙 🔍 No
' must provide value	rese
	12-20-16 Requested reschedule due to conflict. 1-10-17 DLP left vm, texted no response. NO-SHOW
Notes	ÐÇ
Part 2 Assessment Date	Expand 02-18-2017 10:30 Now M-D-Y Hold MM-DD-YYYY
	Completed
Assessment status	(i) (ii) Microd
must provide value	Restand data
	 Rescrieduled rese
	MP parent has surgery scheduled, requests reschedule
	-0
Notes	9
	Expand
Acceloremeter Check	
	O Yes
Accelerometer contains sumclent data for analysis?	No No
musi provice value	Are there at least 4 days of wear length recorded?
Assessment Part 3 date	D New DMYHM
' must provide value	(for activity monitor return)
	Completed
Assessment Part 3 status	U O Missed
' must provide value	C Rescheduled
	rese

On completion of the 12-month Part 2 assessment, *Measurement Coordinator* or Measurement staff will mark Form Status Complete, and fill out Study Withdrawal Form (see Withdrawal from the Study for details).

Current Healthy Lifestyle Prescription (HLP)

Health Educator is responsible for filling out "Current HLP" form, located in "H4K Eligibility Screening-UHS" project on REDCap, immediately following Introductory Session. *Health Educator* updates the form as needed to inform UTSA of any changes to MessageSpace texts.

Editing existing StudyID (screening ID) SE002			
Event Name: Beegling	_		_
Cvelu Vane. Dasenne		05000	
StudyID (screening ID)		SE002	
Study ID	Đ	SE002	
* must provide value	and the	(e.g., SW001, RB034)	
Study Group		Standard Care (Control)	
* must provide value	ě	Standard Care PLUS (Intervention)	-
Date last updated	H	01-10-2017 15:36 MC New M-D-YHM	Tese
* must provide value	9		
Updated by (initials)	Ð	MDM	
* must provide value	1999	[
For the following Nutrition HLPs, enter a number using the codes below: 0 = not selected (default) 1 = selected; Track A 2 = selected; Track B			
1) Eat a healthy breakfast EVERY DAY.	•	0	
* must provide value	9	enter a number between 0 and 2	
2) Eat 5 servings of fruits and vegetables EVERY DAY.	(H)	1	
* must provide value	P	enter a number between 0 and 2	
3) Eat healthy snacks like fruits, vegetables, and whole-grain crackers.	(fi)	0	
* must provide value	ø	enter a number between 0 and 2	
4) Limit eating out by preparing meals at home.	(H)	0	
* must provide value	P	enter a number between 0 and 2	
5) Eat together as a family at least 5 to 6 times per week.	(H)	0	
* must provide value	P	enter a number between 0 and 2	
6) Avoid sugary drinks, such as sodas, sweet tea, fruit drinks and sports	-		
drinks. Choose WATER instead.		2 enter a number between 0 and 2	
* must provide value	-	enter a number between 6 and 2	
7) Drink NO MORE THAN 6-12 ounces of 100% juice (no added sugar) each day.	(\mathbf{H})	0	
* must provide value	9	enter a number between 0 and 2	
8) Consume more low-fat milk and dairy products (1% or skim milk).	(H)	0	
* must provide value	ø	enter a number between 0 and 2	
		Play autoida and/or ha active for 1 hour EVERY DAY	
Select ONE Physical Activity HLP	H	Flay outside and/or be active for 1 hour EVERT DATE	
* must provide value	P	 Limit IV, video, video game and computer time to 2 hours each day. 	
Form Status			16261
Complete?	Ð	Complete 🔻	
		Save Record	

Current Healthy Lifestyle Prescription

Appendix: REDCap Calendar Protocol

Standardized entry nomenclature

Assessments = BA1/2/3, 6A1/2/3, 12A1/2/3

Clinic Visits = CV1-4

Target dates = CV2 target!, 6A1/12A1 target!

[staff name] OUT + time (if applicable)

UHS and UTHSCSA holidays

Calendar

VIDEO: How to use the calendar (7 min)

The Calendar application can be used as a project calendar within this project to help organize your schedule and keep track of any upcoming events. It will allow you to add or modify calendar events and then view them either in a daily, weekly, or monthly format below. To add a new note or calendar event to any day, click **+New** at the top of that day's box to begin entering the information.

		K Februa	ary 🔻 2017 🕶 🕅	•	Print Calendar	
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			+ New 1	+ New 2 Miryam out 4:00pm SW143 - BA1 5:00pm SW238 - BA1 5:30pm SW241 - BA2 6:00pm SW119 - BA1	+ New 3 See Miryam out pm	+ New 4 Merlin OUT SW126 - 12A1 target! 10:30am SE095 - 6A2
+ New 5	+ New 6 Miryam out	+ New 7 SE108 - 6A1 target! SE175- BA2 4:30pm SE002 - 6A1-5:30p SE052 - 12A2 5:00pm SE074 - 12A2 6:00pm Mirzem out	+ New 8	+ New 9 SW222 - CV2 target! SE172 - CV1 9:40am 1:20pm SW241 - CV1 6:00pm SW147 - 6A1	+ New 10	+ New 11 SW128 - 12A1 target! SW238 - BA2 10:30am SW119 - BA2 9:30am 11:00am SW161 - BA1
+ New 12	+ New 13 SE160 - BA2 8:30am	+ New 14 SE155 - CV2 target	+ New 15 Miryam out pm 10:35am SW059 - CV1	+ New 16 5 W147 - 6A2 5:30pm 4:30pm SW259 - BA1 5:00pm SW199 - BA1	+ New 17 SW210 - CV2 target! SW107 - CV2 target! Miryam out pm	+ New 18 Miryam works today Ruben OUT Dorothy OUT 9:00am SE099 - BA1 11:00am SE113 - BA1
+ New 19	+ New 20 UHS Holiday 5E156 - CV2 target! 5E161 - CV2 target!	+ New 21 ♀ Dorothy OUT 3-5pm SE078 - 6A1-5:00p 2:30pm SE139 - CV1 3:05pm SW107 - CV2 6:00pm SE073 - 6A1 7:10pm SE155 - CV2	+ New 22	+ New 23 SW199 - BA2 4:30pm S:00pm SW172 - BA1 S:30pm SW145 - 6A1 6:00pm sw227 - BA1	+ New 24	+ New 25 SW161 - BA2 10:30am SW259 - BA2 9:30am Ruben OUT SE107 - 6A1 target! SE107 - 6A1 target! Herlin OUT +3 more
+ New 26	+ New 27	+ New 28 Dorothy OUT SE103 - 6A1-4:00p SE105 - 6A1-5:00p SE143 - CV2 target! SE175 - CV1 7:25pm				

Steps to create entries

1. Go to "H4K Eligibility Screening-REDCap. Click on "Calendar" on left Applications.

2. Go to the date in question and c up window entitled "Add New Cale open.

3. Click on "Study ID (screening ID). dropdown menu, select the approp

4. Enter the time of event (if applic field (use military time, i.e. 1300 fo enter details (event type and time) (see Standardized Nomenclature above).

5. For staff time off or holidays, simply enter details in notes space; do not select a Study ID.

Staff roles and responsibilities

UHS Program Coordinator/Patient Navigator – A1, CV1 reschedule, CV2/A1-month reschedule,

CV3-4, UHS time off

Measurement Coordinator/Research Staff – A1 reschedule, A2/3, CV1, CV2/A1-month

Measurement Coordinator - target CV2, 6A1/12A1

Health Educator - time off to avoid CV1 conflicts;

ALL Staff - time off on assessment days (M AM, T AM/PM, W PM, Th PM, Sat AM)

UHS" project in	Project Home Project Setup Project status: P	roduction		The Calen events. It v calendar e	dar appli vill allow) event to ar	cation can you to add ny day, clic	be used as or modify c k +New at t	a projec alendar he top of
ene projectii	Data Collection			Day	Week	Month	Agenda	
t side under	Record Status	Dashboard ords						44
	Applications		Ξ	Sunday	P	londay		Tuesd
lick "New." A pop- endar Event" will	Calendar Event - Googl Calendar Event - Goog	Reports, and Stats ol e Chrome dcap.uthscsa.edu/REDC ndar Event	Cap/redcap	o_v6.15.14/Caler	idar/calend	ar_popup. Close 🛛	x.php?pid=9	97
" From the	Date:	02/01/2017 (Wednes	sday)					
	Time: (optional)	HH:MM (24-hr fo	rmat)					
priate study ID.	Notes:						ar within this p nd then view t 's box to begin	roject to hels tem either in entering the
	StudyID (screening	- not applicable - Y	Select from dr Study ID (scre	op-down if calendar ening (D)	event is for ex	listing	iary 🔻 20	17 • 🕪
or 1:00pm). Then		Anot applic able - A MariTEST SAHAKTest		1000			Wedne	esday
) in the Notes space		SE001 ven SE002 ven SE003 SE004 SE005 SE006	t				+ New G Miryam out (sm 1

REDCap f Looged in as longparma | Log out

H4K Eligibility Screening - UHS

SE052 - 12A2 5:00 SE074 - 12A2 6:00

📅 Calendar

Health4Kids (H4K): A Pediatric Obesity Management Intervention Trial for Hispanic Families (R01HD075936)

Assessment Reminder Calls Protocol



Table of Contents

Overview	2
Daily Duties	2
Access needed by Research staff:	2
REDCap Steps	3
How to determine upcoming appointments	3
Reminder Calls Script Error! Boo	kmark not defined.
Logging Assessment Reminder Calls Steps	9

Overview

Research staff under Measurement Coordinator's supervision performs assessment reminder calls using the IHPR office phone.

The purpose of assessment reminder calls is to remind participants of their upcoming appointments. Assessment categories are: Baseline, 6 Month, and 12 Month. The reminder call is generally made one day before the assessment appointment.

Daily Duties

- Review REDCap Calendar in H4K Eligibility Screening-UHS.
- Make reminder phone calls for all of the assessments. (Below is a reminder of the frequency and order of assessments.)
 - o Baseline
 - Part 1
 - Part 2
 - Part 3 (as needed)
 - o 6 month
 - Part 1
 - Part 2
 - Part 3 (as needed)
 - o 12 Month
 - Part 1
 - Part 2
 - Part 3 (as needed)
- Log calls into "Assessment Reminder Calls" Red Cap Project.

Access needed by Research staff:

- REDCap project: Assessment Reminder Calls
- REDCap project: H4K Eligibility Screening –UHS project/Calendar.

NOTE: Contact Measurement Coordinator if access is not available to REDCap or the project H4K Eligibility Screening –UHS and Assessment Reminder Calls.

REDCap Steps

How to determine upcoming appointments

1. Go to https://redcap.uthscsa.edu/REDCap/ and log in with your assigned username and password.

Log In				
Please log in with your user n	ame and password. If you are h	aving trouble logging in,	please contact <u>Rob</u>	<u>vert Geller (210-450-1471)</u> .
	Username:	tobarm3		
	Password:			
		Log In	Forgot your password?	

2. After logging into REDCap, click on the "My Projects" tab.



3. Once in the "My Projects" tab scroll down and click on the "H4K Eligibility Screening-UHS" button.

	-			uon ionnai.	
You have no Access Das	ot accessed the Us hboard at least on	er Access Dashboard yet. I e a month to review which	It is recommended that you users still have access to y	access the User your projects.	G
My Projects	Corga	nize			
Project Title				Record	s Fie
POM Spanish	Surveys			38	4
H4K Eligibility	Screening - UHS			1,083	13
H4K Assessme	ents			125	63
Cultural Barrie	rs to Cervical Cano	er Prevention		1	7

4. Click the "Calendar" tab, which is located at the left (under Applications section).

Logged in as tobarm3 Log out My Projects Project Home	A Project Home
Project Setup Project status: Production	
Data Collection Image: Record Status Dashboard Add / Edit Records	Quick Tasks Image: Codebook Codebook The Codebook is a human- serves as a quick reference Export data Export data
Applications Calendar Data Exports, Reports, and Stats	Create a report Build custom reports for qu Check data quality Build or execute data quali
 ➡ Data Import Tool ➡ Data Comparison Tool ➡ Logging ✓ Field Comment Log ➡ File Repository ➡ Data Quality 	Project Dashboard The tables below provide general dashboard informatio project statistics, and upcoming calendar events (if any). Current Users

Assessment Reminder Calls Protocol Last revised 9/10/2018

- **5.** Check the calendar for upcoming assessments. Make reminder call 1 business day before the appointment. For example:
 - If there is an appointment on Saturday, September 3rd, make the reminder call on Friday, September 2nd.
 - For appointments scheduled on Mondays, make reminder calls a business day of the week before.
 - For holidays scheduled on a business day such as Monday, make call a business day of the week before.

	K Septer	nber 🔻 2016 🔻 🕨		<u> Print Calendar</u>	
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			+ New 1 © SW126 - 642 5:30pm	+ New 2	+ New 3 © SW128 - 6A1-10:00a © Miryam out © 10:30am SW179 - BA1
New 5	+ New 6 SE107 - BA2 5pm → Dorothy dental 3-5 SW015 - CV4-5:40p ■ 10:00am SW059 - BA1 ■ 5:30pm SE078 - BA2	+ New 7	+ New 8 SW126 - CV3 1:25pm SW046 - CV4-3:00pm 4:30pm SW134 - BA1 6:00pm SW163 - BA2	+ New 9 Miryam out pm SE105 - CV1-3:15p Crystal OUT after 1pm	+ New 10
+ New 12 SE082 - CV2-8:50am SW163 - CV1 9:10am SW162 - CV2 target! Dorothy OUT	+ New 13 SE080 - CV1-5:30p SE107 - CV1 3:15pm SE078 - CV1 6:00pm SW146 - CV2 target! Orothy OUT	+ New 14 © SE087 - CV2 target!	+ New 15 SW128 - 6A2 4:45pm SW179 - BA2 6pm SW134 - BA2 4pm S:00pm SW171 - BA1 S:30pm SW169 - BA1	+ New 16 Miryam out pm Crystal OUT pm	+ New 17 © SE111 - BA1-9:00am © 10:00am SE079 - BA1 © 10:30am SE112 - BA1
+ New 19 © SE087 - CV2-3:15p © SE039 - 6A1 target!	+ New 20 SE103 - CV1-5:30p SW059 - BA2 10am SE076 - 6A1 target! Orothy OUT PM SW166 - CV2 target! SW148 - BA1 9am	+ New 21	+ New 22	+ New 23 Miryam out pm SW134 - CV1 3:00pm	+ New 24 © SW139 - 6A1 target! 9:00am SW168 - BA1 © 10:00am SW168 - BA1 10:30am SW173 - BA1 © 10:30am SW173 - BA1 11:00am SW170 - BA 2
New 26 SW162 - CV2-6:20p 8:30am SE111 - BA2 3:30pm SE090 - CV1 3:30pm SE090 - CV1	+ New 27 SW146 - CV2-5:40p SW179 - CV1-4:20p SE087 - CV2-2:30p 4:00pm SE083 - BA1 5:00pm SE114 - BA1 +2 more	+ New 28 SE108 - CV1-8:55a SW170 - CV1 1:25pm	+ New 29 Corothy OUT PM SW166 - CV2 3pm SW140 - 6A1 target! Daisy out	+ New 30 Corothy OUT PM Miryam out pm Daisy out	

6. The calendar will provide you with the participant's study ID, date, and time of the assessment. As in the example below (outlined with the red arrow), the study ID's, times, and abbreviations. Only call participants with the following abbreviations: BA1, BA2, 6A1, 6A2, 12A1 and 12A2.
NOTE: (Do not call participants with other abbreviations, such as: "6A1 target!" or "CV1".)



7. To access the participant's information such as last name, phone number, preferred language and best time availability for calls, go to "Add/Edit Records" tab (under Data Collection.)

REDCap [™]	H4K Eligibility Screening - UHS
 Logged in as tobarm3 Log out My Projects Project Home Project Setup Project status: Production 	☆ Project Home Project Setup
Data Collection	Quick Tasks
Record Status Dashboard	Codebook The Codebook is serves as a quick Export data Export your data
Applications	Create a report Build custom rep
📴 Calendar	Check data quality Build or execute

8. Type in the participants' study ID and press enter (Example: SAHAKTest).

ou may view an existing record/response by selec ext box below and hit Tab or Enter. To quickly find a s you begin to type in it, allowing you to select it.	ting it from the drop-down lists below. To create a new re a record without using the drop-downs, the text box will a
Total records: 1,089	
Choose an existing StudyID (screening ID)	SAHAKTest •
Enter a new or existing StudyID (screening ID)	SAHAKTest
Data Search	
Choose a field to search (excludes multiple choice fields)	select search field
Search query Begin typing to search the project data, then click an item in the list to navigate to that record.	

9. On the "Eligibility Screening Form Uhs", click on the button "Baseline" to display participant information.



	was obtained to be screened about the study. * must provide value	1	
	Date screening completed * must provide value	Ð	01-18-2017 Today M-D-Y
)n ss	IF going off protocol, reason:	Ð	 not interested in study unable to contact no longer eligible (no-shows/red)
	Does your child live with you full-time? (i.e., does not live at alternate location every other week, alternating months, etc.) * must provide value	Ð	● Yes ○ No
	May I have your cell phone number? * must provide value	Ð	● Yes ○ No
7	What is the number including the area code? * must provide value	H P	(210) 262-8110 enter numbers only
	Will you accept study text messages on your cell phone? * must provide value	H P	 Yes No eligible if yes
7	Do you prefer to receive texts in English or Spanish? * must provide value	Ð	 English Spanish
7	When would be the best time to call or text you regarding the study? * must provide value	Ð	4:30pm time range, before/after, etc.

Reminder Calls Script

ENG: Hi, may I please speak with Mr. /Ms. <u>(parent's name)</u>? Hi my name is <u>(your name)</u> and I am calling with the Health4Kids study. I am calling to remind you of your child's appointment which will be on <u>(day)</u>, <u>(date)</u> at <u>(time)</u> at the <u>(location of clinic: either Southwest or Southeast)</u> clinic. The appointment will be in <u>(Hallway B- Radiology: Southwest Clinic OR Second Floor- Pediatrics:</u> <u>Southeast Clinic</u>). Will you be able to attend the appointment?

SPN: Hola, ¿podría hablar con el Sr. / Sra. <u>(nombre de los padres)</u>? Hola mi nombre es <u>(su nombre)</u> y estoy llamando del estudio Health4Kids. Estoy llamando sólo para recordarle de la cita de su hijo(a) que será el <u>(día), (mes)</u> a las<u>(hora)</u> en la <u>(Ubicación de la clínica: suroeste o sureste)</u> clínica. La cita será en <u>(Pasillo B- Radiología: Clínica Suroeste o Segundo</u> <u>Piso- Pediatría: Clínica del Sureste</u>. ¿Podrá asistir a la cita?

If participant needs to reschedule or cancel, provide them with **Program Coordinator Name, and number**. In case a participant is unable to answer your call, leave a voicemail using the same format as above. (**Optional**) If a participant does not have a voice mail set up, send a reminder text.

For participants who do not have voicemail, send the appointment reminder by text.

Script of Text Message Reminder:

ENG: Health4Kids: This is a reminder that you and your child have an appointment <u>(day)</u>, <u>(date)</u> at <u>(time)</u> at the <u>(location of clinic)</u>. The appointment will be in <u>(Hallway A- Radiology: Southwest Clinic)</u>.
OR Second Floor- Pediatrics: Southeast Clinic). If you are not able to attend, please contact Program
Coordinator to reschedule at (office number) or (cell number). *

SPN: Health4Kids: Este es un recuerdo de que usted y su hijo(a) tienen una cita el <u>(día), (mes)</u> a las <u>(hora)</u> en la <u>(Ubicación de la clínica: suroeste o sureste)</u> clínica. La cita será en <u>(Pasillo B- Radiología: Clínica Suroeste O Segundo Piso- Pediatría: Clínica del Sureste)</u>. Si no puede asistir, por favor contacte a nuestra coordinadora del programa para hacer otra cita al (número de oficina) o (número de celular).*

*(ADD Address of clinic location at the bottom of text)

University Family Health Center-Southwest	University Family Health Center-Southeast
2121 SW. 36th Street	1055 Ada St,
San Antonio, 1X 78237	San Antonio, TX 78233

Logging Assessment Reminder Calls Steps

How to log Assessment Reminder Calls on REDCap:

11. Once the call is made, log it in the project "Assessment Reminder Calls" on REDCap. Go to "Add / Edit Records" and choose between the SE/SW clinics and enter the Study ID. Then click which type of assessment.

				-	
Health Educator Intervention Forms (copy)	240	273	6 forms		Ø
H4K Birthday/Holiday Card	0	11	1 form		۶
Test_2	1	8	1 form	Ē.	8
Test_3	2	8	1 form		Ø
Assessment Reminder Calls	11	11	1 form		Ø



Total records: 11											
Choose an existing Study ID Arm 1: SE Clinic 🔻 select record 🔻											
Enter a new or exis	sting Stud	dy ID		Arm 1: S	Arm 1: SE Clinic SAHAKTest						
Data											
Instrument	BA1	BA2	BA3	6A1	6A2	6A3	12A1	12A2	12A3		
Assessment Reminder Calls								\bigcirc			

12. Once the type of assessment has been select, fill out the assessment reminder call form.



13. Once the assessment reminder log has been filled out, complete the form and save and exit.

Form Status		
Complete?	🕒 🖰 Complete	
	Save & Exit Form Save & 👻	
	Cancel	
Assessment Dominder Colle Droto sel	11	

Assessment Reminder Calls Protocol Last revised 9/10/2018

Health4Kids (H4K):

A Pediatric Obesity Management Intervention Trial for Hispanic Families

(R01HD075936)

Data Entry Protocol



Contents

Section One/DCF	
Finding participants on REDCap	Error! Bookmark not defined.
TANITA uploads	
Scanning data collection forms con't	5
Saving data collection forms on POM drive	6
Uploading saved DCF from POM drive onto REDCap Con't	7
Section Two/Surveys	
English and Spanish Surveys	9
Entering surveys on REDCap	
Scanning surveys on Xerox	

Section One

Data Collection forms (DCF)

2) Locate participant folder.

- Find paper document titled "Data Collection form"
- Make sure it is checked off for a measurement period "Baseline, 1-month, 6-month, or 12-month".
- Retrieve both Assessment 1 (child) and Assessment 2 (adult) from folder; we will be entering data onto REDCap.
- NOTE: 1-month assessments do NOT have a part 2.

3) Locating REDCap.

- Open internet browser, type https://redcap.uthscsa.edu/REDCap/ in search bar.
- Log in.

REDC	ap		
Log In			
Please log in with you contact <u>Robert Geller</u>	r user name and password. If (<u>210-450-1471) or Cynthia Ort</u>	you are having trouble loggi iz (210-450-1859).	ng in, pleas
	Username:		
	Password:		
	Log In	Forgot your password?	
		F	iqure

- Go to "My Projects".
- Listed projects should pop up.
 - POM Spanish Surveys
 - H4K Eligibility Screening UHS
 - H4K Assessments
 - o Assessment Reminder calls
- Go to H4K Assessments.

EDCap	
My Projects	
POM Spanish Surveys	<u>n</u>
H4K Eligibility Screening - UHS	
H4K Assessments	<u>s</u>
Assessment Reminder Calls	a v

2 | Page

4) Finding Participants on REDCap.

- On left hand side go to tab labeled Add/ Edit Records.
- Enter study ID in section "Enter a new or existing Study ID".
- Study ID can be located at the top left corner of DCF's (Data Collection Form) or on tab of folder.

REDCap	H4K Assessments
 Logged in as herreraj12 Log out My Projects Project Home REDCap Messenger 	Add / Edit Records You may view an existing record/response by selecting it from the drop-down lists below. To create a new record/response, type a new value in the text box below and hit Tab or Enter. To quickly find a record without using the drop-downs, the text box will auto-populate with existing record names as you begin to type in it, allowing you select it.
Project status: Production	Total records: 587
Survey Distribution Tools Record Status Dashboard Add / Edit Records	Choose an existing Study ID select record • Enter a new or existing Study ID
Figure 2	Figure 1

5) Locating where to enter data collection forms on REDCap.

- A chart will pop up.
- The top will show measurement periods "Baseline, 1-month, Current HLP, 6-month, and 12-month".
- The left side column will show Data Collection Instruments.
- We want to click on the dot that intersects with the correct measurement period and Data Collection Instrument that we are working on.
- "Assessment Part 1" is where we will enter information from paper document titled "Data Collection Form-CHILD".
- We need to make sure every question is filled out correctly on REDCap.
 - i. Make sure what is on REDCap and the paper "DCF" form match.
- You will do the same for Assessment Part 2, finding the dot that intersects with "Assessment Part 2 and the measurement period we are working on. We will be entering data from paper document titled "Data Collection Form-Adult"

Data Collection	Baseline	1- month	Current HLP	6- month	12- month
Informed Consent	۲				
Assessment Part 1					
Assessment Part 2	Õ			Õ	Õ
TANITA					\bigcirc
One-month Anthropometrics		۲			۲
Assessment dates				۲	
Hlp Visit 3 6month					
Hlp Visit 4 12month					
Current Healthy Lifestyle Prescription			0		
Reduced Data Collection Survey (ENG) (survey)					
Family Health					۲
Family Nutrition					
Survey (survey)	2				

6) <u>TANITA uploads.</u>

- TANITA's are taped on DCF Forms, they are a tiny receipt that contains various body composition numbers.
- First we will select the dot that intersects with the right measurement period and "TANITA" and here we will enter the information from TANITA receipt.
 - i. After we enter in the data correctly we will go to section labeled "complete?" and select "unverified".
- We will need to upload the entire paper document (DCF) on REDCap.
- Some may already be uploaded on REDCap, we can check by going back to "Assessment Part 1", by clicking the tab on the left.
- Here, if we do not see one entered we will need to do so.
 - i. Figures 7 and 8 show what the page will look if the upload is missing.
- We will need to scan DCF form using the Xerox Printer.

H4K Assessments		
TANITA		
Adding new Study ID SE256		
Event Name: Baseline		
Study ID	SE256	
Child Data		
Fat %		
* must provide value		
Fat Mass (kg)		
* must provide value	Ģ	
Fat Free Mass (kg)		
* must provide value		
Adult Data		
Adult Fat %		
* must provide value	P	
Adult Fat Mass (kg)		
* must provide value		

1mo Child TANITA upload	(i) (i) Upload document
Upload date	H D Today M-D-Y
Staff initials upload	₿
Child Waist circumference in cm * must provide value	₽
Child Waist circumference in cm 2 * must provide value	

Figure 8

Figure 7

7) <u>Scanning Data Collection Forms.</u>

- Turn on screen of printer by pressing home button, we will use the Xerox.
- Go to "Email".
 - i. Go to "Manual Entry", Here we will need to type in your uthscsa.edu email.
- Naming the document.
 - i. Here, we will choose the correct format for the document we are working on.

Measurement Period.	Baseline	1 month	6 month	12 month
Assessment Part 1	StudyID_BA1 DCF (child)	StudyID_1-mo DCF	StudyID_6A1 DCF (child)	StudyID_12A1 DCF (child)
Assessment Part 2	StudyID_BA2 DCF (adult)	*there is no part 2	StudyID_6A2 DCF (adult)	StudyID_12A2 DCF (adult)

Figure 9

- DCF's for Assessment Part 1 (CHILD) will be 2-sided. Go to pages and make sure it displays 2-sided.
- DCF's for Assessment Part 2 (ADULT) will be 1-sided. Go to pages and make sure it displays 1-sided.
- DCF's for 1-month will be 1-sided only because it displays both child and adult. Go to pages and make sure it displays 1-sided.
- Go to Resolution and click on 600 DPI, this is very important so we can see the faded TANITA's.
- Once we are done scanning press SEND at the top right corner.
- Remember to clear out all information on screen, including your email and name of document.

8) Saving data collection forms on POM drive.

- We will need to open outlook to retrieve the scans by email.
- Open scanned document.
- Go to "save as"
- Select "pom" under "Computer"



Figure 10

- Scroll down and select "scanned participant forms" folder.
- Select SE or SW depending on study ID.

🔆 Favorites	Name	*	Date modified	Туре
🧮 Desktop) SE		3/14/2019 10:14 AM	File folder
🐌 Downloads	iii sw		3/21/2019 9:13 AM	File folder
Recent Places				
Figure 11				

• Find study ID's folder.

	0	
SW001 (SPN)	10/15/2018 11:53	File folder
SW016 (RDC-SPN)	2/11/2019 3:26 PM	File folder
J SW023	2/11/2019 3:43 PM	File folder
퉬 SW139	2/13/2019 3:38 PM	File folder
퉬 SW142 (SPN)	10/15/2018 10:52	File folder
🍌 SW161 (SPN)	2/19/2019 10:25 AM	File folder
🍌 SW177 (SPN)	2/19/2019 10:28 AM	File folder
3W206	12/31/2018 10:18	File folder
3W214	2/19/2019 3:34 PM	File folder
🍌 SW231	2/20/2019 10:22 AM	File folder
3W238	2/20/2019 10:41 AM	File folder
SW247 (SPN)	2/20/2019 2:54 PM	File folder
3 SW265	11/16/2018 9:05 AM	File folder
🍌 SW285	11/16/2018 9:06 AM	File folder
J SW298	10/17/2018 10:30	File folder
J SW350 (SPN)	10/17/2018 3:41 PM	File folder
🍌 SW355	10/31/2018 10:24	File folder
🍌 SW357	11/19/2018 5:58 PM	File folder
CIM/101	2/21/2010 6-00 DM	Eile felder

Figure 12

- If there is not one created we will need to create a new folder.
 - i. We will call the folder the studyID and within that folder we will create another folder labeled for the measurement period you are working on.

Name	Date modified	гуре
퉬 1-month	2/20/2019 11:27 AM	File folder
🍌 6-month	2/20/2019 11:26 AM	File folder
퉬 12-month	2/20/2019 11:25 AM	File folder
Baseline	2/20/2019 11:26 AM	File folder

Figure 13

- You should see multiple folders select the correct measurement period folder.
- This is where we will place our scanned DCF for both CHILD and ADULT.
- Once it is saved you can delete the email.

9) Uploading saved DCF from "pom" drive onto REDCap.

• Go back to assessment screen for the Study ID you are working on.

H4K Assessments	
Assessment Part 1	
Adding new Study ID SE256	
Event Name: Baseline	
Study ID	SE256
Study ID * must provide value	
Child's gender * must provide value	⊕ ◯ Male ♀ ◯ Female
Child's age * must provide value	B 0
Assessment Date * must provide value	H Now M-D-Y HM
Data source EMR? * must provide value	⊛

Figure 14

- Scroll down to section labeled "TANITA upload".
- Click on "upload document"
- Locate scanned DCF for Study ID you are working on, as shown in section 7 of this protocol.

Upload document	×
TANITA upload	
Select a file then click	the 'Upload Document' button
Choose File No file ch	losen
Upload document	(Max file size: 196 MB)
Figure 15	

- Once located and saved on REDCap, you will need to enter date and time.
 - i. You can do this by simply pressing the button "Today"
- You will also need to input your initials.
- Make sure under section labeled "Complete" you choose "unverified"
- Then select "save and exit form".

Accelerometry distribution	
Accelerometer use explained and unit provided in good working order? * must provide value	i) [©] Yes [⇒] [©] No res
Accelerometer unit ID * must provide value	₩
Assessment Part 2 date * must provide value	H Now M-D-YHEM
\$20 gift card provided this visit?	i) ○ Yes ○ ○ No res
Form Status	
Complete?	B → Incomplete ▼
	Incomplete Unverified Complete Cancel

Figure 16

Section Two

Surveys (we do not administer surveys at 1-month assessments)

10) Locate participant folder.

- Find paper Surveys in folder
- Make sure it is for the right measurement period you are working on.
- We will be entering all pages from survey for baseline data.

Names of surveys

Encuesta Salud De La Familia
Encuesta Nutricion De La Familia
Encuesta De Actividad Fisica (nino/a)
Encuasta Actividad Fisica De La Familia
Encuesta Demografia Familiar/Estado De
Salud

Figure 17

Measurement Periods

in English	in Spanish
Baseline	Punto De Referencia
6 month	6 Meces
12 month	12 Meces

Figure 18

11) Locating REDCap.

- Open internet browser, type <u>https://redcap.uthscsa.edu/REDCap/</u> in search bar.
- Log in.
- Go to "My Projects".
- Listed projects should pop up.
 - POM Spanish Surveys
 - H4K Eligibility Screening UHS
 - H4K Assessments
 - Assessment Reminder calls
- Go to H4K Assessments.



- 12) English and Spanish Surveys.
 - If the participant's paper survey is in *English*, you will use the "H4K Assessments" Project.
 - If the participant's paper survey is in *Spanish*, you will use the "POM Spanish Surveys" Project.
 - If the participant completed their study in REDCap already (meaning there is no paper file in their folder) verify that their "Initial data entry format" is bubbled in "REDCap" and that the Form Status shows "Complete"
 - If the participant does not have any paper surveys and their survey was not completed in REDCap, proceed to the troubleshooting portion of this protocol.

13) English Surveys on REDCap (if survey is in Spanish skip to next step).

- On left hand side go to tab labeled Add/ Edit Records.
- Enter study ID in section "Enter a new or existing Study ID".
- Study ID can be located at the top left corner of survey or on tab of folder.

Logged in as herreraj12 Log out	🛃 Add / Edit Reco	ords
 My Projects Project Home REDCap Messenger Project status: Production 	You may view an existi To create a new record Enter. To quickly find a populate with existing	ng record/response by selecting it /response, type a new value in the record without using the drop-do record names as you begin to type
Data Collection		
Survey Distribution Tools	Total records: 587	
Record Status Dashboard Add / Edit Records	Choose an existing Study ID	select record 🔻
Applications	Enter a new or	
🛤 Calendar	existing Study ID	
Figure 20		

14) Spanish surveys on REDCap (if survey is in English skip to next step).

- You will go to "my projects" as explained in section 2 of this protocol.
- You will go to "POM Spanish Surveys"
- On left hand side go to tab labeled "Add/Edit Records"
- Enter study ID in section "Enter a new or existing Study ID"
- Study ID can be located at the top left corner of survey or on tab of folder.

			herrer	aj12	wore •
Listed below are the REDCap projects to which you currently have access. Click the proj review which users still have access to your projects, visit the <u>User Access Dashboard</u> .	ect title to op	en the j	oroject. <u>Read</u>	more	То
My Projects Drganize		Filte	r projects by	title	
Project Title	Records	Fields	Instrument	Туре	Status
POM Spanish Surveys	173	553	1 form 6 surveys	<u>_</u>	
H4K Eligibility Screening - UHS	1,759	129	8 forms	<u>s</u>	
H4K Assessments	587	753	9 forms 6 surveys	_	
Assessment Reminder Calls	102	17	1 form	1	



15) Entering Surveys on REDCap.

- A chart will pop up.
- The top will show measurement periods "Baseline, 1-month, Current HLP, 6-month, and 12-month".
- The left side column will show Data Collection Instruments.
- We want to click on the colored dot that intersects with the right measurement period and survey that you are working on.
- We need to make sure every question is filled out correctly on REDCap.
 - i. The paper survey and REDCap need to match.

H4K Assessme	nts 🛑					
📧 Record Home	Page					
Record "SW254" it, click any gray statu	is a new Study Is icon below.	ID. To create	the record and	l begin enter	ing data for	
The grid below displa entered for the curre the colored status ico	ays the form-by ently selected re ons to access th	-form progres cord. You ma nat form/even	ss of data ry click on t.	Legend O Incom Unve Comp	for status ico nplete 💮 Inc rified 🥑 Pa plete 🚳 Co	ons: complete (no data save rtial Survey Response mpleted Survey Respo
	NEW	Study ID SV	V254 Table no	<u>L displaying pro</u>	perly. ?	
Data Collection Instrument	Baseline	1- month	Current HLP	6- month	12- month	
Informed Consent Documentation	۲					
Assessment Part 1				۲		
Assessment Part 2				۲		
TANITA				۲		
One-month Anthropometrics		۲			۲	
Assessment dates 6mo 12mo				۲		
Hlp Visit 3 6month						

Figure 22

🔢 Record Home Page				
Record "SE254" is a new Study ID. To creat click any gray status icon below.	e the record ar	id begin ente	ring data for it,	
The grid below displays the form-by-form prog entered for the currently selected record. You n the colored status icons to access that form/ew	ress of data nay click on ent.	Legen O Inco Unv Cor	d for status ico omplete () inc rerified () Pa nplete () Co	ons: complete (no data si rtial Survey Respon: mpleted Survey Res
NEW Study ID S	5E254			
Data Collection Instrument	Raseline	Six-	Twelve-	
Data Collection Instrument	Baseline	Six- month	Twelve- month	
Data Collection Instrument HIp Visit 4 12month Reduced Data Collection Survey (SPH) (survey)	Baseline	Six- month	Twelve- month	
Data Collection Instrument HIP Visit 4 12month Reduced Data Collection Survey (SPH) (survey) Family Health Survey Spn (survey)	Baseline	Six- month	Twelve- month	
Data Collection Instrument HIP Visit 4 12month Reduced Data Collection Survey (SPH (usrvey) Family Health Survey Spn (usrve) Family Nutrition SurveySpn (usrve)	Baseline	Six- month	Twelve- month	
Data Collection Instrument HIp Visit 4 12month Reduced Data Collection Survey (SPH) (survey) Family Neutrition Surveyspn (survey) Physical Activity Questionnairechildspn (survey)	Baseline	Six- month	Twelve- month	
Data Collection Instrument Hip Visit 4 12month Reduced Data Collection Survey (SPH) (unwy) Family Health Survey Spn (unwy) Family Nutrition Survey(spn (unwy) Physical Activity Questionnairechildspn (unwy) Family Pasturey Spn (unwy)	Baseline © Control Control C	Six- month	Twelve- month	

Figure 23

Name of Survey	Name of file
Family Health Survey	StudyID_Measurement period (BA,6A,12A)Fam HS
Family Nutrition Survey	StudyID_Measurement period (BA,6A,12A)Fam NS
Child Physical Activity Survey	StudyID_Measurement period (BA,6A,12A)child PAS
Family Physical Activity Survey	StudyID_Measurement period (BA,6A,12A)Fam PAS
Family Demographic Survey	StudyID_Measurement period (BA,6A,12A)Fam Dem

Figure 24

16) <u>Scanning Surveys on Xerox.</u>

- Turn on screen of printer by pressing home button.
- Go to "Email".
- Go to "Manual Entry", Here you will need to type in your uthscsa.edu email.
- Next we will need to name the document.
- We will need to scan every page front and back so make sure in "pages" it displays 2-sided.
- NOTE: BA is Baseline, 6A is 6-months, and 12A is 12-months.

- Once you are done scanning press SEND at the top right corner.
- Remember to clear out all information on screen, including your email and name of document.

17) Saving Surveys on POM drive.

- You will need to open outlook to retrieve the scans by email.
- Open scanned document.
- Go to "save as"
- Select "pom" under "Computer"
- Scroll down and select "scanned participant forms" folder.
- Select SE or SW depending on study ID.
- Find study ID's folder.
- If there is not one created we will need to create a new folder.
 - i. We will call the folder the studyID and within that folder we will create another folder for the measurement period you are working on.
- You should see multiple folders labeled "baseline, 1-month, 6-month, and 12-month" folder.
- This is where we will place all surveys as well as DCF.
- Once it is saved you can delete the email.

18) <u>Uploading saved Surveys from "pom" drive onto REDCap.</u>

- Go back to the surveys screen for the Study ID you are working on.
 - i. As shown in sections 3 and 4 of this protocol.
- Scroll down to section labeled "initial data collection format"
 - i. Click on "paper"
 - ii. This will now display "upload document" you will click on it.
 - iii. Click on "upload document".
- Locate scanned Survey for Study ID you are working on.
- Once located and saved on REDCap, you will need to enter date and time.
 - i. You can do this by simply pressing the button "Today"
- You will also need to input your initials.
- Make sure under section labeled "Complete" you choose "unverified"
- Then select "save and exit form".

Section Three

FAQ (troubleshooting)

- 19) What if the answer on the survey is answered twice?
 - If the answer is answered twice you will leave the answer blank and write a note on the text bubble of the question that it was answered twice
- 20) What if the answer on a survey is unanswered?
 - Again, you will leave this blank and write a note on the text bubble of the question
- 21) What if the time is not specified pm or am on survey question?
 - You will leave this portion blank and just include the time that was entered, do not try guessing. The staff verifying the entry will assess the situation and record the problem accordingly.
- 22) What if answers from questions on paper survey do not match up with answers on REDCap?
 - If this occurs, notify research staff, Marisol McDaniels or Sarai Llamas immediately. It will take some further looking into.
- 23) What if surveys were done in the wrong section? (ex: An English survey was done in the POM Spanish Surveys or vice versa.)
 - Once again, notify Marisol McDaniels or Sarai Llamas for further assistance
Handout for Standardizing Time

Objective: In this section you will learn how to convert hours to minutes for the **"Parent Physical Activity Section (Q's 41-47)"** located towards the end of the **Family Demographic Survey**.

Step 1:				
Log in to REDCap				
♠ REDCap x + ← → C ① # redcap uthicks are Ⅲ Apps □ UT Heads SA ● DEAS Logie	la/BDCayl Holug, 6 10 ADJulifeby (Heceric) James php?pail=1998 The U. 🛞 Methian damay - (K) UHIC Libraris an. 🗖 Bay Lapin - 🥐 HAC Sighility Sees			- 94 风 ☆
RED	Сар			
Log In				
Please log in wi Robert Geller (2	th your user name and password. If you are having <u>'10-450-1471) or Cynthia Ortiz (210-450-1859)</u> .	trouble logging in, p	blease contact <u>re</u>	<u>dcap@uthscsa.edu</u>
	Username:	lizzoxo		
	Password:	••••••		
	Log Ir	1 Forgo	<u>t your password?</u>	
Welcome to R	:DCap!			
REDCap is a sec and surveys. Rf projects offers collection strat	REDCap is a secure web platform for building and managing online databases and surveys. REDCap's streamlined process for rapidly creating and designing projects offers a vast array of tools that can be tailored to virtually any data collection strategy. REDCap features			
ा 🖉 💁 🖬 💼	🧕 🌢 🧾 🐋			

Step 2:

Go to **My Projects** and click on **H4K Assessments** or **POM Spanish Surveys** (depending on which Study ID file you will review)

K		e 🔳 My Projects	New Project	🚱 Help & FAQ	H Training Videos	Mes:	se
	Listed below are the RE users still have access	EDCap projects to v to your projects, vis	which you currently it the <u>User Access</u>	r have access. Cl <u>Dashboard</u> .	lick the project title	to open th	ne
	My Projects	🗲 Organize					
	Project Title					Records	1
	POM Spanish Survey	/S				173	
	H4K Eligibility Screening - UHS 1				1,759		
	H4K Assessments 58					587	
	H4K Protocol Deviation				175		
	H4K Birthday/Holiday Card			45			
	Assessment Reminder Calls			105			
	Test					0	

Step 3:

Click on Add/Edit Records located on the gray ribbon on the left-hand side under Data Collection



Step 4:

Type in the Study ID you are working on the blank field next to **"Enter a new or existing Study ID."** Ex: SE001

	- 0
np?pid=998	Q \$
t 🚾 Box Login 🥀 H4K Eligibility Scree	
H4K Assessments	
🛃 Add / Edit Records	
You may view an existing record/res new record/response, type a new va record without using the drop-dowr you begin to type in it, allowing you	ponse by selecting it from the drop-down lists below. To create a alue in the text box below and hit Tab or Enter. To quickly find a ns, the text box will auto-populate with existing record names as to select it.
Total records: 587	
Choose an existing Study ID	select record 🔻
Enter a new or existing Study ID	SE001
	SE001

Step 5:

Click on the **Family Demographics Survey** (It is the last survey under the **Data Collection Instrument** Column)

• IF POM Spanish Surveys → Family Demographics Survey Spn

Data Collection Instrument	Baseline	1- month	Current HLP	6- month	12- month
Informed Consent Documentation	۲				
Assessment Part 1	۲			0	0
Assessment Part 2	۲			0	0
TANITA Receipt Numbers	۲	\bigcirc		0	0
1-mo & 6/12-mo Reduced Data Assessment Form		0			
Assessment dates 6mo 12mo				۲	
Hlp Visit 3 6month					
Hlp Visit 4 12month					
Current Healthy Lifestyle Prescription					
Reduced Data Collection Survey (ENG) (survey)				\bigcirc	
Family Health Survey (survey)	۲			0	0
Family Nutrition Survey (survey)	۲			0	0
Physical Activity Questionnaire Child (survey)	۲			۲	0
Family Pa Survey (survey)	۲			۲	0
Family Demographics Survey (survey)	. 🔶 🤙			۲	0
Delete all data on event:	×	×		×	×

Step 6: Scroll down to section **"Parent Physical Activity"** (Questions 41-47)

PARENT PHYSICAL ACTIVITY We are interested in finding out about the kinds of physical activiti questions will ask you about the time you spent being physically a even if you do not consider yourself to be an active person. Please your house and yard work, to get from place to place, and in your s	ies t ctive thin pare	hat people do as part of their everyday lives. in the last 7 days. Please answer each quest k about the activities you do at work, as part e time for recreation, exercise or sport.	The tion t of
Click Here to Listen			
Think about all the vigorous activities that you did in the last 7 day take hard physical effort and make you breathe much harder than you did for at least 10 minutes at a time.	rs. Vi nor	gorous physical activities refer to activities t mal. Think only about those physical activitio	hat es that
Click Here to Listen			
41. During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling? <u>Click Here to Listen</u> * must provide value		 No vigorous physical activities 1 day 2 days 3 days 4 days 5 days 6 days 7 days Click Here to Listen days per week 	rese
42. How much time did you usually spend doing vigorous physical activities on one of those days? <u>Click Here to Listen</u>		20 Enter a number.	
Select hours or minutes Click Here to Listen * must provide value	H	 Answer in hours Answer in minutes Don't know 	rese

Step 7:

Convert any responses answered in minutes to hours in decimal form using the chart below. and change the time selection to hours.

Example where conversion is needed

Original Entry:

42. How much time did you usually spend doing vigorous physical activities on one of those days? <u>Click Here to Listen</u>	 B Enter a number. 	
Select hours or minutes <u>Click Here to Listen</u>	 Answer in hours Answer in minutes Don't know 	
* must provide value		reset

Converted Entry:



Minutes to Decimal Hours Conversion Table

Minutes	Decimal Hours	Minutes	Decimal Hours	N	/linutes	Decimal Hours
1	.02	21	.35	4	-1	.68
2	.03	22	.37	4	-2	.70
3	.05	23	.38	4	.3	.72
4	.07	24	.40	4	.4	.73
5	.08	25	.42	4	.5	.75
6	.10	26	.43	4	.6	.77
7	.12	27	.45	4	.7	.78
8	.13	28	.47	4	.8	.80
9	.15	29	.48	4	.9	.82
10	.17	30	.50	5	0	.83

11	.18	31	.52	51	.85
12	.20	32	.53	52	.87
13	.22	33	.55	53	.88
14	.23	34	.57	54	.90
15	.25	35	.58	55	.92
16	.27	36	.60	56	.93
17	.28	37	.62	57	.95
18	.30	38	.63	58	.97
19	.32	39	.65	59	.98
20	.33	40	.67	60	1.0

Step 8:

Use the comment log next to the question **"How much time did you usually spend doing vigorous physical activities on one of those days"** (comment bubble shaped icon) to help keep track of the original responses entered.

Locating comment log:



Example of what to enter in Field Comment Log:

🔗 Fi	ℰ Field Comment Log					
This pop-up displays all the field comments for the record and field specified below. Users with access to data entry forms may leave one or more comments on any field on a data collection instrument, after which the balloon icon will stay lit up to signify that comments exist for that field for this record. All field comments for all records/fields can also be viewed, keyword searched, and filtered on the <u>Field Comment Log</u> page in this project. NOTE: If you wish to prevent all users in this project from editing or deleting field comments below, see the Additional Customizations popup on the Project Setup page. Study ID: <u>SE001</u> Event: Baseline Field: vpa_time ("42. How much time did you usually spend doing vigorous physical activities on one of those days? Click Here to Listen ")						
	Date/Time	User	Comments			
	09/12/2019 3:00pm Ilamass Original response entered: 20 minutes.					
	Comment Cancel					

Step 9:

Close out of comment log by clicking **Comment.** Scroll down to the end of the survey and click **Save & Exit Form.**

H (Complete 🔻		
	Save & Exit Form	Save & Stay	•
	Cancel		

How to name H4K Documents

Naming Data Collection Forms

Measurement Period.	Baseline	1 month	6 months	12 months
Assessment	StudyID_BA1 DCF	StudyID_1-mo	StudyID_6A1 DCF	StudyID_12A1 DCF
Part 1	(child)	DCF	(child)	(child)
Assessment	StudyID_BA2 DCF	*there is no part	StudyID_6A2 DCF	StudyID_12A2 DCF
Part 2	(adult)	2	(adult)	(adult)

Examples on how to name files according to table:

- Assessment Part 1 and 2
 - SW111_BA1 DCF (child)
 - SW111_BA2 DCF (adult)

Naming Surveys

Name of Survey	Name of file
Family Health Survey	StudyID_Measurement period (BA,6A,12A) Fam HS
Family Nutrition Survey	StudyID_Measurement period (BA,6A,12A) Fam NS
Child Physical Activity Survey	StudyID_Measurement period (BA,6A,12A) Child PAQ
Family Physical Activity Survey	StudyID_Measurement period (BA,6A,12A) Fam PAQ
Family Demographic Survey	StudyID_Measurement period (BA,6A,12A) Fam Dem

Examples on how to name files according to table:

- SW111_BA Fam HS
- SW111_BA Fam NS
- SW111_BA Child PAQ
- SW111_BA Fam PAQ
- SW111_Fam Dem

FAQ for H4K Data entry

Baseline:

A1&A2 w/TANITAS

- 1. Locate participant folder.
 - Find paper document titled "Data Collection form"
 - Make sure it is checked off for "Baseline"
 - Retrieve both assessment 1 (child) and assessment 2 (adult)
 - We will be entering both for baseline data.
- 2. Locating REDCap
 - Open internet browser, type <u>https://redcap.uthscsa.edu/REDCap/</u> in search bar.
 - Log in.
 - Go to "My Projects".
 - Listed projects should pop up.
 - POM Spanish Surveys
 - H4K Eligibility Screening UHS
 - H4K Assessments
 - Assessment Reminder calls
 - Go to H4K Assessments.
- 3. Finding Participants on REDCap
 - On left hand side go to tab labeled Add/ Edit Records.
 - Enter study ID in section "Enter a new or existing Study ID".
 - Study ID can be located at the top left corner of DCF's (Data Collection Form) or on tab of folder.
- 4. Locating where to enter DCF's on REDCap
 - A chart will pop up.
 - The top will show measurement periods "Baseline, 1-month, Current HLP, 6-month, and 12-month".
 - The left side column will show Data Collection Instruments.
 - We want to click on the colored dot that intersects with Baseline and assessment part 1.
 - "Assessment Part 1" is where you will enter information from paper document titled "DCF-CHILD".
 - We need to make sure every question is filled out correctly on REDCap.
 - Make sure what is on REDCap and the paper DCF form match.
 - You will do the same for Assessment Part 2, finding the colored dot that intersects with "Assessment Part 2 and Baseline. You will be entering data from paper document titled "DCF-Adult"
- 5. TANITA uploads.
 - TANITA's are taped on DCF Forms, they are a tiny receipt that contains various body composition numbers.
 - We will need to upload the entire paper document on REDCap.
 - Some may already be uploaded on REDCap, if you do not see one entered we will need to do so.

- We will need to scan DCF form using the Xerox Printer.
- 6. Scanning DCF's on Xerox.
 - Turn on screen of printer by pressing home button.
 - Go to "Email".
 - Go to "Manual Entry", Here you will need to type in your uthscsa.edu email.
 - Next we will need to name the document.
 - i. For "DCF-CHILD" we will call it StudyID_BA1 DCF (child)
 - ii. For "DCF-ADULT" we will call it Studylb_BA2.pdf (adult)
 - DCF's for Assessment Part 1 (CHILD) will be 2-sided. Go to pages and make sure it displays 2-sided.
 - DCF's for Assessment Part 2 (ADULT) will be 1-sided. Go to pages and make sure it displays 1-sided.
 - Go to Resolution and click on 600 DPI, this is very important so we can see the faded TANITA's.
 - Once you are done scanning press SEND at the top right corner.
 - Remember to clear out all information on screen, including your email and name of document.
- 7. Saving DCF's on POM drive.
 - You will need to open outlook to retrieve the scans by email.
 - Open scanned document.
 - Go to "save as"
 - Select "pom" under "Computer"
 - Scroll down and select "scanned participant forms" folder.
 - Select SE or SW depending on study ID.
 - Find study ID's folder.
 - If there is not one created we will need to create a new folder.
 - i. We will call the folder the studyID and within that folder we will create another folder called "Baseline".
 - You should see multiple folders, select "baseline" folder.
 - This is where we will place our scanned DCF for both CHILD and ADULT.
 - Once it is saved you can delete the email.
- 8. Uploading saved DCF from "pom" drive onto REDCap.
 - Go back to assessment part 1 screen for the Study ID you are working on.
 - i. As shown in sections 3 and 4 of this protocol.
 - Scroll down to section labeled "TANITA upload".
 - Click on "upload document"
 - Locate scanned DCF for Study ID you are working on, as shown in section 7 of this protocol.
 - Once located and saved on REDCap, you will need to enter date and time.
 - i. You can do this by simply pressing the button "Today"
 - You will also need to input your initials.
 - Make sure under section labeled "Complete" you choose "unverified"
 - Then select "save and exit form".

Family Health Survey

For this section, you will need to locate the baseline paper surveys that are inside the participant's folder. If there are none, proceed to step 11.

- 9. Locate participant folder.
 - Find paper document titled "Family Health Survey" if English or "Encuesta Salud De La Familia" if it is in Spanish
 - Make sure it is "Baseline" (English) or "Punto De Referencia" (Spanish)
 - We will be entering all pages from survey for baseline data.
- 10. Locating REDCap
 - Open internet browser, type https://redcap.uthscsa.edu/REDCap/ in search bar.
 - Log in.
 - Go to "My Projects".
 - Listed projects should pop up.
 - POM Spanish Surveys
 - H4K Eligibility Screening UHS
 - H4K Assessments
 - Assessment Reminder calls
- 11. If the participant's paper survey is in English, you will use the "H4K Assessments" Project. If the participant's paper survey is in Spanish, you will use the "POM Spanish Surveys" Project.
 - If the participant completed their study in REDCap already (meaning there is no paper file in their folder) verify that their "Initial data entry format" is bubbled in "REDCap" and that the Form Status shows "Complete"
 - If the participant does not have any paper surveys and their survey was not completed in REDCap, proceed to the troubleshooting portion of this protocol.
- 12. Finding Participants with English Surveys on REDCap(if survey is in Spanish skip to next step)
 - On left hand side go to tab labeled Add/ Edit Records.
 - Enter study ID in section "Enter a new or existing Study ID".
 - Study ID can be located at the top left corner of survey or on tab of folder.
- 13. Locating where to enter Spanish surveys on REDCap
 - You will go to "my projects" as explained in section 2 of this protocol.
 - You will go to "POM Spanish Surveys"
 - On left hand side go to tab labeled "Add/Edit Records"
 - Enter study ID in section "Enter a new or existing Study ID"
 - Study ID can be located at the top left corner of survey or on tab of folder.
- 14. Locating where to enter Surveys are on REDCap
 - A chart will pop up.
 - The top will show measurement periods "Baseline, 1-month, Current HLP, 6-month, and 12-month".
 - The left side column will show Data Collection Instruments.
 - We want to click on the colored dot that intersects with "Baseline" and "Family Health Survey".

- We need to make sure every question is filled out correctly on REDCap.
- Make sure what the paper survey and what is on REDCap matches.
- 15. Locating where to enter Surveys are on REDCap
 - A chart will pop up.
 - The top will show measurement periods "Baseline, 1-month, Current HLP, 6-month, and 12-month".
 - The left side column will show Data Collection Instruments.
 - We want to click on the colored dot that intersects with "Baseline" and "Family Health Survey".
 - We need to make sure every question is filled out correctly on REDCap.
 - Make sure what the paper survey and what is on REDCap matches.
- 16. Scanning Survey on Xerox.
 - Turn on screen of printer by pressing home button.
 - Go to "Email".
 - Go to "Manual Entry", Here you will need to type in your uthscsa.edu email.
 - Next we will need to name the document.
 - i. For Family Health Survey we will call it StudyID_BA Fam HS
 - We will need to scan every page front and back so make sure in "pages" it displays 2-sided.
 - Once you are done scanning press SEND at the top right corner.
 - Remember to clear out all information on screen, including your email and name of document.
- 17. Saving Surveys on POM drive.
 - You will need to open outlook to retrieve the scans by email.
 - Open scanned document.
 - Go to "save as"
 - Select "pom" under "Computer"
 - Scroll down and select "scanned participant forms" folder.
 - Select SE or SW depending on study ID.
 - Find study ID's folder.
 - If there is not one created we will need to create a new folder.
 - i. We will call the folder the studyID and within that folder we will create another folder called "Baseline".
 - You should see multiple folders, select "baseline" folder.
 - This is where we will place all baseline surveys.
 - Once it is saved you can delete the email.
- 18. Uploading saved Surveys from "pom" drive onto REDCap.
 - Go back to "Family Health Survey" screen for the Study ID you are working on.
 - i. As shown in sections 3 and 4 of this protocol.
 - Scroll down to section labeled "initial data collection format"
 - Click on "paper"
 - This will now display "upload document" you will click on it.
 - Click on "upload document".

- Locate scanned Survey for Study ID you are working on, as shown in section 7 of this protocol.
- Once located and saved on REDCap, you will need to enter date and time.
 - i. You can do this by simply pressing the button "Today"
- You will also need to input your initials.
- Make sure under section labeled "Complete" you choose "unverified"
- Then select "save and exit form".

Family Nutrition Survey

For this section, you will need to locate the baseline paper surveys that are inside the participant's folder. If there are none, proceed to step 21.

- 19. Locate participant folder.
 - Find paper document titled "Family Nutrition Survey" if English or "Encuesta Nutrición De La Familia" if it is in Spanish
 - Make sure the survey is labeled "Baseline" for English or "Punto De Referencia" for Spanish
 - a. If the survey does not have Baseline labeled, check the date of the survey on the upper right hand side of the first page. Review this date and compare it to the Assessment Part 1 and Assessment Part 2 dates on the Data Collection Forms. If the date falls within the two dates of Baseline Assessment Part 1 and Part 2, then the survey is considered complete at Baseline.
 - We will be entering all pages from survey for baseline data.
- 20. Locating REDCap
 - Open internet browser, type <u>https://redcap.uthscsa.edu/REDCap/</u> in search bar.
 - Log in.
 - Go to "My Projects".
 - Listed projects should pop up.
 - POM Spanish Surveys
 - H4K Eligibility Screening UHS
 - H4K Assessments
 - o Assessment Reminder Calls
- 21. If the participant's paper survey is in English, you will use the "H4K Assessments" Project. If the participant's paper survey is in Spanish, you will use the "POM Spanish Surveys" Project.
 - If the participant completed their study in REDCap already (meaning there is no paper file in their folder) verify that their "Initial data entry format" is bubbled in "REDCap" and that the Form Status shows "Complete"
 - If the participant does not have any paper surveys and their survey was not completed in REDCap, proceed to the troubleshooting portion of this protocol.
- 22. Finding Participants on REDCap(if survey is in Spanish skip to next step)
 - On left hand side go to tab labeled Add/ Edit Records.
 - Enter study ID in section "Enter a new or existing Study ID".
 - Study ID can be located at the top left corner of survey or on tab of folder.
- 23. Locating where to enter Spanish surveys on REDCap

- You will go to "my projects" as explained in section 2 of this protocol.
- You will go to "POM Spanish Surveys"
- On left hand side go to tab labeled "Add/Edit Records"
- Enter study ID in section "Enter a new or existing Study ID"
- Study ID can be located at the top left corner of survey or on tab of folder.
- 24. Locating where to enter Surveys are on REDCap
 - A chart will pop up.
 - The top will show measurement periods "Baseline, 1-month, Current HLP, 6-month, and 12-month".
 - The left side column will show Data Collection Instruments.
 - We want to click on the colored dot that intersects with "Baseline" and "Family Nutrition Survey".
 - We need to make sure every question is filled out correctly on REDCap.
 - Make sure what the paper survey and what is on REDCap matches.
- 25. Locating where to enter Surveys are on REDCap
 - A chart will pop up.
 - The top will show measurement periods "Baseline, 1-month, Current HLP, 6-month, and 12-month".
 - The left side column will show Data Collection Instruments.
 - We want to click on the colored dot that intersects with "Baseline" and "Family Nutrition Survey".
 - We need to make sure every question is filled out correctly on REDCap.
 - Make sure what the paper survey and what is on REDCap matches.
- 26. Scanning Survey on Xerox.
 - Turn on screen of printer by pressing home button.
 - Go to "Email".
 - Go to "Manual Entry", Here you will need to type in your uthscsa.edu email.
 - Next we will need to name the document.
 - i. For Family Nutrition Survey we will call it StudyID_BA Fam NS
 - We will need to scan every page front and back so make sure in "pages" it displays 2-sided.
 - Once you are done scanning press SEND at the top right corner.
 - Remember to clear out all information on screen, including your email and name of document.
- 27. Saving Surveys on POM drive.
 - You will need to open outlook to retrieve the scans by email.
 - Open scanned document.
 - Go to "save as"
 - Select "pom" under "Computer"
 - Scroll down and select "scanned participant forms" folder.
 - Select SE or SW depending on study ID.
 - Find study ID's folder.
 - If there is not one created we will need to create a new folder.

- i. We will call the folder the studyID and within that folder we will create another folder called "Baseline".
- You should see multiple folders, select "baseline" folder.
- This is where we will place all baseline surveys.
- Once it is saved you can delete the email.
- 28. Uploading saved Surveys from "pom" drive onto REDCap.
 - Go back to "Family Nutrition Survey" screen for the Study ID you are working on.
 i. As shown in sections 3 and 4 of this protocol.
 - Scroll down to section labeled "initial data collection format"
 - Click on "paper"
 - This will now display "upload document" you will click on it.
 - Click on "upload document".
 - Locate scanned Survey for Study ID you are working on, as shown in section 7 of this protocol.
 - Once located and saved on REDCap, you will need to enter date and time.
 - i. You can do this by simply pressing the button "Today"
 - You will also need to input your initials.
 - Make sure under section labeled "Complete" you choose "unverified"
 - Then select "save and exit form".

Child Physical Activity Survey

For this section, you will need to locate the baseline paper surveys that are inside the participant's folder. If there are none, proceed to step 31.

29. Locate participant folder.

- Find paper document titled "Physical Activity Questionnaire (child)" for English Surveys or "Encuesta De Actividad Fisica (nino/a)" for Spanish Surveys
- Make sure the survey is labeled "Baseline" for English or "Punto De Referencia" for Spanish
 - a. If the survey does not have Baseline labeled, check the date of the survey on the upper right hand side of the first page. Review this date and compare it to the Assessment Part 1 and Assessment Part 2 dates on the Data Collection Forms. If the date falls within the two dates of Baseline Assessment Part 1 and Part 2, then the survey is considered complete at Baseline.
- We will be entering all pages from survey for baseline data.

30. Locating REDCap

- Open internet browser, type <u>https://redcap.uthscsa.edu/REDCap/</u> in search bar.
- Log in.
- Go to "My Projects".
- Listed projects should pop up.
 - POM Spanish Surveys
 - H4K Eligibility Screening UHS
 - H4K Assessments
 - o Assessment Reminder calls

- 31. If the participant's paper survey is in English, you will use the "H4K Assessments" Project. If the participant's paper survey is in Spanish, you will use the "POM Spanish Surveys" Project.
 - If the participant completed their study in REDCap already (meaning there is no paper file in their folder) verify that their "Initial data entry format" is bubbled in "REDCap" and that the Form Status shows "Complete"
 - If the participant does not have any paper surveys and their survey was not completed in REDCap, proceed to the troubleshooting portion of this protocol.
- 32. Finding Participants on REDCap(if survey is in Spanish skip to next step)
 - On left hand side go to tab labeled Add/ Edit Records.
 - Enter study ID in section "Enter a new or existing Study ID".
 - Study ID can be located at the top left corner of survey or on tab of folder.
- 33. Locating where to enter Spanish surveys on REDCap
 - You will go to "my projects" as explained in section 2 of this protocol.
 - You will go to "POM Spanish Surveys"
 - On left hand side go to tab labeled "Add/Edit Records"
 - Enter study ID in section "Enter a new or existing Study ID"
 - Study ID can be located at the top left corner of survey or on tab of folder.
- 34. Locating where to enter Surveys are on REDCap
 - A chart will pop up.
 - The top will show measurement periods "Baseline, 1-month, Current HLP, 6-month, and 12-month".
 - The left side column will show Data Collection Instruments.
 - We want to click on the colored dot that intersects with "Baseline" and "Physical Activity Questionnaire child".
 - We need to make sure every question is filled out correctly on REDCap.
 - Make sure what the paper survey and what is on REDCap matches.
- 35. Scanning Survey on Xerox.
 - Turn on screen of printer by pressing home button.
 - Go to "Email".
 - Go to "Manual Entry", Here you will need to type in your uthscsa.edu email.
 - Next we will need to name the document.
 - i. For "Physical Activity Questionnaire" we will call it StudyID_BA child PAS
 - We will need to scan every page front and back so make sure in "pages" it displays 2sided.
 - Once you are done scanning press SEND at the top right corner.
 - Remember to clear out all information on screen, including your email and name of document.
- 36. Saving Surveys on POM drive.
 - You will need to open outlook to retrieve the scans by email.
 - Open scanned document.
 - Go to "save as"
 - Select "pom" under "Computer"
 - Scroll down and select "scanned participant forms" folder.

- Select SE or SW depending on study ID.
- Find study ID's folder.
- If there is not one created we will need to create a new folder.
 - i. We will call the folder the studyID and within that folder we will create another folder called "Baseline".
- You should see multiple folders, select "baseline" folder.
- This is where we will place all baseline surveys.
- Once it is saved you can delete the email.
- 37. Uploading saved Surveys from "pom" drive onto REDCap.
 - Go back to "Physical Activity Questionnaire" screen for the Study ID you are working on.
 i. As shown in sections 3 and 4 of this protocol.
 - Scroll down to section labeled "initial data collection format"
 - Click on "paper"
 - This will now display "upload document" you will click on it.
 - Click on "upload document".
 - Locate scanned Survey for Study ID you are working on, as shown in section 7 of this protocol.
 - Once located and saved on REDCap, you will need to enter date and time.
 - i. You can do this by simply pressing the button "Today"
 - You will also need to input your initials.
 - Make sure under section labeled "Complete" you choose "unverified"
 - Then select "save and exit form".

Family Physical Activity Survey

For this section, you will need to locate the baseline paper surveys that are inside the participant's folder. If there are none, proceed to step 40.

38. Locate participant folder.

- Find paper document titled "Family Physical Activity Survey" for English Surveys or "Encuesta Actividad Física De La Familia" for Spanish Surveys
- Make sure the survey is labeled "Baseline" for English or "Punto De Referencia" for Spanish
 - a. If the survey does not have Baseline labeled, check the date of the survey on the upper right hand side of the first page. Review this date and compare it to the Assessment Part 1 and Assessment Part 2 dates on the Data Collection Forms. If the date falls within the two dates of Baseline Assessment Part 1 and Part 2, then the survey is considered complete at Baseline.
- We will be entering all pages from survey for baseline data.
- 39. Locating REDCap
 - Open internet browser, type <u>https://redcap.uthscsa.edu/REDCap/</u> in search bar.
 - Log in.
 - Go to "My Projects".
 - Listed projects should pop up.
 - POM Spanish Surveys

- H4K Eligibility Screening UHS
- H4K Assessments
- Assessment Reminder calls
- 40. If the participant's paper survey is in English, you will use the "H4K Assessments" Project. If the participant's paper survey is in Spanish, you will use the "POM Spanish Surveys" Project.
 - If the participant completed their study in REDCap already (meaning there is no paper file in their folder) verify that their "Initial data entry format" is bubbled in "REDCap" and that the Form Status shows "Complete"
 - If the participant does not have any paper surveys and their survey was not completed in REDCap, proceed to the troubleshooting portion of this protocol.
- 41. Finding Participants on REDCap(if survey is in Spanish skip to next step)
 - On left hand side go to tab labeled Add/ Edit Records.
 - Enter study ID in section "Enter a new or existing Study ID".
 - Study ID can be located at the top left corner of survey or on tab of folder.
- 42. Locating where to enter Spanish surveys on REDCap
 - You will go to "my projects" as explained in section 2 of this protocol.
 - You will go to "POM Spanish Surveys"
 - On left hand side go to tab labeled "Add/Edit Records"
 - Enter study ID in section "Enter a new or existing Study ID"
 - Study ID can be located at the top left corner of survey or on tab of folder.
- 43. Locating where to enter Surveys are on REDCap
 - A chart will pop up.
 - The top will show measurement periods "Baseline, 1-month, Current HLP, 6-month, and 12-month".
 - The left side column will show Data Collection Instruments.
 - We want to click on the colored dot that intersects with "Baseline" and "Family Pa Survey".
 - We need to make sure every question is filled out correctly on REDCap.
 - Make sure what the paper survey and what is on REDCap matches.
- 44. Scanning Survey on Xerox.
 - Turn on screen of printer by pressing home button.
 - Go to "Email".
 - Go to "Manual Entry", Here you will need to type in your uthscsa.edu email.
 - Next we will need to name the document.
 - i. For "Family Pa Survey" we will call it StudyID_BA Fam PAS
 - We will need to scan every page front and back so make sure in "pages" it displays 2-sided.
 - Once you are done scanning press SEND at the top right corner.
 - Remember to clear out all information on screen, including your email and name of document.
- 45. Saving Surveys on POM drive.
 - You will need to open outlook to retrieve the scans by email.
 - Open scanned document.

- Go to "save as"
- Select "pom" under "Computer"
- Scroll down and select "scanned participant forms" folder.
- Select SE or SW depending on study ID.
- Find study ID's folder.
- If there is not one created we will need to create a new folder.
 - i. We will call the folder the studyID and within that folder we will create another folder called "Baseline".
- You should see multiple folders, select "baseline" folder.
- This is where we will place all baseline surveys.
- Once it is saved you can delete the email.
- 46. Uploading saved Surveys from "pom" drive onto REDCap.
 - Go back to "Physical Activity Questionnaire" screen for the Study ID you are working on.
 - i. As shown in sections 3 and 4 of this protocol.
 - Scroll down to section labeled "initial data collection format"
 - Click on "paper"
 - This will now display "upload document" you will click on it.
 - Click on "upload document".
 - Locate scanned Survey for Study ID you are working on, as shown in section 7 of this protocol.
 - Once located and saved on REDCap, you will need to enter date and time.
 - i. You can do this by simply pressing the button "Today"
 - You will also need to input your initials.
 - Make sure under section labeled "Complete" you choose "unverified"
 - Then select "save and exit form".

Family Demographic Survey

For this section, you will need to locate the baseline paper surveys that are inside the participant's folder. If there are none, proceed to step 49.

47. Locate participant folder.

- Find paper document titled "Family Demographics/Health Status" for English Surveys or "Encuesta Demografia Familiar/Estado De Salud" for Spanish Surveys
- Make sure the survey is labeled "Baseline" for English or "Punto De Referencia" for Spanish
 - a. If the survey does not have Baseline labeled, check the date of the survey on the upper right hand side of the first page. Review this date and compare it to the Assessment Part 1 and Assessment Part 2 dates on the Data Collection Forms. If the date falls within the two dates of Baseline Assessment Part 1 and Part 2, then the survey is considered complete at Baseline.
- We will be entering all pages from survey for baseline data.
- 48. Locating REDCap
 - Open internet browser, type <u>https://redcap.uthscsa.edu/REDCap/</u> in search bar.
 - Log in.

- Go to "My Projects".
- Listed projects should pop up.
 - POM Spanish Surveys
 - H4K Eligibility Screening UHS
 - H4K Assessments
 - Assessment Reminder calls
- 49. If the participant's paper survey is in English, you will use the "H4K Assessments" Project. If the participant's paper survey is in Spanish, you will use the "POM Spanish Surveys" Project.
 - If the participant completed their study in REDCap already (meaning there is no paper file in their folder) verify that their "Initial data entry format" is bubbled in "REDCap" and that the Form Status shows "Complete"
 - If the participant does not have any paper surveys and their survey was not completed in REDCap, proceed to the troubleshooting portion of this protocol.
- 50. Finding Participants on REDCap(if survey is in Spanish skip to next step)
 - On left hand side go to tab labeled Add/ Edit Records.
 - Enter study ID in section "Enter a new or existing Study ID".
 - Study ID can be located at the top left corner of survey or on tab of folder.
- 51. Locating where to enter Spanish surveys on REDCap
 - You will go to "my projects" as explained in section 2 of this protocol.
 - You will go to "POM Spanish Surveys"
 - On left hand side go to tab labeled "Add/Edit Records"
 - Enter study ID in section "Enter a new or existing Study ID"
 - Study ID can be located at the top left corner of survey or on tab of folder.
- 52. Locating where to enter Surveys are on REDCap
 - A chart will pop up.
 - The top will show measurement periods "Baseline, 1-month, Current HLP, 6-month, and 12-month".
 - The left side column will show Data Collection Instruments.
 - We want to click on the colored dot that intersects with "Baseline" and "Family Demographics Survey".
 - We need to make sure every question is filled out correctly on REDCap.
 - Make sure what the paper survey and what is on REDCap matches.
- 53. Scanning Survey on Xerox.
 - Turn on screen of printer by pressing home button.
 - Go to "Email".
 - Go to "Manual Entry", Here you will need to type in your uthscsa.edu email.
 - Next we will need to name the document.
 - i. For "Family demographics survey" we will call it StudyID_BA Fam Dem
 - We will need to scan every page front and back so make sure in "pages" it displays 2-sided.
 - Once you are done scanning press SEND at the top right corner.
 - Remember to clear out all information on screen, including your email and name of document.

- 54. Saving Surveys on POM drive.
 - You will need to open outlook to retrieve the scans by email.
 - Open scanned document.
 - Go to "save as"
 - Select "pom" under "Computer"
 - Scroll down and select "scanned participant forms" folder.
 - Select SE or SW depending on study ID.
 - Find study ID's folder.
 - If there is not one created we will need to create a new folder.
 - i. We will call the folder the studyID and within that folder we will create another folder called "Baseline".
 - You should see multiple folders, select "baseline" folder.
 - This is where we will place all baseline surveys.
 - Once it is saved you can delete the email.
- 55. Uploading saved Surveys from "pom" drive onto REDCap.
 - Go back to "Physical Activity Questionnaire" screen for the Study ID you are working on.
 - i. As shown in sections 3 and 4 of this protocol.
 - Scroll down to section labeled "initial data collection format"
 - Click on "paper"
 - This will now display "upload document" you will click on it.
 - Click on "upload document".
 - Locate scanned Survey for Study ID you are working on, as shown in section 7 of this protocol.
 - Once located and saved on REDCap, you will need to enter date and time.
 - i. You can do this by simply pressing the button "Today"
 - You will also need to input your initials.
 - Make sure under section labeled "Complete" you choose "unverified"
 - Then select "save and exit form".

Health4Kids (H4K): A Pediatric Obesity Management Intervention Trial for Hispanic Families (R01HD075936)

Data Management Protocol



Contents

Overview	3
Staff responsible for data management	3
Reports	4
Generating Reports	4
Exporting Report data	6
Assessments	7
Part 1	7
Part 2	8
Clinic Visits and 6/12-month assessment dates 1	0
Clinic Visits1	0
6-month/12-month assessment dates 1	1
Current Healthy Lifestyle Prescription (HLP) 1	12
Appendix: REDCap Calendar Protocol 1	13
Standardized entry nomenclature 1	3
Steps to create entries1	4
Staff roles and responsibilities1	4

Overview

The purpose of this protocol is to describe the data management activities to maintain and update study databases using REDCap and statistical software.

Staff responsible

Measurement Coordinator and research staff - enter data in REDCap forms (surveys,

assessments, Clinic Visits).

Measurement Coordinator generates reports in REDCap for export to statistical software.

Statistician runs descriptive statistics and other analyses on reports provided.

H4K REDCap A Logged in as longparma | Log out 1 My Projects A Project Home ¡≡ Project Setup Project status: Production **REDCap Reports** Q Data Collection 1 Record Status Dashboard [🛃 Add / Edit Records Applications Study reports can be generated, maintained and exported from 🛅 Calendar 6 🛺 Data Exports, Reports, and Stats REDCap. They are located in the "H4K Eligibility Screening-UHS" and 🛃 Data Import Tool Data Comparison Tool Logging "H4K Assessments" projects. They can be accessed by clicking on the Field Comment Log File Repository 🚨 User Rights and 🍰 DAGs 4 appropriate link on the left menu bar under Reports. 😥 Data Quality Project Bookmarks /Edit 🖃 ⇒ Go to H4K Assessments PI Reports / Edit reports -Tł Screening descriptives - eligible participants Netention program - birthday & Christmas Encollment and randomization Biglioility screening Neferred but not scheduled for BA1 Oflice Visit pr **Generating New Reports** 1. Click on "Edit reports" link in the menu bar. ι a () Clinic Visits Eligible subjects baseline March 2016 cohort assessments April 2016 cohort assessments 2. At the top menu bar, click on "Create New Report." The (May 2016 cohort assessments report form will open. C Eligible count 0 (4) Eligible incomplete H4K Eligibility Screening - UHS REDCap



- 3. Name the report so it is easy to determine what it is for.
- **4.** Add the fields of interest.

STEP 1	
🛃 User Acc	ess: Choose who sees this report on their left-hand project menu 🤋
All usors	
O All users	- OR - OCUSTOM USER ACCESS (Choose specific users, roles, or data access groups who will have access)
S All users	- OR - OCCUSTOM USER ACCESS (Choose specific users, roles, or data access groups who will have access)
STEP 2	- OR - OCCUSTOM USER ACCESS (Choose specific users, roles, or data access groups who will have access)

5. Add any relevant filters, e.g. dates, baseline vs. 6-month or 12-month, Study ID

6. Order the results as you want them to appear in columns from left to right. Click on "Save Report." A list of data included will appear.

STEP 3				
Show data for	all events for each record	returned ?	low to use filters an	d AND/OR log
Filters (option	al)		Operator / Value	
Filter 1	I ype variable name or fie	ld label	= •	
Filter 1 in All events		•		
2 Switch format:	Use advanced logic			
Additional Fil	ters (optional)	(Records	belonging only to ALL selections below will appea	ar in the report)
Filter by event(s):	Baseline 🔺 6-Month			
	12-Month			
	×			
 Live Filters (o	ptional) Live Fi choice any ex	Iters can be selected on the rep fields can be used as Live Filter (ist).	ort page for dynamically filtering data in real time s (as well as Events, if longitudinal, and Data Acce	2. Only multiple 255 Groups, if
Live Filter 1	select a field	•		
Live Filter 2	select a field	•		
Live Filter 3	select a field	•		

STEP 4	Develop (antipue)	
First by	screeningid "StudyID (screening ID)"	Ascending order 🔻
Then by	Type variable name or field label	Ascending order 🔻
Then by	Type variable name or field label	Ascending order 🔻



REDCap ▲ Logged in as longparma | Log out My Projects A Project Home **Exporting Report data** ¡ Project Setup For the purposes of data compilation for analysis, most reports are Project status: Production Data Collection exported in CSV/Microsoft Excel (raw data) format. However, Manage Survey Participants Record Status Dashboard 📑 Add / Edit Records multiple formats are available. Applications 1. From the left menu bar, click on the report you would like to 📆 Calendar Data Exports, Reports, and Stats 🔜 Data Import Tool export. For purposes of data management, relevant reports include: Data Comparison Tool E Logging a) Eligible primary outcomes in "H4K Eligibility Screening-UHS" Field Comment Log File Repository 🤱 User Rights and 🔬 DAGs project 🛃 Data Quality b) Primary outcomes adult **Project Bookmarks** / Edit 🖃 ⇒ Go to H4K Eligibility Screening c) Primary outcomes baseline (child outcomes) 🖌 Edit reports 😑 Reports 1) Introductory session info 2: activity monitoring 2) Enrollment for IRB reporting d) Demographics Baseline assessment dates Nut Retention programming: b-day Christmas 2 survey b-d are located in the in "H4K Assessments" project. Primary outcomes baseline 2. A box with several export format options will appear. Select the Race gender adult Demographics Primary outcomes - adult and click on "Export Data." 3. The file will download. Open it to see the contents.

Exporting "Primary outcomes baseline"

Select your export settings, which includes the export format (Excel/CSV, SAS, SPSS, R, Stata) and if you wish to perform de-identification on the data set.



Export Data

Cancel

×

Assessments

Part 1

Assessment forms are located in the "H4K Assessments" project on REDCap. Research Staff in charge of the Measurement laptop will **at a minimum** enter data in the following fields on the date of assessment: study ID, date, status

Editing existing Study ID SE168		
Event Name: Baseline		
Study ID	SE168	
Study ID	(BE168	
" must provide value		_
Child's gender	🕞 🔍 Male	
* must provide value	🥪 🔍 Female	reset
Child's age	Û	
* must provide value	Ø	
Assessment Date	· · · · · · · · · · · · · · · · · · ·	
* must provide value	MM-DD-YYYY	
Data source EMR?	(H) 🔍 Yes	
* must provide value	No	
		reset
	Complete	
Assessment status	💾 🔍 Missed	
* must provide value	Rescheduled	
		reset
	2-18-17 MP requested reschedule	
Notes		

Note: If participant misses assessment, fill in reason in Notes field below status, and stop here.

	see age and general speaker and the
Anthropometrics (child)	
Child weight (kg)	
^e must provide value	weight to nearest 0.1kg
Child weight (lbs)	(H) View equation
must provide value	🧼 weight (kg) * 2.2
Child DMI (from TANITA subsuit)	

Note: Weight in kg (automatically converted to lbs.) is **required** for accelerometer initialization (see Accelerometry Manual Part 1)

Accelerometry distribution	
Accelerometer use explained and unit provided in good working order? * must provide value	⊢
Accelerometer unit ID	0
* must provide value	
Assessment Part 2 date	
" must provide value	
\$20 gift card provided this visit?	⊕ ♥Yes ♀ ♥ No
Form Status	
Complete?	🕒 Incomplete 🔻
	Save Record

Note: Fill in all fields. Part 2 date is required for MessageSpace!

Click on "Save Record" once you are done; if some fields are missing and an error message appears, click on "Ignore and Leave Record."

If Measurement Coordinator is not onsite for assessment, he/she will fill in rest of fields and update Assessment Part 1 form status to "Complete" ASAP. This is **required** to appropriately populate REDCap reports.

Part 2

Research Staff in charge of the Measurement laptop will **at a minimum** enter data in the following fields on the date of assessment: date, status

2 S S		
Event Name: Baseline		
Study ID	SE168	
Study ID	Ð	
* must provide value	(e.g., SW001, RB034)	
Assessment Date	U Now M-D-Y H:M	
* must provide value	🥯 мм-ор-үүүү	
	Completed	
Assessment status	🙂 🔍 Missed	
* must provide value	💛 🔘 Rescheduled	
		rese
	- R	
Notes	Ğ	

Note: If participant misses assessment, fill in reason in Notes field below status, and stop here.

B	
Q L	
Û F	
Q	
(H) 🔘 Male	
🥃 🔍 Female	
	reset
H	
(enter word or abbreviation, e.g. Jan, Feb, Marc	ch, April)
	H H H Male P Female H (enter word or abbreviation, e.g. Jan, Feb, Marc

Note: Adult birth month must be entered at **baseline only** for the birthdays retention program report.

Accelerometer Check		
Accelerometer lost? * must provide value	● Yes ● No Has child lost the accelerometer?	reset
Accelerometer contains sufficient data for analysis? * must provide value	Yes No Are there at least 4 days of wear length recorded?	reset
Accelerometer unit ID	Ð	
* must provide value Labs done? * must provide value	⊕ ⊕ ⊖ ♥ ♥ ♥ ♥ ♥ No	reset

Note: Fill in all fields.

Assessment Part 3 date	H Now M-D-Y H:M
* must provide value	🔎 (for activity monitor return)
	Completed
Assessment Part 3 status	😬 🔍 Missed
* must provide value	Rescheduled
	reset
	• Yes
Accelerometer contains sufficient data for analysis?	🙂 🔍 No
	reset Are there at least 4 days of wear length recorded?
Clinic Visit 1 Date	H Now M-D-Y H:M:S
* must provide value	(use Sunrise schedule provided)

Note: Fill in all fields.

Research Staff in charge of data entry may fill in remaining Part 2 fields at a later date as needed for data management.

Clinic Visits and 6/12-month assessment dates

Clinic Visits

Measurement Coordinator/Research Staff who schedules Clinic Visits will enter them in "Schedule Clinic Visits" form in the "H4K Eligibility Screening-UHS" project in REDCap. Clinic Visit date and provider are **required** for MessageSpace texts.

UHS Program Coordinator is responsible for other entries (Clinic Visit status, reschedules, and situations when participant must be called to schedule Clinic Visit), and for updating form status to "Complete" after successful Clinic Visit 4.

Schedule Clinic Visits	Save Record
Editing existing StudyID (screening ID) SE002	Save and Cont
Event Name: Baseline	Save and go to
StudyID (screening ID)	SE002
Study ID	H View equation
Clinic Visit Number * must provide value	■ 1 → 2 → 3 → 4 reset
Baseline fasting labs (child) done? * must provide value	● Yes ● No Are labs in Sunrise?
Clinic Visit 1 appointment date/time * must provide value	🖞 04-04-2016 10:00 🕮 🕢 Now М-D-Ү НИМ
Clinic Visit 1 Provider * must provide value	Dr. RYAN VANRAMSHORST
Clinic Visit 1 status * must provide value	● completed → ○ rescheduled ○ no-show

6-month/12-month assessment dates

The purpose of this form is to alert UTSA to scheduled 6- and 12-month assessment dates, and trigger MessageSpace reminder texts.

UHS Program Coordinator is responsible for entering 6-month/12-month **Part 1** assessment dates in REDCap H4K Assessment project. *Measurement Coordinator*/Research staff is responsible for entering assessment status and monitor distribution/retrieval, Part 2 and Part 3 (if applicable) assessment dates.

Assessment dates onto 12mo	Save and Con
Earling existing Study ID SEUV2	Save and go
Event Name: 6-month	SE003
Study ID Study ID	SE002
*must provide value	SE002
6-month Assessments	
Assessment Date	02-07-2017 17:30 TO Now MD-YHM
	Complete
Assessment status	🙂 🔍 Missed
must provide value	Rescheduled
	rese
	() Yes
Monitor distributed?	(U) © No
* must provide value	rese
	Participant eligible to receive monitor?
	12-20-16 Requested reschedule due to conflict. 1-10-17 DLP left vm, texted no response. NO-SHOW
Notes	
	Expand
Part 2 Assessment Date	02-18-2017 10:30 Now HD-YHH
Assessment status	Completed
must provide value	Missed
	Rescheduled
	MP parent has surgery scheduled, requests reschedule
Notes	U
	Expand
Acceloremeter Check	
	O Yes
Accelerometer contains sufficient data for analysis?	
* must provide value	Are there at least 4 days of wear length recorded?
Assessment Part 3 date	
* must provide value	(for activity monitor return)
	Completed
Assessment Part 3 status	🙂 🔘 Missed
* must provide value	C Rescheduled
	reset

Last Revised 06-14-17

Current Healthy Lifestyle Prescription (HLP)

Health Educator is responsible for filling out "Current HLP" form, located in "H4K Eligibility Screening-UHS" project on REDCap, immediately following Introductory Session. *Health Educator* updates the form as needed to inform UTSA of any changes to MessageSpace texts.

Editing existing StudyID (screening ID) SE002			
Event Name: Baseline	_		_
Cvent Warre, Dasenne		05000	
StudyID (screening ID)		SE002	
Study ID	Ð	SE002	
* must provide value	and the	(e.g., SW001, RB034)	
Study Group		Standard Care (Control)	
* must provide value	ě	Standard Care PLUS (Intervention)	-
Date last updated	H	01-10-2017 15:36 MC New M-D-YHM	Tese
* must provide value	9		
Updated by (initials)	Ð	MDM	
* must provide value	1999	[
For the following Nutrition HLPs, enter a number using the codes below: 0 = not selected (default) 1 = selected; Track A 2 = selected; Track B			
1) Eat a healthy breakfast EVERY DAY.	•	0	
* must provide value	9	enter a number between 0 and 2	
2) Eat 5 servings of fruits and vegetables EVERY DAY.	(H)	1	
* must provide value	P	enter a number between 0 and 2	
3) Eat healthy snacks like fruits, vegetables, and whole-grain crackers.	(fi)	0	
* must provide value	ø	enter a number between 0 and 2	
4) Limit eating out by preparing meals at home.	(H)	0	
* must provide value	P	enter a number between 0 and 2	
5) Eat together as a family at least 5 to 6 times per week.	(H)	0	
* must provide value	P	enter a number between 0 and 2	
6) Avoid sugary drinks, such as sodas, sweet tea, fruit drinks and sports	-		
drinks. Choose WATER instead.		2 enter a number between 0 and 2	
* must provide value	-	enter a number between 6 and 2	
day.	(\mathbf{H})	0	
* must provide value	9	enter a number between 0 and 2	
8) Consume more low-fat milk and dairy products (1% or skim milk).	(H)	0	
* must provide value	ø	enter a number between 0 and 2	
		Play autoida and/ar ha active for 1 hour EVERY DAY	
Select ONE Physical Activity HLP	H	 Flay outside and/or be active for 1 noor EVERT DAT 	
* must provide value	P	 Limit IV, video, video game and computer time to 2 hours each day. 	
Form Status			16261
Complete?	Ð	Complete 🔻	
		Save Record	

Current Healthy Lifestyle Prescription

Appendix: REDCap Calendar Protocol

Standardized entry nomenclature

Assessments = BA1/2/3, 6A1/2/3, 12A1/2/3

Clinic Visits = CV1-4

Target dates = CV2 target!, 6A1/12A1 target!

[staff name] OUT + time (if applicable)

UHS and UTHSCSA holidays

Calendar

VIDEO: How to use the calendar (7 min)

The Calendar application can be used as a project calendar within this project to help organize your schedule and keep track of any upcoming events. It will allow you to add or modify calendar events and then view them either in a daily, weekly, or monthly format below. To add a new note or calendar event to any day, click **+New** at the top of that day's box to begin entering the information.

		Februa	ary 🔻 2017 🕇 🕅		Print Calendar	
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			+ New 1	+ New 2 Miryam out 4:00pm SW143 - BA1 5:00pm SW238 - BA1 5:30pm SW241 - BA2 6:00pm SW119 - BA1	+ New 3	+ New 4 Merlin OUT SW126 - 12A1 target! 10:30am SE095 - 6A2
+ New 5	+ New 6 Miryam out	+ New 7 SE108 - 6A1 target! SE175- BA2 4:30pm SE002 - 6A1-5:30p SE052 - 12A2 5:00pm SE074 - 12A2 6:00pm Mirzam out	+ New 8.	+ New 9 SW222 - CV2 target! SE172 - CV1 9:40am 1:20pm SW241 - CV1 6:00pm SW147 - 6A1	+ New 10	+ New 11 SW128 - 12A1 target! SW238 - BA2 10:30am SW119 - BA2 9:30am 11:00am SW161 - BA1
+ New 12	+ New 13 SE160 - BA2 8:30am	+ New 14 SE155 - CV2 target	+ New 15 Miryam out pm 10:3Sam SW059 - CV1	+ New 16 5 W147 - 6A2 5:30pm 4:30pm SW259 - BA1 5:00pm SW199 - BA1	+ New 17 SW210 - CV2 target! SW107 - CV2 target! Miryam out pm	+ New 18 Miryam works today Ruben OUT Dorothy OUT 9:00am SE099 - BA1 11:00am SE113 - BA1
+ New 19	+ New 20 Q UHS Holiday SE156 - CV2 target! SE161 - CV2 target!	+ New 21 © Dorothy OUT 3-5pm SE078 - 6A1-5:00p 2:30pm 5E139 - CV1 3:05pm SW107 - CV2 6:00pm 5E073 - 6A1 7:10pm 5E155 - CV2	+ New 22	+ New 23 SW199 - BA2 4: 30pm S:00pm SW172 - BA1 S: 30pm SW145 - 6A1 6:00pm sw227 - BA1	+ New 24	+ New 255 SW161 - BA2 10:30am SW259 - BA2 9:30am Ruben OUT SE107 - 6A1 target! Merlin OUT +3 more
+ New 26	+ New 37	+ New 28 Corothy OUT SE103 - 6A1-4:00p SE105 - 6A1-5:00p SE143 - CV2 target! SE175 - CV1 7:25pm				

Steps to create entries

 Go to "H4K Eligibility Screening-UHS" project in REDCap. Click on "Calendar" on left side under Applications.

2. Go to the date in question and click "New." A popup window entitled "Add New Calendar Event" will open.

3. Click on "Study ID (screening ID)." From the dropdown menu, select the appropriate study ID.

4. Enter the time of event (if applicable) in the Time field (use military time, i.e. 1300 for 1:00pm). Then enter details (event type and time) in the Notes space (see Standardized Nomenclature above).

5. For staff time off or holidays, simply enter details in notes space; **do not** select a Study ID.

Staff roles and responsibilities

UHS Program Coordinator/Patient Navigator – A1, CV1 reschedule, CV2/A1-mo, A1-mo

reschedule, CV3-4, UHS time off

Measurement Coordinator/Research Staff – A1 reschedule, A2/3, CV1

Measurement Coordinator - target CV2, 6A/12A

Health Educator - CV2/A1-mo, time off to avoid CV1 conflicts;

ALL Staff - time off on assessment days (M AM, T AM/PM, Th PM, Sat AM)

UHS" project in	My Projects My Project Home Project Setup Project Satus: Production Data Collection	The Ca events. calenda
t side under	Record Status Dashboard Add / Edit Records	Du
lick "New." A pop- endar Event" will	Applications Calendar Calendar Data Exports, Reports, and Stats Data Import Tool Calendar Event - Google Circone Calendar Event Calendar Eve	Sunda
." From the priate study ID.	Date: 02/01/2017 (Wednesday) Time: pptmail Notes:	
able) in the Time	StudyID (screening ID):	op-down if calen ening ID)

 Projects

 roject Home

 roject Home

 roject Setup

 rest status

 rest status

SE052 - 12A2 5:00 SE074 - 12A2 6:00

T Calendar

H4K Eligibility Screening - UHS

Health4Kids (H4K): A Pediatric Obesity Management Intervention Trial for Hispanic Families (R01HD075936)

Data Verification and Quality Checks



Data Verification and Quality Checks *Last revised 11/18/2019*

Table of Contents

Overview
Purpose
Definitions
Verification
Quality Checks
Staff responsible
Verification
Navigating REDCap4
Verification Process - Assessment Forms7
Assessment part 1– Child DCF Verification Process:8
Assessment Part 2 – Parent/Guardian DCF Verification Process:
Verification Process – TANITA15
Verification Process – Survey
Inputting Error Codes in REDCap21
H4K Data Quality Log24
Coding
Quality Check
Quality Check Process
Troubleshooting
Hiding or erasing values
Paper form not uploaded28
Data Collection Forms For Assessment Part 1 and Part 2 uploads
Survey uploads
Appendix
Error Codes
DCF Abbreviations:
How to name H4K Documents:
Overview

Purpose

Conduct quality checks of data entered in REDCap to most accurately reflect data collected in the field.

Definitions

Verification Identify flagged forms in REDCap and check them for accuracy.

Quality Checks

Verification of all documents associated with a set proportion of study IDs.

Staff responsible

Verifiers who did not enter data into REDcap (includes Measurement Coordinator, Data coordinator, other Research Staff etc.)

Verification

Navigating REDCap

Step 1: Locate REDCap.

• Open internet browser, type https://redcap.uthscsa.edu/REDCap/ in search bar.

Step 2: Log in.

REDCap	
Log In	
Please log in with your user name and pa Robert Geller (210-450-1471) or Cynthia	assword. If you are having trouble logging in, please contact <u>redcap@uthscsa.edu</u> <u>Ortiz (210-450-1859)</u> .
	Username:
	Password:
	Log In Eargot your password?

Step 3: Go to "My Projects".

- H4K projects
 - POM Spanish Surveys
 - H4K Assessments

Step 4: Navigate to desired project

	My Projects 🔄 Organize				Filter projects by title		
	Project Title	Records	Fields	Instrument	Туре	Status	
1	POM Spanish Surveys	173	553	1 form 6 surveys	ji.		
1	H4K Assessments	587	756	9 forms 6 surveys	Ē.		

Step 5: Find Participants that need verification on REDCap.

• Click tab "Record Status Dashboard".



• Find study IDs with forms with unverified icon. Use legend on top-right for further guidance.



Step 6: Select data to verify.

- Click on a **Study ID.**
- The top row displays measurement periods "<u>Baseline, 1-month, Current HLP, 6-month, and 12-month</u>". Figure 1, 2 show examples of H4K assessment and POM Spanish survey study IDs.
- The left-side column displays the Data Collection Instrument names.
- Click on the dot that coincides with the correct measurement period and Data Collection Instrument desired.

Figure 1 (H4K Assessments)



Figure 2 (POM Spanish Survey)

Study ID SE002

Data Collection Instrument	Baseline	Six- month	Twelve- month
Reduced Data Collection Survey (SPH) (survey)	$\mathbf{\wedge}$		
Family Health Survey Spn (survey)	0	\bigcirc	
Family Nutrition Surveyspn (survey)	0		0
Physical Activity Questionnairechildspn (survey)	0	\bigcirc	0
Family Pa Survey Spn (survey)	0		0
Family Demographics Survey Spn (survey)	0	\bigcirc	0

Verification Process - Assessment Forms

Step 1: Compare the paper version to REDCap entry. Locate the paper upload next to the "Child Data Collection Form Upload" at the bottom of the survey, and click the blue hyperlink.

Child Data Collection Form Upload	B SE001 6A1 DCF (child).pdf (0.75 MB) Send-It
Date uploaded	H 04-23-2019 Today M-D-Y
Staff initials upload	⊖ SL
Child Waist circumference in cm * must provide value	⊖ (79.6
Child Waist circumference in cm 2 * must provide value	(H) (78.5)
Child Waist circumference in cm 3	H
Average of 3 Waist circumference measurements	H 79 View equation
Child waist circumference 90th percentile or greater?	H ♥ Yes ♥ No use chart to determine

Step 2: A separate tab will open with the scanned data collection form (see below).

Study ID#	8
DATA COLLECTION FORM - CHILD Baseline Part 1 6-mo Part 1 12-mo Part 1	HEALTH
Age $\square \bigcirc$ years Gender: \widehat{M}) F Height: (cm) $\bot \trianglelefteq 9$. 9 (For Activity Monitor) (ft/in) $\underbrace{4/11}$ (round up if $\ge \frac{1}{2}$ /in.)	Height % <u>95%</u> 0
TANITA (BODY COMPOSITION)	
Height Weight (kg) BMI (kg/m2) BMI %	TANITA
	GOES HERE
BASELINE ONLY: IF BMI <20.0, use REDCap calculator to determine percentile (For Activity Monitor) Weight (Ibs) (multiply kg x 2.2) ()	FEB/27/2018 19:01 SC-331S FEB/27/2018 19:01 SERIAL No.
(BASELINE) IF BMI percentile 85-98.9, continue measurements:	
Measurement 1 Measurement 2 Measurement 3 (If the difference between Measurement 1 & 2 is > 1cm)	AGE 10 HEIGHT 143.9 CLOTHES WEIGHT 0.1
Waist 19.0 18.5 18.9 Circumference 19.0 18.5 18.9 (cm) 18.5 18.9 18.9	RESULT WEIGHT 49.4 FAT % 26.8 FAT MASS 13.2 FFM 36.20
RESTING BP Measurement 1 Measurement 1 Measurement 2 (after 5min if elevated, e.g. 12080) Measurement 3 (after 5min if still e.g. 12080)	BMI 22.0
Systolic Blood	*FAT %
Diastolic Blood	*IMPEDAN . 7
Pressure(mmHg)	

Assessment part 1– Child DCF Verification Process:

Step 3: Check if the following items on the form match with the REDCap version. Refer to the picture below for the items:

- 1. Study ID
- 2. Measurement period
- 3. Assessment date

Scan paper DCF version	REDCap Version			
Sudar The SEO3P Sust Day 218-12	Assessment Part 1			
DATA_COLLECTION FORM - CHILD HEALTH	Editing existing Study ID SE038			
Baseline Part 1 6-mo Part 1 4 KIDS	Event Name: Baseline			
12-mo Part 1	Study ID	SE038		
Age years Gender: M/ F	Study ID	H		
Height: (cm) $\frac{12}{2}$. $\frac{1}{2}$ (For Activity Monitor) (ft/in) $\frac{1}{2}$ (round up if \geq ½in.) Height $\frac{1}{2}$	* must provide value	Ģ 15038		
RESTING BP Measurement 1 Measurement 2 Measurement 3 (after 5min if still	Child's gender) 🖲 Male		
Systolic Blood Pressure(mmHg)	* must provide value	G Female		
Diastolic Blood	Child's age	H		
ELIGIBLE for STEP TEST? (YES /BP<95% percentile for age/height)	* must provide value			
NO (BP≥95% percentile for age/height)	Assessment Date	● 07-18-2017 16:00 開発 Dow M-D-Y H:M		
	* must provide value			

Step 4: Scroll through both versions and compare data entry. If everything from the list above matches, move on to the age, gender, and height and blood pressure measurements.

• Verify the measurements below located under Height and Blood pressure on the REDCap assessment.

SCAN PAPER DCF VERSION

REDCAP VERSION

Study ID# SE038 Staff ID # Date: 7 18-12	Height and Blood pressure	^
DATA COLLECTION FORM - CHILD HEALTH Baseline Part 1 6-mo Part 1 12-mo Part 1 4 KIDS Age years Gender M/F Height: (cm) 2 1 (For Activity Monitor) (ft/in) 1/2 (round up if ≥ ½in.) RESTING BP Measurement 1 Systolic Blood Pressure(mmHg) 10 1 Diagonal 12 40 ELIGIBLE for STEP TEST? YES/BP<95% percentile for age/height)	Child Height (cm) * must provide value Child Height (ft/in) * must provide value ieight percentile (from age/gender growth charts) * must provide value systolic BP * must provide value diastolic BP * must provide value	H Height to nerrest 0.1cm 4ft Oin Height to ne rest 1/8 inch 10-25 may entr single number or range) H 108 H 72
NO (BP≥95% percentile for age/height)	Systolic BP percentile (from age/gender/height percentile charts) * must provide value Diastolic BP percentile (from age/gender/height percentile charts) * must provide value Blood Pressure percentile charts (CDC) Boys 6-12 years	H 90 (may enter single number or range) H 90 (may enter single number or range)

Data Verification and Quality Checks *Last revised 11/18/2019*

Step 5: Scroll down to the Fitness Test (3-minute step test). Check if the handwritten Fitness HR matchs the REDCap Fitness HR entry.

SCAN PAPER DCF VEI	RSION	REDCAP VEI	RSION
FITNESS (HD) Time 0 (seated) (immediately (seated on (seated on		Fitness Test (3-minute Step Test)	
after stopping) step) step)	TAMUTA	Baseline heart rate	8 (95)
3-Min Step Test 95 4	BODY COMPOSITION ANALYZER SC-331S	* must provide value	measure immediately before test
If stopped at Stopped and Time Stopped and HR *Staff Notes:	UL/18/2017 77:11 SERIAL NO. 00000001 INPUT GENDER MALE AGE 12 AGE	Needed to stop test prior to 3 minutes?	 ● Yes ● No answer if test stopped for any reason
	CLOTH IGHT 0. 1kg	Post-step test heart rate immediate	8/114
TANITA (BODY COMPOSITION)	111450 WEIGHT 32,4kg	* must provide value	measured mmediately after stopping tes
Height (Copy from above) Weight (kg) BMI (kg/m2)	FAT MASS 9.9k9 FFM 22.5ks	Post-step test heart rate 1 min	82
	BMI 22.0	* must provide value	measured min after stopping test
(For Activity Monitor) Weight (Ibs) (multiply kg x 2.2)	*FAT %	Post-step test heart rate 2 min	81
(Turn over for Waist Circumference measurement)	*IMPEDANCE 573.9 Ω	* must provide value	💬 seasurd 2min after stopping test

Step 6: Verify the Anthropometrics (child) section.

 Check the TANITA body composition analyzer printout refer to (Verification process-TANITA) on how to verify analyzer printout.

						neb C/	VERGION
		3 min	4 min	5min	· · · · · · · · · · · · · · · · · · ·	Anthropometrics (child)	
FITNESS (HR)	Time 0 (seated)	(immediately after stopping)	(seated on step)	(seated o step)		Child weight (kg)	8 32.4
3-Min Step Test	95	$\Box \Box \Box \Box \Box$	100	P	BODY-COMPOSITION	* must provide value	weight to nearest 0.1kg
(HR)		ЦЩ	ЦША	LUF	ANALYZER SC-331S	Child weight (lbs)	71.28 View equation
If stopped at					JUL/18/2017 17:11 SERIAL No. 00000001	* must provide value	🧭 weight (kg) * 2.2
<3min: Record Time Stopped and		min				BMI	B
HR		sec			GENDER MALE	* must provide value	21.98404663874783 View equation
*Staff Notes:					HEIGHT 121.4cm CLOTH D WEIGHT 0.1Kg	BMI (from TANITA output)	₩ 22.0
TANITA (BODY Height	COMPOSITION Weight (kg)) BMI (kg/n	12)		RESU 32.4kg WEIGHT 32.4kg FAT % 30.6 % FAT % 30.8 % FAT % 22.5kg	Child BMI percentile	(H) 97.5 Use BMI calculator results, or percentile charts by age/gender
(Copy from above)					BMI 22.0	Child BMI percentile chart BOYS ages 6-11	
· · · · ·					INDICATOR *FAT %		97 01
(For Activity Mo	nitor) Weight (lbs)	(multiply kg x 2.	2)	-	- 0 + ++		
(Turn over for V	Vaist Circumferer	ice measuremer	nt)	ļ	*IMPEDANCE 573.9 Ω		

- Verify the next measurement under the Anthropometrics (child) section, waist circumference (cm). •
 - Measurement 1: Child waist circumference in cm
 - Measurement 2: Child waist circumference in cm 2
 - Measurement 3: Only if difference in measurements 1 and 2 is >1cm (see Assessment Manual).

SCAN PAPER DCF VERSION

REDCAP VERSION

REDCAP VERSION

SCAN PAPER DCF VERSION		REDC	CAP VERSION	
		ACE (YEARS) Image: Control of the second secon	kg/m² 3 17 18 19 20 5 5 5 5 5)
Study ID# Staff ID # Date:	HEALTH	Date uploaded	O Remove file or △ Sendet (i) (i) (03-06-2019) Todey H-0-Y (ii)	
Waist Circumference	1 4 KIDS	Staff initials upload Child Waist circumference in cm * must provide value	♀ SL ● 73.0	
		Child Waist circumference in cm 2 * must provide value Child waist circumference Onth noncentile or grapter?	B 73.1 B ♥ Yes	
		Child waist circumference soon percentile or greater?	No ves ves	set

• If you detect an error, refer to the steps under "Inputting error codes in REDCap" and "H4K Data Quality log" for information on how to document them.

Step 7: If no error found, change "Form Status" at the end of the survey from "Unverified" to "Complete." Then click on "Save and Exit Form."

Form Status	
Complete?	Unverified 🔻
	Save & Exit Form Save & 🔹
	Cancel
Form Status	
Complete?	Complete •
	Save & Exit Form Save & 🔹
	Cancel

Assessment Part 2 – Parent/Guardian DCF Verification Process:

Step 1: Compare the paper version to REDCap entry. Locate the paper upload next to the "Data Collection Form Upload" at the bottom of the survey, and click the blue hyperlink.

 Family Pa Survey Family Demographics Su 	irvey	Notes	Ģ			Save & Exit Form
Applications					Expand	Save & 🝷
🕒 Data Exports, Reports, an	nd Stats	Anthropometrics - Adult				Cancel
- Data Import Tool		Research Staff ID				
✓ Data Comparison Tool		* must provide value	\sim	MP		
Field Comment Log		Adult age				
🕿 File Repository		* must provide value	\wp	38		
🖻 Data Quality		Adult Gender		O Male		
Project Bookmarks		* must provide value	\sim	Female	recet	
⇔ Go to H4K Eligibility Screen	ning	Adult Birth Month		Inte	Teset	
Go to POM Spanish survey Co to Protocol Deviation	ys	* must provide value	Ģ	(enter word or abbreviation, e.g. Jan, Feb, March, Apr	il)	
Co to Protocor Deviation	0			○ Yes		
Reports Q <u>Searcn</u>	Organize / Edit [-]	Parent/Cuardian programt2		No		
1) Enrollment for IRB reporting	g	Parent/Guardian pregnant?	$\overline{\varphi}$	Don't Know		
 Baseline assessment dates Retention programming: b- 	Nut survey dav Christmas 2			Refused		
4) Schools	,	Adult Height (cm)			reser	
5) Primary outcomes baseline	child	* must provide value		153.5		
 Primary outcomes - adult b Completed Assessments 	aseline		P-	Height to nearest 0.1cm		
8) Measurement reminder cal	lls	Adult weight (kg)		54.3		
9) 6-mo/12mo missed appts		* must provide value	>	weight to nearest 0.1kg		
10) Baseline missed/reschedu	led	BMI				
Body Composition	Insecurity and	* must provide value	Ģ	23.04533735105942 View equation		
12) Retention - mailout dates f	for 6A1/12A1					
13) 1-month text messaging		Adult BMI TANITA Output		23.0		
14) Primary outcomes 1-mont	n		~	from TANITA readout		
16) Primary outcomes 12-mon	hth	Adult DMI status		normal (20-24)		
17) BMI percentile baseline		Adult Bill status		overweight (25-29)		
18) Sample for Merge		* must provide value	7	obese (30+)		
19) Baseline Unverified					reset	
20) Acculturation Daisy 21) EMP data according		Data Collection Form unload		SE038 BA2 DCF (adult).pdf	<u>f (0.27 MB)</u>	
22) Completed Baseline Asses	sments	Data Collection Form upload	\sim	@ Remove file o	ir 🖂 Send-It	
23) Obesity Week 2019	Sincines					
24) Anthropometrics Uploads month, 12-month) 25) Baseline Anthropometrics	(baseline, 6-	Date uploaded	E	03-06-2019 Today M-D-Y		
26) Baseline Unverified- Maris	ol Entries	Staff initials unload				
27) Baseline REDCap initial sur	rvey data entry	stari mitiais upioad	\sim	SL		
28) H4K Baseline - Child Age G (for accelerometor)	iender Weight	Adult Waist circumference in cm 1				
29) H4K 6mo - Child Age Gend	ler Weight (for			78.5		
https://redcap.uthscsa.edu/REDCa	ap/redcap_v9.1.15/DataExp	port/index.php?pi	~			

Step 2: A separate tab will open with the scanned data collection form (see below).

DATA COLLECTION FORM PARENT/GUARDIAN Baseline Part 2 6-mo Part 2	HEALTH
Age vears Gender: M/	BODY COMPOSITION ANALYZER SC-3315
If FEMALE: Pregnant? (circle one) YES NO If YES, how many weeks/months? weeks / months (circle circle) (Note: Explain to participant that this is a standard question we as since it will affect weight and waist circumference results.)	JUL/25./2017 17:30 SERIAL NO. 00000001 BODY TYPE STANDARD BODY TYPE STANDARD GENDER FEMALE AGE FEMALE AGE SECTOR LOTHES WEIGHI C. 01HES WEIGHI 0.1Kg
Height (cm) (Record measurement before having the participant step out)	RESULT TELGHT FAT MASS FAT MASS
Measurement 1 Measurement 2 Measurement 1 Waist Circumference (cm) Image: Circumference Image: Circumference	t3 tween & 2 is $\begin{bmatrix} IDEAL BODY WEIGHT 51.8ky \\ 51.8ky \\ 4.8 \\ 4.8 \\ FAT \\ 2 \end{bmatrix}$

Step 3: Scroll through both versions and compare entry. If everything matches, move on to the age, gender, birth month, and anthropometrics section for adults. See below.

SCAN PAPER DCF VERSION	REDCAP	VERSION
	Assessment Part 2	
Study ID# SED38 Staff ID # dls/MP Date: 2.25-17	Editing existing Study ID SE038	
	Event Name: Baseline	
DATA COLLECTION FORM PARENT/GUARDIAN	Study ID	SE038
Baseline Part 2	Study ID	B SE038
6-mo Part 2	* must provide value	(e.g., SW001, RB034)
12-mo Part 2	Assessment Date	B 07-25-2017 16:30 Now
	* must provide value	MM-DD-YYYY
Age Sold years Gender: M/ Birth Month: July	B01 Assessment status	Completed Missed
	* must provide value	🥯 🔍 Rescheduled
Pregnant? (circle one) YES NO If YES, how many weeks/months? weeks / months (circle or 64 A6	PUT- Notes DY 1 NDER E I GMT	Û Ģ
(Note: Explain to participant that this is a standard question we ask ever	Anthropometrics - Adult	
since it will affect weight and waist circumference results.)	Research Staff ID	8
	IGHT * must provide value	P MP
Height (cm) Weight (kg) BMI (kg/m2)	MA3 Adult age	•
before having the participant	CE! * must provide value	⇒ 38
	Adult Gender	📄 🕒 Male
	* must provide value	🥪 🖲 Female
MET	ABOL CERA Adult Birth Month	
→ BMI	* must provide value	(enter word or abbreviation, e.g. Jan, Feb

Step 4: Ensure the height (cm), weight (kg), and adult waist circumference match (see below).

SCAN PAPER DCF VERSION	REDCAP VEI	RSION
If FEMALE:	Parent/Guardian pregnant?	Ves No Don't Know Refused
Pregnant? (circle one) YES NO	Adult Height (cm) * must provide value	B 153.5
If YES, how many weeks/months? weeks / months (circle of	Adult weight (kg) * must provide value	S4.3 validation to nearast 0 1km
(Note: Explain to participant that this is a standard question we ask ever	BMI * must provide value	23.04533735105942 View equation
since it will affect weight and waist circumference results.)	Adult BMI TANITA Output	B 23.0
Height (cm) (Record measurement Weight (kg) BMI (kg/m2)	Adult BMI status * must provide value	
before having the participant step out)	Data Collection Form upload	SE038_BA2_DCF (adult), pdf (0.27 MB) P 0 Remove file or 2 Send-it
	Date uploaded	03-06-2019 📅 Тоday м-D-Y
	Staff initials upload	H SL
	Adult Waist circumference in cm 1 * must provide value	H 78.5
Measurement 1 Measurement 2 Measurement 3 (If difference between	Adult Waist circumference in cm 2 * must provide value	00 C
Waist	Adult Waist circumference in cm 3	00 C
	Adult waist circumference abnormal? (above gender/race-specific cutoff)	⊎ Ves ● No
(cini)	* must provide value	(use WC charts to determine)

Step 5: Check the TANITA body composition analyzer printout refer to (Verfification process-TANITA) on how to verify analyzer printout.

SCAN PAPER DCF VERSION		REDCAP V	ERSION
D Birth Month: July	BODY COMPOSITION ANALYZER	Parent/Guardian pregnant?	Ves Cancel No Onnt Know Refused
	SC-331S JUL/25/2017 17:30 SERTAL No. 00000001	Adult Height (cm) "must provide value	Unit
NO	-INPUT	Adult weight (kg) *mut proste value	U 54.3 weight to nearest 0.1kg
weeks / months (circle or	BODY TYPE STANDARD GENDER FEMALL AGE 38 HEIGHT 153 For	BMI * must provide value	23.04533735105942 View equation
a standard question we ask <u>ever</u> imference results.)	CLOTHES WEIGHT 0. 1kg	Adult BMI TANITA Output	9 23.0 6 from TANITA readout
BMI (kg/m2)	RESULT 4 3 FIGHT 24 6 FAT 24 6 FAT 13 4+3 FFM 40 94.9	Adult BMI status * must provide value	* normal (20-24) O overweight (25-29) O obese (30+)
	MUSCLI MASS 38.5Kg 18w 28.2Kg 18w 2 51.9 % BONE MASS 2.1kg BMR 5100	Data Collection Form upload	SE038 BA2 DCE (adult).pdf (0,27 MB)
<u> </u>	METABOLIC AGE 23 VISCERAL FAT RATING 3	Date uploaded	😕 03-06-2019 🛅 Today) H-0-Y
surement 2 Measurement 3	BMI IDEAL BODY WEIGHT	Staff initials upload	00 Ga SL
(If difference between Measurement 1 & 2 is	DEGREE OF OBESITY 4.8 %	Adult Waist circumference in cm 1 * must provide value	0) Ge [78.5
	*FAT %	Adult Waist circumference in cm 2 * must provide value	ĕ
	*BMI	Adult Waist circumference in cm 3	
	- Ι U Ι + Ι ++ +IMPEDANCE 534.0 Ω	Adult waist circumference abnormal? (above gender/race-specific cutoff)	© Yes ● No
		* must provide value	(use WC charts to determine)

• If an error is detected, follow the steps under "Inputting error codes in REDCap." If no error found, follow through the steps of saving and existing the assessment stated in the "verification process- Assessment part 1 Child DCF" section.

Verification Process – TANITA

• Purpose of TANITA: Body composition analyzer

Step 1: Locate study ID Assessment (Part 1/Part 2)

• Location of TANITA on assessments form: on the right side of every assessment.

DATA COLLECTION FORM PARENT/GUARDIAN Baseline Part 2 6-mo Part 2 12-mo Part 2	
Age 3 9 years Gender: M/F Birth Month: May If FEMALE: Pregnant? (circle one) YES NO	TANDTA BODY COMPOSITION ANALYZER SC-331S MAR/28/2017 19:34 SERIAL NO. 00000002
If YES, how many weeks/months? weeks / months (<i>circle one</i>) (<i>Note:</i> Explain to participant that this is a standard question we ask <u>everyone</u> since it will affect weight and waist circumference results.)	-INPUT BODY TYPE STANDARD GENDER FEMALE AGE 39 HEIGHT 162.1cm CLOTHES WEIGHT 0.1kg
Height (cm) (Record measurement before having the participant step out)	RESULT 74.7kg WEIGHT 74.7kg FAT 39.4 % FAT MASS 29.4kg FFM 45.3kg MUSCLE MASS TBW 32.1kg TBW 32.0kg BONE MASS BMR 5845 1392/ca 1392/ca
Measurement 1 Measurement 2 Measurement 3 Waist Image: Circumference Image: Circumference	METABOLIC AGE VISCERAL FAT RATING 7 BMI 28.4 IDEAL BODY WEIGHT 57.8kg DEGREE OF OBESITY 29.2 %
	INDICATOR *FAT % - 0 + ++ *BMI - 0 + ++ *IMPEDANCE 555.9 Ω

Step2: Click on Data collection form upload (Refer back to the assessment verifiation on information about how to locate paper upload.)

Step 3: Compare Upload to data entry on REDCap for TANITA under "**TANITA Receipt Numbers**" section. (see below for location)

- Top portion of includes Child Data (Part 1 assessment)
- Bottom portion includes the Adult Data (Part 2 assessment)

REDCap	H4K Assessments	
Logged in as ecw739 Log out	Actions: 🔀 Download PDF of instrument(s) 🗢 🖽 VIDEO: Basic dat	ta entry
 My Projects REDCap Messenger 	TANITA Receipt Numbers	
Project Home and Design	Editing existing Study ID SE005	
 Project Home · E Codebook Project status: Production 	Event Name: Baseline	
Data Collection	Study ID	SE005
 Record Status Dashboard Add / Edit Records 	Fat % H) * must provide value	34.0
Study ID SE005 Select other record Event: Baseline Data Collection Instruments:	Fat Mass (kg) (b) * must provide value (c)	15.5
Assessment Part 1 Assessment Part 2 TANITA Receipt Numbers	Fat Free Mass (kg)	30.0
Family Health Survey Family Nutrition Survey Physical Activity Questionnaire Child Family Pa Survey Eamily Demographics Survey	Adult Data Adult Fat % * must provide value Adult Fat Mass (kg)	39.4
Annications	* must provide value	29.4
Data Exports, Reports, and Stats Data Import Tool	Adult Fat Free Mass (kg)	45.3
Data Comparison Tool Logging Field Comment Log	Adult Muscle Mass (kg)	43.0
 File Repository Data Quality 	Adult TBW (kg) (H) * must provide value	32.1
Project Bookmarks → Go to H4K Eligibility Screening	Adult TBW % (i) * must provide value	43.0
Go to POM Spanish surveys Go to Protocol Deviation	Adult Bone Mass (kg) (i) * must provide value @	2.3
Reports Q Search Search Reports	Adult BMR (kj)	5845
1) Enrollment for IRB reporting 2) Baseline assessment dates Nut survey 3) Retention programming: b-day Christmas 2 4) Schools	* must provide value Adult BMR (kcal) (H) * must provide value	1397
5) Primary outcomes baseline child 6) Primary outcomes - adult baseline	Adult Metabolic Age	54

Part 1 (Child)

	Data Collection	Study ID	SE005
		Child Data	
	Record Status Dashboard	Fat %	θ
	Add / Edit Records	* must provide value	
T 'A	Study ID SE005 Select other record	Fat Mass (kg)	0
	Event: Baseline	* must provide value	15.5
BODY COMPOSITION	Data Collection Instruments:		
ANALYZER	Assessment Part 1 Assessment Part 2	Fat Free Mass (kg)	8 30.0
50-3315	TANITA Receipt Numbers	* must provide value	
MAR/14/2017 18:27	Family Health Survey	Adult Data	
SERIAL No. 00000001	Family Nutrition Survey	Adult Fat %	
	Physical Activity Questionnaire Child	* must provide value	õ 39.4
	Family Pa Survey	A dude Too Manage (lan)	
[INPUT	Family Demographics Survey	Adult Fat Mass (kg)	29.4
AGE GENDER FEMALE	Applications 📃	* must provide value	
HEIGHT 141.0cm	Pata Exports Reports and Stats	Adult Fat Free Mass (kg)	H LES
CLOTHES WEIGHT	Data Import Tool	* must provide value	
0.1kg	Z Data Comparison Tool	Adult Muscle Mass (kg)	
	Logging	* must provide value	43.0
RESULT	Field Comment Log		
EAT 9 34 0 9	🕿 File Repository	Adult TBW (kg)	H 32.1
FAT MASS 15.5kg	🖻 Data Quality	* must provide value	Ģ [
FFM 30.0kg	Project Bookmarks	Adult TBW %	8
BMI 22.0		* must provide value	⇔ 43.0
011 22.5	Go to H4K Eligibility Screening	Adult Bone Mass (kg)	
	Go to Protocol Deviation	* must provide value	2.3
TNDICATOR *FAT %			
	Reports Q Search Drganize PEdit -	Adult BMR (kJ)	H 5845
- ++	1) Enrollment for IRB reporting	* must provide value	
*IMPED# 309.2 0	2) Baseline assessment dates Nut survey	Adult BMR (kcal)	8
-THE CO. 20012 #	4) Schools	* must provide value	1397
(FOR DATA ENTRY LATER)	5) Primary outcomes baseline child	Adult Metabolic Age	
(1012111211211211)	6) Primary outcomes - adult baseline	* must provide value	54
	7) Completed Assessments		
	9) 6-mo/12mo missed appts	Adult Visceral Fat Rating	H 7
	10) Baseline missed/rescheduled	* must provide value	
	11) Marisol Food Access Food Insecurity and Rody Composition	Adult Ideal Body Weight (kg)	θ
	12) Retention - mailout dates for 6A1/12A1	* must provide value	57.8
	13) 1-month text messaging	Adult Degree of Obesity (%)	
	14) Primary outcomes 1-month	* must provide value	29.2
	ris Primary outcomes 6-mo		

Part 2 (Adult)

	Design College	Study ID	SE005
	Data Collection	Child Data	
	III Record Status Dashboard	Fat %	
TANITA	Add / Edit Records	* must provide value	9 9 34.0
BODY COMPOSITION	<u>Study ID SE005</u> <u>Select other record</u>	Fat Mass (kg)	A
ANALYZER	Event: Baseline	* must provide value	15.5
SC-331S	Data Collection Instruments:		
	Assessment Part 1	Fat Free Mass (kg)	8 20.0
MAR/28/2017 19:34	TANITA Receipt Numbers	* must provide value	0.0
SERIAL NO. UUUUUUU2	Eamily Health Survey	Adult Data	
	Family Nutrition Survey	Adult Eat %	
	Physical Activity Questionnaire Child	Audit Pat 70	39.4
-INPUT	Family Pa Survey	 must provide value 	~
BODY TYPE STANDARD	Family Demographics Survey	Adult Fat Mass (kg)	θ
GENDER FEMALE		* must provide value	≥ 29.4
HEIGHT 162 1cm	Applications	Adult Fat Free Mass (kg)	0
CLOTHES WEIGHT	Data Exports, Reports, and Stats	Audit rat rice mass (kg)	45.3
0, 1kg	- Data Import Tool	" must provide value	~
	🗲 Data Comparison Tool	Adult Muscle Mass (kg)	θ
	Logging	* must provide value	⇔ 43.0
KESULT 74 7kg	Field Comment Log	Adult TBW (kg)	
FAT % 20 / %	File Repository		32.1
FAT MASS 29 4kg	Data Quality	" must provide value	~
FFM 45.3kg	Project Bookmarks	Adult TBW %	8
MUSCLE MASS 43. 0kg		* must provide value	⇔ 43.0
15W 32.1kg	Go to H4K Eligibility Screening	Adult Bone Mass (kg)	0
BONE MASS 2 3kg	Go to POM Spanish surveys	* must provide value	2.3
3MR 5845 kill	Go to Protocol Deviation		
1397kca	Reports Q Search Search Crganize Edit Image: Comparize	Adult BMR (kJ)	8
1ETABOLIC AGE 54	1) Enrollment for IRB reporting	* must provide value	○ 3043
TISCERAL FAT RATING 7	2) Baseline assessment dates Nut survey	Adult BMR (kcal)	(i)
3MI 28.4	3) Retention programming: b-day Christmas 2	* must provide value	1397
DEAL BODY WEIGHT	4) Schools		
57.8kg	6) Primary outcomes - adult baseline	Adult Metabolic Age	8
DEGREE OF OBESITY	7) Completed Assessments	* must provide value	9
29.2 %	8) Measurement reminder calls	Adult Visceral Fat Rating	(H)
	9) 6-mo/12mo missed appts	* must provide value	0 7
NDICATOR	10) Baseline missed/rescheduled		
AT %	Body Composition	Adult Ideal Body Weight (kg)	57.8
	12) Retention - mailout dates for 6A1/12A1	* must provide value	9 0110
- ; 0 ; + ; ++	13) 1-month text messaging	Adult Degree of Obesity (%)	(H)
MT	15) Primary outcomes 1-month	* must provide value	29.2
114	to Delete a vite mes 42 meste		

The following are examples of good and bad TANITA forms you will run into when verifying. If you run into a bad version, document the error. Refer back to the steps under "Inputting error codes in REDCap" and "H4K Data Quality log" for information on how to document them.

GOOD TANITA	BAD TANITA
Age By years Gender: M/E Birth Month: July TAMATA MODY VER	ELIGIBLE for STEP TEST? (YE) BP<95% percentile for age/height) NO (BP≥95% percentile for age/height)
Sc-3318 If FEMALE: Pregnant? (circle one) YES	FITNESS (HR) Time 0 (seated) 3 min (seated on after stopping) step) 5 min (seated on step)
If YES, how many weeks/months? weeks / months (<i>circle or</i> STATUAR)	3-Min Step Test 88 92 95 69 TANATA
since it will affect weight and waist circumference results.)	If stopped at
(Brood maximum before having the participant rep out) Image: Arrows of the participant (Arrows of the participant (Arrows of the participant) Image: Arrows of the participant (Arrows of the participant) (Arrows of the participant) (Arrows of the participant) (Arrows of the participant) (Arrows of the participant) (Arrows of the participant) (Arrows of the participant) (Arrows of the participant) (Arrows of the participant) (Arrows of the participant) (Arrows of the participant) (Arrows of the participant) (Arrows of the participant) (Arrows of the participant) (Arrows of the participant) (Arrows of the participant) (Arrows of the participant) (Arrows of the participant) (Arrows of the participant) (Arrows of the participant) (Arrows of the participant) (Arrows of the participant) (Arrows of the participant) (Arrows of the participant) (Arrows of the participant) (Arrows of the participant) (Arrows of the participant) (Arrows of the participant) (Arrows of the participant) (Arrows of the participant) (Arrows of the participant) (Arrows of the participant) (Arrows of the participant) (Arrows of the participant) (Arrows of the participant) (Arrows of the participant) (Arrows of the particip	S RIAL NO. COURDON
Measurement 1 Measurement 2 Measurement 3 Measurement 51.6kg	Height (concernmentation) BMI (kg/m2) Automatic (bit for the set lattice) Automatic (bit for the set lattice)
Waist Circumference Circumference <th></th>	
(cm) : 0 + : ++ *BH1 - : 10 : + : ++ *IMPEDANCE 534.0 V/	(For Activity Monitor) Weight (lbs) (multiply kg x 2.2) (Turn over for Waist Circumference measurement)
	EVANAL SU9. 5
	\smile

Verification Process – Survey

Step 1: Compare the paper version to REDCap entry. You can locate the paper upload next to "IF paper, upload file:" at the bottom of the survey. Click the blue hyperlink.

Initial data collection format	 ⊕ REDCap ⊕ ● Paper reset
IF paper, upload file:	SE001 6A Fam HS.pdf (0.4 MB) P Remove file or Send-It
Staff initials upload	H P
Date uploaded to REDCap	(н) (-) 06-18-2019 (3) Тоday м-D-Y
Staff initials verify	₿
Date upload verified	H Today M-D-Y

• A separate tab should open with the scanned paper version like the one below.

Thank you for agreeing to be part of this importa child's diet and physical activity. Please answer	nt study. for the ch	Plea: ild wh	se an: io is e	swer th nrolled	nese d in ti	que he H	stion	s ab 14Ki	out ; ids s	your
Your Child's Weight										
 Answer the following questions on a scale of concerned: 	of 0–10, w	here	0 = n	ot at al	ll cor	icerr	ned a	ind 1	10 =	very
	Don't Know			23						
		Not	at all cerne	d,	So	mew	hat		Ve	ry
a. How concerned is your child about his/her own			ĪT	1			-	Ť		T
b. How concerned are you about your child's weight?					V	67.5				
c. How concerned are you about your child's overall							∇			
Identify and belon bit is a spanler is a my	- Brown									
 How sure are you of the following statemer sure and 10 = very sure: 	nts? Answ 0 1	er on 2	a sca	ale of C ‡ 5	⊢10, 6	whe	ere O	= no	ot at	all 10
 How sure are you of the following statemer sure and 10 = very sure: 	nts? Answ 0 1 Not at al	er on 2 I sure	a sca 3	ale of 0 4 5 Somev	⊢10, 6 vhat	whe 7 sure	ere O	= no	ot at 9 y sur	all 10 9
 How sure are you of the following statemer sure and 10 = very sure: My child will succeed in achieving a healthy weight. 	nts? Answ 0 1 Not at al	er on 2 I sure	a sca	ale of C 4 5 Somev	–10, 6 yhat	whe 7 sure	are O	= no	ot at 9 7 sur	all 10 9
How sure are you of the following statement sure and 10 = very sure: All of the following a healthy weight big family will be able to make changes in our	0 1 Not at al	er on 2 I sure	a sca	tile of C 4 5 Somew	–10, 6 yhat	whe	ere O	= no	9 9 7 sur	all 10 e
 How sure are you of the following statemer sure and 10 = very sure: Any child will succeed in achieving a healthy weight. Inty family will be able to make changes in our c. My family will be able to make changes in our physical acidy. 	0 1 Not at al	2 I sure	a sca	ale of C 5 Somev	-10, 6 yhat	whe	ere 0	= no	9 7 sur	all 10 e
2) How sure are you of the following statemer sure and 10 = very sure: a. My child will succeed in achieving a healthy weight. b. My family will be able to make changes in our c. My family will be able to make changes in our phyrical achiev. d. My family will be able to make changes in our TV video: compute use.	0 1 Not at al	2 I sure	a sca	tele of C	⊢10, 6 yhat	when 77	ere 0	= no	9 7 sur	all e

Step 2: Check if the following items on the survey match the REDCap version.

- 1. Study ID
- 2. Measurement period
- 3. Type of survey (*example: Family health survey, Demographic survey, etc.*)

Scan paper survey version

REDCap version

FAMILY HEALTH SURVEY - Baseline	216/16		Data	11.7.1	5	Editing existing Study ID SE003	
	alst ke		Date.	<u></u>	<u>,</u>	Event Name: Baseline	
Dear Parent, Thank you for agreeing to be part of this importa	ant study. Please	answer th	hese ques	tions abo	ut your	Study ID	SE003
ciliu s diet and physical activity. Piease answer	for the child who	is enrolled	uie ne	aim4Kiu	s study.	Study ID	н.
						* must provide value	SE003
Your Child's Weight						Date	®
1) Answer the following questions on a scale	of 0-10, where 0	= not at a	Il concerne	ed and 10	= very	* must provide value	💭 01-04-2016 🛐 Today M-D-Y
concerned.	Don't 0 Know	123	4 5	678	8 9 10		
	Not at conce	all rned /	Somewh	hat co	Very	Measurement Period	🗧 Baseline 🔻
a. How concerned is your child about his/her own weight?		IV					
b. How concerned are you about your child's weight?						Click Here to Listen	
c. How concerned are you about your child's overall	1						
nearn?						Thank you for agreeing to be part of this important s	under Die eine einen alle eine eine ette eine eine eine eine ein
 How sure are you of the following statemer sure and 10 = very sure: a My child will succeed in achieving a healthy. 	nts? Answer on a 0 1 2 3 Not at all sure	scale of 0 4 5 Somev	0–10, when 6 7 what sure	re 0 = not 8 9 Very s	at all 10 sure	physical activity. Please answer for the child who is e	udy. Please answer these questions about your chil nrolled in the Health4Kids study.
2) How sure are you of the following statemer sure and 10 = very sure: a. My child will succeed in achieving a healthy weight. b. My familie will be able to make channes in our	nts? Answer on a 0 1 2 3 Not at all sure	scale of 0 4 5 Somew	0–10, when 6 7 what sure	re 0 = not 8 9 Very s	at all 10 Sure	physical activity. Please answer for the child who is e YOUR CHILD'S WEIGHT	udy. Please answer these questions about your chil nrolled in the Health4Kids study.
 How sure are you of the following statemer sure and 10 = very sure: a. My child will succeed in achieving a healthy weight. b. My family will be able to make changes in our eating. c. My family will be able to make changes in our 	nts? Answer on a 0 1 2 3 Not at all sure	scale of 0	0-10, when	8 9 Verys	at all	YOUR CHILD'S WEIGHT 1) Answer the following questions on a scale of 0-10, to	udy, Please answer these questions about your chi nrolled in the Health4Kids study. where 0 = not at all concerned and 10 = very concerr
 How sure are you of the following statemensure and 10 = very sure: a. My child will succeed in achieving a healthy weight. b. My family will be able to make changes in our eating. c. My family will be able to make changes in our physical activity. d. My family will be able to make changes in our TV/ video' computer use. 	nts? Answer on a	scale of 0	6 7 what sure	8 9 Very s	at all	YOUR CHILD'S WEIGHT 1) Answer the following questions on a scale of 0-10, Not	udy, Please answer these questions about your chil nrolled in the Health4Kids study. where 0 = not at all concerned and 10 = very concern

Step 3: scroll through both versions and compare entry.

- If an error detected follow the steps under "Inputting error codes in REDCap."
- If no error found, follow the steps of saving and exiting the assessment stated in the "verification process- Assessment part 1 Child DCF" section.

Inputting Error Codes in REDCap

• Refer back to Navigating REDCap on how to find Assessments and surveys.

REDCap	H4K Assessme	ents			You may also	refer to the		
Logged in as ecw739 Log out	🖉 Field Comme	ntlog						
 My Projects Project Home REDCap Messenger Project status: Production 	This page displays the keyword searches in you do not have use not be displayed in t	the comments a r privileges to vie he table. Also, if	it Log for all records/events/fit is well as filter the comments ew some data collection instru you belong to a data access g	under "Applications" on				
Data Collection	group. The entire Fie	ld Comment Log	g is downloadable as a file in E	xcel/CSV format.	REDCap, if you	u need to		
Record Status Dashboard	Field Comment I	.og Filters:	All records for All events	•	search for a s	pecific		
Applications	Results returned	d: 1058	All users	•	commont on	a form		
Data Exports, Reports, and Stats Data Import Tool	Display maximum = 100 results Use filters to limit results further.		Keyword search Search 1 Apply filters Reset	tips	comment on a			
Data Comparison Tool Logging Field Comment Log	Click button to view comment log	Record	Field	Comments				
File Repository	91 comment	SE001 Baseline	abase_wc (Adult Waist circumference in cm 1)	llamass (05/09/2019 11:11am): "Waist circumference is recon	ded in inches on paper data c			
Project Bookmarks			walk_time					
Go to H4K Eligibility Screening Go to POM Spanish surveys Go to Protocol Deviation	9 1 comment	SE001 Baseline	(46. How much time did you usually spend walking on one of)	llamass (09/16/2019 9:12am): "Original response entered: 3	0 minutes."			
Denadori				II Antonionio in an A				

Step 1: Look for the comment bubble located next to the answer choices/text box for the question.

	Click Here to Listen Don't Know	Never True	Sometimes True	Often True
20. "The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more." Was that often, sometimes, or never true for (you/your household) in the last 12 months? Click Here to Listen * must provide value		۲	0	reset
21. "(I/we) couldn't afford to eat balanced meals." Was that often, sometimes, or never true for (you/your household) in the last 12 months? Click Here to Listen * must provide value	₽ ♀ ← ●	۲	0	reset
22. In the last 12 months, did (you/you o household) ever cut the size of your me there wasn't enough money for food? <u>Click Here to Listen</u> * must provide value	or other adults in your als or skip meals because	● Yes 円 ○ No 戸 ○ Click He	ere to Listen	reset
23. [IF YES ABOVE] How often did this has some months but not every month, or i <u>Click Here to Listen</u> * must provide value	appenalmost every montl n only 1 or 2 months?	h, Only 1 Only 1 Some r Almost Click He	(now or 2 months nonths but not every mo every month ere to Listen	onth reset

Step 2: Click the comment bubble and write a detailed comment regarding the error.

Comment section format: Original entry =X; correction =Y

🔗 Fi	eld Comment Log		×				
This pop-up displays all the field comments for the record and field specified below. Users with access to data entry forms may leave one or more comments on any field on a data collection instrument, after which the balloon icon will stay lit up to signify that comments exist for that field for this record. All field comments for all records/fields can also be viewed, keyword searched, and filtered on the <u>Field Comment Log</u> page in this project. NOTE: If you wish to prevent all users in this project from editing or deleting field comments below, see the Additional Customizations popup on the Project Setup page.							
Study Event Field: every	Study ID: <u>SE080</u> Event: Baseline Field: how_often ("23. [IF YES ABOVE] How often did this happenalmost every month, some months but not every month, or in only 1 or 2 months? Click Here to Listen")						
	Date/Time	User	Comments				
2 ×	08/05/2019 12:06pm	alvaradom4	not answered on paper form				
	10/14/2019	ecw739					
	10:55am						

Step 3: Click comment.

• If saved correctly, the comment bubble will become yellow. You can always refer back to the comment bubble to see all comments.

23. [IF YES ABOVE] How often did this happenalmost every month,	, 🔍 Don't Know	
some months but not every month, or in only 1 or 2 months?	Only 1 or 2 months	
	Some months but not every month	
Click Here to Listen	Almost every month	
* must provide value	Click Here to Listen	
	res	set

Step 4: Document changes/corrections onto the H4K Data Quality log.

Refer to the codebook (see below)

H4K Data Quality Log

Step 1: Locate H4k Data Quality Log

• Location of H4k Data Quality Log: UT Box (Health4Kids>Data Management>Data Quality>(corresponding measurement period)

[Health4Kids: Baseline Quality Check Log											
				Сћеск	20% of r	ecords (For	every Stu	udy ID data entr	y, verify tl	he 5th .ccord)			
							C .mn	nents for DCEs		Problem(s),	Comment(s) for each si	urvey
	Study ID	Not Verified but marked Complete	Verified and marked Complete	Date Verified	Staff Initial	Language	Child DCF	Parent/ Guardian DCF	Family Health Survey	Family Nutrition Survey	Child Physical Activity Survey	Family Physical Activity Survey	Family Demographic Survey
	SE001		Х	1/2/2019	MDM	English							
	SE002	Х											
	SE003	Х											
	SE005	Х											
	SE006	Х											
-	SE007		х	9/17/2019	SL	Spanish				Q2h. 2 Q10. 2 Q19k. 2 Q25-27. 2 Q41. 2 Q12-16. 3	1d. 2 1q . 2	7. 2 17c. 2 27a. & 28a. 4	14. 2 15b . 4
	SE012												
	SE014												
	SE017												
	SE031												
	SE038		x	10/8/2019	EZ	English	X					25d. 3 25e. 2 31a. 3 31b. 3 31e. 3 31f. 2 31g. 3	12 . 2 24b . 8 25a . 9

- Highlighted red study IDs refer to the 20% of records for quality check (see below). Verifiers may verify study IDs that are not highlighted.
 - "Not verified but marked complete" (not highlighted): Completely uploaded, but not verified for data.
 - "Verified and marked complete" (highlighted): Completely uploaded, but verified for data.

Step 2: Fill out the following items circled in red

- Date (you) verified
- Staff (your) Initial
- Language (of survey and assessment)

Step 3: Go through each Data Collection Form listed under the "Comments for DCFs."

• Once verified, if an error is found, refer back to "Inputting error codes in REDCap" section on how to track error on REDCap.

Step 4: Document the error onto the data quality log.

- Input the error code on Data Quality Check Log corresponding to the correct measurement period under the column called "**Comments for DCFs**" circle in green.
 - Follow the following format: (DCF abbreviation). (Code number) and type it into the segment.
 - See Appendix for DCF abbreviations

Step 5: Go through each survey listed under the "Problem(s)/Comment(s) for each survey" section.

- If error found, record code under the column circle in **blue**. (Refer back to "Navigating REDCap" on how to find survey)
- Follow the following format: (number of question) (Sub letter if included). (error number from codebook)
 - Type it in the appropriate row and column for that study ID and survey.
- You will write the code for the error described on REDCap onto the quality log. Below are the codes that will be used to describe the error made on REDCap. Review appendix for codebook. (Contact the Measurement Coordinator if you have any questions about coding descriptions.)

Coding

- Location of codebook: PHI -> POM -> Manual of Procedures -> 4 Measurement -> Data Entry-> H4k Data Management Protocols -> H4K Codebook for Verification. UT BOX: All files -> Health4Kids-> Data Management-> H4K Codebook for Verification.docx
- Purpose of codebook: Address data entry errors found in paper and /or REDCap form.
- List of code definitions +/- screenshot of example (see Appendix for complete codebook)
 - 1: **Unit error** This error occurs when a measurement unit is not converted correctly.
 - 2: **Missing Data/ No Response** This error occurs when a participant left a question or option blank on a paper survey.
 - 3: Multiple Response per Question- This occurs when a participant selected two responses for the same question or option. REDCap typically only accepts one response per entry. Additionally, if the response seems ambiguous (meaning you cannot clearly define the response the participant meant to pick) this code qualifies the error as a multiple response.
 - 4: Out of Range Response- This occurs when a participant wrote out a response that was not in the range of available answer choices for them to circle/check/cross out.
 - 5: Participant correction- This occurs when a participant scribbled out and/or initialed a response and CLEARLY marked a new response. Unlike the "Multiple response per question code," a participant correction is NOT ambiguous.
 - 6: **Survey Update** This occurs when a survey does not include a question on the paper version of the survey but is available on REDCap or vice versa.
 - 7: Measurement/ Data Entry Staff Error- This occurs when the measurement staff who entered the data mis-typed or did not enter the data on the survey correctly.
 - 8: **Branching/ REDCap System Error** This occurs when the paper survey version of the survey does not match what is available on the REDCap survey.
 - 9: "Ghost" Data- This occurs when the participant answers a question on the paper survey that has branching attached to it but cannot be entered unless a certain response is selected on REDCap.
 - 10: **Participant Notes** This occurs when a participant wrote additional information on a paper survey.
 - 11: **Staff Notes** This occurs when data entry staff entered additional notes to explain a situation or something not related to the data itself.
 - 12: TANITA/ Data Collection Form Mishandling- This occurs when data on TANITA receipt is faded and was not entered prior to fading.

Quality Check

Quality Check Process

Step by step

- 1. Select study IDs to undergo quality check (20% or every 5th record)
- 2. Go through all data entry forms and surveys regardless of completion status
- 3. Make corrections and document in Quality check log.
- 4. After X records, determine whether more stringent check is needed (i.e. >80% error rate).

Troubleshooting

Hiding or erasing values

NOTE: changes done to certain survey questions can result in REDCap showing a "redcap.uthscsa.edu says:" message. To view the current page you must click "Cancel."



This message will sometimes appear for the following:

- POM Spanish Survey Family Nutrition
- Baseline Assessment Part 2

THIS DOES NOT APPLY TO EVERY STUDY ID AND/OR SURVEY. Depending on the survey, sometimes more than one of the same message will continue to be prompted. In this instance, just click "Cancel" until you are able to view the desired screen.

Paper form not uploaded

Child Data Collection Form Upload	B C D
Date uploaded	H Today M-D-Y
Staff initials upload	⊕
Child Waist circumference in cm * must provide value	H (73)
Child Waist circumference in cm 2 * must provide value	[⊕] 72
Child waist circumference 90th percentile or greater?	H Ves
	use chart to determine

Data Collection Forms For Assessment Part 1 and Part 2 uploads

Form Status Complete? Incomplete Incomplete Save & Exit Form Save & ... -- Cancel --

Survey uploads

Initial	data entry format	H P	 REDCap Paper 		reset
IF pape	er, upload file:	H P			<u>Jpload document</u>
Date u	ploaded	H @	90 31	Today M-D-Y	
Staff in	itials upload	H P			
Date ve	erified	H @	0 <u>0</u> 31	Today M-D-Y	
Staff in	itials verify	H @			
Form S	tatus				
Comple	ete?	H P	Incomplete 🔻		
			Save & Exit Form	Save &	

If = Paper, let Measurement Coordinator know, find the paper survey, and scan to POM drive **Disclaimer**: *If* = *REDCap*, *the original entry was documented in REDCap*.

Follow the following instructions on how to upload and scan to POM drive:

Step 1: Scan Surveys on Xerox .

- Turn on screen of printer by pressing home button.
- Go to "Email".
- Go to "Manual Entry", Here you will need to type in your uthscsa.edu email.
- Next we will need to name the document: Z:\PHI\POM\Manual of Procedures\4 Measurement\Data Entry\H4K Data Management Protocols (see appendiex for how to name H4K Document)
 - We will need to scan every page front and back so make sure in "pages" it displays 2-sided.
 - NOTE: BA is Baseline, 6A is 6-months, and 12A is 12-months.
- Once you are done scanning press **SEND** at the top right corner.
- Remember to clear out all information on screen, including your email and name of document.

Step 2: Save Surveys on POM drive.

- You will need to open outlook to retrieve the scans by email.
- Open scanned document.
- Go to "save as": Z:\PHI\POM\Scanned Participant Forms\SW or SE
 - Find study ID's folder.
 - Create a new folder if one is not made for study ID within appropriate location and measurement period (see below for example)

Burn	New folder			
es	Name	Date modified	Туре	Size
top	🎉 6-month	6/22/2019 3:09 PM	File folder	
nloads	4 12-month	6/22/2019 3:10 PM	File folder	
nt Places	Daseline Baseline	6/22/2019 3:09 PM	File folder	

Save using H4K document nomenclature. (see appendiex for how to name H4K Document) Z:\PHI\POM\Manual of Procedures\4 Measurement\Data Entry\H4K Data Management Protocols

↓ Computer ➤ EpidBio (\\cfs2\links) (Z:) ➤ PHI ➤ POM ➤ Scanned Participant Forms ➤ SW ➤ SW001 (SPN) ➤ Baseline					
▼ Burn	New folder				
ites	Name	Date modified	Туре	Size	
ktop	🙈 SW001_BA Child PAQ	9/20/2018 3:07 PM	Adobe Acrobat D	1,231 KB	
vnloads	SW001_BA Complete DCF with TANITA	9/20/2018 2:31 PM	Adobe Acrobat D	5,332 KB	
ent Places	🔊 SW001_BA Fam Dem	9/20/2018 3:09 PM	Adobe Acrobat D	3,940 KB	
	SW001_BA Fam HS	9/20/2018 3:05 PM	Adobe Acrobat D	1,300 KB	
es	SW001_BA Fam NS	9/20/2018 3:06 PM	Adobe Acrobat D	5,501 KB	
uments	SW001_BA Fam PAQ	9/20/2018 3:08 PM	Adobe Acrobat D	3,587 KB	
ic	SW001_BA1 DCF (child)	1/29/2019 4:27 PM	Adobe Acrobat D	133 KB	
ures	SW001_BA2 DCF (adult)	9/20/2018 2:43 PM	Adobe Acrobat D	178 KB	
205					

Step 3: Uploading saved Surveys from "pom" drive onto REDCap.

- Upload using following pathway: Z:\PHI\POM\Scanned Participant Forms\Backup,SE,SW
- Input date of upload or click "**Today**" button to generate the day of date.
- Input your initials

Initial data entry format	H REDCap Paper reset
IF paper, upload file:	H C Upload document
Date uploaded	H Today M-D-Y
Staff initials upload	H
Date verified	H Today M-D-Y
Staff initials verify	H

Step 4: Change form status to "complete" and click "Save & Exit Form"

Form Status	
Complete?	B Complete T
	Save & Exit Form Save & 🔹

Appendix

Error Codes

Health4Kids Codes to Identify Errors during Verification/Quality Checks

Code	Error/Description	Example(s)
1	Unit Error This error occurs when a measurement unit is not converted correctly.	 Time is entered in minutes and not hours for an HOURS ONLY question. TANITA numbers show in lbs and not kg.
2	Missing Data/No Response This error occurs when a participant left a question or option blank on a paper survey.	• Participant did not respond question, participant chose two responses for same question, participant.
3	Multiple Response per Question This occurs when a participant selected two responses for the same question or option. REDCap typically only accepts one response per entry. Additionally, if the response seems ambiguous (meaning you cannot clearly define the response the participant meant to pick) this code qualifies the error as a multiple response.	 Participant check marked to answer choices. Participant placed a line over a question and check marked an additional response.
4	Out of Range Response This occurs when a participant wrote out a response that was not in the range of available answer choices for them to circle/check/cross out.	 Participant writes out "N/A" next to a "NO/YES" question Participant crosses out "No insurance" but writes out Carelink which is not part of the range of options.
5	Participant Correction This occurs when a participant scribbled out and/or initialed a response and CLEARLY marked a new response. Unlike the "Multiple response per question code," a	• Participant scribbled out/blacked out a response and check marked another.

	participant correction is NOT	
	ambiguous.	
	Survey Update	Phone use questions do not
	This occurs when a survey does not	appear in the earlier versions of
6	include a question on the paper	the Family Nutrition/Family PAQ
	version of the survey but is available	Surveys.
	on REDCap or vice versa.	
	Measurement/Data Entry Staff	Staff did not enter the
	Error	participant response from paper
7	This occurs when the measurement	to REDCap correctly.
	staff who entered the data mis-typed	
	or did not enter the data on the	
	survey correctly.	
	Branching/REDCap Systems Error	Questions answered on paper,
	This occurs when the paper survey	but section is not available
	version of the survey does not match	on REDCap for that particular
	what is available on the REDCap	participant (I.e., Use of
	survey.	Technology questions showing for
		some participants but not for
8		others even though they
		answered them on paper)
		A measurement unit is
		available on paper survey version
		but not in REDCap (NOTE: This is
		different from Unit Error in that it
	"OL ··" D ·	does not address conversion.
	"Gnost" Data	Participant chose "No" but
	This occurs when the participant	selected responses for the
•	answers a question on the paper	questions that would need
9	survey that has branching attached	response if Yes.
	to it but cannot be entered unless a	
	REDCap.	Staff may have entered name
	This occurs when a participant wrote	Stall may have entered hame that belongs to a phone
10	additional information on a paper	number participant wrote a pote
10		next to the namer survey and staff
	Survey.	included it on REDCan
		included it oll REDCap.

11	Staff Notes This occurs when data entry staff entered additional notes to explain a situation or something not related to the data itself.	 Staff refers to a missed appointment. Staff explains unusual or uncommon blood pressure reading.
12	TANITA/Data Collection Form Mishandling This occurs when data on TANITA receipt is faded and was not entered prior to fading.	 Data collection form is not entered entirely from paper to REDCap. TANITA numbers are faded and unreadable prior to entering them to REDCap. TANITA numbers are entered in REDCap but the numbers are faded and can no longer verify them.

*There may be overlap between errors for the same question. In these instances, you will add the code that applies on the data quality log. Additionally, the Field Comment Log should include a description of the errors.

**This codebook is meant to address errors found from paper to REDCap. Errors found in initial REDCap entries may need to be addressed using new/additional codes.

DCF Abbreviations:

- Ht= Height
- Wt = Weight
- Age = Age
- **BP1-3** =Blood Pressure 1-3
- **HR** = Heart Rate
- BMI = BMI
- WC1-3 = Waist Circumference 1-3

Measurement Period.	Baseline	1 month	6 months	12 months
Assessment	StudyID_BA1 DCF	StudyID_1-mo	StudyID_6A1 DCF	StudyID_12A1 DCF
Part 1	(child)	DCF	(child)	(child)
Assessment	StudyID_BA2 DCF	*there is no part	StudyID_6A2 DCF	StudyID_12A2 DCF
Part 2	(adult)	2	(adult)	(adult)

How to name H4K Documents: Naming Data Collection Forms

Examples on how to name files according to table:

- Assessment Part 1 and 2
 - SW111_BA1 DCF (child)
 - SW111_BA2 DCF (adult)

Name of Survey	Name of file
Family Health Survey	StudyID_Measurement period (BA,6A,12A) Fam HS
Family Nutrition Survey	StudyID_Measurement period (BA,6A,12A) Fam NS
Child Physical Activity Survey	StudyID_Measurement period (BA,6A,12A) Child PAQ
Family Physical Activity Survey	StudyID_Measurement period (BA,6A,12A) Fam PAQ
Family Demographic Survey	StudyID_Measurement period (BA,6A,12A) Fam Dem

Naming Surveys

Examples on how to name files according to table:

- SW111_BA Fam HS
- SW111_BA Fam NS
- SW111_BA Child PAQ
- SW111_BA Fam PAQ
- SW111_Fam Dem

How to calculate BMI using CDC Calculator

- 1) Take child's measurements
- 2) Look at the TANITA output BMI
- 3) Use the CDC BMI calculator embedded in REDCap to determine BMI percentile (link for reference): <u>https://nccd.cdc.gov/dnpabmi/calculator.aspx</u> Click on the link for **metric** in the upper right corner so you can enter values in cm/kg.

You will need to enter the following information:

- a. Date of birth (find this in the Eligibility Screening-UHS project form) it is helpful to have bookmarks between these projects, and 2 windows open on the measurement laptop at the same time, one with the Assessment form & one with Eligibility Screening
- b. Date of measurement
- c. Age
- d. Gender
- e. Height in **cm**
- f. Weight in **kg**
- 4) Record the calculated BMI percentile in the H4K Assessments form and on the data collection form (To be eligible child must be **between 85th to 98.9th**. Once they are past eligibility, you **do NOT** need to check that they fall within the range mentioned earlier)
- 5) Enter the percentile number calculated by CDC in REDCap "BMI Percentile" Field

Code	Error/Description	Example(s)
1	Unit Error This error occurs when a measurement unit is not converted correctly. Missing Data/No Response	 Time is entered in minutes and not hours for an HOURS ONLY question. TANITA numbers entered in lbs and not kg. Participant did not respond to
2	This error occurs when a participant left a question or option blank on a paper survey.	question
3	Multiple Response per Question This occurs when a participant selected two responses for the same question or option. REDCap typically only accepts one response per entry. Additionally, if the response seems ambiguous (meaning you cannot clearly define the response the participant meant to pick) this code qualifies the error as a multiple response.	 Participant check marked two or more answer choices. Participant placed a line over a question and check marked an additional response (ambiguous response)
4	Out of Range Response This occurs when a participant wrote out a response that was not in the range of available answer choices for them to circle/check/cross out.	 Participant writes out "N/A" next to a "NO/YES" question Participant checks "No insurance" but writes out Carelink which is not part of the range of options.
5	Participant Correction This occurs when a participant scribbled out and/or initialed a response and CLEARLY marked a new response. Unlike the "Multiple response per question code," a participant correction is NOT ambiguous.	• Participant scribbled out/blacked out a response and check marked another.

Health4Kids Codes to Identify Errors during Verification/Quality Checks

6 7	Survey Update This occurs when a survey does not include a question on the paper version of the survey but is available on REDCap or vice versa. Measurement/Data Entry Staff Error This occurs when the measurement staff who entered the data mis-typed or did not enter the data on the	 Phone use questions do not appear in the earlier versions of the Family Nutrition/Family PAQ Surveys. Staff did not enter the participant response from paper to REDCap correctly.
8	Branching/REDCap Systems Error This occurs when the paper survey version of the survey does not match what is available on the REDCap survey.	 Questions answered on paper, but section is not available on REDCap for that participant (I.e., Use of Technology questions showing for some participants but not for others even though they answered them on paper) A measurement unit is available on paper survey version but not in REDCap (NOTE: This is different from Unit Error in that it does not address conversion).
9	"Ghost" Data This occurs when the participant answers a question on the paper survey that has branching attached to it but cannot be entered unless a certain response is selected on REDCap. Participant Notes	 Participant chose "No" but selected responses for the questions that would need response if they had selected "Yes." Staff may have entered name
10	This occurs when a participant wrote additional information on a paper survey.	that belongs to a phone number, participant wrote a note next to the paper survey and staff included it in REDCap field note.
11	Staff Notes This occurs when data entry staff entered additional notes to explain a situation or something not related to the data itself.	 Staff refers to a missed appointment. Staff explains unusual or uncommon blood pressure reading.

12	TANITA/Data Collection Form Mishandling This occurs when data on TANITA receipt is faded and was not entered prior to fading.	 Data collection form is not entered entirely from paper to REDCap. TANITA numbers are faded and unreadable prior to entering them to REDCap. TANITA numbers are entered in REDCap but the numbers are faded and can no longer be verified.
----	---	--

*There may be overlap between errors for the same question. In these instances, you will add the code that applies on the data quality log. Additionally, the Field Comment Log should include a description of the errors.

**This codebook is meant to address errors found from paper to REDCap. Errors found in initial REDCap entries may need to be addressed using new/additional codes.
Health4Kids (H4K): A Pediatric Obesity Management Intervention Trial for Hispanic Families

(R01HD075936)

Nutrition Survey Calls Protocol



Table of Contents

Overview	3
Staff responsible	3
Duties:	3
Access needed by research staff:	3
Participants to Call	4
Identifying ID	4
REDCap Steps	4
Excel Nutrition Phone Call Log	8
Logging Calls	8
Nutrition Phone Call Script	9
English Script	9
Spanish Script	9
Excel Clearing Study ID's 1	10

Overview

Staff responsible

For purposes of this protocol, research staff under the Measurement Coordinator supervision will conduct nutrition survey calls.

After Baseline Assessment 1 is completed, research staff will check REDCap "Baseline assessment dates Nut survey" report to verify which upcoming participants have clinic visit 1 (CV1) approaching and call them to complete nutrition survey.

Duties:

- Make phone calls to participants after Baseline Assessment 1 (BA1) and before Clinic Visit 1 is reached
 - \circ ~ Phone calls made after CV1 date will need a deviation
- Log attempts of Nutrition survey phone calls onto "Nutrition Phone Calls Log" excel sheet
- Fill out Nutrition Survey answers into REDCap

Access needed by research staff:

- REDCap access- "H4K Assessments" project
- POM folder access- "Nutrition Phone Calls Log" excel sheet

Participants to Call

Identifying ID

Before making the nutrition survey phone call, identify the study ID which must be called, located in a report on REDCap.

REDCap Steps

1. Log into REDCap, click on "H4K Assessments" project.

My Projects	🖆 Organize
Project Title	
POM Spanish S	irveys
H4K Eligibility S	reening - UHS
H4K Assessme	ts
Cultural Barrie	s to Cervical Cancer Prevention (ENG)

2. On the bottom left side scroll down to "Reports" and click on "2. Baseline assessment dates Nut survey" tab.

Reports	🖍 Edit reports 😑
 Enrollment for IRB reg Baseline assessment survey Retention programming Christmas 2 Schools Primary outcomes bases Primary outcomes - a Completion Measurement reming 	norting dates Nut ing: b-day seline dult der calls
Help & Information	Ξ

3. The participant's "Study ID, Event Name, Assessment Date (BA1), nutrition survey complete or incomplete, preferred language, Assessment part 2 date (BA2), and clinic visit date 1 will be displayed.

Study ID (base1_id1)	Event Name (redcap_event_name)	Assessment Date (baseline1_date)	Complete? (family_nutrition_survey_complete)	Preferred language (pref_language)	Assessment Part 2 date (assess_2date)	Clinic Visit 1 Date (clinic1_date)
SE061	Baseline	03-02-2017 10:15	Incomplete (0)	Opaniol (2)	05-09-2017 18:00	
SE062	Baseline	05-22-2017 10:00	Incomplete (0)	Spanish (2)	05-30-2017 16:00	
SE171	Baseline	05-02-2017 17:00	Incomplete (0)	English (1)	05-09-2017 17:30	
SE195	Baseline	05-15-2017 09:00	Incomplete (0)	English (1)	05-22-2017 09:00	
SE196	Baseline	05-16-2017 18:00	Incomplete (0)	Spanish (2)	05-23-2017 18:30	
SE200	Baseline	05-16-2017 16:00	Incomplete (0)	English (1)	05-23-2017 16:30	
SW299	Baseline	05-20-2017 11:00	Incomplete (0)	Spanish (2)	06-03-2017 10:30	
SE183	Baseline	04-11-2017 17:00	Incomplete (0)	Spanish (2)	04-18-2017 16:30	05-23-2017 13:25:00
SE189	Baseline	05-09-2017 16:00	Incomplete (0)	Spanish (2)	05-16-2017 16:30	06-06-2017 09:40:00
SW285	Baseline	05-04-2017 17:00	Incomplete (0)	Spanish (2)	05-11-2017 17:30	06-12-2017 15:05:00

4. Choose study ID with the upcoming "Clinic Visit 1 Date", and then go to "Project Bookmarks" tab located to the left side. Click on "Go to H4K Eligibility Screening".

NOTE: Make a note on the nutrition surveys conducted after CV1 date is completed. Let Measurement coordinator know. Those surveys will have a deviation.

Project Bookmarks	🗡 <u>Edit</u> 📃
Go to H4K Eligibility So	reening
Reports	🖍 Edit reports 📃
 Enrollment for IRB reports Baseline assessment data survey Retention programming Christmas 2 Schools Primary outcomes base Primary outcomes - adu Completion Measurement reminded 	rting ates Nut g: b-day line alt r calls

5. Scroll up to "Data Collection" tab and click "Add / Edit Records". Then type in the chosen study ID and hit enter.

NOTE: For this protocol "SAHAKTest" will be the chosen study ID.

(isting StudyID (screening ID) select reco
or existing StudyID (screening SAHAKTest
0

6. Once inside the "Study ID (screening ID)", on the "Eligibility Screening Form Uhs", click on the button "Baseline" to display participant information.

ne grid below displays the form-by-for no the project for one particular Studyl efined events. You may click on the co orm for that event. If you wish, you may avigating to the <u>Define My Events</u> pag StudyID (screening ID	m progress D (screenin lored buttor modify the e.)) SAHAI	of data e og ID) for ns to acc events b	entered all ess that elow by	Legend for statt Incomplete (Unverified Complete
Data Collection Instrument	Baseline	6- Month	12- Month	
Eligibility Screening Form Uhs		1		
Lab Results	0			
ntroductory Session participant data	۲	•		
Schedule Clinic Visits	۲			
Jin Vicit 1				
	· · · · · · · · · · · · · · · · · · ·			
Study Withdrawal Form	0			

7. To conduct family nutrition surveys by phone obtain "Study ID, parent's last name, phone number, preferred language and best time to call".

NOTE: Once all information from above is obtained, transfer it to "Nutrition Phone Calls Log" excel sheet. Excel sheet is located in "POM \rightarrow Measurement \rightarrow H4K Assessment Reminder Calls folder".

Editing existing StudyID (screening ID) SAHAKTest		
Event Name: Baseline		
StudyID (screening ID)	SAL	JAKTest
Record ID	SA	HAKTestiD
Date of data entry	0 01	-18-2017 Today M-D-Y
* must provide value	MM-	DD-YYYY
Employee ID (initials)	Ð	
* must provide value	UHS	employee initials
	12 Sa	3ABC n Antonio, Tx 78240
Mailing address	9	
* must provide value		
Daren'te Last Name		
* must provide value	K	SAHAKTest
questions to confirm your child's eligibility for the study, as well as your w	illingne	 Yes
is this a good time to talk?	E C	O NO
purpose, risks, benefits, and procedures. Participant was provided an opportunity to ask questions and have them answered; and verbal conser was obtained to be screened about the study.	nt B (Yes No
Date screening completed	(H)	
* must provide value	- 9	01-18-2017 31 Today M-D-Y
		not interested in study
IF going off protocol, reason:	E	unable to contact
	9	🔍 no longer eligible (no-shows/r
Does your child live with you full-time? (i.e., does not live at alternate locat	ion	() Vas
every other week, alternating months, etc.)	H	O No
* must provide value	1	U ∪ NO
May I have your cell phone number?	100	· Yes
* must provide value	ğ	No
	-	
What is the number including the area code?		(210) 262-8110
* must provide value	27	Chrone and
Will you accent study text messages on your cell phone?	100	Yes
* must provide value	- 6	No No
		eligible if yes
	1	English
Do you prefer to receive texts in English or Spanish?		© Soppish
must provide value	2	opanisi
When would be the best time to call or text you regarding the study?		4:30pm

Excel Nutrition Phone Call Log

Logging Calls

8. Before conducting phone call, log call onto "Nutrition Phone Calls Log" excel sheet.

ſ	↓	Î	↓	↓	ſ	Î	Î	Î	ſ	Î	Ļ
В	С	D	E	F	G	н	1	J	K	L	M
Pref. Language	Phone Number	Parent Last Name	Time Called	Date 1st attempt call	Did they complete survey?	Date 2nd attempt phone call	Time Called	Date 3rd attempt phone call	Time Called	Date 4th attempt phone call	Date survey was completed
1	(210)123-4567	Ms. Health	9am	2/18/2018	Y						2/18/2018
2	(210)000-0000	Sra. For	10am	2/18/2018	Y						2/18/2018
1	(210) 111-1111	Ms. Kids	11:30am	2/18/2018	N	2/19/2018	11am				2/19/2018
				1	1						

9. Fill in the time the call was conducted, date of 1st call attempt, if participant completed survey, date of 2nd attempted phone call, time called, date of 3rd phone call attempt, time called, date of 4th attempt and date survey was completed.

NOTE: If survey was completed in first attempt of phone call, fill in the rest of the boxes in orange.

Nutrition Phone Call Script

English Script

ENG: Hi, may I please speak with Mr. /Ms. <u>(parent's name)</u>? Hi my name is <u>(your name)</u> and I am calling on behalf of the Health4Kids study. I am calling to see if you have time to answer a Nutrition survey by phone? The survey takes approximately 30-45 minutes if you chose to continue.

(If parent chooses to continue, respond the following) Great! The first question involves your child's diet. Who usually makes breakfast...? (Continue to ask rest of the questions on the survey).

(*If parent chooses not to continue, respond the following*) No worries! We can always reschedule. Is there a date and time you are available that I may call back?

(If parent seems hesitant, provide a date and time for them and ask if that will work with their schedule. Come up with a new date and update it onto excel sheet).

Spanish Script

SPN: Hola, ¿podría hablar con el Sr. / Sra.<u>(nombre de los padres)</u>? Hola mi nombre es <u>(tu nombre)</u> y estoy llamando del estudio Health4Kids. Estoy llamando para ver si tiene tiempo para responder a una encuesta de nutrición por teléfono. La encuesta tomara aproximadamente 30-45 minutos si decide continuar.

(If parent chooses to continue, respond the following)

¡Estupendo! La primera pregunta involucra la dieta de su hijo(a). ¿Quien generalmente hace el desayuno?… (Continue to ask rest of the questions on the survey).

(*If parent chooses not to continue, respond the following*) *iNo se preocupe! Podemos hacer otra cita ¿Hay una fecha y horario en que esté disponible para que pueda devolver la llamada?*

(If parent seems hesitant, provide a date and time for them and ask if that will work with their schedule. Come up with a new date and update it onto excel sheet).

NOTE: You do not have to follow word for word of this script; you can personalize it to your preference.

Excel Clearing Study ID's

1. Log into REDCap, click on "H4K Assessments" project. Go down to where "reports" are and click on "Baseline Assessment Dates Nut Survey".

otal number records' = tota	r of records queried: 3 al available data across all d	91 Jesignated events)			Be Full Report
Study ID	Event Name	Assessment Date	Complete? (family putrition survey complete)	Preferred language	Assessment Part 2
SE061	Baseline	05-02-2017 18:15	Incomplete (0)	Spanish (2)	05-09-2017 18:00
SE062	Baseline	05-22-2017 10:00	Incomplete (0)	Spanish (2)	05-30-2017 16:00
SE171	Baseline	05-02-2017 17:00	Incomplete (0)	English (1)	05-09-2017 17:30
SE195	Baseline	05-15-2017 09:00	Incomplete (0)	English (1)	05-22-2017 09:00
SE196	Baseline	05-16-2017 18:00	Incomplete (0)	Spanish (2)	05-23-2017 18:30
SE200	Baseline	05-16-2017 16:00	Incomplete (0)	English (1)	05-23-2017 16:30
SW299	Baseline	05-20-2017 11:00	Incomplete (0)	Spanish (2)	06-03-2017 10:30
SE183	Baseline	04-11-2017 17:00	Incomplete (0)	Spanish (2)	04-18-2017 16:30
SE189	Baseline	05-09-2017 16:00	Incomplete (0)	Spanish (2)	05-16-2017 16:30
SW285	Baseline	05-04-2017 17:00	Incomplete (0)	Spanish (2)	05-11-2017 17:30

NOTE: To clear study ID's from report list, the survey must be "COMPLETED" first. Then clear it from report by going to "Edit Report".

2. Scroll down to "Step 3" and click on the calendar icon beneath "Operator Value".

All users - 0	OR – O Custom user access (Choose specification)	fic users,	roles, or data access groups who will have access)	
STEP 2				
S Fields to inclu	ide in report Ouick Add Add all	fields fro	m selected instrument: choose instrument	,
Field 1	base1_id1 "Study ID" •	INE	Instrument: Informed Consent Documenta	
Field 2	baseline1_date "Assessment Date"	(HHE)	Instrument: Assessment Part 1	
Field 3	family_nutrition_survey_complete "Cor •	(HHE)	Instrument: Family Nutrition Survey	
Field 4	pref_language "Preferred language"	(94E)	Instrument: Assessment Part 1	
Field 5	assess_2date "Assessment Part 2 date 🔹	INE	Instrument: Assessment Part 1	
Field 6	clinic1_date "Clinic Visit 1 Date"	INNE	Instrument: Assessment Part 2	
Field 7	clinic1_date2 "Clinic Visit 1 Date"	INC	Instrument: Assessment Part 2	
Field 8	Type variable name or field label			
Additional fie Include the sum	Ids to include in report (optional) vey identifier field and survey timestamp fiel	d(s)?		>
Filters (option	all events for each record returned [?]		Operator / Value	ORI
	baseline1 date "Assessment Date"	and	>= 04-01-2017 00:00 000 000	LM.
Filter 1	pasenne - and essessinent pare			

 Change the month/year and date to a closer date of the remaining "Incomplete" nutrition surveys. After changes are made, click "Done".



NOTE: The list will clear up to the chosen month,

year and date reagardless of completion of survey. It is important to remember to complete all surveys before clearing.

Instrument: Family	د	Ma	y	• 20	17	$\overline{}$	0	
Instrument: Assess	Su	Мо	Tu	We	Th	Fr	Sa	
Instrument: Assess		1	2	3	4	5	6	
Instrument: Assess	7	8	9	10	11	12	13	
Instrument: Assess	14	15	16	17	18	19	20	
	21	22	23	24	25	26	27	
	28	29	30	31				
	Time 00:00 Hour							
Operator / Valu	No ^r	w				Do	ne	
> = •	05-01	-2017	00:0	1 📅 🕗	M-D-Y	ным		
					_	-	~	

Health4Kids (H4K): A Pediatric Obesity Management Intervention Trial for Hispanic Families (R01HD075936)

REDCap Survey Administration Protocol



Table of Contents

	2
Overview	
Staff responsible	
IMPORTANT:	Error! Bookmark not defined.
Accessing REDCap	
Part 1 Surveys – Family Health and Nutrition	6
English administration	6
Spanish administration	9
Part 2 Surveys – PAQ-C, Family PA and Demographics	Error! Bookmark not defined.
English Administration	
Spanish Administration	Error! Bookmark not defined.
Tablet Maintenance and Troubleshooting	
Errors with Incomplete Family Health Baseline Survey	Error! Bookmark not defined.
Hiding or Erasing Values	

Overview

The purpose of this protocol is to describe administration of surveys during assessments using REDCap forms and a study tablet.

Staff responsible

Measurement Coordinator and Research Staff UHS Program Coordinator and Patient Navigator

IMPORTANT:

Log on to **all tablets** at UTHSCSA **at least every 30 days** to ensure your login info is saved. This will avoid the need to request another user's login when off site.

Accessing REDCap



1. Turn on the study tablet by pressing and holding the button in the upper right corner until it vibrates. The log in prompt will appear.

2. Log in using your UTHSCSA username and password. If you don't have a log on, ask your partner to log in for you.

- 3. Open your browser. You should see the Internet access page from University Health System.
- 4. Check the box agreeing to the terms and conditions → click on "Click To Connect." This will give you UHS wifi Internet access.



5. Locate the REDCap bookmark in your browser, or go to: <u>https://redcap.uthscsa.edu/REDCap/</u>

6. Log into REDCap using your username and password. **NOTE:** If you enter the incorrect credentials three times, you will be locked out of REDCap for 30mins. If this happens, ask your partner to log into REDCap for you to avoid delay in survey administration.

Please tog in setting and user memory and p	sensered. If you are having trouble logging	ey pinane contact Robert Geller (210-456) 1471)
	usemane 1	
	Pattword	
		the test become the
-The in REDCapi	-	E Distance
A CONTROLOGY A CONTROL AND A CONTROL AND A CONTROL A CONTROL AND A CONTROL AND A CONTROL AND A CONTROL A CONTROL AND A C	Non-for-building and managing online mouse herein on the states of the building and managing online distance of the states of the states of the states of the states of the states of the states of the states of the states of the states of the states of the	ALCOMPTION AND A STATEMENT AND
A set to EUC.ap.	Allow the building and managing online managine between once the rapidly and the building and managing online and the building online and the second of Direct Design on the Alexander Second second buildings and discloses for a second second buildings and discloses for a second second of the second second second second buildings and discloses for a second second of the second second second second buildings and discloses for a second second of the second second second second buildings and the second second second second second buildings and the second second second second second buildings and the second second second second second second buildings and the second	ADD and a second a se

7. You should see at least two projects you can access for survey administration: "H4K Assessments" and "POM Spanish Surveys."

REDCap	Home	🔳 My Projects	+ New Project	Help & FAQ	🗄 Training Vio	leos 💻	Messen	ger perla.d	in as iaz	More
Listed below are the REDCap projects to which you currently have access. Click the project title to open the project. Read more										
My Projects	🗁 Or	ganize					Filt	er projects b	y title	
Project Title						Records	Fields	Instrument	Туре	Status
POM Spanish Sur	veys	>				128	449	1 form 5 surveys	<u>F</u>	C
H4K Eligibility Scre	eening - l	JHS				1,529	129	8 forms	Ē	ß
H4K Assessments						426	634	9 forms	7	ß
									Annual -	
Health Educator I	nterventi	on Forms (copy)				184	259	5 forms	Ē	ß

Part 1 Surveys – Family Health and Nutrition

These forms are located in the "H4K Assessments" project on REDCap in English, and "POM Spanish Surveys" in Spanish.

English administration

1. Click on the "H4K Assessments" project.

REDCap	Home	🔳 My Projects	+ New Project	🛿 Help & FAQ	🗄 Training Vio	leos 🗭	Messen	ger Logged	in as liaz	More
Listed below are th	e REDCap	projects to which	n you currently ha	ve access. Click t	he project title t	to open th	ne projec	t. <u>Read more</u>	2	
My Projects	🖆 Or	ganize					Filt	er projects b	y title	
Project Title						Records	Fields	Instrument	Туре	Status
POM Spanish Su	rveys					128	449	1 form 5 surveys	Ē	S
H4K Eligibility So	reening -	UHS				1,529	129	8 forms	j.	S
H4K Assessmen	ts					426	634	9 forms 5 surveys	<u>_</u>	C
Health Educator	Intervent	ion Forms (copy)				184	259	5 forms	1	C
H4K Process Eva	luation					184	35	3 forms		1

2. At the menu bar on the left, click on "Add/Edit Records." Enter the participant Study ID. If the ID exits, a drop-down menu will appear. If not, a new one will be created.

		H4K Assessments
	 Logged in as perla.dlaz Log out My Projects Project Home or ;≡ Project Setup REDCap Messenger Project status: Production 	Add / Edit Records You may view an existing record/response by selecting it from the drop-down lists below. To create a new record/response, type a new value in the text box below and hit Tab or Enter. To quickly find a record without using the drop-downs, the text box will autopopulate with existing record names as you begin to type in it, allowing you to select it.
	Data Collection	Total records: 426
♪	Manage Survey Participants Record Status Dashboard	Choose an existing Study ID select record 🔻
7	Applications	Enter a new or existing Study ID
	📅 Calendar	

H4K Assessments

3. You will see the participant record page. Go to the column displaying the correct assessment type (baseline, 6-month, 12month).

Record Home Page

The grid below displays the form-by-form progress of data entered for the currently selected record. You may click on the colored status icons to access that form/event. If you wish, you may modify the events below by navigating to the <u>Define My Events</u> page.

Legend for sta	tus icons:
Incomplete	🔘 Incomplete (n
Unverified	Partial Survey

Complete Surv

 $oldsymbol{\mathcal{C}}$ Choose action for record $\ensuremath{\,\bigtriangledown}$

Study ID SAHAKTest

	Data Collection Instrument	Baseline	1- month	Current HLP	6- month	12- month
	Informed Consent Documentation					
	Assessment Part 1	۲			\bigcirc	\bigcirc
	Assessment Part 2	۲				
	TANITA	\bigcirc	\bigcirc		\bigcirc	\bigcirc
	One-month Anthropometrics		\bigcirc			
	Assessment dates 6mo 12mo				۲	
	Hlp Visit 3 6month					
	Hlp Visit 4 12month					\bigcirc
ey,	Current Healthy Lifestyle Prescription			۲		
," <	Family Health Survey (survey)				\bigcirc	\bigcirc
C	Family Nutrition Survey (survey)					\bigcirc
	Physical Activity Questionnaire Child $_{(\mbox{survey})}$	\bigcirc			\bigcirc	\bigcirc
1	Family Pa Survey (survey)	\bigcirc				\bigcirc
	Family Demographics Survey (survey)	\bigcirc			\bigcirc	\bigcirc
	Delete all data on event:	×		×	×	

4. Select the first survey, "Family Health Survey," by clicking on the radio button. This will open the survey.

5. Administer the survey and afterwards change the "Form Status" at the end of the survey from "Incomplete" to "Complete." Then click on "Save and Exit Form."

Form Status	
Complete?	Incomplete 🔻
	Save & Exit Form Save & 👻
	Cancel

NOTE: If you have not entered all required data, REDCap will show an error "Some fields are required!" box. Go back to the items you missed by clicking "Okay." When are you done entering the missing data click on "Save and Exit Form" again. You will be returned to the Record Page. <u>Sometimes,</u> <u>participants/parents will not answer some</u> <u>questions, in this case it is okay to click on</u> "Ignore and leave record."



6. For Baseline, this ends survey administration. For 6month and 12-month, administer the next form, "Family Nutrition Survey" following steps 3-5 above.

H4K Assessments

📰 Record Home Page

 $oldsymbol{G}$ Choose action for record $\,\,\bigtriangledown\,$

The grid below displays the form-by-form progress of data entered for the currently selected record. You may click on the colored status icons to access that form/event. If you wish, you may modify the events below by navigating to the <u>Define My Events</u> page.



Study ID SAHAKTest

Data Collection Instrument	Baseline	1- month	Current HLP	6- month	12- month
Informed Consent Documentation					
Assessment Part 1	۲				
Assessment Part 2	۲				
TANITA	\bigcirc	\bigcirc		\bigcirc	\bigcirc
One-month Anthropometrics					
Assessment dates 6mo 12mo				۲	
Hlp Visit 3 6month					
Hlp Visit 4 12month					\bigcirc
Current Healthy Lifestyle Prescription			۲		
Family Health Survey (survey)				\bigcirc	\bigcirc
Family Nutrition Survey (survey)					
Physical Activity Questionnaire Child (survey)	\bigcirc			\bigcirc	\bigcirc
Family Pa Survey (survey)					
Family Demographics Survey (survey)	\bigcirc			\bigcirc	\bigcirc
Delete all data on event:	×		×	×	

REDCap Survey Administration Protocol *Last revised 3/1/2018*

7. When you are done administering all surveys for the day, close the browser and turn off the tablet by pressing and holding the button in the upper right corner until it vibrates.

8. Follow instructions on the screen for shutting down.



Spanish administration

1. Click on the "POM Spanish Surveys" project.

REDCap	Home	My Projects	+ New Project	Help & FAQ	🗄 Training Videos	🗭 Messenger	Logged in as perla.diaz	More 👻

Listed below are the REDCap projects to which you currently have access. Click the project title to open the project. Read more

My Projects Filter projects by title							
Project Title	Records	Fields	Instrument	Туре	Status		
POM Spanish Surveys	128	449	1 form 5 surveys	j.	C		
H4K Eligibility Screening - UHS	1,529	129	8 forms	1	C		
H4K Assessments	426	634	9 forms 5 surveys	1	C		
Health Educator Intervention Forms (copy)	184	259	5 forms		C		
H4K Process Evaluation	184	35	3 forms		C		

2. At the menu bar on the left, click on "Add/Edit Records." Enter the participant Study ID. If the ID exits, a drop-down menu will appear. If not, a new one will be created.

REDCap	POM Spanish Surveys
 Logged in as peria.diaz Log out Image: My Projects Project Home or ;≡ Project Setup REDCap Messenger Project status: Production 	Add / Edit Records You may view an existing record/response by selecting it from the drop-down lists below. To create a new record/response, type a new value in the text box below and hit Tab or Enter. To quickly find a record without using the drop-downs, the text box will autopopulate with existing record names as you begin to type in it, allowing you to select it.
Data Collection	Total records: 128
Manage Survey Participants Record Status Dashboard	Choose an existing Study ID select record 🔻
Applications	Enter a new or existing Study ID

REDCap Survey Administration Protocol *Last revised 3/1/2018* 3. You will see the participant record page. Go to the column displaying the correct assessment type (baseline, 6-month, 12month).

POM Spanish Surveys

📰 Record Home Page

The grid below displays the form-by-form progress of data entered for the currently selected record. You may click on the colored status icons to access that form/event. If you wish, you may modify the events below by navigating to the <u>Define My Events</u> page.

Legend fo
💿 Incomp
🖲 Unverif
Comple

☑ Choose action for record 🗢

Study ID SE014

4. Select the first survey, "Family Health Survey Spn," by clicking on the radio button. This will open the survey.

Data Collection Instrument	Baseline	Six- month	Twelve- month
Hlp Visit 4 12month			
Family Health Survey Spn (survey)			\bigcirc
Family Nutrition Surveyspn (survey)	۲		
$Physical \ Activity \ Question nairechild spn \ ({\tt survey})$	\bigcirc	\bigcirc	\bigcirc
Family Pa Survey Spn (survey)			
Family Demographics Survey Spn (survey)	\bigcirc	\bigcirc	\bigcirc
Delete all data on event:	×		

5. Refer to steps 5-8 from "English Administration" to finish administering required forms.

Part 2 Surveys – PAQ-C, Family PA and Demographics

English administration

1. Click on the "H4K Assessments" project.

REDCap	Home	My Projects	+ New Project	😧 Help & FAQ	日 Training Vid	leos 💻	Messen	Logged ger perla.d	in as liaz	More
Listed below are the	e REDCap	projects to which	n you currently ha	ave access. Click t	he project title t	o open th	ne projec	t. <u>Read more</u>	2	
My Projects	🗁 Or	ganize					Filt	er projects b	y title	
Project Title						Records	Fields	Instrument	Туре	Statu
POM Spanish Sur	rveys					128	449	1 form 5 surveys	1	C
H4K Eligibility Scr	eening - l	JHS				1,529	129	8 forms	1	C
H4K Assessments	s					426	634	9 forms 5 surveys	1	C
Lighth Educator I	Intorvonti	ion Forms (copy)				184	259	5 forms		C
Health Educator	muervenu	ion i onnis (copy)							1 PC	

2. At the menu bar on the left, click on "Add/Edit Records." Enter the participant Study ID. If the ID exits, a drop-down menu will appear. If not, a new one will be created.

	REDCap	H4K Assessments
	 Logged in as perla.diaz Log out My Projects Project Home or ;≡ Project Setup REDCap Messenger Project status: Production 	Add / Edit Records You may view an existing record/response by selecting it from the drop-down lists below. To create a new record/response, type a new value in the text box below and hit Tab or Enter. To quickly find a record without using the drop-downs, the text box will auto populate with existing record names as you begin to type in it, allowing you to select it.
	Data Collection 📃	Total records: 426
♦	Manage Survey Participants Record Status Dashboard Add / Edit Records	Choose an existing Study ID select record 🔻
	Applications 📃	Enter a new or existing Study ID
	🛗 Calendar	

REDCap Survey Administration Protocol *Last revised 3/1/2018*

H4K Assessments

3. You will see the participant record page. Go to the column displaying the correct assessment type (baseline, 6-month, 12month).

Record Home Page

The grid below displays the form-by-form progress of data entered for the currently selected record. You may click on the colored status icons to access that form/event. If you wish, you may modify the events below by navigating to the <u>Define My Events</u> page.

Legend for sta	itus icons:
💿 Incomplete	 Incomplete (no
Onverified	🧭 Partial Survey

Complete Surv

🖸 Choose action for record	
----------------------------	--

Study ID SAHAKTest

Data Collection Instrument	Baseline	1- month	Current HLP	6- month	12- month
Informed Consent Documentation					
Assessment Part 1	۲			\bigcirc	\bigcirc
Assessment Part 2	۲				
TANITA	\bigcirc	\bigcirc		\bigcirc	\bigcirc
One-month Anthropometrics					
Assessment dates 6mo 12mo				۲	
Hlp Visit 3 6month					
Hlp Visit 4 12month					\bigcirc
Current Healthy Lifestyle Prescription			۲		
Family Health Survey (survey)	\bigcirc			\bigcirc	\bigcirc
Family Nutrition Survey (survey)					
Physical Activity Questionnaire Child (survey)				\bigcirc	\bigcirc
Family Pa Survey (survey)					
Family Demographics Survey (survey)	\bigcirc			\bigcirc	\bigcirc
Delete all data on event:	×		×	×	

4. Select the thirdsurvey, "PhysicalActivity QuestionnaireChild," by clicking onthe radio button. Thiswill open the survey.

5. Administer the survey and afterwards change the "Form Status" at the end of the survey from "Incomplete" to "Complete." Then click on "Save and Exit Form."

Form Status		
Complete?	Incomplete •	>
	Save & Exit Form	Save & 👻
	Cancel	

NOTE: If you have not entered all required data, REDCap will show an error "Some fields are required!" box. Go back to the items you missed by clicking "Okay." When are you done entering the missing data click on "Save and Exit Form" again. You will be returned to the Record Page. Sometimes, participants/parents will not answer some questions, in this case it is okay to click on "Ignore and leave record."

Invitation status: 📧 Editing existing Study ID SAHAKTest Event Name: Baseline st NOTE: Some fields are required × St Your data was successfully saved, but you did not provide a value for some fields that require a value. Please enter a value for the fields on this page that are listed below. D Provide a value for... • Study ID • Date C • a. How concerned is your child about his/her own weight?Click Here to Listen • b. How concerned are you about your child's weight? Click Here to Listen Т • c. How concerned are you about your child's overall health? Click Here to Listen p • a. My child will succeed in achieving a healthy weight. Click Here to Listen b. My family will be able to make changes in our eating. Click Here to Listen • c. My family will be able to make changes in our physical activity. Click Here to Listen • d. My family will be able to make changes in our TV/ video/ computer use. Click Here to Listen • a. Eating behavior Click Here to Listen b. Physical activity behavior Click Here to Listen • 4) Was your child born premature? Click Here to Listen 5) How much did your child weigh at birth (16 ounces =1 pound; 1000 grams = 1 kilogram)? Click Here to Listen • 5a) How was his/her weight measured? (Select from the choices below): Click Here to hi Listen • 6) At what age, in months, did your child stop breastfeeding or drinking breast milk that was pumped? Click Here to Listen • 7) At what age, in months, did your child stop using a bottle? Click Here to Listen c 1) My child eats breakfast daily. Click Here to Listen • 2) My child eats three meals a day. Click Here to Listen • 3) My child eats meals at a routine time. Click Here to Listen • 4) My child eats meals at the table. Click Here to Listen c Okav Ignore and leave record Ignore and go to next form 2)

H4K Assessments

Record Home Page

The grid below displays the form-by-form progress of data entered for the currently selected record. You may click on the colored status icons to access that form/event. If you wish, you may modify the events below by navigating to the Define My Events page.

🖸 Choose action for record 🗢

Legend for status icons:								
💿 Incomplete	🔘 Incomplete (no							
Onverified	🧭 Partial Survey R							
Complete	Completed Surv							

Study ID SAHAKTest									
Data Collection Instrument	Baseline	1- month	Current HLP	6- month	12- month				
Informed Consent Documentation									
Assessment Part 1	۲			\bigcirc	\bigcirc				
Assessment Part 2	۲								
TANITA	\bigcirc	\bigcirc		\bigcirc	\bigcirc				
One-month Anthropometrics									
Assessment dates 6mo 12mo				۲					
Hlp Visit 3 6month									
Hlp Visit 4 12month					\bigcirc				
Current Healthy Lifestyle Prescription			۲						
Family Health Survey (survey)	\bigcirc								
Family Nutrition Survey (survey)	\bigcirc								
Physical Activity Question Daire Child (survey)	\bigcirc			\bigcirc	\bigcirc				
Family Pa Survey (survey)									
Family Demographics Survey (survey)				\bigcirc	\bigcirc				
Delete all data on event:	×		×	×					

REDCap Survey Administration Protocol Last revised 3/1/2018

13 | Page

6. For all assessment types, go to the next two surveys, "Family PA Survey and Family Demographics, and complete as in steps 3-5 above.

🖪 Family Health Survey

7. When you are done administering all surveys for the day, close the browser and turn off the tablet by pressing and holding the button in the upper right corner until it vibrates.

8. Follow instructions on the screen for shutting down.



Spanish administration

1. Click on the "POM Spanish Surveys" project.

REDCap	Home	My Projects	🕈 New Project	Help & FAQ	🗄 Training Videos	🗭 Messenger	Logged in as perla.diaz	More 👻

Listed below are the REDCap projects to which you currently have access. Click the project title to open the project. Read more

My Projects Filter projects by title						
Project Title	Records	Fields	Instrument	Туре	Status	
POM Spanish Surveys	128	449	1 form 5 surveys	j.	C	
H4K Eligibility Screening - UHS	1,529	129	8 forms	1	C	
H4K Assessments	426	634	9 forms 5 surveys	_	C	
Health Educator Intervention Forms (copy)	184	259	5 forms		C	
H4K Process Evaluation	184	35	3 forms		C	

2. At the menu bar on the left, click on "Add/Edit Records." Enter the participant Study ID. If the ID exits, a drop-down menu will appear. If not, a new one will be created.

REDCap	POM Spanish Surveys
 Logged in as peria.diaz Log out My Projects Project Home or ;≡ Project Setup REDCap Messenger Project status: Production 	Add / Edit Records You may view an existing record/response by selecting it from the drop-down lists below. To create a new record/response, type a new value in the text box below and hit Tab or Enter. To quickly find a record without using the drop-downs, the text box will autopopulate with existing record names as you begin to type in it, allowing you to select it.
Data Collection	Total records: 128
Manage Survey Participants Record Status Dashboard	Choose an existing Study ID select record 🔻
Applications	Enter a new or existing Study ID

REDCap Survey Administration Protocol *Last revised 3/1/2018* 3. You will see the participant record page. Go to the column displaying the correct assessment type (baseline, 6-month, 12month).

POM Spanish Surveys

📰 Record Home Page

The grid below displays the form-by-form progress of data entered for the currently selected record. You may click on the colored status icons to access that form/event. If you wish, you may modify the events below by navigating to the <u>Define My Events</u> page.

Legend fo
💿 Incomp
🖲 Unverif
Comple

🖸 Choose action for record 🗢

Study ID SE014

Data Collection Instrument	Baseline	Six- month	Twelve- month
Hlp Visit 4 12month			
Family Health Survey Spn (survey)	\bigcirc	\bigcirc	\bigcirc
Family Nutrition Surveyspn (survey)	۲		
Physical Activity Questionnairechildspn (survey)			
Family Pa Survey Spn (survey)			
Family Demographics Survey Spn (survey)	\bigcirc	\bigcirc	\bigcirc
Delete all data on event:	×		

4. Select the third survey,"Physical ActivityQuestionnairechildspn," byclicking on the radio button. Thiswill open the survey.

5. Refer to steps 5-8 from "English Administration" to finish administering required forms.

Tablet Maintenance and Troubleshooting

IMPORTANT: log on to all tablets at UTHSCSA at least every 30 days to ensure your login info is saved. This will avoid the need to request another user's login when off site.

- 1. Make sure the tablet battery is fully charged before going to an assessment site.
- 2. Plug the tablet into a power source once you have turned it on to ensure sufficient battery life throughout the assessment.
- 3. Log out and shut down the tablet after each assessment day to avoid draining the battery.
- 4. If you see a message that the tablet is restarting or installing updates, plug it in and allow it to restart. Meanwhile, set up the other tablet for surveys. **DO NOT** wait for the tablet to restart as this takes a long time.

5. If you find an error in any survey, email the *Measurement Coordinator* immediately with the survey name, Spanish or English, the question # and a description of the error.

Errors with Incomplete Family Health Baseline Survey

Errors may occur in 6-month or 12-month surveys because the <u>Family Health baseline survey has not</u> been completed.

NOTE: A survey is considered complete when the radio button is green. Refer to the box "Legend for status icons" located on top right corner of REDCap.

REDCap	H4K Assessments					
Logged in as perla.dlaz Log out My Projects Project Home or !⊟ Project Setup REDCap Messenger Project status: Production	Record Home Page The grid below displays the form-by-form currently selected record. You may click a access that form/event.	n progress of data e on the colored state	entered for th us icons to	e Legen inc Un	d for status i omplete 💮 I verified 📀 F	i cons: ncomplete (no Partial Survey Re
Data Collection	Choose action for record			Co	mplete 🛛 🐼 🤇	Completed Surv
Manage Survey Participants Record Status Dashboard		Study ID SAHA	KTest			
Study ID SAHAKTest Select other reco	Data Collection Instrument	Baseline	1- month	Current HLP	6- month	12- month
Applications	Informed Consent Documentation					
🛱 Calendar	Assessment Part 1	۲			\bigcirc	\bigcirc
Data Exports, Reports, and Stats	Assessment Part 2	۲				
File Repository	TANITA					
Project Bookmarks	One-month Anthropometrics					
Go to H4K Eligibility Screening	Assessment dates 6mo 12mo				۲	
⇒ Go to POM Spanish surveys	Hlp Visit 3 6month					
Go to Protocol Deviation	Hlp Visit 4 12month					\bigcirc
Reports 💉 Edit reports	Current Healthy Lifestyle Prescription			۲		
1) Enrollment for IRB reporting	Family Health Survey (survey)				\bigcirc	\bigcirc
survey	Family Nutrition Survey (survey)					

REDCap Survey Administration Protocol *Last revised 3/1/2018* To avoid the following errors, make sure the Family Health baseline survey is marked "Complete:"

1. Go to the study ID record home page in "H4K Assessments" for English surveys, or "POM Spanish Surveys" for Spanish.

REDCap	Home	🔳 My Projects	+ New Project	🕄 Help & FAQ	🗄 Training Vid	eos 🗭	Messen	ger perla.d	in as l iaz	More
Listed below are the	REDCap	projects to which	n you currently ha	we access. Click t	he project title t	o open ti	ne projec	t. <u>Read more</u>	2	
My Projects	🖆 Org	ganize					Filt	er projects b	y title	
Project Title						Records	Fields	Instrument	Туре	Status
POM Spanish Sur	veys					128	449	1 form 5 surveys	Ē	S
H4K Eligibility Scr	eening - l	JHS				1,529	129	8 forms	1	ß
H4K Assessments	>					426	634	9 forms 5 surveys	1	ß
Health Educator I	nterventi	on Forms (copy)				184	259	5 forms	1	ß

2. Click on "Add/Edit Records" → enter Study ID

REDCap	H4K Assessments
 Logged in as perla.diaz Log out My Projects Project Home or ;≡ Project Setup REDCap Messenger Project status: Production 	Add / Edit Records You may view an existing record/response by selecting it from the drop-down lists below. To create a new record/response, type new value in the text box below and hit Tab or Enter. To quickly find a record without using the drop-downs, the text box will aut populate with existing record names as you begin to type in it, allowing you to select it.
Data Collection	Total records: 426
Manage Survey Participants Record Status Dashboard Add / Edit Records	Choose an existing Study ID select record 🔻
Applications	Enter a new or existing Study ID
📆 Calendar	

H4K Assessments

Record Home Page

The grid below displays the form-by-form progress of data entered for the currently selected record. You may click on the colored status icons to access that form/event. If you wish, you may modify the events below by navigating to the <u>Define My Events</u> page.

Legend	for	status	icons:	
--------	-----	--------	--------	--

Incomplete
 Incomplete (no
 Unverified
 Partial Survey R

Complete Sun Completed Sun

 ${f C}$ Choose action for record $\,\, \bigtriangledown \,\,$

Study ID SAHAKTest

Current 6-1-12-Data Collection Instrument Baseline HLP month month month Informed Consent Documentation 0 Assessment Part 1 Assessment Part 2 0 TANITA One-month Anthropometrics Assessment dates 6mo 12mo ۲ Hlp Visit 3 6month Hlp Visit 4 12month Current Healthy Lifestyle Prescription Family Health Survey (survey) Family Nutrition Survey (survey) Physical Activity Questionnaire Child (survey) Family Pa Survey (survey) Family Demographics Survey (survey) × × Delete all data on event ×



3. In the "Baseline" column, click on the "Family Health Survey" and change its status to "Complete." Then click on "Save and Exit Form."

REDCap Survey Administration Protocol *Last revised 3/1/2018* 4. Once you have returned to the record home page, go back to the survey you were administering by clicking on its radio button.

H4K Assessments

📰 Record Home Page

The grid below displays the form-by-form progress of data entered for the currently selected record. You may click on the colored status icons to access that form/event. If you wish, you may modify the events below by navigating to the Define My Events page.

🖸 Choose action for record 🗢

ļ	Legenc	1	for	S	tai	tus	ico	on	5:	

Incomplete	Incomplete (no
Onverified	🥝 Partial Survey F
Complete	Completed Sur

Study	ID	SA	HA	KΤ	est
-------	----	----	----	----	-----

Data Collection Instrument	Baseline	1- month	Current HLP	6- month	12- month
Informed Consent Documentation					
Assessment Part 1	۲				
Assessment Part 2	۲				
TANITA	\bigcirc				
One-month Anthropometrics					
Assessment dates 6mo 12mo				۲	
Hlp Visit 3 6month					
Hlp Visit 4 12month					
Current Healthy Lifestyle Prescription			۲		
Family Health Survey (survey)	۲				
Family Nutrition Survey (survey)					
Physical Activity Questionnaire Child (survey)				0	
Family Pa Survey (survey)	۲				
Family Demographics Survey (survey)	۲				
Delete all data on event:	×		×	×	

If this does not make the questions go away, just skip them and inform the Measurement Coordinator: a. Family Health: child's health status (qs 4-8)

Health Status	
4) Was your child born premature? <u>Click Here to Listen</u> * must provide value	 ○ No ⊕ ○ Yes ⊖ ○ Don't Know Click Here to Listen
5) How much did your child weigh at birth (16 ounces =1 pound; 1000 grams = 1 kilogram)? <u>Click Here to Listen</u> * must provide value	 (e) (enter lbs oz OR kg)
5a) How was his/her weight measured? (Select from the choices below): <u>Click Here to Listen</u> * must provide value	 pounds and ounces kilograms and grams Don't Know Click Here to Listen
6) At what age, in months, did your child stop breastfeeding or drinking breast milk that was pumped? <u>Click Here to Listen</u> * must provide value	 Child was never breastfed or given breastmilk Child stopped breastfeeding or drinking breastmilk at age months Don't Know Click Here to Listen
7) At what age, in months, did your child stop using a bottle? <u>Click</u> <u>Here to Listen</u> * must provide value	 Child never used a bottle Child stopped using a bottle (includes any liquid given) at age months Don't Know Click Here to Listen
8) At what age, in months, did you introduce solid foods to your child's diet? <u>Click Here to Listen</u>	(H) months

REDCap Survey Administration Protocol

Last revised 3/1/2018

b. Family Nutrition: food insecurity (qs 20-27)

20. "The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more." Was that often, sometimes, or never true for (you/your household) in the last 12 months? Click Here to Listen * must provide value	8 O	0	0	Save & Exit For Save & Go To N Cancel
21. "(I/we) couldn't afford to eat balanced meals." Was that often, sometimes, or never true for (you/your household) in the last 12 months? Click Here to Listen * must provide value	8 0	٥	0	⊖ reset
22. In the last 12 months, did (you/you household) ever cut the size of your me there wasn't enough money for food? Click Here to Listen	or other adults i eals or skip mea	in your Is because (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	Yes No Click Here to Listen	reset
	Don't Kno	ow No	Yes	Click Here to Listen
24. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food? Click Here to Listen * must provide value	8 0 9	0	0	reset
25. In the last 12 months, were you ever hungry but didn't eat because there wasn't enough money for food? Click Here to Listen * must provide value	8 0	0	0	0
26. In the last 12 months, did you or any member of your household receive benefits from the WIC program, that is, the Women, Infants and Children program? Click Here to Listen * must provide value	8 0	٢	۲	0
27. Have you or anyone in your household ever received SNAP or Food Stamp benefits? Click Here to Listen * must provide value	8 0 9	0	0	reset
	Don"t kno	ow No	Yes	Click Here to Listen
27a. In the last 12 months, did you or anyone who lives here receive SNAP or Food Stamp benefits? Click Here to Listen * must provide value	8 @	0	0	0
27b. Does any member of your household} currently receive SNAP or Food Stamp benefits? Click Here to	8 0	0	0	reset

REDCap Survey Administration Protocol

Last revised 3/1/2018

c. <u>Family Demographics</u>: **ANY** questions that are **NOT** part of the Perceived Stress Scale or Parent Physical Activity (**only qs 31-47 should appear**).

PERCEIVED STRESS SCALE These questions ask you about your fee you felt or thought a certain way. In the	lings a	and though month	ts during the last	month. For each	i statement tell r	Save & Exit Fo Save & Stay Cancel
Click Here to Listen						
		Never	Almost never	Sometimes	Fairly often	Very often
31. How often have you been upset because of something that happened unexpectedly? Click Here to Listen	H P	Θ	•	•	0	
32. How often have you felt that you were unable to control the important things in your life? Click Here to Listen	H P		0	۲	٢	0
33. How often have you felt nervous and "stressed"? Click Here to Listen	H P	٥	۲	0	0	
34. How often have you felt confident about your ability to handle your personal problems? Click Here to Listen	H P	٢	۲	۲	٢	0
35. How often have you felt that things were going your way? Click Here to Listen	H	Θ	0	•	۲	0
36. How often have you found that you could not cope with all the things that you had to do? Click Here to Listen	H P	0	0	٢	٢	0 reset
37. How often have you been able to control irritations in your life? Click Here to Listen	H	0	0	۰	٥	
38. How often have you felt that you were on top of things? Click Here to Listen	H	0	0	۲	۲	0
39. How often have you been angered because of things that were outside of your control? Click Here to Listen	H P	0	0	•	۲	0
40. How often have you felt difficulties were piling up so high that you could not overcome them? Click Here to Listen	Ð	Θ	۲	0	Θ	0

REDCap Survey Administration Protocol *Last revised 3/1/2018*

Parent Physical Activity

Think about all the vigorous activities that you did in the last 7 days. Vigorous physical activities refer to ac take hard physical effort and make you breathe much harder than normal. Think only about those physical you did for at least 10 minutes at a time.

Save & Exit For
Save & Stay
Cancel

Click Here to Listen			Cancel	
41. During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling? <u>Click Here to Listen</u> * must provide value	E ().	 No vigorous physical activities 1 day 2 days 3 days 4 days 5 days 6 days 7 days Click Here to Listen 		
		days per week	rese	20

Think about all the moderate activities that you did in the last 7 days. Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

Click Here to Listen			
<u>Click Here to Listen</u> 43. During the last 7 days, on how many days did you do moderate physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.	R	 No moderate physical activities 1 day 2 days 3 days 4 days 	
Click Here to Listen * must provide value	9	 5 days 6 days 7 days Click Here to Listen 	reset

Think about the time you spent walking in the last 7 days. This includes at work and at home, walking to travel from place to place, and any other walking that you might do solely for recreation, sport, exercise, or leisure.

days per week

Click Here to Listen			
		No walking	
		○ 1 day	
45. During the last 7 days, on how many days did you walk for at least 10 minutes at a time? Click Here to Listen		2 days	
		3 days	
		4 days	
	P	5 days	
* must provide value		6 days	
		7 days	
		Click Here to Listen	
		days per week	reset
The last question is about the time you spent sitting on weekdays	duri	ng the last 7 days. Include time spent at	t work, at

home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

Click Here to Listen

REDCap Survey Administration Protocol

Last revised 3/1/2018

Hiding or erasing values

NOTE: changes done to certain survey questions can result in REDCap showing a "redcap.uthscsa.edu says:" message. To view the current page you must click "OK."



This message will sometimes appear for the following:

- POM Spanish Survey Family Nutrition
- Baseline Assessment Part 2

THIS DOES NOT APPLY TO EVERY STUDY ID AND/OR SURVEY. Depending on the survey, sometimes **more than one** of the same message will continue to be prompted. In this instance, just click "OK" until you are able to view the desired screen.

Health4Kids (H4K): A Pediatric Obesity Management Intervention Trial for Hispanic Families (R01HD075936)

Food Frequency Questionnaire Interviewer Protocol



Contents

Administration of the FFQ	3
Preparing for Data Collection	
FFQ Administration Procedure	5
General FFQ Instructions	7
Instructions about the Frequency Part of the Food Questions	
Instructions about the Portion Size Part of the Food Questions	10
Additional Instructions	
End of FFQ/Upload to NutritionQuest	12
FFQ Data Management	15
Administration of the FFQ

Preparing for Data Collection

NOTE: the following steps <u>must</u> be done in the office. Tablets cannot access the POM server remotely at Clinic sites.

- 1) Prior to leaving for an assessment, turn on the tablet. Use the stylus to swipe up to the log in screen.
- 2) Log in using your UTHSCSA credentials.
- 3) Open the Foodscreener folders and double click on the "NutritionQuest.exe" program file to ensure that it opens.



4) If it does not, use the desktop shortcut to go to the POM drive. Go to: <u>Measurement\Survey instruments\NutritionQuest Block Kids</u>. Copy the Food Screener folder to the tablet desktop. Repeat Step 3 and ensure that the program file opens.

🐌 i ⊋ 🐌 = i	NutritionQuest Blo	ck Kids		_ 🗆 🗙
File Home Share Vie	w			^ ()
Copy Paste Copy path	Move Copy to* to*	s • Properties the History	Select all Select none	
Clipboard	Organize New	Open	Select	
🗲 🌛 👻 🕇 📜 🔍 Measu	rement > Survey instruments > NutritionQuest Blo	ck Kids 🔎	✓ C Search Nutri	tionQuest Block Ki ${\cal P}$
Desktop Downloads Recent places	Name SAMPLE_LIC Agr_Online Acct with Offline Opti NutritionQuest_Online Screenshot.pdf FitimatedCalorieNeedsPerDavTable.pdf	Date modified 10/21/2014 1:10 PM 10/29/2014 2:46 PM 10/12/2015 11:56 A	Type Adobe Acrobat Doc Adobe Acrobat Doc	Size >> кв 393 КВ 109 КВ
 This PC Desktop Desumente 	 DietaryGuidelines2010.pdf Combined Block KIDS LastWeek Screener and Block Kids Physical Activity_Summary.pdf 	10/12/2015 10:49 A 8/19/2014 6:19 PM 8/19/2014 2:39 PM	Adobe Acrobat Doc Microsoft Word 97 Adobe Acrobat Doc	2,963 KB 46 KB 11 KB
Downloads Music Pictures Videos Windows (C:) pom (\\cfs\links\e	Block Kids 2004_revMyPyr_FoodGroups_plus Block Dietary Assessment Tools for Kids_Sum 20131113 ENLACE_Licensing agreement for Protected Foodscreener SPN FOODSCREENER ENGLISH	8/19/2014 6:19 PM 8/29/2014 1:54 PM 11/13/2013 11:44 A 2/24/2016 9:43 AM 7/15/2015 11:59 AM 7/6/2015 10:46 AM	Adobe Acrobat Doc Adobe Acrobat Doc Adobe Acrobat Doc File folder File folder File folder	143 KB 23 KB 1,132 KB
16 items 1 item selected 1	Pole download for analysis Account docs 42 KB	9/19/2015 9:50 AM 6/29/2015 1:26 PM	File folder File folder	~

- 5) Ensure that all Windows updates are completed and that tablet battery is fully charged <u>before</u> you leave for the Assessment.
- Important: Enter the Study ID# and assessment type, a maximum of 10 contiguous characters WITH NO SPACES (e.g. SW2966MO or SW296_6A1, not SW296 6MO). Do not enter study subject name or any other identifier. IT IS CRITICAL TO USE THE CORRECT ID# FOR THE FFQ_ ADMINISTRATION.
- Two folders named "Foodscreener ENGLISH" and "Foodscreener SPN" are located on the desktop of all FFQ administration tablets. Select the folder based on participant language preference (can be found in Microsoft Outlook meeting request from UHS Program Coordinator; also located in H4K Eligibility Screening-UHS form in REDCap). Double click on the folder to open.



Last revised 3-19-18

FFQ Administration Procedure

1) Double-click the "NutritionQuest.exe" program file. It may take 10-15 seconds for the survey instrument to open.

11 🖸 11 = 1	Application Tools	Foodscreener SPN	-	×
File Home Share View	Manage			~ O
🔄 🎯 🕤 🛧 🐌 🔸 Foodscree	ener SPN	~ C	Search Foodscreener SPN	Q
🚖 Favorites 🔷 Na	ame	Date modified	Туре	Size
🗾 Desktop	Backups	7/6/2015 11:09 AM	File folder	
A Downloads	unloaded to NutritionQuest	7/6/2015 11:15 AM	File folder	
25 Recent places	NutritionQuest.exe	2/27/2015 10:34 AM	Application	3,856 k
 Desktop Documents Downloads Music Pictures Videos Windows (C) pom (\\cfs\links\e 				
~ <				>
3 items 1 item selected 3.76 l	MB			

The opening screen requests the ID number of the subject about to be interviewed. Use the format 'Clinic/3 digits/Assessment Type'. Use the suffix "B" for Baseline, "6" for 6-month and "12" for 12-month, e.g. SW027B for a Baseline assessment at SW Clinic. IT IS CRITICAL THAT THE CORRECT ID NUMBER IS ENTERED WITHOUT SPACES. Click "Start Questionnaire."



- 3) Complete the FFQ (est. time 30 mins)
 - a. **NOTE:** Interviewer needs to ask all questions (verbatim) on the screen as they appear.
 - b. **NOTE:** If the interview is interrupted before all questions have been answered, the program automatically saves all the responses to questions that have been answered. To later complete the interview, interviewer must restart the program and use the drop down-box on the opening screen to select the correct subject ID number of the record to be completed.

NutritionQuest		Stop Survey
	Enter a new user ID # [not name] or choose a previous user ID #: (Maximum of 10 characters, EXACTLY as the ID # was uploaded E of the TTE was uploaded as '25', it must be sybed here as '25', not as '0000000 mil 0401052103 [v] 0401052103 0401212105 0501011104	

General FFQ Instructions

Introducing the Food Screener	Greet the participant and provide a transition to the FFQ, with a phrase such as the following: "Now I'd like to ask you some questions about the foods your son/daughter usually eat." Do not use phrases that include the word "diet", as some participants may think it means "dieting", rather than simply their usual food habits. Do not spend too much time at this initial introduction
Read questions as written	The words are not optional. Do not paraphrase. Do not omit any words. If subject answers question before it has been read completely, the interviewer should continue reading. This allows the subject to think about inclusion of foods that they might not otherwise have considered in giving their response.
Participant questions	If Participant asks a question for clarification, and you know the answer because it is in this Protocol, you may answer her question. It is not necessary to reread the entire question.
Note regarding foods <u>not</u> on the food list	The food list represents the most important nutrient sources in most children's diets. It does not, and is not intended to include all possible foods that children ever eat. Thus, it is likely that some foods that a child eats will not be on the list. Do not attempt to force unmentioned foods into categories by guessing at their similarity.

Instructions about the Frequency Part of the Food Questions

Frequency
categoriesBe sure the respondent has been provided with a copy of the Flashcards
showing frequency categories. Be careful to select the correct category (click
on the button), since recording the frequency incorrectly can make a big
difference in the nutrient estimate.

HE	AL	ГН
₩¢	6	Õ
41	KII	DS

THINK ABOUT EVERYTHING YOU ATE OR DRANK LAST WEEK.

REMEMBER WHAT YOU HAD FOR BREAKFAST, LUNCH, DINNER, AFTER SCHOOL, WHILE WATCHING TV, AND AT BEDTIME.

HOW OFTEN DID YOU EAT OR DRINK [...] IN THE PAST WEEK?



HOW MUCH IN ONE DAY (ON THE DAYS YOU ATE OR DRANK [...])?

© NutritionQuest – Berkeley, CA

Although you will ask the question in an open-ended way ("How many days last week did you eat...), encourage the participant to give her answers in terms of one of the predefined categories. Participants easily get the idea, and will quickly learn to give answers in the categories shown. Ask them to refer to the flashcard for categories.

Should I read all the response	In this Food Questionnaire, the answers are all in categories referring to how many days in the last week a food was eaten or beverage drunk, such as "None", "1 day", "2 days"
categories?	In most cases it is not necessary to read the response categories every time, although you may do so if the participant is hesitating or unclear. Instead, you will first show the participant an example of the type of
	categories you will be using to record her answers. Then, you will <u>simply</u> <u>ask the question in an open-ended way</u> , wait for a response (such as "5 days last week"), and record it in the appropriate category.

Wording of the frequency questions	It is not necessary to say "How often did you eat" for every food. You can repeat the introductory phrase from time to time, but most often you should just read the next food, without the "How often" This will make the interview go a little faster, be less boring, and perhaps encourage the participant to pick up the pace.
	Similarly, avoid repetitively saying "(<i>name of food</i>). How often do you eat that?" It is okay to say that occasionally to vary the wording and pace, but not for every food.
	Do not, however, just say " <u>Did</u> you eat …". This unnecessarily lengthens the interview, because then if the respondent says "yes" you still have to ask the "How often" question.
Items with more than one food	For example, "Apples or pears." Do not try to get separate estimates of frequency for the two foods. Just ask the respondent to answer frequency for that group of foods. And, don't worry about the two foods having different sizes.
Frequency answers that overlap the response categories	If the respondent answers with a range that does not fit exactly into one of the available categories (e.g., "3-4 days last week"), ask the respondent to choose which of the available categories is closest to how often they ate that item. For example, a response of "3-4 days last week" could be probed with "was that closer to 3 days last week, or 4 days?"
"None" frequency	Use the "None" response for any foods not eaten in the last week. These will be counted as zero.
Avoid confusion	There is potential for confusion between "how often" and "how many". Make sure to keep them separate for the respondent.
between "how often" and "how many"	So if respondent is answering orange juice as "4 cups a week", explain that you will ask "How many each time" in a subsequent question, but right now, you want her to tell you "how often" per week, meaning "how many days", <u>not</u> how many glasses per week.

Instructions about the Portion Size Part of the Food Questions

Portion size in this interview	Ask the portion size before moving on to frequency of the next food.
is very general	Ask the respondent "how much" did you eat/drink (the food or beverage) and read the portion size options. For some foods these are expressed in specific units (e.g. glasses, pieces).
	For a number of foods the portion sizes are expressed in very general terms: "a little / some / a lot." If the respondent asks you to interpret these, you are to ask them what these terms mean to them, saying, "What would you say is a little, some, a lot?" Or, if they press for an answer, ask them to describe the quantity in the way a person like them (in sex and age) would reply.
How important is portion size?	Although portion size will definitely improve the accuracy of the answers, you should not permit the participant to spend undue time on the portion size answers. These questions should move along quickly, with a breezy "What would you describe as 'a little', 'some', or 'a lot?"
Note on Beverage "portion sizes"	The portion size part of the beverages section is designed to capture the <i>number</i> of glasses or bottles that the child usually drank on the days she drank the beverage.
	For the beverage items listing portion size in "glasses", one glass is assumed to be an 8 oz. serving. This applies to milk, Hawaiian Punch and similar beverages, Hi-C and similar beverages, and fruit juices. This portion size information is provided for you the interviewer, so that you will be able to answer questions, if the participant asks. The interviewer does not need to offer the respondent this information, but if she asks, you may respond.
	For sodas, there is an additional question about the size of can/bottle/cup (in number of ounces) that the child usually drank on the days he/she drank this type of beverage.

Additional Instructions

Questions about type of cereal and milks

HEALTH M C C C 4 KIDS

WHAT KIND OF CEREAL DID YOU EAT? (CHOOSE THE ONE YOU ATE MOST OFTEN.)

O Plain Cheerios, Grape Nuts, Shredded Wheat, Wheaties, Wheat Chex, Kix

- O Honey Nut Cheerios, Cap'n Crunch, Lucky Charms, Life, Golden Grahams, Frosted Mini Wheats, Raisin Bran
- O Other sweet cereals, like Frosted Flakes, Froot Loops
- O Any other cereal, like Corn Flakes, Rice Krispies

WHAT KIND OF MILK DID YOU DRINK? (CHOOSE THE ONE YOU DRANK MOST OFTEN.)

0	Whole milk	0	Reduced-fat (2%) milk	0	Low-fat (1%) milk

O Non-fat milk O Chocolate milk O Soy milk

O Lactaid milk O Don't know

Ending the Survey

© NutritionQuest - Berkeley, CA

Questions about gender and age

Refer respondent to the flashcard when asking, "If you ate cereal last week, what kind of cereal..." Only read the cereal names if they don't have the flashcard. Ask respondent to indicate the **one** they ate the most of. Indicate to respondent that there can be only one response for this question.

Likewise with type of milk, refer respondent to the flashcard and ask them to tell you "If you drank milk last week, what kind of milk did you drink?" You can read descriptions as needed. Ask respondent to indicate the **one** they drank the most of. Indicate to respondent that there can be only one response for this question.

At the end of the survey is text "Please tell us about you."

Interviewer will probably already have this information about the respondent. If so, just enter information and click through to the next page. If not, ask these questions.

When you get to the screen following questions about age and sex, **click NEXT** to end the survey. **DO NOT** click on "Stop Survey."

WinterQuest-Questionnaire-Google Chrone	
https://www.mutritionquest.com/login/questionnaire.php?user_ffq_id=7270	
NutritionQuest	(Stop Survey
You have completed the final section of the survey. Thank you!	

End of FFQ/Upload to NutritionQuest

- 1) The interviewer **must** click all the way through to the last screen where icon reads: "Click here to end the session/Terminar Sesión"
 - a. **NOTE:** The FFQ administration will not be recorded as completed unless the session is finished correctly.

NutritionQuest Las preguntas están cerradas porque el cuestionario ha sido enviado.	Terminar Sesión
BIENVENIDOS SOBRE USTED DESAYUNO FRUTA VERDURAS/PASTA CARNES PANES BOTANAS/POSTRES BEBIDAS VITAMINAS ESTILO DE VIDA RESULTADOS	
🔇 REGRESAR 🛛 PRÓXIMO 📎	
Usted ha completado la sección final de esta encuesta. iMuchas Gracías!	

 NutritionQuest will automatically close the program once the session has ended. The file will be saved with the name "userdat.dat" in the folder on the desktop ("Foodscreener ENGLISH" or "Foodscreener SPN").



- 3) Open the folder and rename the .dat file with the Study ID #.
- 4) At the end of the assessment you will upload the file to NutritionQuest's website:
 - a. Open Google Chrome and go to the Group Login Page located at: <u>https://www.nutritionquest.com/login/?type=group</u>

Apps 🛨 Bookmarks 🦳 Cancer Resou	irces í Churches project 🧯 Funding sources 📁 Obesi	ity 🧰 PA 🍅 Personal 🍅 UTHSCSA	🗀 UTSPH 🛛 8. amazon.com 🗋 Amer	ican Associatio
	G	noale		
	Search Google or type URL	ogic	Ŷ	
	www.nutritionquest.ch 💦 REDCap	Welcome to Google C	Chrome Web Store	

b. On the login page, enter the Group Admin login "dorothy parma" and Password "pomstudy."

NutritionQuest	
OME	100.0
Group Admin Logis: decatly parma Password: Group Id: 572 Submit	

- c. Enter the Group # corresponding to the language in which you conducted the Food Screener: **671 = ENGLISH, 672=SPANISH**. Click on "Submit."
- d. You will be taken to the Group page. Scroll down to the bottom and click on "Upload data records."

uesuvillane	quantity.	1 . 3					
Total number of	of sessions pe	rmitted:		400 Paid Fo	or':		
Number of ses	sions unalloca	ited:		387			
Number of ses	sions per use	r:		1			
Number of use	rs accounts re	emaining:		387			
Total number	of sessions co	mpleted:		12			
				Save All Changes			
Jsers							
User Number [forward]	User ID	User Screen Name	Password	# of sessions permitted	# of sessions complete	# of sessions incomplete	Edit user
429982	SW001	SW001B	health4kids	1	1	0	Edit
433110	test_6-12_	SW041B	obnwdvhu	1	0	1	Edit
433111	SW015	SW015B	erypychk	1	1	0	Edit
437555	SW027B	SW027B	jhznlmnt	1	1	0	Edit
442976	SW080	SW080	mkofyvrf	1	1	0	Edit
451665	SW0016	SW0016	vyetuccx	1	1	0	Edit
452870	SE020B	SE020B	atipevhi	1	1	0	Edit
462624	SE040B	SE040B	vemrpqru	1	1	0	Edit
465142	Sw0156	Sw0156	fbzxydlt	1	1	0	Edit
467679	SW0276	SW0276	usgzsani	1	1	0	Edit
468371	SE074	SE074	bpaqrkea	1	1	0	Edit
	SW126	SW126	vsorkgxw	1	1	0	Edit
476090							

e. On the next page click on "Choose file".



f. In the popup window, find and select the correct Study ID# .dat file and click "Open."



- g. Click "Submit." You will see a message box about whether upload was successful and if there were errors (SCREENSHOT)
- h. Click "back to group." You should see the file at the bottom of the Group screen.

FFQ Data Management

- 1) **[On-site]** At the end of the data collection day, Measurement staff must rename and upload all "userdata.dat" files to NutritionQuest.
- 2) **[AT THE OFFICE]** *Measurement Coordinator* will perform a <u>weekly</u> upload of "userdata.dat" files to the NUTRITIONQUEST online system using the NutritionQuest Online Group Administrator's homepage.
 - a) During uploading, the online system will automatically check for duplicates (IDs and data strings). If a data record already online is incomplete, the system will allow you to overwrite it with data collected in a subsequently completed interview.

Health4Kids (H4K): A Pediatric Obesity Management Intervention Trial for Hispanic Families (R01HD075936)

Withdrawal from the Study



Contents

Conditions necessitating participant withdrawal	. 3
Overview	. 3
Reasons for withdrawal	. 3
Procedure	. 4
Completing withdrawal form in REDCap	. 4
REDCap Study Withdrawal form	5

Conditions necessitating participant withdrawal

Overview

Withdrawal is defined as cessation of participation by a parent/child dyad from all aspects of the H4K study: intervention, measurement, and study provider interaction.

Reasons for withdrawal

1. Study completion

Participants have completed their 12-month measurements and seen the study provider for their Clinic Visit 4; they "graduated" from the study

2. Ineligibility

Participants are considered ineligible to continue in the study due to:

- Maximum number of reschedules/no-shows for baseline assessments (see Assessment Logistics protocol). These participants typically withdraw prior to enrollment at Clinic Visit 1.
- b. Parent participant can no longer receive text messages.
- c. Child participant is diagnosed with an obesity-related condition that necessitates a higher level of care and/or prevents them from fully participating in physical activity.
 See enrollment exclusion criteria. This type of withdrawal will be at the PI's discretion in consultation with the study provider

3. Lost to follow-up

- a. Participant phone is disconnected and an alternate phone number cannot be found.
- b. At 12 months, participant cannot be contacted up to the maximum number of attempts per protocol. Maximum number of attempts should be made for each assessment period prior to this point.

4. PI withdrawal

Participant dyad is withdrawn because PI determines that continuing the study is no longer in their best interest.

5. Participant withdrawal

Participant informs UHS Program Coordinator, Measurement Coordinator, Patient Navigator, or Health Educator that they no longer wish to continue in the study.

6. Participant death

Procedure

Completing withdrawal form in REDCap

Research staff who was first contacted about withdrawal by participant will inform *Measurement Coordinator*; provide study ID, withdrawal date and reason. *Measurement Coordinator* will begin filling out the Study Withdrawal form in REDCap (see below).

MessageSpace Coordinator is responsible for filling out the following fields:

[date removed from mailing list]

[date removed from MessageSpace]

MessageSpace Coordinator will mark the form "Complete" after filling out these fields.

REDCap Study Withdrawal form

Confidential

H4K Eligibility Screening - UHS Page 1 of 1

Study Withdrawal Form

StudyID (screening ID)

Study Withdrawal Date:

Staff Initials

Date of Last Contact (if known)

Withdrawal Reason

Completed Study
Ineligible
Lost to follow-up
Pl Withdrawal
Participant Withdrawal
Death

Reason for Withdrawal Notes:

Date Removed from Mailing List

Date Removed from Measurement Reminders

Date Removed from MessageSpace

01/23/2017 10:23am



Health4Kids: Pediatric Obesity Management Trial for Hispanic Families (R01HD075936)

Clinic Visit Scheduling & Preparation Protocol

Health4Kids Clinic Visit Scheduling & Preparation Protocol

Contents

Staff Responsible	3
UHS Clinic Staff Directory	3
Scheduling Clinic Visit 1	3
Preparing for Clinic Visit 1	6
Clinic Visit 1	8
Scheduling Clinic Visits 2	8
Preparing for Clinic Visits 3 & 4	9
Process Evaluation	9

Staff Responsible

"Program Coordinator" = UHS Program Coordinator

"Intervention Coordinator" = UTHSCSA Intervention Coordinator

"Measurement Coordinator" = UTHSCSA Measurement Coordinator

UHS Clinic Staff Directory

South West Clinic	
Mario Sosa, MD	Study Provider
Beatriz Cornelius, MD	Study Provider
South East Clinic	
Lindsey Cortes, MD	Study Provider
Marcela Castano, MD	Study Provider
Amy Cobb, MD	Study Provider
Vanessa Garza, RN	Pediatric Nurse

Scheduling Clinic Visit 1

Upon completing Baseline Assessment Part 2, participant will receive an appointment for Clinic Visit 1.

Procedure:

- 1. Prior to the participant's Baseline Assessment Part 2 appointment, the Program Coordinator sends a list of available Clinic Visit 1 appointment dates to the Measurement Coordinator.
- 2. The Measurement Coordinator will schedule a Clinic Visit 1 that is convenient for the participant.
- 3. The Measurement Coordinator will immediately forward the scheduled appointment information to the Program Coordinator via email.
- 4. The Program Coordinator will enter the scheduled appointment in IDX Web scheduling system (IDX). A H4K clinic visit will appear in the study provider's clinic schedule (*Figure 1*).
- 5. The Program Coordinator will also document all Clinic Visit dates and times on the REDCap Scheduled Clinic Visit form (*Figure 2*) and Calendar (Figure 3).

Scheduler	Appt Mana	ager Patier	nt Serv	ices N	lew Appointmen	t Appoir	ntment List	Provider Schedules	Bump l
Scheduler Open Referrals VM/HPA	DR.S Select Se		-sv	V P	EDI				
	Provide	er Scheo	lule	5					Â
	Sort	By: Depar	rtment	-	07/13/2015	🔳 🗐 Da	ily 👻 🗏	🔃 📰 拱 💷	
	SOSA,M/ SW-SOU 07/13/2	ARIO THWEST H 2015 Mond	IEALT lay	H CEN	TER				
	AM SW	Bkd/Total	Avl	Dur					
	-								
	PM SW	Bkd/Total	Avl	Dur					
	12:20P	1/1 FUP	- !	5	5 7 Y				E
	12:35P	1/1 PED	-	15	14	4			
	12:50P	1/1 PED	-	15	10 V				
	01:05P	0/1 HOS	1	10					
	01:25P	0/1 H4K	1	15					
	01:40P	1/1 FUP	-	5					
	01:55P	1/1 FUP	-	5		3	Y uncoop	erative vision	
	02:10P	0/1 FUP	1	5					
	02:30P	0/1 NWB	1	15					
(e.e.)	02:45P	1/1 PED	-	15	1	.5 Y			
8061	▶ 03:00P	0/1 H4K	1	15					
	▶ 03:15P	0/1 TEL	1	15					
	03:30P	0/1 FMS	1	5					
2**L	-								
in an in a second se	-								
University Health System						_			· ·
rieann System									P

Figure 1 IDX Scheduler

Confidential

Schedule Clinic Visits

Pediatric Obesity Management (POM) trial for Hispanic Families Page 1 of 1

StudyID (screening ID)	
Study ID	
Clinic Visit Number	 ○ 1 ○ 2 ○ 3 ○ 4
Baseline fasting labs (child) done?	○ Yes○ No(Are labs in Sunrise?)
Clinic Visit 1 appointment date/time	
Clinic Visit 1 Provider	(enter Last name of provider)
Clinic Visit 1 status	 completed rescheduled no-show
Clinic Visit Number	$\bigcirc 1 \\ \bigcirc 2 \\ \bigcirc 3 \\ \bigcirc 4 $
Clinic Visit 2 appointment date/time	
Clinic Visit 2 Provider	(enter Last name of provider)
Clinic Visit 2 status	 completed rescheduled no-show
Clinic Visit Number	 ○ 1 ○ 2 ○ 3 ○ 4
Clinic Visit 3 appointment date/time	
Clinic Visit 3 Provider	(enter Last name of provider)
Clinic Visit 3 status	 completed rescheduled no-show
Clinic Visit Number	 ○ 1 ○ 2 ○ 3 ○ 4
Clinic Visit 4 appointment date/time	
Clinic Visit 4 Provider	(enter Last name of provider)
Clinic Visit 4 status	 completed rescheduled no-show

Figure 2 Schedule Clinic Visits Form (REDCap)

H4K Eligibility Screening - UHS

🛅 Calendar

Se VIDEO: How to use the calendar (7 min)

The Calendar application can be used as a project calendar within this project to help organize your schedule and keep track of any upcoming events. It will allow you to add or modify calendar events and then view them either in a daily, weekly, or monthly format below. To add a new note or calendar event to any day, click **+New** at the top of that day's box to begin entering the information.

Day Week M	onth Agenda					
	••	September 💌 20	17 💌 🄛	🗎 Print Cale	ndar	
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					+ New 1 © SE218 - CV2 target!	+ New 2
+ New 3	+ New 4 General Meriin at SAC 9am-2pm SE229 - CV2 targeti General Holiday UTHSCSA General Holiday-UHS	+ New 5	+ New 6 Merlin at SAC 9-10:15am	+ New 7 8:55am SE218 - CV2	+ New 8 SE210 - CV2 targett SW333 - CV2 targett SW336 - CV2 targett	+ New 9 SW134 - 12A1 target!
+ New 10 SE105 - 12A1 target!	+ New 11 Merlin at SAC 9am-2pm 12:20pm SW336 - CV2	+ New 12 © SE139 - 6A1 target! © 5:50pm SW333 - CV2	+ New 13 Merlin at SAC 9-10:15am SW163 - 12A1 target!	+ New 14 SE080 - 12A1 target! SE107 - 12A1 target! SE078 - 12A1 target! 12:00pm SE210 - CV2	+ New 15 Daisy out	+ New 16 Corothy OUT SW170 - 12A1 target Daisy out
+ New 17	+ New 18 Merlin at SAC 9am-2pm	+ New 19 SW161 - 6A1 target SW238 - 6A1 target	+ New 20 Merlin at SAC 9-10:15am	+ New 21 Corothy out PM Merlin out PM Daisy out PM SE103 - 12A1 target	+ New 22	+ New 23
+ New 24	+ New 25 Merlin at SAC 9am-2pm	+ New 26	+ New 27 Merlin at SAC 9-10:15am	+ New 28 SW183 - 6A1 target SW179 - 12A1 target Merlin OUT	+ New 29 SE108 - 12A1 target G Merlin OUT daisy out	+ New 30 SW007 - 6A1 target! G Merlin OUT daisy out

Figure 3 REDCap Calendar

Preparing for Clinic Visit 1

- Measurement Coordinator provides a PDF copy of the "Draft HLP" via email, to the Program Coordinator. This Draft HLP is calculated from baseline assessment data and serves as a tool to guide provider and participants in their clinic visit discussion. (See Draft HLP Protocol)
- 2) Before the start of Clinic Visit 1, the Program Coordinator enters the Draft HLP in to Sunrise. (*Figure 4*)
- 3) The Intervention Coordinator provides the H4K take-home folder (in English or Spanish, as appropriate) to the participant family immediately after the Clinic Visit 1 at the SW clinic. The Medical Assistants at the SE clinic provide the participant family with the folder at the time of the Clinic Visit. (*Figure 5*)

Visit/ Cita	01	O 2	03	
Nutrition/ Nut	rición			
Choos	e two of the following	r.		
E C Eat	a healthy breakfast &	EVERY DAY O De	sayune saludable	TODOS los días
C Eat	5 servings of fruits a	nd vegetables EVERY D	AY O Com	a 5 porciones de frutas y verduras TODOS los días
E C Eat	healthy snacks like	fruits,vegetables,wholeg	rn crackers (Coma botanas(bocadillos)saludables como frutas,verduras,
	it eating out by prepa	aring meals at home	C Limite comer	fuera y prepare mas comidas en casa
E C Eat	together as a family	at least 5 to 6 times per	week C Co	na en familia al menos de 5 a 6 veces por semana
	oid sugary drinks, soo	das, sweet tea, fruit/spor	ts drinks. O	Evite bebidas azucaradas,como las sodas, té dulce, bebi
🗖 🔿 Dri	nkNO MORE THAN 6	6-12oz of100% juice (no	added sugar)day	C NO tomeMAS DE 6 a 12onzas de100% jugo(no azúcar añadido) dia
	nsume more lowfat m	ilk & dairy products (1%	or skim milk)	C ome más leche y productos lácteos bajos en grasa (1% de
Plan -				
Physical Activit	y/ Actividad Física			
Choos	e one of the following	j:		
	y outside and/or be a	ctive for 1 hour EVERY [DAY O Jue	gue afuera y/o esté más activo(a) DIARIAMENTE por 1 hora
	it TV,video,video gar	me & computer time to 2	hours ea day	C Limite la televisión, videos, los videojuegos, y la comp

Figure 4 Sunrise HLP



Figure 5 H4K Take Home Folder

Clinic Visit 1

See Standard Care Protocol for details on these procedures.

Following Clinic Visit 1, the medical assistant will escort the participant to meet with the Intervention Coordinator. See **Introductory Session Protocol** for details.

Scheduling Clinic Visit 2

- 1) Program Coordinator provides a Clinic Visit appointment sheet with available provider appointment times via email to the Intervention Coordinator.
- 2) The Intervention Coordinator will provide the available Clinic Visit 2 appointment slots to the parent during the Introductory Session.
- 3) The Intervention Coordinator will send the selected Clinic Visit 2 appointment to the Program Coordinator via email.
- 4) The Program Coordinator will enter the clinic visit in IDX and document in the REDCap Schedule Clinic Visits Form (*Figure 2*) and REDCap Calendar (*Figure 3*)

Scheduling Clinic Visits 3 & 4

- 1) The Program Coordinator will provide Measurement staff with available clinic visit appointment dates and times to be selected by the participant at the conclusion of the 6 month Assessment Part 2 and 12 month Assessment Part 2.
- 2) The Measurement Coordinator will send the clinic visit appointment to the Program Coordinator via email.
- 3) The Program Coordinator will enter the selected clinic visit in IDX and document in the REDCap Schedule Clinic Visits Form (*Figure 2*) and REDCap Calendar (*Figure 3*).

Preparing for Clinic Visits 3 &

- 1) After Program Coordinator schedules participant's Clinic Visits 3, the Measurement Coordinator will send the Draft HLP to Program Coordinator via email.
- 2) Before the start of Clinic Visits 3, the Program Coordinator will enter the HLP in to Sunrise.
- 3) The Program Coordinator will verify the participant's clinic visit attendance in IDX and will document in the REDCap Schedule Clinic Visits Form (*Figure 2*)

Process Evaluation

Program Coordinator will monitor participant visit attendance and will cancel and/or reschedule appointments when necessary. Program Coordinator will check IDX for missed clinic visits and attempt to contact parent by phone to reschedule.



Clinic Visit Dates - Dr. Sosa					
Study ID	Participant Name	Available Dates/Time			
SW145		Thursday 8/25/16 1:25/3:00			
		Friday 8/26/16 1:25/3:00			
		Monday 8/29/16 1:25/3:00			

Health4Kids: Pediatric Obesity Management Trial for Hispanic Families (R01HD075936)

H4K T-shirt Distribution Protocol

Contents

Overview	3
Navigation	Error! Bookmark not defined.
Materials needed before H4K t-shirt distribution	3
Distribution of H4K t-shirt	3

Overview

H4K T-shirts are incentives given to all participants of the study prior to Clinic Visit (CV) 4.

A t-shirt is given to both the parent & child participating in the study.

The following instructions can be completed by Health4Kids staff or patient navigator.

H4K T-shirt storage

T-shirts are stored in the Measurement Coordinator's office.

Staff responsible ?? - daisy added

Materials needed before H4K T-shirt distribution

Ask participants (both parent & child) t-shirt size during part 1 of 12 month assessment.

Email the Measurement Coordinator t-shirt sizes needed prior to part 2 of 12 month assessment.

Distribution of H4K T-shirt

Give participants (both parent & child) t-shirts at part 2 of 12 month assessment.

Health4Kids: Pediatric Obesity Management Trial for Hispanic Families (R01...)

Introductory Session Protocol

Contents

Overview	3
Materials needed for each Introductory Session	3
Access needed by Health Educator:	3
Staff Responsible	3
Debriefing and Randomization	4
Standard Care	6
Standard Care Plus (H4K Intervention) (~20-30 Mins.)1	0
After the session	3
Appendix-Figures	6
Figure 1 Introductory Session Participant Info 2	7

Overview

For the purpose of this document the Intervention Coordinator will be referred to as Health Educator.

The clinic staff will introduce the parent and child to the Health Educator to start the Introductory Session. During the Introductory Session the Health Educator will elaborate on Healthy Lifestyle Prescription (HLP), take home folder, and Health4Kids (H4K) Important Dates. For participants in the study, Healthy Lifestyle Prescription (HLP) will be referred to as goal(s). The following is a step-by-step process for the Health Educator.

Materials needed for each Introductory Session

- Patient folder, containing:
 - REDCap H4K Eligibility Screening UHS—Introductory session participant info(see Appendix__, Figure 1)
 - Draft HLP provided by the Measurement Coordinator (see **Appendix__-Figure 2**)
 - Clinic Visit Appointment Sheet provided by the Program Coordinator
- H4K Take Home Folder (see Clinic Visit Scheduling & Preparation Protocol for details)
- Child supplemental sheets (see Appendix ____)
- Additional tools for Standard Care Plus (H4K Intervention)

Access needed by Health Educator:

- POM drive/ folders "Manual of Procedures/Introductory Session"
- REDCap H4K Eligibility Screening UHS
- REDCap Health Educator Intervention Forms (copy)

Staff Responsible

Health Educator will conduct the Introductory Session and randomize the dyad into a group.

Program Coordinator will provide via email the Clinic Visit Appointment Sheet to the Health Educator.

Measurement Coordinator will provide via email the Draft HLP. Measurement Coordinator will also update the REDCap Introductory session participant info for the Health Educator's uses prior to Clinic Visit 1's.

Debriefing and Randomization

1) Thank the participants for agreeing to be in the study, explain the purpose of the meeting, review HLP, review take-home folder contents, and issue age appropriate material to child.

SCRIPT:

Welcome:

Hello, (**Parent/Guardian and child name**)! My name is (**Health Educator name**) with the Health4Kids (H4K) study. Thank you for joining the H4K study and meeting with me today. How are you doing today? Great, this part of the meeting should take about 10 minutes of your time. To help me respect your time and to keep me on time, I'm setting a timer for myself.

Set timer (Figure __).

¡Hola, (Nombre del padre de familia e niño)! Mi nombre es (Nombre de la educadora) con el estudio Health4Kids. Gracias por ser parte del estudio y por reunirse conmigo hoy. ¿Cómo está hoy? Muy bien, esta parte de la junta tomara 10 minutos de su tiempo. Para respetar su tiempo y para mantener el tiempo voy a usar un contador de tiempo.



Figure 1 Timer

Debriefing:

Ok, let's review the goals you and your doctor selected and talk about ways to help your family be healthier. I see you and your doctor decided to focus on (**mention each of the 3 HLPs**).

Comencemos repasando las metas que usted y su doctor seleccionaron y vamos hablar de maneras que usted puede ayudar a su familia a ser más saludable. Veo que ustedes decidieron enfocarse en (**mention each of the 3 HLPs**).

Review Take Home Folder content (see H4K Take Home Folder Protocol):

This Take Home Folder provides information about being healthy, such as what a healthy plate looks like, ideas about how you can be physically active as a family, what to look for when reading food labels, and even two delicious & healthy recipes that you can try. I encourage you to spend some time reviewing these materials at home.

Este paquete contiene información de cómo ser saludable, ejemplos visuales de como se ve un plato saludable, ideas de cómo puede ser activos como familia, como leer las etiquetas de alimentos de nutrición hasta dos deliciosas y saludables recetas para intentar. Le recomiendo que cuando tenga tiempo repase estos materiales en casa.

Materials for child (see Appendix ____ for supplement materials):

In addition to **(Parent/Guardian)** receiving information, you, (**Child name**) will also receive some activity sheets to take home. How old are you? Ok, I'm going to put your sheets in this folder too.

Igual a tu mama/papa, (**Nombre del niño**) usted también va a recibir unas actividades para hacer en casa. ¿Cuántos años tienes? Está bien, voy a poner sus actividades en el paquete también.

Place handouts & H4K crayons in take home folder and all materials in H4K tote bag (Figure 2).

2) Proceed with randomization (see Randomization Protocol).

Select and open a consecutively labeled, sealed, opaque envelope. The randomization will determine the participant's group status.

Randomization Outcome "1" = Standard Care Randomization Outcome "2" = Standard Care Plus (H4K Intervention)



Figure 2 H4K tote bag

SCRIPT:

Now we will find out which group you will be for the study.

Ahora vamos a enterarnos en que grupo estaran para el estudio.

Randomization Outcome "1" = Standard Care:

You've been randomized to the Standard Care group, which means that you've been selected to receive all of the materials we have just reviewed; the take home folder with information for you and your child, 4 doctor visits (including today), along with our follow-up measurement visits.

Ustedes han sido elegidos al grupo de Standard Care, cual significa que va a recibir todos los materiales que hemos repasado; el paquete con información para usted y su niño, 4 visitas con su doctor incluyendo hoy, y con citas de seguimientos para medidas.

Randomization Outcome "2" = Standard Care Plus (H4K Intervention):

You've been randomized to the Standard Care Plus group, which means that you've been selected to receive all of the materials we have just reviewed; the take home folder with information for you and your child, 4 doctor visits (including today), along with our follow-up measurement visits. You will also receive a more in-depth discussion with me today, which should take 25 minutes. We will also discuss some additional tools that may help you to make healthy choices and schedule follow-up phone calls to support your ongoing efforts.

Ustedes han sido elegidos al grupo de Standard Care Plus, cual significa que va a recibir todos los materiales que hemos repasado; el paquete con información para usted y su niño, 4 visitas con su doctor incluyendo hoy, y con citas de seguimientos para medidas. Ustedes también recibirán una plática conmigo hoy, cual tomara 25 minutos. También platicaremos de unos recursos adicionales que le pueden ayudar ha hacer decisiones sanas y programar llamadas de seguimiento para soportar sus esfuerzos.
Standard Care

Step 1: Schedule Clinic Visit Appointment.

Schedule, document, and confirm clinic visit with parent using H4K Important Dates form. Use the Clinic Visit Appointment Sheet (see example **Figure 3**) provided by the Program Coordinator to schedule Clinic Visit 2.

Note: If **Clinic Visit Appointment Sheet** is not available, Health Educator will advise the parent that the Program Coordinator will call them with available clinic visit times and dates.

	HEALTH
Participant	Clinic Visit Dates: Dr. Sosa
	Thurs 10/5 8:35/8:50/9:50/10:35/12:20p/1:05/1:20/2:20/3:05
	Fri 10/6
	12:20/1:20/3:05
	Mon 10/9 8:35/8:50/9:50/10:35/12:20/1:05/1:20/2:20/3:05
	Tues 10/10 8:35a/8:50/9:50/10:35/12:20/1:05/1:20/2:20/3:05/4:20/5:05/5:50p

Figure 3 Clinic Visit Appointment Sheet

SCRIPT:

Before you leave, let's schedule your next doctor visit. I have an appointment form here; H4K Important Dates (**Figure 4**), that will help you keep track of your upcoming appointments with your doctor, so keep it within view. Here is a magnet you can use to keep it on your refrigerator.

Antes que se vaya, vamos anotar su siguiente cita con su doctor. Tengo una forma de fechas importantes que puede usar para anotar sus citas de seguimiento con su doctor así que manténga la cita a la vista. Aquí está un imán que puede usar para su refri.

✓ Clinic Visit l Today':	s date:	
✓ Clinic Visit 2 date &	time: (Month/Year)	
\checkmark Clinic Visit 3 be in: _	(Month/Year)	
✓ Clinic Visit be in:	(Month/Year)	

Figure 4 H4K Important Dates (Control)

Since you are here with me today I will fill in the first (1st) box with the date. Your doctor would like to see you and your child in a month, the next available date and time is (**Date & Time**), does this work for you?

Ya que está aquí conmigo hoy, voy a llenar la primera caja con la fecha de hoy. Su doctor gustaría verlos en un mes, la siguiente fecha y tiempo disponible es, [**Date & Time**]. ¿Trabaja esto para usted?

Document selected Clinic Visit (CV) 2 Date & Time and projected CV3 and CV4 (Figure 6) on the participant's H4K Important Dates.

Step 2: Distribute a H4K magnet clip (Figure 5)



Figure 5 H4K magnet clip

Alright, (Parent name), your next doctor visit is on (Date & Time).

Also on the form you can see that you will continue to see your doctor for doctor visits 3 and 4, so your 3rd doctor visit is your halfway point and is expected to be in (**Figure 6**) and your 4th doctor visit is expected to be in (**Figure 6**) and without realizing it you have completed a full year in the study. If at any point you are not able to come to your doctor visits, you may reschedule by contacting (**Program Coordinator's name**). Her name and phone number are on this form. We will send you doctor visit reminders by text message and other text messages with tips for your family.

Está bien, (Nombre del padre de familia) su siguiente cita es (Date & Time).

También en esta forma puede ver que seguirá viendo a su doctor para citas 3 y 4, por tanto su 3ª cita es su medio punto y se espera que sea en (**Figure 5**) y su 4ª cita se espera que sea en (**Figure 5**) y sin realizarlo vamos a llegar a un año en el estudio.

Si en cualquier momento no puede venir a su cita con su doctor, (**Program Coordinator's name**) puede ayudarle a cambiar la fecha con otra fecha más conveniente. Su número está en esta forma. Le enviaremos mensajes de textos para recordarle de sus citas y otros textos con consejos para su familia.

- 11103	Cinic	, visit Projec	
Month	1 month	6 months	12 months
January	February	July	January
February	March	August	February
March	April	September	March
April	May	October	April
May	June	November	May
June	July	December	June
July	August	January	July
August	September	February	August
September	October	March	September
October	November	April	October
November	December	May	November
December	January	June	December

Figure 6 Clinic Visit Projections

Place H4K Important Dates in H4K tote bag (Figure 2).

Step 3: Closing.

SCRIPT:

Thank you for coming by today and meeting with me, we hope you find the materials helpful. You will continue to work with your doctor to achieve your goals. Be sure to go to your next visit with your doctor. Thank you and have a great day!

Gracias por venir a su cita hoy y por reunirse conmigo, espero que le ayuden los materiales. Ustedes continuarán trabajando con su doctor para alcanzar sus metas. Asegúresen de ir a su siguiente cita con su doctor. ¡Gracias y tenga bien día!

Standard Care Plus (H4K Intervention) (~20-30 Mins.)

Set timer for 25 minutes (Figure 7).

Step 1: Distribute 1 MyPlate paper plate to the participant (Figure 7)



Figure 7 MyPlate paper plate

SCRIPT:

You may recall I mentioned MyPlate information in your take home folder. I have a MyPlate paper plate for you that models the MyPlate guidelines. MyPlate can serve as a guide as you plan meals for your family. An important thing to notice is that half the plate is fruits & vegetables.

Can you give me an example of a food for each group? Health Educator should start with the fruit group.

Now that we know an example of each food group, how does this plate compare with the way you and your family usually eat?

While this is ideal, many times the dinner plates we serve at home don't look like this. Try to think of this as something to work towards.

Quizás recuerde que mencione información de MiPlato como parte de su paquete. Tengo aquí para ustedes un plato de papel que modela MiPlato. MiPlato puede servirle como guía cuando prepara comidas para su familia. Lo más importante que me gustaría enfocarme del plato es que la mitad del plato son frutas y verduras.

¿Me puede dar un ejemplo de un alimento para cada groupo? Health Educator should start with the fruit group. Ahora que sabemos un ejemplo para cada grupo, ¿como se compara este plato con la manera que come su familia?

Aunque este es ideal, muchas veces los platos de cena que servimos en casa no se mira así. Piense de este ejemplo como algo que vamos a trabajar de lograr.

Step 2: Distribute a San Antonio Food Bank Recipe Book to the participant (**Figure 8**). If available, distribute an optional recipe book (see page).



Figure 8

SCRIPT:

Here is a recipe book from the San Antonio (SA) Food Bank (**Figure 8**) that offers tips and recipes for adding more fruits and vegetables into your day based on the season. Since we are in (Spring/Summer/Fall/ Winter) page (#) has great ideas. We wanted to make this available to you, in case you might find it helpful. Unfortunately the booklet is only in English; perhaps (Child Name) can help you read the ingredients.

How do you feel about trying to add fruits and vegetables into their traditional foods that you already make? What ideas do you have? How do you feel about having your child involved in preparing these foods?

OPTIONAL RECIPE BOOK SCRIPT

The other receipe book (**Figure** ___) is bilingual and has ideas for snack, lunch, dinner and more. The other receipe booklet given to us by the City of San Antonio Viva Health (**Figure** ___) is bilingual and has 8 recipes for snack, lunch, and dinner. Aquí tengo un libro de recetas del SA Food Bank (Figure 8) cual ofrece consejos y recetas para cómo pueden agregar más frutas y verduras a su dia depende la temporada. Ya que estamos en (primavera/verano/otono/invierno) pagina (#) tiene buenas ideas. Quisimos hacer este libro disponible, en caso se le ofrezca. Desafortunada el libro solo está en inglés; quizá (nombre del niño) puede ayudar a leer los ingredientes.

¿Cómo se siente de la idea de anadir frutas y verduras en los platillos tradicionales que ya prepare en casa? ¿Qué ideas tiene? ¿Cómo se siente de tener a su niño/a participar en la preparación de los alimentos?

OPTIONAL RECIPE BOOK SCRIPT

El otro libro de recetas es bilingüe (Figure ___) y tiene receta para botanas, almuerzo, cena y mas. El otro libro fue adquirido de la cuidad de San Antonio Viva Health(**Figure ___**) cuales ocho(8) recetas son bilingües y son recetas de botanas, almuerzo, y cena.

Place holder for image

Figure ____ San Antonio Food Bank Recipe Book (Biligual)

Place holder for image

Figure ____ City of San Antonio Viva Health booklet (Biligual)

Step 3: Distribute 1 set of measuring cups to participant (Figure 10)



Figure 9 measuring cups

SCRIPT:

I also have measuring cups you can use to see what a serving size looks like. What are your thoughts about measuring food portions for you and your family?

This doesn't mean you have to measure every food you eat. As an example, grab your breakfast cereal box and the first step is to look for the nutrition label to find out the amount of a serving size. Then, pour that serving size amount into a measuring cup. By doing this, you may be surprised that the amount you typically pour in your bowl is more than the serving size on the label.

So why don't you give it a try when you get home?

This may be a real eye-opener. For some families, having a good understanding of how much they eat is the first step towards developing healthier eating habits.

También tengo para ustedes unas tazas de medir que puede ayudarle ver como una porción se debe de ver. ¿Cuales son sus pensamientos de medir sus porciones para usted y su familia? Esto no quiere decir que tiene que medir cada comida que vaya a comer. Como ejemplo, cuando lleguen a casa agarre el cereal y mire la etiqueta y busque cuanto es una porción. Y lo que diga en la etiqueta sirva esa porción con la medida adecuada. Este ejercicio puede que los sorprenda porque no es lo que típicamente comemos y veremos que lo que estamos comiendo es más. ¿Porque no lo intentamos cuando lleguen a casa? Puede que este ejercicio les abrirá los ojos. Para unas familias, entendiendo cuanto es lo que están comiendo es el primer paso en establecer hábitos saludables.

Step 4: Summarize provider interaction.

Ask the parent/child to summarize the conversation with the provider. Elicit what provider talked about, and where they left off.

SCRIPT:

My role is to help you come up with a healthy plan, based on what is important to you. Before we go further, it would help me to know what (**doctor name**) reviewed with you. Can you tell me what you and your doctor talked about?

Mi papel en este estudio es ayudarles establecer un plan basado en lo que sea importante para ustedes. Antes de seguir platicando me ayudaría mucho saber qué es lo que hablo con su doctor. ¿Me puede decir lo que platicaron con su doctor?

Step 5: Select goal to discuss.

Reiterate to parent/child their selected goals and ask which one they want to discuss first. Reflect parent/child's reasons of importance to highlight and reinforce this value.

SCRIPT: Open-ended question \rightarrow

So (**Parent and child name**), which goal do you want to go over first? What makes this goal important to you?

¿Cuál meta le gustaría repasar primero?

Step 6: Action plan introduction

Health Educator will elicit change talk to identify and document on H4K Action Plan (**Figure 11**); cover physical activity goal and at least 1 nutrition goal. Health Educator will document the participant's action steps in the H4K Action Plan in REDCap.

Note: For Goal 2, if the Health Educator first discussed a nutrition goal as Goal 1, repeat Steps 2-4 focusing on the physical activity goal or vice versa. Use SMART principle to ensure that Action Plan are specific, measureable, achievable, realistic, tied to time.

登	Action Plan
G	oal 1
My a	action steps are:
1	
2	
2	
3	
G	pal 2
My	action steps are:
1	
2	
2	
a	
G	pal 3
IVIy a	action steps are:
1	
2	
3	

Figure 10 H4K Action Plan

SCRIPT:

Now that we know your goals, this "Action Plan" will help you come up with action steps to help you reach those goals. You and I will fill it out together

Ahora que ya sabemos cuáles son sus metas, este "Plan de acción" le ayudara formular pasos de acción que le puedan ayudar alcanzar las metas. Lo llenaremos juntos.

Step 7: Discuss goal.

SCRIPT: Open-ended question → What makes this goal important to you? What are your ideas about getting started with this change? How might you begin to go about making this change? What might help you to get this started? How can I be helpful to you?

¿Porqué es importante esta meta para usted? ¿Cuáles son unas de sus ideas para comenzar el cambio? Que podría hacer para comenzar el cambio? ¿Quién podría ayudarle a comenzar? ¿En qué puedo ayudarle yo?

SCRIPT: Reflective response \rightarrow

I understand you are struggling with a lot of issues . . . But if we could focus on 1 of these which 1 would it be . . . Tell me why you want to focus on. . . Can you tell me what a typical day is like for you (**related to HLP**)?

Yo entendió que usted está batallando con varios asuntos. . . Pero si nos podemos enfocarnos en una de las metas cual seria . . . Dígame porque gustaría enfocarse en . . . Me puede describir que sería un típico día para usted (**related to HLP**).

Step 8: Develop Action Plan and distribute appropriate tools.

SCRIPT:

So for Goal 1 being (HLP), how do you feel at this point about this change?

What activities are you likely to do? How often each week will you do this? For how long each time/day? How realistic does that fit into your week? Over what period of time (e.g., for the next 2 weeks)

Comenzando con la primera meta (**HLP**), como se sienta a este punto del cambio? ¿Qué actividades está dispuesto/a hacer? ¿Con cuanta frecuencia cada semana? ¿Por cuánto tiempo cada vez/dia? ¿Qué tan realístico es este plan para su semana?

Health4Kids Introductory Session Protocol *Revised 3/13/2018*

Health4Kids Introductory Session Protocol Revised 3/13/2018

¿Durante cuánto tiempo por las siguientes 2 semanas?

Optional Tools

IF goal is to avoid sugary drinks or limit juice distribute a H4K water bottle (Figure 11);.

SCRIPT:

Since one of your goals is to (avoid sugary drinks/limit juice), a great way to be successful at this is to drink more water. I'm going to you a water bottle to help you with this. Water is the best choice it is quick, easy and free! Fill your water bottle before you leave home and take it with you when you leave home.

Ya que una de sus metas es (evitar bebidas azucaradas/limitar jugo) una gran manera de tener éxito es tomar más agua. Así que tengo aquí algo para (Child name), una botella para agua. ¡El agua es la mejor opción, es fácil y gratis! Así que llene la botella con agua antes de salir de casa y no olvide llevársela con usted al salir.

IF goal is to eat healthy snacks distribute a packet of zip lock snack bags (Figure 12);.

SCRIPT:

Since you plan to focus on eating healthy snacks, here are some snack bags to help with this. Preparing a single serving/portion of a trail mix or cut-up fruit & veggies can help (**Child name**) have just enough to satisfy his/her hunger until the next meal. So if you do decide to use the baggies for after school snacks keep them at your child's eye level in the refrigerator or the kitchen counter. This will make it easy to see and grab for a quick, healthy snack.

Figure 12 Packet of Zip Lock **Snack Bags**

Ya que una de sus metas es comer botanas saludables, aquí tengo para ustedes unas bolsas que pueden ayudarles. Preparado una porción de botana como

nueces mixtas o rebanadas de frutas y verduras puede que sea suficiente botana para (**Child name**) hasta la siguiente comida entera. Si deciden usar las bolsillas para botanas después de escuela teniéndolas al nivel de vista de su niño/a en el refri o cocina sería una manera fácil para que él/ella la coma.

Step 9: Review Action Plan.

Ask parent/child to verbally summarize the plan, and fill in specifics that he/she left out. Note: Update Action Plan and update REDCap.

SCRIPT:

Response \rightarrow Just to be sure that we have the same understanding, I'd like you to tell me in your own words what steps you came up with to reach your goal. Para todos estar en el mismo papel, me gustaría que usted me digiera en sus propias palabras los pasos que formulo para alcanzar su meta.



Figure 11 H4K Water Bottle





Step 10: Distribute physical activity device.



Explain & setup the activity monitor. Document participant's activity monitor choice (Pedometer) in REDCap (see Appedix____)

Figure 12 Pedometer

SCRIPT:

One of the best things that we can do for our health is to be physically active. We will give you an activity monitor to help (**Child name**) see how active she/he is each day. This activity monitor is for you to keep so try your best not to lose it.

So I'd like for you (**Child name**) to wear the monitor each day for the next 2 weeks so that we can see how much you're moving. Then we can talk about how you feel about it. So make sure you put on the monitor soon after you wake up and try to wear it all day. Avoid losing it and getting it wet. You don't necessarily need to sleep with the monitor on. Do you think you can do this? Ok (**Child name**), I can't wait to hear from you in 2 weeks and find out where you are!

When you wake up, (Child name) what can you do to remember to wear this? Mom/Dad any ideas?

Una de las mejores cosas que podremos hacer para nuestra salud es ser físicamente activos. Le daremos a (**Child name**) un monitor para ayudarlo ver que tan activo él/ella es cada día. Tengo dos tipos de monitores uno que requiere una aplicación (app) y otro que no requiere el app para su celular. ¿Cuál prefiere?

Le sugiero a (**Child name**) que use el monitor cada día por las siguientes 2 semanas para ver cuánto es lo que él/ella se esté moviendo. Y luego podemos hablar de otras maneras de como él/ella puede moverse más. Así que a segurata (**Child name**) que te lo pongas cuando te despiertes y que lo traigas puesto todo el día. No tienes que dormir con él. ¿Crees que puedas hacerlo?

Ok, (Child name) espero escuchar de ti en 2 semanas y saber cuántos pasos haz tomado.

Dime (**Child name**), ¿Cuándo te despiertas que puedes hacer para recordarte del monitor?¿Mama/papa, algunas ideas?

(Optional)

If time permits, guide participants through the setup process of the activity monitor selected. See Pedometer Instructions (Figure __).



Figure 11 Pedometer Instructions

OPTIONAL ACTIVITY MONITOR SCRIPT:

KidFit



Figure 11 KidFit

SCRIPT:

We have this monitor that requires an app (**Figure 11**) on your cell phone.

So I'd like to encourage (**Child name**) to wear the monitor each day for the next 2 weeks so that we can see how much it is he/she is moving. Then we can talk about ways to become more active. So make sure you put on the monitor soon after you wake up and try to wear it all day. You don't necessarily need to sleep with the monitor on. Do you think you can do this? Step 11: Introduce tracking sheet.

Document participant's tracking goal choice in REDCap.

SCRIPT:

So you know (**Child name**), you can actually help (**Parent name**) keep track of your goals! Tell me, which goal you want to track for the next 2 weeks? Ok, so seeing how you will focus on tracking (**mention HLP**], (**Child name**) every time you and mom/dad complete this goal you will place a stamp for that day on your "Track It!" sheet (**Figure 15**).

Sabes (**Child name**), tu podrías ayudarle a mama/papa monitorear las metas. Díganme cual meta gustarían monitorear por las siguientes 2 semanas? Ok, asi como escogieron (**mention HLP**), (**Child name**) cada vez que completen esta meta usted va a marcar esta hoja con esta estampa por ese día.





Distribute 1 stamp for child to track.

Also on this sheet what you could do at the end of the day is write down how many steps you moved for that day in the light green area labeled "steps".

También en esta hoja al fin del día me ayudaría mucho si anotaran cuantos pasos han tomado por ese día. Asi que anota los en la área verde marcada "pasos".

Demonstrate on sheet.

As you do this, with (parent name)'s help, you can celebrate your success.

Cuando hagas esto quizás celebremos con la ayuda de mama/papa.

Open-ended question \rightarrow

So (Parent name), if (Child name) succeeds, what is a healthy way you can celebrate his/her success?

Que dice (**Parent name**), si (**Child name**) supera la meta, ¿Qué sería una manera saludable que podría <u>celebrar?</u>

Ok, sounds like we have a plan for being active and in 2 weeks, I'll check and see how you are doing on this, ok?

<u>Bueno se escucha que tenemos un plan para las siguientes 2 semanas, les llamare para checar como</u> <u>están, ¿esta bien?</u>

Step 12: Put participants at ease

Emphasize that it's not about perfection.

SCRIPT:

So even though you came up with a great plan, it's important to just try your best and see how it goes. When I call you in 2 weeks, we will talk about the plan, what worked well, and what didn't, and revise the plan, as needed. How does that sound?

Aunque formulo un gran plan hoy, es muy importante intentar lo más que pueda y ver cómo le va. Así cuando le llame en 2 semanas, podremos hablar acerca del plan, que es lo que trabajo y que no trabajo, y quizás cambiar el plan si es necesario. ¿Qué le parece?

Step 13: Schedule Clinic Visit Appointment.

Schedule, document, and confirm clinic visit with parent. Use the **Clinic Visit Appointment** provided by the Program Coordinator to schedule Clinic Visit 2.

Distribute a H4K magnet clip.

SCRIPT:

Before you leave, let's schedule your next doctor visit. I have a doctor visit form here, H4K Important Dates (Figure 14), that will help you keep track of your upcoming doctor visits with your doctor, so keep it within view. Here is a magnet you can use to keep it on your refrigerator.

Antes que se vaya, vamos anotar su siguiente cita con su doctor. Tengo una forma de citas importantes que puede usar para anotar sus citas de seguimiento con su doctor así que manténgala en vista. Aquí está un imán que puede usar para su refri.

HEALTH 4 KIDS Important Dates Your Health Biguator's name is Daty.
✓ Clinic Visit I Today's date:
Health Educator Phone Gall I
Cliade Visit 2 date & time: (Mosth/Tear)
Health Educator Phone Call 2 Health Educator Phone Call 3
Health Educator Phone Call 4 Health Educator Phone Call 8
Health Educator Phese Gall 6
Keakh Educator Phone Call 7 Keakh Educator Phone Call 8
✓ Cliade Visit 1 be in:(Meeth/Year)
Glinie Visit 6 be in: (Meeth/Year)
"Shark window switching no dowr gynowean" Rhark weladou o rachadou synow ol why per bark forwart. Swart Owen Egenes Tea gins shallos be gins shallos

Figure 14 H4K Important Dates (Intervention)

Since you are here with me today I will fill in the first (1st) box with the date. Your doctor would like to see in and your child in a month, the next available date and time is (**Date & Time**), does this work for you?

<u>Ya que está aquí conmigo hoy, voy a llenar la primera caja con la fecha de hoy. Su doctor gustaría</u> verlos en un mes, la siguiente fecha y tiempo disponible es, (**Date & Time**). ¿Trabaja esto para usted?

Document H4K Important Dates Clinic Visit 2, Date & Time, 1 for participants, 1 copy for Health Educator records (Figure 16) and updateREDCap.

Alright, (Parent name), your next clinic visit is on (Date & Time).

Está bien, (Parent name) su siguiente cita son su doctor es (Date & Time).

Also on the form you can see that you will continue to see your doctor for clinic visits 3 and 4, so your 3^{rd} clinic visit is your halfway point and is expected to be in (**Figure 6**) and your 4^{th} clinic visit is expected to be in (**Figure 6**) and without realizing it you have completed a full year in the study.

También en esta forma puede ver que seguirá viendo a su doctor para citas 3 y 4, por tanto su 3ª cita es su medio punto y se espera que sea en (**Figure 6**) y su 4ª cita se espera que sea en (**Figure 6**) y sin realizarlo vamos a llegar a un año en el estudio.

Step 11: Introduce telephone counseling calls and schedule first telephone counseling call

Introduce, schedule & document the first telephone counseling call (TCC1) with parent using Health Educator calendar of clinic visits & H4K Important Dates.

SCRIPT:

Now let's schedule the first telephone call, which is also part of the study. These telephone calls will happen twice a month for the first 2 months and then monthly for the next 4 months for a total of 8 calls in 6 months.

So 2 weeks from now I have available, (Date), what would be the best time to reach you on this day?

Ahora vamos a programar nuestra primera llamada que también es parte del estudio. Estas llamadas sucederán dos veces al mes por los primeros 2 meses y luego mensualmente durante los próximos 4 meses para un total de 8 llamadas dentro de 6 meses. Así que 2 semanas a partir de hoy tengo disponible, (**Date**), ¿Que sería el mejor momento para llamarle este día?

Document the participant's first telephone call date and time <mark>in REDCap for the Introductory Session</mark> <mark>Checklist</mark> (Figure ___) & H4K Important Dates (<mark>Figure 16</mark>).

Is this the right number to reach you (**Repeat phone number in file**)? Is this your current address (**Repeat address number in file**)? If at any point you are not able to come to your clinic visits, you may reschedule by contacting (**Program Coordinator's name**). Her name and phone number are on this form. My information is also on this form in case you need to reschedule our telephone calls. I recommend you add my name & phone number to your phone's contacts so you know when I am calling you.

¿Es este el numero correcto para comunicarme con usted (Repeat phone number in file)? ¿Es esta su dirección actual (Repeat address number in file)?

Si en cualquier momento no puede venir a su cita con su doctor, (**Program Coordinator's name**) puede ayudarle a cambiar la fecha por otro día más conveniente. Su número está en esta forma. También en esta forma encontrara mi información si es que necesita reprogramar nuestras llamadas. Así que le recomiendo que añade mi nombre y teléfono a sus contactos de su teléfono, para saber cuándo estoy llamando.

Place H4K Important Dates and H4K Action Plan in H4K tote bag.

We will send you text message reminders the day before the phone call.

Le enviaremos un mensaje de texto un día antes para recordarle de la llamada de teléfono.

Step 12: Describe additional tools.

Mention the mailed monthly newsletters, 3-4 text messages each week on health tips, and Health Educator phone calls.

SCRIPT:

Besides the telephone counseling calls with me you will continue to receive text messages from Health4Kids. You will be getting texts 3 to 4 times each week on health tips. You will also receive monthly newsletters in the mail. So you want to keep an eye out for those because they contain information and tips for the whole family to be healthier.

Aparte de las llamadas conmigo continuara recibiendo mensajes de texto del estudio Health4Kids. Recibirá textos 3 a 4 veces a la semana acerca de salud. Y también recibirán un boletín al mes por correo así que este al tanto por esa información ya que contiene consejos saludables para toda la familia.

Step 13: Closing.

Ask if there any questions and/or concerns at this time and close.

SCRIPT:

Do you have any questions or concerns? Thank you for coming by today and meeting with me. I look forward to our call in 2 weeks to see how you are doing. Have a great day!

¿Tiene algunas preguntas?

Gracias por venir a su cita hoy (**Parent and child name**) y por reunirse conmigo, espero hablar con ustedes en 2 semanas como seguimiento. ¡Gracias y tenga buen día!

After the session

- MessageSpace will register the newly randomized participants' into MessageSpace with the information provided from the REDCap form titled, _____(see H4K Text Message Manual).
- Schedule text message reminders for participant telephone calls in MessageSpace.
 - See "Telephone Counseling Call Protocol, Appendix _____" for details.
- Update REDCap Database
 - H4K Eligibility Screening-UHS report titled "HLP Visit 1" (see _____)
 - H4K Assessments report titled "Current Healthy Lifestyle Prescription" (see _____)
 - Health Educator Intervention Forms (copy) report titled "Introductory Session Checklist" (see Appendix-Form A1. Instructions for Documenting using REDCap Introductory Session Checklist for details)

• Randomization Data

- Document participants Study ID on envelope's paper slip
- o Submit the paper slip with Study ID to Randomization Data Manager
- Email Projectam Coordinator & Measurement Coordinator the participant's Clinic Visit # 2 date and time.

Optional Activity Monitor

KidFit



Figure 11 KidFit

SCRIPT:

One of the best things that we can do for our health is to be physically active. We will give you an activity monitor to help (**Child name**) see how active she/he is each day. We have this monitor that requires an app (**Figure 11**) on your cell phone and another monitor that doesn't require a cellphone (**Figure 12**). Which would you prefer?

So I'd like to encourage (**Child name**) to wear the monitor each day for the next 2 weeks so that we can see how much it is he/she is moving. Then we can talk about ways to become more active. So make sure you put on the monitor soon after you wake up and try to wear it all day. You don't necessarily need to sleep with the monitor on. Do you think you can do this? Ok (**Child name**), I can't wait to hear from you in 2 weeks and find out where you are!

When you wake up, (Child name) what can you do to remember to wear this? Mom/Dad any ideas?

Appendix-Figures

Clinic Visit 1 Date/Time	Study ID	Event Name	Clinic Visit 1 Provider	Parent's first and last name	Do you prefer to receive texts in English or Spanish?	Child's first name	Child's gender	Child's age	Child Height (ft/in)	Child weight (lbs)	What is the number including the area code?	Mailing address
(clinic1_date)	(base 1_i d1)	(redcap_event_n ame)	(clinicvisitl_pro v)	(parent_name)	(text_lang)	(cbase_name)	(cbase_gender)	(cbase_age)	(cbase_height_ft in)	(cbase_weig ht lbs)	(parent_cellnum)	(address)
12/9/2015 pm		Baseline	Dr.		English/Spanish		Male (1)					

Figure 1 Introductory Session Participant Info

Nutrition/ Nutrición

Eat a healthy breakfast EVERY DAY // Desayune saludable TODOS los días

Eat 5 servings of fruits and vegetables EVERY DAY / Coma 5 porciones de frutas y verduras TODOS los días

Eat healthy snacks like fruits, vegetables, and whole-grain crackers / Coma botanas (bocadillos) saludables como frutas, verduras, y galletas de trigo integral

Limit eating out by preparing meals at home/ Limite comer fuera y prepare mas comida en casa

Eat together as a family at least 5 to 6 times per week / Comer como familia al menos de 5 a 6 veces por semana

Avoid sugary drinks, such as sodas, sweet tea, fruit drinks and sports drinks. Choose WATER instead / Evite bebidas azucaradas, como las sodas, té dulce, bebidas con sabor a fruta, y bebidas hidratantes. Elija AGUA en su lugar.

Drink NO MORE THAN 6-12 ounces of 100% juice (no added sugar) each day / NO tome MAS DE 6 a 12 onzas de 100% jugo (no azúcar añadido) por día

Consume more low-fat milk and dairy products (1% or skim milk) / Tome más leche y productos lácteos bajos en grasa (1% de grasa o descremada)

Physical Activity/ Actividad Física

Play outside and/or be active for 1 hour EVERY DAY / Juegue afuera y/o esté más activo(a) DIARIAMENTE por 1 hora

Limit TV, video, video game and computer time to 2 hours each day / Limite la televisión, videos, los videojuegos, y la computadora a 2 horas diarias

Figure 2 Draft HLP (SAMPLE ONLY)

•०००० AT&T 奈	2:36 PM	õ 74% E d
	Timer	
	12	
	13	
	14	
() hour	s 15 min	
1	16	
2	17	
3	18	
When Timer E	nds	Radar >
Start	Pau	
Otart	i ac	130
(T)		\bigcirc
World Clock Alar	m Stopwatch	Timer

Figure 3 Timer

🗸 Clinic Visit l Tod	ay's date:	
✓ Clinic Visit 2 dat	e & time: (Month/Year)	
✓ Clinic Visit 3 be i	n: (Month/Year)	
✓ Clinic Visit be in:	(Month/Year)	

Figure 5 H4K Important Dates (Control)



Doctor Appointment Projections

Month	1 month	6 months	12 months
January	February	July	January
February	March	August	February
March	April	September	March
April	May	October	April
May	June	November	May
June	July	December	June
July	August	January	July
August	September	February	August
September	October	March	September
October	November	April	October
November	December	May	November
December	January	June	December

Figure 6 Clinic Visit Projections



Figure 7 MyPlate paper plate



Figure 8 Measuring cup set

41	KIDS	Guadrian Name/Nombre	del guardian		
Calling	- 1				
Goal/ivie	a 1				
Wy action	steps are:/Mis pa	sos de acción son:			
1					
2				 	
3					
Goal/Met	a 2				
Goal/Me	a 2 steps are:/Mis pa	sos de accion son:			
Goal/Met	a 2 - steps are:/Mis pa	sos de accion son:			
Goal/Met My action	a 2 steps are:/Mis pa	sos de accion son:			
Goal/Met	a 2 steps are:/Mis pa	sos de accion son:			
Goal/Met My action 1 2	a 2	sos de accion son:			
Goal/Met My action 1 2 3	a 2	sos de accion son:			
Goal/Met My action 1 2 3	a 2	sos de accion son:			
Goal/Met My action 1 2 3	a 2 steps are:/Mis pa	sos de accion son:			
Goal/Met 1 2 3 Goal/Met	a 2 steps are:/Mis pa	sos de accion son:			
Goal/Met	a 2 steps are:/Mis pa	sos de accion son:			
Goal/Met My action 2 3 Goal/Met My action 1	a 2 steps are:/Mis pa a 3 steps are:/Mis pa	sos de accion son:			
Goal/Met My action 2 3 Goal/Met My action 1	a 2 steps are:/Mis pa	sos de accion son:			
Goal/Met My action 1 2 3 Goal/Met My action 1 2	a 2 steps are:/Mis pa	sos de accion son:			

Figure 9 H4K Action Plan



Figure 11 KidFit



Figure 12 Pedometer



Figure 13 KidFit Instructions



Figure 14 Pedometer Instructions

day you meet your goal!	iesday Thursday Frid	lay Saturday
Sunday Monday Tuesday Week Stamp here Steps Steps Steps Steps Steps Steps Steps Stamp here here Image: Steps Steps	iesday Thursday Frid	lay Saturday
Stamp here Stamp here Steps Steps Steps Week 22 Stamp here Steps Steps Steps		
Steps Steps		
Week 2 Stamp here	Steps Steps	s Steps
Steps Steps Steps Steps	Steps Steps	s Steps
Stamp here		
Steps Steps Steps Steps		s Steps

Figure 15 H4K Track It!

r H	lealth Educator's name is Daisy.	
⁄ c	Clinic Visit 1 Today's date:	
T	Health Educator Phone Call 1	
~	Clinic Visit 2 date & time: (Month/Year)	
7	Health Educator Phone Call 2	
~	Health Educator Phone Call 3	
1	Health Educator Phone Call 4	
7	Health Educator Phone Call 5	
T	Health Educator Phone Call 6	
1	Health Educator Phone Call 7	
A	Health Educator Phone Call 8	
v	Clinic Visit 3 be in: (Month/Year)	
v	Clinic Visit 4 be in:	

Figure 16 H4K Important Dates (Intervention)

MAY 2015 SUNDAY	MONDAY	TUESDAY		DHURSDAY	FRIDAY	SATURDAY	MAY 2015
			WEUNESDAY		May Day 1	2	
3	4 C	Circo de Mayo 5	6	7	8	9	
Mere () 10	11 0	12	13	14	15	Arnet Fonsi Day 16	
17	Vectoria Day Canada 18	19	20	21	22	23	New Multer N
24	Memotia Day (Connect 25	26	27	28	29	30	Image: 10 state Image: 10
31							* Jewish and Islamic holidays start at sundown the day before they are listed. * Date shown is for North America.

Figure 17 Health Educator Calendar

Health Educator Intervention Forms (copy)

	S VIDEO: Basic data entry
Actions: 🔁 Download PDF of instrument(s) 🗢 🛛 🜄 Shar	re instrument in the Library
MessageSpace Registration Information	
O Adding new Study ID test	
Event Name: MessageSpace Registration Info	
Study ID	test
Preferred Language	e English
	C Optimisti reset
Pandomization	🛞 🔍 Standard Care
Kanuoinization	Standard Care Plus (H4K Intervention) reset
Telephone number	
Health Lifestyle Precription (participant's goals)	 Eat a healthy breakfast EVERY DAY Eat 5 servings of fruits and vegetables EVERY DAY Eat healthy snacks like fruits, vegetables, and whole- grain crackers Limit eating out by preparing meals at home Eat together as a family at least 5 to 6 times per week Avoid sugary drinks, such as sodas, sweet tea, fruit drinks and sports drinks. Choose WATER instead Drink NO MORE THAN 6-12 oz. of 100% juice (no added sugar) each day Consume more low-fat and dairy products (1% or skim milk) Play outside and/ or be active for 1 hour EVERYDAY Limit TV, video game and computer time to 2 hours each day
Form Status	
Complete?	(H) incomplete ▼
	Save Record

Figure 18 MessageSpace Registration Information

H4K Eligibility Screening - UHS

VIDEO: Basic data entry

Actions: 🔂 Download PDF of instrument(s) 🗢

📱 Hlp Visit 1

Editing existing StudyID (screening ID) SAHAKTest	
Event Name: Baseline	
StudyID (screening ID)	SAHAKTest
Study ID/Screening ID * must provide value	8
Date * must provide value	H (31) Now M-D-Y H:M
Study Group * must provide value	 B Standard Care ○ Standard Care PLUS H4K reset
Select the appropriate HLP goals by checking the box next to each one. * must provide value	 Eat a healthy breakfast EVERY DAY Eat 5 servings of fruits and vegetables EVERY DAY Eat healthy snacks like fruits, vegetables, and whole- grain crackers Limit eating out by preparing meals at home Eat together as a family at least 5 to 6 times per week Avoid sugary drinks, such as sodas, sweet tea, fruit drinks and sports drinks. Choose WATER instead Drink NO MORE THAN 6-12 ounces of 100% juice (no added sugar) each day Consume more low-fat milk and dairy products (1% or skim milk) Play outside and/or be active for 1 hour EVERY DAY Limit TV, video, video game and computer time to 2 hours each day
Form Status	
Complete?	B Incomplete ▼
	Save Record Save and Continue
	Cancel

Figure 19 HLP Visit 1

Health4Kids Introductory Session Protocol *Revised 3/13/2018*

H4K Assessments

Actions: 🔯 Modify instrument 🔀 Download PDF of instrument(s) 🗢

VIDEO: Basic data entry

Current Healthy Lifestyle Prescription

Event Name: Current HLP					
Study ID	SAHAKTest				
Study ID					
must provide value	(e.g., SW001, RB034)				
Study Group	O Standard Care (Control)				
must provide value	Standard Care PLUS (Intervention)				
	,				
Date last updated	M Now MD-Y HM				
must provide value					
Updated by (initials)					
must provide value					
For the following Nutrition HLPs, enter a number using the D = not selected (default) 1 = selected; Track A 2 = selected; Track B	codes below:				
1) Eat a healthy breakfast EVERY DAY.	H				
must provide value	enter a number between 0 and 2				
2) Eat 5 servings of fruits and vegetables EVERY DAY.	H				
' must provide value	enter a number between 0 and 2				
3) Eat healthy snacks like fruits, vegetables, and whole-	(H)				
grain crackers.	enter a number between 0 and 2				
must provide value	enter a number between 0 and 2				
 Limit eating out by preparing meals at home. 	enter a number between 0 and 2				
must provide value					
5) Eat together as a family at least 5 to 6 times per week.					
' must provide value					
6) Avoid sugary drinks, such as sodas, sweet tea, fruit drinks and sports drinks. Choose WATER instead					
mist mulde value					
7) Drink NO MORE THAN 6-12 ounces of 100% juice (no	@ [
added sugar) each day.					
' must provide value	enter a number between 0 and 2				
8) Consume more low-fat milk and dairy products (1% or skim milk)	B				
skin mik).	enter a number between 0 and 2				
most provide varie	O Discontration and the base of the second base DMEDW DAW				
Select ONE Physical Activity HLP	 Play outside and/or be active for 1 hour EVERY DAY. Limit TV, video, video game and computer time to 2 hours each day. 				
must provide value					
Form Status					
Complete?	B Incomplete ▼				
	Save Record				
	Save and Continue				

Figure 20 Current Healthy Lifestyle Prescription
Appendix-Form A1

Form A1

Instructions for Documenting using REDCap Introductory Session Checklist

<u>Purpose of the form:</u> Form A1 is used to assist the Health Educator in documenting the Introductory Session of all participants in the study.

<u>Who can use this form:</u> Health Educator <u>REDCap access required:</u> Health Educator Intervention Forms (copy)

Ste	Step 1									Once logged into REDCap, on the left-		
Hea	Health Educator Intervention Forms (copy)									hand side click "Record Status		
💷 R	Record Status Dashboard (all records)									Dashboard". Select Study ID's "Introductory Session Checklist".		
Displayed below is a table listing all existing records/responses and their status for every data collection instrument (and if longitudinal, for every event). You may click any of the colored buttons in the table to open a new tablwindow in your browser to view that record on that particular data collection instrument. Please note that if your form- level user privileges are restricted for certain data collection instruments, you will only be able to view frecords that belong to your group.												
Di	splaying record	"SE002" through	n "SW128" ▼	of 8 records	3							
Displ	aying: Instrum	ent status only <u>L</u>	ock status on	ly <u>All status</u>	types							
Stu	introduc Sessi Check Introduc	ctory Telephone on ounseling clist Call (TCC) ctory Log	Telephone Counseling Call	Telephone Counseling Call (TCC) Log	Telephone Counseling Call	Telephone Counseling Call (TCC) Log	Telephone Counseling Call	Telephone Counseling Call (TCC) Log Call 4	Telephone Counseling Call	Telephone Counseling Call (TCC) Log	Telephone Counseling Call	
SE	002			()							©	
SE	003		۲	۲	۲	۲	۲	۲	۲			
Ste	Step 2					М	Insert field for "Clinic Visit 1 Date and Time".					
										-		
I												

Step 3	Select "Yes or No" if the Health Educator completed the following fields
Printed out RedCap form, "Introductory Session Participant Info"	circled in red.
Greeted participant and set timer for 15 mins.	
Debrief participant of clinic visit with provider	
Review the 3 goals selected Ves	
Review take home folder	
Materials for child given	
Step 4	Fill in Randomization field by clicking on either "Standard Care" or "Standard Care Plus (H4K Intervention)".
Step 5	Once selecting "Standard Care".
Randomization Bandard Care Standard Care Standard Care Standard Care Standard Care Plus (H4K Intervention)	
Once selecting "Standard Care Plus (HAK Intervention)"	
Step 20	Check the following check boxes in red as completed by the Health Educator.
Standard Care Plus (H4K Intervention) Bet timer for 25 mins. Itistribute 1 MyPlate paper plate Itistribute 1 set of measuring cups Summarize provider interaction 	

Step 21 Fat a healthy breakfast EVERY DAY Bit 5 servings of fruits and vegetables EVERY DAY Eachealthy snacks like fruits, vegetables, and whole- grin crackers Linit eating out by preparing meals at home Eactogether as a family at least 5 to 6 times per week Avvid sugary drinks, such as sodas, sweet tea, fruit driks and sports drinks. Choose WATER instead Dink NO MORE THAN 6-12 oz. of 100% juice (no alded sugar) each day Consume more low-fat and dairy products (1% or skim	Check the following check boxes according to the 3 goals chosen by the participant.
Step 22 Action plan introduction and development	Once participant has chosen which goal to discuss first with the Health Educator, the Action Plan introduced to the participant.
	Select "Yes or No" if the Health Educator completed the fields.
Step 23	Immediately after Action Plan is introduced, Health Educator will assist participant in development of participants
Step 27 1st telephone counseling call scheduled for	Transfer/Copy data in field "1 st telephone counseling call scheduled for" to Study ID's "Telephone Counseling Call Log Call 1".

Health Educator Intervention Forms (copy)			
Record Status Dashboard (all records)			
Displayed below is a table listing all existing records/responses and their status for every data collection instrument (and if longitudinal, for every event). You may click any of the colored buttons in the table to open a new tablwindow in your browser to view that record on that particular data collection instruments, you will only be able to view those instruments, and if you belong to a Data Access Group, you will only be able to view records that belong to your group.			
Displaying record "SE002" through "SW128" • of 8 records			
Displaying: Instrument status only Lock status only All status types			
Introductor Session Checklist Introductor Data Telephone Call Call Telephone Counseling Call (TCC) Call Telephone Counseling Call (TCC) Call Telephone Counseling Call (TCC) Call Telephone Counseling Call (TCC) Call Telephone Counseling Call (TCC) Call Telephone Counseling Call Telephone Counseling Call Telephone Call (TCC) Call Telephone Call (TC			
Step 45	Click "Record Status Dashboard". Select		
	Study ID's "Telephone Counseling Call		
Health Educator Intervention Forms (copy)	Log" based on the call #, whichever is to		
Record Status Dashboard (all records)	be administered.		
Displayed below is a table listing all existing records/responses and their status for every data collection instrument (and if longitudinal, for every event). You may click any of the colored buttons in the table to open a new tab/window in your browser to view that record on that particular data collection instrument. Please note that if your form- level user privileges are restricted for certain data collection instruments, you will only be able to view records that belong to your group.			
Displaying record "SE002" through "SW128" • of 8 records			
Displaying: Instrument status only Lock status only All status types Introductor Telephone Counseling Telephone Counseling Telephone Counseling Telephone Counseling Counseling <t< th=""><th></th></t<>			
Step 3	Fill in the following fields "Parent Name", "Child Name", "Address", "Phone Number" and "Preferred Language".		
Step	Match the field "Date & time scheduled (1 st attempt) to the Introductory Session Checklist		
Step			

Step 9		In REDCap, update participant's 1 st report titled: Introductory Session Checklist, under the "Was reminder text
Was reminder text sent?	H) ○ Yes	sent" select "yes" or "no".
Enrolled into Messagespace	H Today M-D-Y	

Appendix-Form B



Health4Kids: Pediatric Obesity Management Trial for Hispanic Families (R01HD075936)

Randomization Protocol

Contents

3
3
3
3
3
3
4
8
8
8

Staff Involved

- Randomization Data Manager
- Health Educator
- Research staff
- Intern

Supplies needed

- Access to POM Drive
- Scrap Paper (for quick notes)
- White envelopes (IHPR office supply room)
- Printer

Randomization

- The randomization ratio is 1:1 (standard care: standard care plus) and was formulated by the statistician prior to recruitment.
- Randomization sequence excel file containing provider, sequence, treatment & Study ID is located on the POM drive: \\cfs\LINKS\EpidBio\PHI\POM\Manual of Procedures\6 Introductory Session\Randomization Sequence

Randomization Provider Sequence

- Each provider has their own sequence.
- You cannot reuse a sequence for another provider.
- If a new provider joins the Health4Kids study, the Randomization Data Manager will request a new sequence to be formulated by the statistician for said provider.
- If a provider is running out of sequence numbers, Randomization Data Manager will request a new sequence to be formulated by the statistician for said provider.

Randomization Outcome

- Randomization occurs during the Introductory Session following Clinic Visit 1 (see Introductory Session Protocol for more details).
- Each participant receives the next position in the sequence based on the participant's provider as listed in the randomization sequence file.

Confidentiality

• The Randomization Data Manager must not share the confidential sequence with the Health Educator. The Health Educator must be blind to the randomization outcome until the randomization envelope is opened during the Introductory Session.

Preparation of Randomization Envelopes

Health Educator opens a sealed envelope during the introductory session to reveal the paper slip containing the randomization outcome. This section provides information on how to create paper slips, and fill the envelopes.

- 1. The Health Educator will notify the Randomization Data Manager which provider envelopes are needed by sending an email with "Randomization Envelopes Needed" in the subject line and the provider names in the body.
- 2. The Randomization Manager will determine the exact sequence needed for each provider by accessing the "randomization sequence (non confidential) for Health Educator envelopes and tracking" document on the <u>\\cfs\LINKS\EpidBio\PHI\POM\Manual of Procedures\6</u> <u>Introductory Session\Randomization Protocol</u> drive. The Randomization Data Manager will write down the sequence needed for each provider on scrap paper based on where the *s end in the far-left column labeled "Created Envelopes".
- 3. Printing Randomization Envelopes
 - a. Open "Randomization envelope template" document located in POM: \\cfs\LINKS\EpidBio\PHI\POM\Manual of Procedures\6 Introductory Session\Randomization Protocol
 - b. Filling in the document with provider #, provider name and sequence number.
 - c. Use white envelopes. Take the required amount needed to printer "HP Color LaserJet 4525". Make sure the following printer properties are applied to the printer.



N € 5 ₹ FILE HOME	INSERT DRAW HISTORY REVIEW VIEW	Printer for randomization envelopes - OneNote	? 📧 – 🗗 × Limon, Esméralda Garza *
🛄 My Note	book 🔻 Quick Notes 🔶		Search (Ctrl+E)
New	Copies: 1	2	+ Add Page
Open			OneNote: one place for all of your notes
Save	Print		OneNote Basics
Save As	Printer		Printer for failed mization envelopes
Print	HP Color LaserJet		
Share	Printer Properties		
Export	Settings	Provider 6: Castano	
Close	Print All Pages The whole thing	Sequence #: S27	
	Pages:		
Account	Only print on one side of th		
Options	Collated 1,2,3 1,2,3 1,2,3		
	Landscape Orientation 🗸		
	Envelope #10		
	4.12° × 9.5°		
		Provider 6: Castano	
	1 Page Per Sheet	Sequence #: S	
	Page Setup		
	4	2 of 11 b	

d. Place envelopes face down as depicted on picture below on the bypass tray. These instructions are shown on printer.



e. The following should print on the envelope:



Figure 1 Randomization envelope template

- 4. Create and populate paper slips
 - a. The paper slip template is located here: \\cfs\links\EpidBio\PHI\POM\Manual of Procedures\6 Introductory Session\ Randomization Protocol\ Randomization Sequence\randomization inserts.docx
 - b. Populate the paper slip with information contained in the "randomization sequence – CONFIDENTIAL" document on the \\cfs\LINKS\EpidBio\PHI\POM\Manual of Procedures\6 Introductory Session\ Randomization Protocol\Randomization Sequence drive based on the sequences written down in step 2 above.

I	Provider:
ę	Sequence:
-	Treatment:
ę	Study ID:

Figure 2 Paper Slip Template

- 5. Fill envelopes.
 - a. Fill the envelopes that were printed with the corresponding paper slip.
 - b. **DO NOT SEAL ENVELOPES.**
- Document the envelopes created by adding *s in the "Created Envelopes" column in the "randomization sequence (non confidential) for Health Educator envelopes and tracking" document (\\cfs\LINKS\EpidBio\PHI\POM\Manual of Procedures\6 Introductory Session\ Randomization Protocol\Randomization Sequence).

Verification

A research staff different from the person who created and filled the envelopes performs the following steps to verify that the content of the paper slips in the envelopes matches the content of the randomization sequence file.

- 1. Open the randomization sequence CONFIDENTIAL \\cfs\LINKS\EpidBio\PHI\POM\Manual of Procedures\6 Introductory Session\ Randomization Protocol\ Randomization Sequence
- 2. Remove each envelopes paper slip, one at a time, to verify that the provider, sequence, and treatment match the randomization sequence and envelope label.
- 3. If an error is detected, revise the paper slip as needed.
- 4. After verification, seal the envelopes.
- 5. Give the envelopes to the Health Educator.

Randomization Data Management

- 1. Following randomization during the Introductory Session, the Health Educator will write the Study ID on the paper slip.
- 2. The Health Educator submits the paper slip with Study ID to Randomization Data Manager, who will update the randomization sequence excel file with the Study ID.

Envelope Inventory Location

The envelope inventory refers to the current supply of filled and sealed randomization envelopes. The sealed randomization envelopes are currently located in a locked cabinet at IHPR.

H4K Take Home Folder

The Health Educator or designated staff member will follow these instructions to construct each H4K Take Home Folder.

Navigation

All documents are stored under POM\Standard Care\Take Home Folder\Health Education Materials

Staff responsible ??-daisy again

Materials needed: Documents & Summary

- "My Plate, My Wins: Make it Yours"- Explains what a healthy plate looks like at each meal. Topics include: consuming a variety of vegetables, fruits, and proteins; making half of your grains whole grains; and switching from whole to low-fat/fat-free dairy.
- **"Using the Nutrition Facts Label"** Focuses on serving size and highlights the importance of reading and understanding nutrition labels.
- "Be an Active Family"- Provides 10 tips on how families can be physically active.
- "Being Healthy is Important" Highlights the 10 Healthy Lifestyle Prescription goals.
- "Black Bean Quesadillas"
- "Skinny Pizzas"
- Community Resource Guide (based on clinic location)

The following resources are located in the Health Educator work area along with other project supplies:

- "Por Vida" (brochure)
- "Howard W. Peak Greenway Trails System" (Map)
- "Howard W. Peak Greenway Trails System" (postcard)
- "Fitness in the Park" (postcard)
- Red twin pocket folders (Staples item# 27532-CC)
- Purple twin pocket folders (Staples item# 27536-CC)

H4K Take Home Folder Protocol *Revised 9/12/2016*

• Avery White Shipping Labels (Template #5164)

Print documents

The following printing log is hyperlinked to the documents needed to assemble the take home folders. Follow instructions provided on the printing log.

Take Home Folder Printing Log (see Figure 1)

				No.	Printed	Out Source Printing/Outsource	Community	
Document Title	Filename	Instructions	Color/BW	Needed	In-house	network	Resource	Notes
Forms and Handouts								
Take Home Folder-Health Edu	ation Materials							
MyPlate, MyWins: Make it your	MyPlate, MyWins: Make It your-ENG	print double sided (short edge), on regular white paper	COLOR	10	x			
MiPlato, MisGanas, Hacerla suya	MyPlate, MyWins: Make it your:SPA	print double sided (short edge), on regular white paper	COLOR	10	x			



This document also contains the community resource guide printing instructions (see Figure 2).





Label folders

1. English folders require red twin pocket folders (see Figure 3).

2. Spanish folders require purple twin pocket folders (see Figure 3).



Assemble folders (see Figure 4):



Figure 4 Take home folder sample

All education materials are place in the right hand side of the pocket folder in the following order (stacked, front to back):

- Post Cards
- Community Resource Guide
- Map
- Brochure
- My Plate, My Wins: Make it Yours
- Using the Nutrition Facts Label
- Be an Active Family
- Being Healthy is Important
- Recipes





Appendix__:Child Supplement



Purpose:

The child supplement sheets support the Health4Kids activity and nutrition strategies.

Staff responsible:

Health educator or intervention supporting staff. Sufficient material should be printed to last 10 clinic visits.

Access needed:

- ✓ POM drive
- ✓ Printer
- ✓ REDCap web application
 - Project >Health Educator Intervention Forms

Procedure:

- 1) Locate the Child Supplements folder on POM drive
 - POM > Manual of Procedures > 6 Introductory Session > Introductory Session Materials > Child Supplement



• The folders have the following content:



2) Print enough child supplement sheets for both age groups that will last 10 clinic visits.

- Open the four PDF files under the folders Ages 6-8 & Ages 9-11
- Choose HP Color LaserJet printer and adjust the following settings for the following sheets:
 - o Field Day
 - Crack the Secret Code
 - Nutrition Facts Making Smart Choice! Nutrition Label Word Search
- The printing window should look as below before selecting "Print"

Print	×
Printer: HP Color LaserJet	ced Help 🕅
Copies: 1 Print in grayscale (blac	:k and white)
Save ink/toner ①	
Pages to Print	Co <u>m</u> ments & Forms
<u>A</u> II	Document and Markups
O Current page	Summarize Commen <u>t</u> s
O Pages 1	Scale: 98%
More Options	Scale Solo
Page Sizing & Handling () Size Poster Multiple Booklet Ett Actual size Shrink oversized pages Custom Scale: 100 % Choose paper source by PDF page size Print on both sides of paper Orientation: Auto portrait/landscape Portrait Landscape	11 x 8.5 Inches
	< Page1 of 1
Page <u>S</u> etup	Print Cancel

• For the sheet titled *Emergent Reader Booklet My Plate* PDF adjust the following settings

Print	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Printer: HP Color LaserJet Poperties Advan Copres 10 Collate Save ink/toner	nced Help ⑦
Pages to Print All Current page Pages 1 - 12 	Comments & Forms Document and Markups Summarize Comments
 More Options Page Sizing & Handling ① Size Poster Multiple Booklet Fit Actual size Shrink oversized pages Custom Scale: 100 % Choose paper source by PDF page size 	11 x 8.5 Inches
 Print on both sides of paper Orientation: Auto portrait/landscape Doctrait 	

Under Page Sizing & Handling select Booklet & Both sides

Print	×
Printer: HP Color LaserJet Properties Advan	iced Help ①
Copies: 1 Print in grayscale (blac	ck and white)
Save ink/toner (i)	
Pages to Print	Comments & Forms
All	Document and Markups
© Current page	Summarize Comments
○ Pages 1 - 12	
More Options	
Page Sizing & Handling Image: Construction of the second	11 v 8 5 Inches
Booklet subset: Both sides	11 x 0.5 inches
Sheets from 1 to 3	
Binding:	
Orientation: Portrait Landscape Auto-rotate pages within each sheet 	

• After printing the *Emergent Reader Booklet My Plate* copies use the paper cutter located in the IHPR printing room to cut the booklet to size.

 To assemble the booklet, locate the long reach stapler in the Health Educator's cubical to staple the booklet together.

Distribute child supplement

• See Introductory Session Protocol.

Data entry during/after Introductory Session

- 1) Log on to REDCap project, Health Educator Intervention Forms (copy)
- 2) Under Add/Edit Records, Enter a new or existing Study ID.
- 3) Open the desired Study ID, the following image will appear.

Data Collection Instrument	Introductory Session	MessageSpace Registration Info	Call 1	Call 2	Call 3	Call 4	Call 5	Call 6	Call 7	Call 8	Month 1
Introductory Session Checklist	۲										
Telephone Counseling Call (TCC) Log			0	\bigcirc	\bigcirc		\bigcirc		\bigcirc	\bigcirc	
Telephone Counseling Call			۲	\bigcirc	\bigcirc	\bigcirc				۲	
Newsletter, Tip Sheet, and Mailings Log											۲

4) Select the Introductory Session.

\frown	Table not displaying properly									
Introductory Session	MessageSpace Registration Info	Call 1	Call 2	Call 3	Call 4	Call 5	Call 6	Call 7	Call 8	Month 1
۲										
			\bigcirc	\bigcirc	\bigcirc	\bigcirc		\bigcirc	\bigcirc	
		۲	\bigcirc		\bigcirc		\bigcirc	\bigcirc	۲	
										۲
	Introductory Session	Study I Introductory Session	Study ID test Introductory Session MessageSpace Registration Info Call 1 Image: Colspan="2">Or Colspan="2	Study ID test Introductory Session MessageSpace Registration Info Call Call Image: Colspan="3">Image: Colspan="3">Image: Colspan="3">Image: Colspan="3">Image: Colspan="3" Image: Colspan="3">Image: Colspan="3" Image: Colspan="3" Image: Colspan="3">Image: Colspan="3" Image: Colspa="3	Study Utest Introductory Session MessageSpace Registration Info Call Call	Study Utest Introductory Session MessageSpace Registration Info Call Call	Study Dest Introductory Session MessageSpace Registration Info Call Call	Study ID test Introductory Session MessageSpace Registration Info Call Call	Introductory Session MessageSpace Registration Info Call Call	Table not display Introductory Session MessageSpace Registration Info Call Call

5) Scroll down to the following section labeled *Child supplement*.

Besides, mom/dad receiving information, you, (Child name) will also receive some activity sheets to take home. How old are you?		
Ok, I'm going to put your sheets in this folder too.	H Yes	
Igual a tu mama/papa, (Nombre del niño) tú también vas a recibir unas actividades para hacer en casa. ¿Cuántos años tienes?		

- 6) Select Yes if child participant was given child supplement sheets.
- 7) Select No if child participant was not given child supplement sheets.
- 8) Saving data.
 - Scroll to the bottom of the *Introductory Session Checklist* and select *Save & Exit Form.*

INTRODUCTORY SESSION SETUP LOGISTICS

Set-up responsibilities:

In case Measurement Staff is occupying the Measurement/Assessment Area, the Health Educator will set up a private room prior to seeing the participants for the Introductory Sessions based on clinic location.

Items needed for set up:

- Health4Kids Flip Chart
- 3 sitting chairs

For additional supporting tools see:

• Introductory Session Protocol

Introductory Session clinic set up:

If Health Educator is at

Southwest Clinic

-ask a Pediatrics' Medical Assistant (MA) for an available room where the Introductory Session can take place for a period of 30-60 mins.

Provider Name	Provider's MA Names	
Dr. Sosa	Jennifer Tovar	
Dr. Cornelius	Yolanda (Yoli) Moreno	
Other supporting MA's	John Eric Hernandez Robert Villareal	

Southeast Clinic

-ask a Specialty's MA or Pediatrics' MA for an available room where the Introductory Session can take place for a period of 30-60 mins.

Provider Name	Provider's MA Names
Dr. Cobb	Melissa G.
Dr. Cortes	Monica S.
Specialty's MA	George



Lotería de Aguas

To be healthy, we must eat and drink healthy and in moderation. To do this, most of us need to cut back on the amount of sugar we consume. The biggest single source of sugar in the American diet is sugary beverages and soda. A single large soda contains 22 packets of sugar and most of San Antonio drinks at least one soda every day. Drinking soda every day is not healthy. It is a big reason why our community is so overweight. The "Loteria de Aguas" offers alternatives to soda that are healthy, tasty and much less expensive. We can make them at home from tap water with a few simple ingredients. Some need a bit of added sugar. Some do not. All have an extra ingredient that commercial beverages sold at stores and restaurants do not have. Lotería de Aguas drinks, because they are made at home to share with family and friends, have the extra ingredient of love.

Background: Lotería is a Mexican game of chance, similar to bingo, but using images on a deck of cards instead of plain numbers on ping pong balls. Every image has a name and an assigned number, but the number is usually ignored. Each player has at least one board with a randomly created grid of pictures with their corresponding name and number. Players choose what *tabla* they want to play with.

To start the game: the caller randomly selects a card from the deck and announces it to the players by its name. The caller also has the option of describing the beverage option instead of calling out the name of the beverage. Examples of descriptions for beverages included.

Rules of Engagement: The players with a matching pictogram on their board mark it off with a chip or other kind of marker like beans. The first player with three chips in a horizontal, vertical or diagonal row, squared pattern, or fills the board first shouts "¡Lotería!" (Lottery!) or "¡Buenas!" (Good!) and is the winner. Throughout the game, the educator should comment on nutritional quality of different beverages and why to include over more sugary drinks like soda.

Purpose of Lotería de Aguas: Educate the community on the importance of limiting sugar sweetened beverages and introduce a variety of beverages consisting of water, fruits and vegetables. Provide recipes for these limited sugar drinks so that individuals can make better choices.

Food Demo: Recommend the educator/facilitator select one of the recipes to demo for the class for reinforcement purposes. Show how easy it is to make different infused waters. Healthy tastes great!

Description and Clues for Beverages:

#55 La Limonada: the fruits used to make this beverage are high in vitamin C which helps our immune system and heals cuts and scrapes. One fruit is yellow and the other green.

#56 El Agua (Water): Our bodies consist of 70% of this material. This substance helps us think better, keep us energized, aid in digestion, keep us cool in the summer and warm in the winter, and feel great!

#57 La Leche (Milk): this beverage is full of bone-strengthening calcium and vitamin D. Perfect addition to breakfast as it is also a great complete protein source.

#58 El Agua con Limón: consuming this beverage can aid digestion. Great way to jazz up plain water with little hassle! This small yellow fruit is tart and full of vitamin C.

#59 El Agua con Fresa: when this fruit is in season (over the spring and summer), what a yummy beverage to make! This fruit is low in sugar, high in fiber and vitamin C. It's tiny seeds are housed on the outside of the fruit.

#60 El Jugo de Piña (Pineapple Juice): this fruit contains an enzyme that aids digestion. This fruit spread around the world so thoroughly because they were kept on board ships to ward off scurvy in sailors.

#61 El Jugo de Tomate (Tomato Juice): the key component of this beverage can be considered either a fruit or vegetables and full of vitamin C.

#62 El Agua de Horchata: enjoy this beverage as a treat.

#63 El Café (Coffee): This beverage is shown to have anti-cancer benefits and is full of antioxidants. Make sure and watch the amount of cream and sugar you add.

#64 El Jugo de Manzana (Apple Juice): The fruit used to make this drink is high in fiber which helps to reduce cholesterol levels. This fruit is round, grows in trees, and comes in green, yellow, and red. 2500 varieties are grown in the United States!

#65 El Té con Hielo: enjoy "sun" tea on a hot summer day to get a dose of antioxidants.

#66 El Agua de Jamaica: herbal infusion that lends a brilliant pink hue.

#67 El Licuado de Banano: this beverage incorporates a tropical fruit, milk, cinnamon and brown sugar. Enjoy as a dessert.

#68 El Té Herbal (Herbal Tea): caffeine free beverage typically consumed hot. Peppermint or chamomile are commonly used to make this beverage.

#69 El Agua de Melón: this fruit grows well in South Texas, and is abundant at roadside fruit stands. The orange color of this fruit means it's full of vitamin A.

#70 El Agua de Tamarindo: the star in this beverage comes from a fruit that looks like a brown pea pod and known for antioxidant qualities.

Evaluation:

- 1. Name one beverage option that is low in sugar and a wiser option than soda.
- 2. What types of items can you add to water for a refreshing beverage?

Health4Kids: Pediatric Obesity Management Trial for Hispanic Families (R01HD075936)

Standard Care Protocol

Contents

Overview of H4K Schedule of Clinic Visits	3
Provider Responsibilities at Clinic Visits	ŀ
Overview	ŀ
Provider Responsibilities: Clinic Visit 1	5
Provider Responsibilities: Clinic Visit 2	7
Provider Responsibilities at Clinic Visit 3	3
Provider Responsibilities at Clinic Visit 4)
Clinic Staff Responsibilities10)
Clinic Visit 1)
Clinic Visits 2-411	L
Appendix A: H4K Study Reference for Providers12)
Appendix B: Recruitment, Provider Referrals, Eligibility Screening & Measurement	}
Appendix C: Updating the H4K Note in Sunrise15	5
Appendix D: Strategies to Implement Expert Committee Recommendations)
Appendix E: Motivational Interviewing (MI)21	L
Appendix F: Childhood Obesity Resources for Providers27	7
Appendix G: Motivational Interviewing Resources for Providers	3

Overview of H4K Schedule of Clinic Visits

Clinic Visit 1 (Baseline)

- Physical exam, vital signs
- Brief counseling
- Review Healthy Lifestyle Prescription
- Distribute educational materials in a take-home folder

Clinic Visit 2 (1-month)

- Vital signs
- Discuss results of laboratory tests
- Brief counseling

Clinic Visit 3 (6-month)

- Physical exam, vital signs
- Discuss results of laboratory tests
- Brief counseling

Clinic Visit 4 (12-month)

- Physical exam, vital signs
- Discuss results of laboratory tests
- Brief counseling

Provider Responsibilities at Clinic Visits

Overview

Standard Care is based on 2007 Expert Committee recommendations. See Appendix F: Childhood

Obesity Resources for Providers for details.

All H4K participants receive the following Standard Care components:

- 1. Provider counseling at UHS clinics
- 2. Educational materials & community resource guide
- 3. Provider follow-up at 1, 6 and 12 months

The role of H4K providers includes the following during the 12-month study:

Clinic Visits	Timing	Appointment Time Allotted
Visit 1	Baseline	20 min
Visit 2	1-month	15 min
Visit 3	6-month	15 min
Visit 4	12-month	15 min

- Provide brief behavioral counseling for overweight/obese patients and parents/guardians
- Use Motivational Interviewing (MI), a collaborative, goal-oriented communication style, with all participants
- Select lifestyle goals from the Healthy Lifestyle Prescription (HLP)
- Update H4K note in Sunrise

Additional information for providers:

- Study participants will be scheduled into provider's clinic
- Providers will be reimbursed for their time and visits will count toward provider RVUs

Health4Kids (H4K)



Pediatric Obesity Management Intervention Trial for Hispanic Families (R01HD075936)





Provider Responsibilities: Clinic Visit 1

Clinic Visit 1 (baseline appointment):

- 1. Medical Assistant takes vital signs (height, weight, heart rate, blood pressure).
- 2. Provider performs a thorough physical examination.
- Provider gives consistent evidence-based messages about nutrition and physical activity behaviors.
- 4. Using Motivational Interviewing (MI) techniques, provider assesses parent/guardian and child self-efficacy and readiness to change.
- Provider reviews "Draft HLP" (in Sunrise) with parent/guardian and child and, using MI techniques, collaboratively selects <u>from this list</u> 3 goals (HLPs) 2 nutrition and 1 physical activity <u>to focus on in the coming weeks</u>.
- 6. Provider distributes take-home folder to the parent/guardian.

Nutrition: choose 2 of the following:

- Eat a healthy breakfast EVERY DAY
- Eat 5 servings of fruits and vegetables EVERY DAY
- Eat healthy snacks like fruits, vegetables, and whole-grain crackers
- Limit eating out by preparing meals at home
- Eat together as a family as least 5 to 6 times per week
- Avoid sugary drinks, such as sodas, sweet tea, fruit drinks and sport drinks. Choose water instead
- Drink NO MORE THAN 6-12 oz. of 100% juice (no added sugar) each day
- Consume more low-fat milk and dairy products (1% or skim milk)

Physical Activity: choose 1 of the following:

- Play outside and/or be active for 1 hour EVERY DAY
- Limit TV, video, video games and computer time to 2 hours each day
- Provider updates the H4K note "INV Health4Kids" in Sunrise to document the 3 HLPs selected. (See "Appendix C: Updating Sunrise" for more details.)
- Provider prints 2 copies of the HLP and gives both copies to the parent/guardian participant.
- 9. Provider gives take-home folder to parent/guardian. (Note: at SW Clinic, Health Educator distributes the take-home folder.)
- 10. Provider ends the visit.
- 11. Immediately following Clinic Visit 1, the Medical Assistant escorts the participant to meet with the Health Educator.
Provider Responsibilities: Clinic Visit 2

Clinic Visit 2 (1-month appointment):

- 1. Medical Assistant takes vital signs (height, weight, heart rate, blood pressure).
- 2. Provider reviews results of laboratory tests.
- Provider offers brief counseling to the parent/guardian and child using Motivational Interviewing techniques. Provider gives consistent evidence-based messages about nutrition and physical activity behaviors.
- 4. Provider updates H4K note "**INV Health4Kids**" in Sunrise with comments about relevant information from counseling discussion.
- 5. Provider ends the visit.

Provider Responsibilities: Clinic Visit 3

Clinic Visit 3 (6-month appointment):

- 1. Medical Assistant takes vital signs (height, weight, heart rate, blood pressure).
- 2. Provider performs a thorough physical examination.
- 3. Provider reviews results of laboratory tests if available.
- Provider offers brief counseling to the parent/guardian and child using motivational interviewing techniques. Provider gives consistent evidence-based messages about nutrition and physical activity behaviors.
- 5. Discuss progress toward goals and, if appropriate, select new HLPs.

To view all HLP's entered in Sunrise, the provider will select "Group By" then select "Document Name" (See Figure 2). HLP documents are listed under the "INV Health4Kids Study 0001 Dismissal Note." All documents entered under this category will appear.

	SW-HEALTH CENTER (W506)							U	Unreviewed Allergies			Sosa, Mario			ADM: Dec-18-2015 DSC:			
	Ht: cm Wt: kg BMI: kg/m2																	
	Allergies:No Known Allergies														PCP:(CMA) Sosa, Mario (MD)			
	Patient List Orders Results Flowsheets Documents Clinical Summary ABX Susce								Patient Info	p Pera	Frend Point o	of Care Tes	ting InfoButton	My View Commun	ity Record (HIE)			
] , 🚴 (I .	5		6		🔊 🕒 🗿				>						
	E Dis	splay Display	Autho	or			Cancel / Del	lete Sign Forward View Tim	View Time Preview Select Grid Previous Next									
	S For	rmat View	Date				Time Colun	nn Inter	Interval Columns Options									
	btic	Some docur	Docur	ment Catego	ory		rt for Auth	ored Document dates from O	from Oct-22-2014 to Unspecified						(Page 1 of 1) 18 Document(s) shown			
'	D	isplay Forma	 Docur 	ment Name			e/Category	; Group by: Document Name							10 Document(s) s			
	1.00	_	Docur	ment Review	Category													
		Document Status																
		nate or	Docur	ment Status/	/Priority/Ca	tegory		Document Name	Document	Revisio	Signature Sta	Docum	Last Updated By	Last Updated On	Authored	s_		
	-	UHS Vaccinatio	Health	h Issue														
		Nov-05	Revisi	ion Status			5-2015	UHS Vaccination Consent For	Complete	Entered	Signed in Full	General			Aguilera, Juanita (LVN)	N		
		Apr-27	Signat	ture Status			7-2015	UHS Vaccination Consent For	Complete	Entered	Signed in Full	General			Colin, Nancy M (MA)	A		
		Nov-04	Specia	alty			4-2014	UHS Vaccination Consent For	Complete	Entered	Signed in Full	General			Colin, Nancy M (MA)	N		
		INV Health4Kids	Study 0	0001 Dismis	salSP Note	(SD)												
		Dec-08-3	2015	16:57	16:57	Dec-0	8-2015	INV Health4Kids Study 00001	Complete	Entered	Signed in Full	General			Sosa Mario (MD)	r		
		Jul-13-2	015	13:27	13:27	Jul-1	3-2015	INV Health4Kids Study 00001	Complete	Revised	Signed in Full	General	Sosa Mario	Jul-13-2015 18:09	Sosa Mario (MD)			
		× 10, 10, 2	.015	13.27	15.27	, ur 1	5 2015	internetinining study occorn.	complete	nevised	orginearin rain	ocheror	Sosa, mano	501 15 2015 10.05				
	-	INV Health4Kids	Study 0	0001 Dismis	sal Note (S	D)												
		📌 Jun-08-2	2015	14:42	14:42	Jun-C	8-2015	INV Health4Kids Study 00001	Incomplete	Revised	Signed in Full	General	Sosa, Mario	Jun-08-2015 21:01	Sosa, Mario (MD)	J		
		Jun-05-2	2015	10:32	10:32	Jun-C	5-2015	INV Health4Kids Study 00001	Complete	Entered	Signed in Full	General			Espinoza, Crystal L (HEALTH EDUCATOR)	J		

Figure 2: Sunrise

Note: If provider and family select new HLPs, print 1 copy of goals for participant.

- 6. Provider updates the H4K note "**INV Health4Kids**" in Sunrise with comments about relevant information from counseling discussion.
- 7. Provider ends the visit.

Provider Responsibilities: Clinic Visit 4

Clinic Visit 4 (12-month appointment):

- 1. Medical Assistant takes vital signs (height, weight, heart rate, blood pressure).
- 2. Provider performs a thorough physical examination.
- 3. Provider reviews results of laboratory tests, if available.
- Provider offers brief counseling to the parent/guardian and child using Motivational Interviewing techniques. Provider gives consistent evidence-based messages about nutrition and physical activity behaviors.
- Provider offers closure on study (acknowledge end of study, discuss progress and opportunities for continuing to move towards healthy eating and physical activity habits).
- 6. Provider updates the H4K note "**INV Health4Kids**" in Sunrise with comments about relevant information from counseling discussion.
- 7. Provider ends the visit.

Clinic Staff Responsibilities

Clinic Visit 1

The Draft HLP, based on data collected during standardized measurement prior to the clinic visit, serves as a tool to guide provider and participants in their clinic visit discussions and the selection of behavioral goals. Before the start of Clinic Visit 1, the UHS Program Coordinator enters the Draft HLP in to Sunrise. (Figure 3)

- 1. Immediately prior to Clinic Visit 1, Medical Assistant provides a H4K take-home folder (in English or Spanish, as appropriate) (Figure 4) to the provider.
- 2. Medical Assistant takes vital signs (height, weight, heart rate, blood pressure) of child participant and records in H4K note in Sunrise.
- 3. Following Clinic Visit 1, the Medical Assistant will escort the participant to meet with the Health Educator.

Note: Be sure participant leaves clinic with 2 copies of the HLP (see page 6).

CécAli Preserve May - 05 - 2015 CULLUI Time [13:59 C								
📢 Copy Forward 🖏 Refer to Note 🤏 Preview - 🎉 Modify Template 🏑 Acronym Expansion								
vert vert	ľ							
s visit Cha C1 C2 C3								
Nutrition (Nutrioin								
p Choose two of the following								
C Eat a healthy breakfast EVERY DAY C Desayune saludable TODOS los dias								
C Come 5 porciones de fruites and vegetables EVERY DAY C Come 5 porciones de fruites y verdures TODOS los días								
C Eat healthy snacks like fuits vegetables wholegan crackers C Corra botanse(bocadillos)salutables como frutas verduras								
C Limit eating out by preparing meals at home C Limite comer fuers y prepare mas comidas en casa								
C Come en familie al menos de 5 a 6 veces por semana								
C Avoid sugary drinks, sodas, sweet tes, fuintsports drinks. C Evite bebiids azucaradas.como las sodas, té dulos, bebi								
C DrinkINO MORE THAN 6-12oz of 100%; juice (no added sugar)day C NO tomeMAS DE 6 a 12onzas de 100%; jugo(no azúcar añadido) dia								
C Consume more low/at milk & dairy products (1% or shim milk) C ome más leche y productso lácteos bajos en grassa (1% de								
Physical Activity/ Actividad Fisica								
Choose one of the following:								
C Play outside and/or be active for 1 hour EVERY DAY C Juegue stuera y/lo esté más activo(a) DURIAMENTE por 1 hora								
C Limit TV:video.video game & computer time to 2 hours es day C Limite la televisión, videos, los videoguegos, y la comp								
r Par-								
In my professional coinics, is accordance with accepted medical practice standards, the above-mentioned patient requires healthy lifestyle changes	[
Liesei Hielo? Mark Note As: Results pending Ptionity Incomplete	Calculate after save Charge Capture SuperBill Save Cancel							

Figure 3: Draft HLP in Sunrise



Figure 4: Take Home Folders

Clinic Visits 2-4

1. Medical Assistant takes vital signs (height, weight, heart rate, blood pressure) of child participant and records in H4K note in Sunrise.

Appendix A: H4K Study Reference for Providers



Health4Kids (H4K)

Pediatric Obesity Management Intervention Trial for Hispanic Families (R01HD075936)

Referral: Health4Kids SW/RBG Sunrise Note: INV Health4Kids (English) INV Health4Kids SP (Spanish)

Inclusion Criteria: 6-11 years old Hispanic BMI 85-98.9 (<99) percentile for age and gender

Remember to give H4K recruitment flyers to prospective participants!



Visit Schedule



Contacts

Crystal Espinoza Program Coordinator <u>Crystal.Espinoza2@uhs-sa.com</u> 210-358-3693 Daisy Escamilla, MS Health Educator EscamillaD3@uthscsa.edu 210-562-6508 Carisse Orsi, MD Co-Investigator <u>OrsiC@uthscsa.edu</u> 210-567-5283

Appendix B: Recruitment, Provider Referrals, Eligibility Screening & Measurement

The *Health4Kids Recruitment Protocol* provides detailed information about the following:

• <u>Pre-screening and Identifying Prospective Participants</u>: Every week, the Program Coordinator will use the IDX Schedule (Figure 5) to identify prospective participants by reviewing clinic lists of patients scheduled for non-urgent medical appointments with a study provider (i.e., provider trained on standard care protocol). Program Coordinator will pre-screen for participant eligibility (i.e., patients who meet age, BMI, and diagnostic criteria) and provide a list of eligible patients to recruitment staff, who will contact the parent to conduct a comprehensive eligibility screening by telephone, describe the study, and answer questions. If the parent agrees to participate, recruitment staff will schedule baseline assessments.

Scheduler	Appt Manager Patient S	ervices	New Appoir	ntment A	Appointment Lis	t Provide	r Schedules	Bump List	Wait List	Remi	nder List Cash [rawer Chart Re	equest	
Scheduler	PEDI							or and the state						
VM/HPA	Select Settings													
	Appointment M													
	Thursday 12/11/	2014 🖩	From:	12:00AM	To: 11:5	PPM Sort	By: Time	~	Setting:	pedi		~		
	Reason	Type	Status	DOB	Locatio	n	Time	Comment	s		Provider			
	f/up on hair loss	FUP	PEN	10/25/200	8 UFHC S	OUTHWEST	07:50AM	(SOSA,MARIO			
	2 mo wcc	PED	PEN	10/11/201	4 UFHC S	OUTHWEST	08:05AM				SOSA,MARIO			
	WCC 2MTHS	PED	PEN	09/23/201	4 UFHC S	OUTHWEST	08:05AM				MONTEJANO-DE	LACRUZ, GABRIE	LA	
	12month wcc	PED	PEN	12/06/201	3 UFHC S	OUTHWEST	08:20AM	12 month	wcc		SOSA,MARIO			
	IMM	PED	PEN	11/05/201	.3 UFHC S	OUTHWEST	09:05AM	IMM/FROM	WCC ON 1	1/10/14	MONTEJANO-DE	LACRUZ, GABRIE	LA	
	eval : failed vision	FUP	PEN	10/15/201	0 UFHC S	OUTHWEST	09:10AM	eval Failed	l vision		SOSA,MARIO			
	eval on urine frequency	x 1 FUP	PEN	12/19/200	6 UFHC S	OUTHWEST	09:25AM	urine frequ	lency		SOSA,MARIO			
	annual chk-up	AWV	PEN	02/19/194	0 UFHC S	OUTHWEST	09:35AM				MONTEJANO-DE	LACRUZ, GABRIE	LA	
	2nd newborn screening	NWB	PEN	11/25/201	4 UFHC S	OUTHWEST	10:00AM				SOSA,MARIO			
	wcc	PED	PEN	04/25/201	.3 UFHC S	OUTHWEST	10:05AM	wcc			MONTEJANO-DE	LACRUZ, GABRIE	LA	
	4 month wcc	PED	PEN	08/05/201	4 UFHC S	OUTHWEST	10:15AM	4 month w	cc		SOSA,MARIO			
	anxiety	FUP	PEN	11/13/199	7 UFHC S	DUTHWEST	10:30AM	anxiety			SOSA,MARIO			
	FUp Hep-A/IMMU	FUP	PEN	07/20/201	4 UFHC S	OUTHWEST	10:45AM				SOSA,MARIO			
	follow up	FUP	PEN	10/04/200	1 UFHC S	OUTHWEST	12:20PM	follow up			SOSA,MARIO			
	12 mo wcc	PED	PEN	12/09/201	.3 UFHC S	OUTHWEST	12:20PM				MONTEJANO-DE	LACRUZ, GABRIE	LA	
	2 mo wcc	PED	PEN	10/10/201	4 UFHC S	OUTHWEST	12:35PM				SOSA,MARIO			
	wcc	PED	PEN	09/13/200	2 UFHC S	OUTHWEST	12:50PM				SOSA,MARIO			
	4 month WCC	PED	PEN	08/05/201	4 UFHC S	OUTHWEST	12:50PM				MONTEJANO-DE	LACRUZ, GABRIE	LA	
	fup 1 mo	FUP	PEN	09/01/200	4 UFHC S	OUTHWEST	01:40PM				SOSA,MARIO			
	fup 1 mo	FUP	PEN	03/31/200	3 UFHC S	OUTHWEST	01:55PM				SOSA,MARIO			
	wcc 6mths	PED	PEN	06/10/201	4 UFHC S	OUTHWEST	02:35PM				MONTEJANO-DE	LACRUZ, GABRIE	LA	
	PHYSICAL PER MOTHER	PED	PEN	02/24/200	1 UFHC S	OUTHWEST	02:45PM				SOSA,MARIO			
	wcc	PED	PEN	12/01/201	2 UFHC S	DUTHWEST	02:50PM				MONTEJANO-DE	LACRUZ, GABRIE	LA	
	f/up on lab results	FUP	PEN	12/17/200	2 UFHC S	OUTHWEST	03:00PM				SOSA,MARIO			
	wcc	PED	PEN	12/08/201	1 UFHC S	OUTHWEST	03:05PM				MONTEJANO-DE	LACRUZ, GABRIE	LA	
	fup labs	SAM	PEN	10/17/199	9 UFHC S	DUTHWEST	03:15PM				SOSA,MARIO			

NOTE: Providers may refer patients to the study who are not flagged.

Figure 5: IDX Scheduler

- <u>Provider Referral</u>: While most study recruitment comes from study staff contacting prospective participants directly (above), providers may refer patients to the study. At any non-urgent medical appointment, the provider may briefly explain the study to the family, promote and encourage study participation, distribute a H4K recruitment flyer, and initiate a referral in Sunrise for interested families (see Figure 6: H4K Recruitment Flyer).
 - \circ $\;$ MDs, RNs and Nurse Practitioners may refer patients to the study.
 - Provider may refer patients to the study using the referral code **Health4Kids SW/RBG** in Sunrise.



Figure 6: H4K Recruitment Flyer

Upon receiving the referral, recruitment staff will conduct comprehensive eligibility screening and, if eligible, schedule baseline assessments.

Appendix C: Updating the H4K Note in Sunrise













Step 7: Once "HLP" is complete save it and print a copy for the study patient





Appendix D: Strategies to Implement Expert Committee Recommendations

Standard care is based on 2007 Expert Committee recommendations (See Appendix F).

Childhood obesity programs can improve BMI especially in children aged 6-11 years.

- A behavioral approach vs standard approach can improve weight in children.
- Including parents/guardians in the discussion is critical.
- Using motivational interviewing may improve outcomes.

National Initiative for Children's Healthcare Quality's *Childhood Obesity Action Network Implementation Guide* defines 3 key steps to implementing the 2007 Expert Committee Recommendations:

Step 1: Obesity Prevention at Well Care Visits (Assessment & Prevention)

Step 2: Prevention Plus Visits (Treatment)

Step 3: Going Beyond Your Practice (Prevention & Treatment)

Step 1- Obesity Prevention at Well Care Visits (Assessment & Prevention)

- Assess all children for obesity between 2-18 years at minimum yearly visits
- Use BMI to screen for obesity
- Make a weight category dx using BMI % (85-94% as Overweight and ≥ 95% as Obese)
- Measure blood pressure using the NHLBI tables
- Focused family hx looking for obesity, T2DM, CVD, MI/strokes
- Assess behaviors and attitudes for diet and exercise
- Order labs: fasting lipid profile, ALT, AST, fasting glucose for overwt pts
- Finally gives recs that are similar to our HLP (will discuss later)

Step 2- Prevention Plus Visits (Treatment)

- Develop an office-based approach for follow-up
 - Staged approach to tx with guided suggestions for change with a weight goal
- Provide education materials
 - Action planning and goal setting
- Use Motivational Interviewing to improve success
 - o Use patient-centered counseling
- Develop a reimbursement strategy for future visits

Step 3- Going Beyond Your Practice (Prevention & Treatment)

- Advocate for improved access to fruits, vegetables and safe activity in your community and schools
- Identify and promote community services which encourage healthy eating and physical activity
- Identify or develop more intensive weight management interventions for families

Appendix E: Motivational Interviewing (MI)



MI Approach

Collaborate with families Explore their feelings of ambivalence Guide them in setting goals and developing a plan







MI Techniques

Shared agenda-setting Affirmation Open-ended questions Reflective listening Discussing pros and cons Elicit-provide-elicit Importance and confidence Summarizing and closure







Affirmation

A simple observation without judgment, opinion, or even personal approval

For example, a parent got her child to drink unsweetened tea instead of soda...

"You really care about making healthier choices for your family."





Open-Ended Questions

"What do you think about.." "How do you feel about.." "Tell me about..." "To what extent..." "Why do you think..."





Reflective Listening

Rephrasing what the family said and shows that you have been listening

"So...it sounds like ... "

"What I'm hearing is ... "





Discussing Pros and Cons

Helping families weigh the advantages and disadvantages to help them resolve their ambivalence

Example about fast food:

"What do you like about fast food?"

"What are some things that are not so good about eating a lot of fast food?"

"What might happen if you don't make a change in the amount of fast good your family eats?"

Change Talk



Elicit * Provide * Elicit

"Would it be okay if I shared some information with you about ...?"

Give info: The AAP recommends that children should have ..."

"What do you make of that?"





Importance and Confidence Scales

People are not ready to change till they feel it is important and they have the confidence that they can do it

Can ask on a scale of 1-10

From there you can prompt them to how important or unimportant the issue is to them





Summary and Closure

Synthesize what the family says

"What is the first step?"

If the family is not ready to change, accept their decision





Appendix F: Childhood Obesity Resources for Providers

Ogden, CL, Carroll, MD. Prevalence of Obesity Among Children and Adolescents: United States, Trends 1963-1965 Through 2007-2008.

http://www.cdc.gov/nchs/data/hestat/obesity_child_07_08/obesity_child_07_08.htm#figu re1

Expert Committee Recommendations Regarding the Prevention, Assessment and Treatment of Child and Adolescent Overweight and Obesity: Summary Report (Barlow 2007). http://pediatrics.aappublications.org/content/120/Supplement_4/S164.full

An Implementation guide from the Childhood Obesity Action Network (NICHQ Childhood Obesity Action Network).

http://obesity.nichq.org/resources/expert%20committee%20recommendation%20impleme ntation%20guide

American Academy of Pediatrics Institute for Healthy Childhood Weight.

http://ihcw.aap.org/resources/Pages/default.aspx

Appendix G: Motivational Interviewing Resources for Providers

MI Techniques is a quick reference guide to eight basic MI techniques. Also includes effective and ineffective examples of each technique.

http://www.kognito.com/changetalk/web/StreamingAssets/html/resources/mi-techniques.pdf

Journal Articles:

Erickson S, Gerstle M, Feldstein SW. Brief interventions and motivational interviewing with children, adolescents, and their parents in pediatric healthcare settings. Arch Pediatr Adolesc Med 2005;159:1173-1180.

Rollnick S, Butler CC, McCambridge J, Kinnersly P, Elwyn G, Resnicow K. Consultations about changing behavior. BMJ 2005;331: 961-963.

Schwartz RP. Motivational Interviewing (Patient-Centered Counseling) to Address Childhood Obesity. Pediatric Annals 2010;39:154-158.

Barnes AJ, Gold MA. Promoting Healthy Behaviors in Pediatrics: Motivational Interviewing. Pediatrics in Review 2012;33 (9):e57-68.

Davoli AM, Broccoli S, Bonvicini L et al. Pediatrician-led Motivational Interviewing to Treat Overweight Children: an RCT. Pediatrics 2013;132:e1236-e1246.

Books:

Rollnick S, Miller WR, Butler CC. Motivational Interviewing in Health Care: Helping Patients Change Behavior. New York: Guilford Press; 2008.

Miller WR, Rollnick S. Motivational Interviewing: Preparing People for Change. New York: Guilford Press ;2002.

Online:

www.motivationalinterviewing.org

Other:

Change Talk – Motivational Interviewing Skill Building Simulation for Pediatricians, Nurses, Family Physicians, and Nutritionists https://kognito.com/changetalk/Change_Talk_AAP_Kognito_Overview.pdf

Effective Communication with Families (Gee 2004) – MI strategies "cheat sheet" http://pediatrics.aappublications.org/content/120/Supplement_4/S164.full

STOP Obesity Alliance. Why Weight? A Guide to Discussing Obesity & Health with Your Patients. (2014) http://www.stopobesityalliance.org/wpcontent/themes/stopobesityalliance/pdfs/STOP-Provider-Discussion-Tool.pdf

Health4Kids: Pediatric Obesity Management Trial for Hispanic Families (R01HD075936)

Telephone Counseling Protocol

Contents

Overview	. Error! Bookmark not defined.
Registration Confirmation of messagespace	. Error! Bookmark not defined.
SCHEDULING TEXT MESSAGE Reminders	. Error! Bookmark not defined.
Documenting the telephone call	. Error! Bookmark not defined.
Schedule & Attempts	. Error! Bookmark not defined.
Materials needed before the call is placed	
Materials needed by the participant during the call	3
Steps to conduct the telephone call	4

Overview

For the purpose of this document the Intervention Coordinator will be referred to as Health Educator.

The Health Educator schedules the telephone counseling calls for participants in Standard Care Plus (H4K Intervention). The Health Educator will schedule the first telephone counseling call two weeks <u>after</u> the Introductory Session. A text message reminder for the call will be sent via MessageSpace. Calls occur twice a month for the first 2 months and then monthly for the following 4 months for a total of 8 calls. Each call will last 15-20 minutes and 5 attempts will be made per call (see **Appendix** A for schedule and attempts).

The purpose of the first 7 Telephone Counseling Calls is to:

- Assess current health status.
- Review and assess participants' goals.
- Emphasize behavior change strategies, including self-monitoring with the Track It! sheet.
- Assess previous and current physical activity behavior.
- Assess the participant's confidence and perceived importance regarding their goals.
- Provide tip sheets.
- Set or modify action plan steps for the current and/or following telephone call.
- Promote and assess supplemental materials; such as newsletters, tip sheets, and text messages.

Call# 8 will emphasize a brief summary of all of the participant's action plan steps over the 6 month period. The brief summary of all action plan steps will be gathered from prior Telephone Counseling Call Checklist Call 1-7.

For further call breakdown and action plan step summary, see Appendi____.

MATERIALS NEEDED BEFORE THE CALL IS PLACED

- Other forms :
 - Health Educator Calendar of Appointments
- Optional
 - o Health Educator Telephone Counseling Protocol
 - o Take Home Folder
 - Recipe books
 - REDCap Database -Health Educator Intervention Forms (copy) project *:
 - Introductory Session Checklist
 - Telephone Counseling Call (TCC) Log
 - Telephone Counseling Call (based on Call#)
 - Newsletter, Tip Sheets and Mailings Log (month-specific)

*Note: See Health Educator Intervention Manual for details.

MATERIALS NEEDED BY THE PARTICIPANT DURING THE CALL

- H4K Action Plan
- o "Track It!" sheet
- Important Dates Form
- Activity Monitor

Health Educator will follow the steps below.

STEPS TO CONDUCT THE TELEPHONE CALL

Prepare for the call.

- a. Prepare by gathering recommended materials before the call (see MATERIALS NEEDED BY THE PARTICIPANT DURING THE CALL).
- b. Review the participants' information (parent and child's name, most recent concerns, etc.).
- c. Generate a list of strategies to discuss based on previous conversation (e.g., if the participant had an injury in the last call, be prepared to get an update; if you can't talk about how the spouse is not on board with the families new lifestyle routine, come up with a new hot topic in case you need it).
- d. For each call, FILL OUT the RedCap Counseling Call (based on Call#) up to the section "Mention each of their 3 goals."
- e. For Call #8, in the closing section, list all the participants' action steps from previous calls.

Start the call.

Each telephone call should take 15-30 minutes. To stay focused, establish the structure for the call:

- Introduce yourself and the Health4Kids study.
- Verify that the parent has time to complete the telephone call.
- Remind the parent of the purpose of the telephone call (to monitor goals, evaluate the current action plan, make modifications, and activity update), expected length of time (15-30 minutes) and state that the call will be recorded for quality control purposes.
- Begin recording using Pro Recorder App.



- Ask the parent to place the call on speaker and have the child join the conversation.
- Introduce yourself to the child.

For Call #8, remind parent and child that the structure of the call will remain the same. However, additional support and/or strategies for goal maintenance will be discussed in this last call.

Assess current health status.

Health problems can occur between telephone calls. Most problems are minor (e.g., muscle soreness, etc.,) but as increased activity occurs, it is important to check for any potential health problems that may prohibit physical activity and/or demand immediate medical attention. As a standard procedure, clarify at the beginning of every telephone call:

- Ask the participants:
 - How they are doing.

Telephone Counseling Protocol *Revised 9/15/2016*

- \circ $\;$ How their physical activity is going since the last call.
- If they have had an injuries or health condition that makes it hard for them to be physically active.
 - If they have been injured, document WHEN and WHERE the injury happened.

At any time during the study, when a participant reports a symptom, injury or other problem that impacts physical activity or occurs while doing physical activity, the Health Educator will immediately administer a Follow-Up Symptoms Questionnaire by telephone. The completed questionnaire will be forwarded to the Measurement Coordinator. See Adverse Events protocol for detailed procedures.



Review and assess participants' goals.

- Ask parent to get the H4K Action Plan and "Track It!" sheet.
- Remind the parent and child of the three (3) goals they are working on.
- Ask the parent and child which goal they want to discuss first.
- Discuss the parent and child's goal.
- Refer to action steps in H4K Action Plan, as needed.
- Repeat number 4 for the 2nd and 3rd goal.
- <u>By Call #3</u>, the Health Educator should have addressed the 3rd goal not previously discuss in Call #1 or Call # 2.
- By Call #8, assess and discuss all 3 goals.
- Compare current with previous goals and notes.
- Inform/offer parent additional strategies, tip sheets, community resources, as needed.

Review Track It! sheet

Telephone Counseling Protocol *Revised 9/15/2016*

- Ask parent to get the "Track It!" sheet
- Ask the parent and child how many stamps he/she has accumulated for their goal.
- Depending on the response of the child they may qualify for an incentive from the Healthy Choice Prize Box to be mailed with the next newsletter mailing.

Assess physical activity behavior and tracking.

• Ask parent:

Set or modify action plan for the current or following telephone call.

By the end of the discussion, the participant should be ready to set a new action step.

- If the parent **is not meeting** the goal, use Motivational Interviewing to guide the parent to identify and develop action steps to reach the goal in the future.
- If the participant <u>is meeting the goal</u>, continue to encourage the parent and child to meet the goal and/ or maintain the current level in the future.
- If participant <u>is maintaining the goal</u>, Health Educator can ask participant if he/she would like to change to a new goal different from the previous goals. Refer to the draft HLP sent by Measurement Coordinator (Appendix, Figure 4).

Assess scales of confidence and importance.

- 1) Assess participant's confidence and perceived importance at:
 - o 1st call- <u>only if</u> Health Educator did not assess scales at the Introductory Session.
 - 5th call- 3 months
 - \circ 8th call-6 months.

Provide tip sheets.

If any topics came up during the telephone call that could be answered or more thoroughly addressed with a mailed tip sheet, offer to send one (or more) to the parent. Tip sheets are a great way to cover a lot of indepth information without spending extra time on the telephone.

Newsletter, tip sheets, text messages and other mailings follow-up.

In between contacts, Health Educator will send many pieces of material to participants through the mail (tip sheets, newsletters, special program forms, etc.). Follow up with participants to ensure that they received any requested materials, and if they read them.

Questions and/or concerns & reminders.

- Do you have any questions or concerns?
- Remind participant of the next clinic visit.

Schedule next telephone counseling call

- a. Ask participant to get the forms titled, H4K Important Dates to schedule the next phone call.
- b. Schedule next telephone call.
- c. Thank participant for their effort in participating in the program.

Closing

a. By the 8th call, mention to the participants a summary of all the action steps that were developed from Call #1 thru 7.

After the call.

Update the following forms:

- Telephone Counseling Call (based on Call #) (See Appendix 1.__ for details)
- Health Educator Telephone Counseling Call Log (See Appendix 1.__ for details
- Schedule Message Space Text Reminder (See Appendix 1.__ for details
- By the 8th call,
- By the 8th call, mail out certificates of completion.

SCHEDULING TEXT MESSAGE REMINDERS

See Form A for details. ??

APPENDIX

Call # 1	Follow up on goal(s)
	Assess scales of confidence and importance (only if Health Educator did not assess at the Introductory Session)
Call # 2	Options
	 If call #1 focused only on Goal "X"**, focus on Goal "Y".
	 If call #1 focused on Goals "X" & "Y", focus on Goal "Z".
	**Note: X,Y,Z refers to goal 1, goal 2, and goal 3.
Call # 3	If you haven't introduced Goal "Z" yet, focus on Goal "Z" in this call.
Call # 4	Follow up on goal(s)
	o Confirm
	o Assess
	o Review
	o Affirmation
Call # 5	Follow up on goal(s)
	o Confirm
	o Assess
	o Review
	o Affirmation
	Access scales of confidence and importance
Coll # 6	Assess scales of commence and importance
Call # 7	
	o Review
	o Affirmation
Call # 8	Follow up on goal(s)
	○ Confirm
	o Assess
	o Review
	o Affirmation
	Assess scales of confidence and importance
	Closing – action step summary.

SCHEDULE & ATTEMPTS (MOVE TO APPENDIX)

Early calls (i.e., within the participant's first 1-2 months) typically last 20-30 minutes, but as the Health Educator and participant become more accustomed to the flow of the calls, they will eventually become more efficient. Counseling calls in months 3-6 can be completed in 15-20 minutes.

- The Health Educator can make up to 5 attempts per call to reach the participant within one week of that call before moving on to the next telephone call.
- A call attempt by the Health Educator is classified as a call when:
 - 1) the participant reschedules
 - 2) the call/line is disconnected during the conversation
 - 3) the phone line is not in service (update REDCAP)
 - 4) the participant withdraws by choice
 - 5) the Health Educator leaves a message or voicemail for the participant with a call back number
- The Health Educator will call at different times of the day in order to reach the participant.
- Call attempts will be tracked on the Health Educator Telephone Counseling Call Log (see **RedCap Database** for details).
- If the participant returns the call and does not reach the Health Educator, the Health Educator must document whether the participant rescheduled or withdrew (see **RedCap Database** for details).

FIGURES

Health Educator Intervention Forms (copy)

Record Status Dashboard (all records)



The REDCap Consortium | Citing REDCap

Figure 2 Telephone Counseling Calls #1-7

Figure ____ Health Educator Telephone Counseling Call Log
Clinic Visit 1 Date/Time	Study ID	Event Name	Clinic Visit 1 Provider	Parent's first and last name	Do you prefer to receive texts in English or Spanish?	Child's first name	Child's gender	Child's age	Child Height (ft/in)	Child weight (lbs)	What is the number including the area code?	Mailing address
(clinic1_date)	(base 1_i d1)	(redcap_event_n ame)	(clinicvisitl_pro v)	(parent_name)	(text_lang)	(cbase_name)	(cbase_gender)	(cbase_age)	(cbase_height_ft in)	(cbase_weig ht lbs)	(parent_cellnum)	(address)
12/9/2015 pm		Baseline	Dr.		English/Spanish		Male (1)					

Figure ___ Introductory Session Participant Info



Action Plan

Child Name

Parent Name

Goal	1						
My a	My action steps are:						
1							
2							
2							
2							
3							

My a	action steps are:
1	
2	
3	
Goal Mv a	3 action steps are:
Goal My a 1	action steps are:
Goal My a 1 2	3 action steps are:

Figure ____ H4K Action Plan

Telephone Counseling Protocol *Revised 9/15/2016*

Repeat 3 times	Study ID Date Standard Care Plus (H4K Intervention) [Set timer for 25 minutes]. Distribute 1 MyPlate paper plate Distribute 1 set of measuring cups Step 1: Summarize provider interaction. Step 2-4: Select goals & create action plan and distribute tools (as appropriate). If HLP is to avoid sugary drinks or limit juice distribute water bottle] If HLP is healthy snacks distribute zip lock snack bags]								
	StepStep	5: Action plan revie 6: Assess importanc	w. (Keep copy for H ce & confidence scal T	lealth Educator) le.					
1 st goal:_		Importance #	2 nd goal:	Importance #	3 rd goal:	Importance #			
		Confidence#		Confidence#		Confidence#			
	 Step Step Step Step Step Afte 	 Kia Pe 9: Introduce trackin Participant w 10: Schedule doctor Document Da 11: Schedule first te Document or Document TC Issue a H4K m 12: Describe additic Text message 13: Closing, r the session: Enrolle 	arit dometer g sheet. ill be tracking: r appointment: octor Appointment elephone counseling n Health Educator ca a Date & Time on H hagnet clip onal tools. s, newsletters, and ed in MessageSpace	2 Date & Time on H g call (TC1) : alendar of appointr 14K Important Date telephone counselin & schedule remind	14K Important Date nent times. s. ng calls. er text.	25. -			
Note	s								

Figure 4 Introductory Session Checklist (Pg. 2)

a. Participan	t Name				b. Study Participant ID	
c. Child Nam	e				d. Staff ID	
e. Date:	/_	/	f.	□ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8	g. # of contacts (include completed call)	
h. Start Time:	:_	am/pm	i. End Time:	:am/pm	j. Length of call	mins.
k. Clinic:	🗆 South	west 🛛 Southeas	it			
 Greet and [Set reco Assess cu 	d assess parti rder].	cipant's time for status: So, how a	a 15-20 min. re you and (. call. child name) doing?		
to be pł Notes:	nysically activ	e? □Yes* □Nc)	. , ,		
* Note : Docun participation i	nent sufficient in the research	information about	injury/injurie	es so that PI may detern	nine if the incident is rela	ited to
*Note: Docum participation i D Mention 1. 2. 3.	nent sufficient in the research each of the 3	information about HLP goals & ask	injury/injurie	es so that PI may detern which goal they would	nine if the incident is rela I like to discuss first.	nted to
*Note: Docum participation i Mention 1. 2. 3. Review o Notes:	nent sufficient in the research each of the 3 f 1 st HLP goal Refer to ac	information about HLP goals & ask - How is [refer to tion steps in H4K	injury/injurie participant v HLP goal] g Action Plan,	es so that PI may detern which goal they would oing since last time w , as needed.	nine if the incident is rela I like to discuss first. e spoke?	ated to
*Note: Docum participation i Mention 1. 2. 3. Review o Notes:	nent sufficient in the research each of the 3 f 1 st HLP goal Refer to ac vhen approac	information about HLP goals & ask - How is [refer to tion steps in H4K :hing 15 mins.	injury/injurie participant v HLP goal] g Action Plan,	es so that PI may detern which goal they would oing since last time w , as needed.	nine if the incident is rela I like to discuss first. e spoke?	ated to
*Note: Docum participation in 1. 2. 3. Review on Notes: REMINDER V Review 2 Notes:	each of the 3 each of the 3 f 1 st HLP goal Refer to ac vhen approac	information about HLP goals & ask - How is [refer to tion steps in H4K ching 15 mins. for the 2nd HLP g tion steps in H4K	injury/injurie participant v HLP goal] g Action Plan, oal you deci Action Plan,	es so that PI may detern which goal they would oing since last time w , as needed. ded to work on [men , as needed.	nine if the incident is rela I like to discuss first. e spoke? tion goal], how has tha	nted to

Figure ____ Telephone Call Checklist (short list)

H	EALTH	
茶食	6	
4	KIDS	

Important Dates

Your Health Educator's name is Daisy.

✓ Clinic Visit l Today's date: _____

🖀 Health Educator Phone Call 1 _____

✓ Clinic Visit 2 date & time: ___

(Month/Year)

- The alth Educator Phone Call 2 _____
 - Health Educator Phone Call 3_____
- 🖀 🛛 Health Educator Phone Call 4 _____
- 🖀 Health Educator Phone Call 5_____
- 🖀 Health Educator Phone Call 6 _____
- 🖀 Health Educator Phone Call 7 _____
- 🖀 Health Educator Phone Call 8 _____
- ✓ Clinic Visit 3 be in: _______ (Month/Year)

✓ Clinic Visit 4 be in: _

(Month/Year)

✓ Need to schedule or reschedule your doctor appointment? Contact: Crystal Espinoza Tel: (210) 358-3693 Need to schedule or reschedule a phone call with your Health Educator? Contact: Daisy Escamilla Tel: (956) 337-1052

Figure ____ H4K Important Dates (Intervention)

Nutrition/ Nutrición

Eat a healthy breakfast EVERY DAY // Desayune saludable TODOS los días

Eat 5 servings of fruits and vegetables EVERY DAY / Coma 5 porciones de frutas y verduras TODOS los días

Eat healthy snacks like fruits, vegetables, and whole-grain crackers / Coma botanas (bocadillos) saludables como frutas, verduras, y galletas de trigo integral

Limit eating out by preparing meals at home/ Limite comer fuera y prepare mas comida en casa

Eat together as a family at least 5 to 6 times per week / Comer como familia al menos de 5 a 6 veces por semana

Avoid sugary drinks, such as sodas, sweet tea, fruit drinks and sports drinks. Choose WATER instead / Evite bebidas azucaradas, como las sodas, té dulce, bebidas con sabor a fruta, y bebidas hidratantes. Elija AGUA en su lugar.

Drink NO MORE THAN 6-12 ounces of 100% juice (no added sugar) each day / NO tome MAS DE 6 a 12 onzas de 100% jugo (no azúcar añadido) por día

Consume more low-fat milk and dairy products (1% or skim milk) / Tome más leche y productos lácteos bajos en grasa (1% de grasa o descremada)

Physical Activity/ Actividad Física

Play outside and/or be active for 1 hour EVERY DAY / Juegue afuera y/o esté más activo(a) DIARIAMENTE por 1 hora

Limit TV, video, video game and computer time to 2 hours each day / Limite la televisión, videos, los videojuegos, y la computadora a 2 horas diarias

Figure 12 Draft HLP sent by Measurement Coordinator (SAMPLE ONLY)

Telephone Call Checklist-Call #1-4 & 6-7

a. Participant Name					b. Study Participant ID	
C. Child Name					d. Staff ID	
e. Date:	/_	/	f.	1 2 3 4 5 6 7 8	g. # of contacts (include completed call)	
h. Start Time:	:_	am/pm	i. End Time:	: am/pm	j. Length of call	mins.
k. Clinic:	□ South	nwest				

- □ Greet and assess participant's time for a 15-20 min. call.
- 🛯 [Set recorder]. 📀
- □ Assess current health status: So, how are you and (child name) doing?
- a. How's (child name) physical activity going? Has he/she had any injuries that would make it hard for him/her to be physically active? □ Yes* □ No

Notes:

**Note*: Document sufficient information about injury/injuries so that PI may determine if the incident is related to participation in the research.

- □ Mention each of the 3 HLP goals & ask participant which goal they would like to discuss first.
 - 1.
 - 2.
 - 3.

□ Review of 1st HLP goal- How is [**refer to HLP goal**] going since last time we spoke?

• Refer to action steps in H4K Action Plan, as needed.

Notes:

REMINDER when approaching 15 mins.

Review 2nd HLP goal- For the 2nd HLP goal you decided to work on [mention goal], how has that been going?
 Refer to action steps in H4K Action Plan, as needed.

Notes:

- □ Review Track It! sheet with parent and child.
 - No stamps
 - Misplaced the form
 - 1 or more stamps-eligible for a prize in the next newsletter packet.

Physical activity tracking.

a.	AVERAGE # of steps per day?	
b.	Highest # of Steps:	c1. What day was that?
c.	Lowest # of Steps:	d2. What day was that?
d. e. f.	What did he/she do on that day to get such Can you think of a way that he/she can incr Notes :	a high #? ease that low #?

□ Modify action plan.

Notes of new action steps:							

 \Box Tip sheet (s).

a.	Would it be okay if	ent you some additional ideas that have worked with other families that may be helpful
	for your family?	🗆 Yes 🗆 No
	Tip sheet(s) to mail	participant

□ Mailing follow-up.

- **a.** Have you been receiving the monthly newsletters?

 Yes
 No
- **b.** Do you have questions about the newsletter/materials? \Box Yes \Box No
- □ Questions or concerns & reminders.
- a. Do you have any other questions or concerns?
- **b.** Your next clinic visit with your provider is scheduled for (**date/time**).
- □ Schedule next health educator counseling call.

Notes:		

Telephone Call Checklist<mark>-Call # 5& 8</mark>

a. Participa	ant Name				b. Study Participant ID	
c. Child Na	ime				d. Staff ID	
e. Date:		//	f.	□ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8	g. # of contacts (include completed call)	
h. Start Time:		am/pm	i. End Time:	:am/pm	j. Length of call	mins.
k. Clinic:	□ So	uthwest 🛛				

□ Greet and assess participant's time for a 15-20 min. call.

- 🗌 [Set recorder]. 🕑
- Assess current health status: So, how are you and (child name) doing?
- a. How's (child name) physical activity going? Has he/she had any injuries that would make it hard for him/her to be physically active? Yes*
 No

Notes:

**Note*: Document sufficient information about injury/injuries so that PI may determine if the incident is related to participation in the research.

- □ Mention each of the 3 HLP goals & ask participant which goal they would like to discuss first.
 - 1.
 - 2.
 - 3.

□ Review of 1st HLP goal- How is [**refer to HLP goal**] going since last time we spoke?

• Refer to action steps in H4K Action Plan, as needed.

Notes:

REMINDER when approaching 15 mins.

Review 2nd HLP goal- For the 2nd HLP goal you decided to work on [mention goal], how has that been going?
 Refer to action steps in H4K Action Plan, as needed.

- □ Review Track It! sheet with parent and child.
 - o No stamps
 - Misplaced the form
 - 1 or more stamps-*eligible for a prize in the next newsletter packet.*

□ Physical activity tracking.

a.	AVERAGE # of steps per day?	
b.	Highest # of Steps:	c1. What day was that?
c.	Lowest # of Steps:	d2. What day was that?
d. e. f.	What did he/she do on that day to get such Can you think of a way that he/she can incr Notes :	a high #? ease that low #?

□ Modify action plan.

Notes of new action steps:		

□ Assess importance & confidence scale.

1 st HLP goal:	 Importance #		2 nd HLP goal:		Importance #		3 rd HLP goal:		_ Impo	ortance # _			
	Confidence	2#				Confider	nce#				Conf	idence#	
0 1	2	3		4	5		6		7	8	9		10

 \Box Tip sheet (s).

a.	Would it be okay if I s	ent you some additional ideas that have worked with other families that may be helpful
	for your family?	🗆 Yes 🗆 No
	Tip sheet(s) to mail to	participant

□ Mailing follow-up.

a. Have you been receiving the monthly newsletters?

Yes
No

b. Do you have questions about the newsletter/materials? \Box Yes \Box No

a. Do you have any other questions or concerns?

- **b.** Your next clinic visit with your provider is scheduled for (**date/time**).
- □ Schedule next health educator counseling call.
- \Box Closing.

<u>Form A2</u> Instructions for Scheduling Text Message Reminders for Telephone Counseling Calls

<u>Purpose of the form:</u> Form A2 is used to assist the Health Educator/MessageSpace Coordinator in scheduling the text message reminders for all telephone counseling calls of participants in the Standard Care Plus (H4K Intervention).

Who can use this form: Health Educator/MessageSpace Coordinator

Program access required: POM Drive, MessageSpace, REDCap

Step 1			Once logged into MessageSpace, on the
MessageSpace	Je F	VIT HEALTH SCIENCE CENTER DA ANTONO	left hand side click "Message Scheduling".
Home - Create Login - Participant Accounts - Attributes - Polling and Broadcast - Message Scheduling - Privacy - sommerstoon - About Us - Contact Us - View Requests -	SPACE HOME	LOOM	
Step 2 SCHEDULE SMS Send SMS Message			Select the group name based on the participants preferred language (i.e., Intervention ENG or Intervention SPA)
Adding Contacts From Group	Groups Standard Care ENG select All_participants Amber Date: Intervention SPA N1AS N1AS N1AS N1AS N2AE N2AE N2AE N2AS N2AE N2AS N3AS N3AS N3AS N3AS N3AS N3AS N3AS N3AS N3AS N3AS N3AS		

Ste SCI	p 3	sm S age cts From Group	Groups Standard Care Group Indivi prev 1 next > ClientID 786 SE017	ENG duals last >> SM	ISnumber		Select the corresponding participant study ID/ClientID that will be receiving the text message by adding a check to the left-hand check box.
Ste	p 4 Call# 1 Call#	Telephone Cou Day to be sent - 1 Day Before Call# 1	nseling Calls Preferred language English Spanish	s Text Message I Broadcast Message/Text Wessage Name TM01 TM01-S	Reminders-MessageSpa Broadcast Message Health4Kids: Your 1st telephone appointment wi (Daisy) is tomorrow. I loo forward to speaking with y Health4Kids: Su primera of por teléfono conmigo (Da mañana. ¡Espero hablar m pronto con usted!	ith me bk you! cita tisy) es nuy	Schedule the broadcast message/telephone message (TM) reminder based on the call #, whichever is to be administered and determined by the day to be sent, preferred language and broadcast message/TM name.

Add Broadcast M	Broadcast Add Broad Add Add Add Add Add Add Add Add Add Add Add Add Add Add Add Add Add	Poll dcast select	Add Poll	-	Once the call # has been determined, match the broadcast message with the broadcast message/ TM name found in the POM drive, MS Word file "TelephoneCounselingCall_TextMessage s ENG SPN 20160418".
Call# 1 Call#	Telephone Cou Day to be sent	nseling Call Preferred language	s Text Message Broadcast Message/Text Wessage Name	Reminders-MessageSpace Broadcast Message	
1	- 1 Day Before Call# 1	English	TM01	Health4Kids: Your 1st telephone appointment with me (Daisy) is tomorrow. I look forward to speaking with you!	
		Spanish	1M01-8	Health4Kids: Su primera cita por teléfono conmigo (Daisy) es mañana. ¡Espero hablar muy pronto con usted!	
Add Broadcast	Message (or) Poll Message	Acast elect	IS Add Poll		To preview the broadcast, click "Add Broadcast".



Step 9		In REDCap, update participant's 1 st report titled: Introductory Session Checklist, under the "Was reminder text
Was reminder text sent? Enrolled into Messagespace	H Ves No No Today M.D.Y	sent" select "yes" or "no".
Step 10		To schedule every other subsequent call, follow steps: 1-8.

Telephone Counseling Calls Text Message Reminders-MessageSpace

Call# 1

Call#	Day to be sent	Preferred language	Broadcast Message	Message	Character Count
1	- 1 Day Before Call# 1	English	TM01	Health4Kids: Your 1st telephone appointment with me (Daisy) is tomorrow. I look forward to speaking with you!	109
		Spanish	TM01-S	Health4Kids: Su primera cita por teléfono conmigo (Daisy) es mañana. ¡Espero hablar muy pronto con usted!	105

Call# 2

Call#	Day to be sent	Preferred	Broadcast	Message	Character
		language	Message		Count
		English	TM02	Health4Kids: Don't forget!	112
2				Tomorrow is your 2nd telephone call	
				appointment. I can't wait to get you	
	- I Day Before			on the line!	
	Call#2	Spanish	TM02-S	Health4Kids: ¡No se le olvide!	95
		_		Mañana es su segunda cita por	
				teléfono. ¡Espero nuestra llamada!	

Call# 3

Call#	Day to be sent	Preferred	Broadcast	Message	Character
		language	Message		Count
3	1 Day Bafora	English	TM03	Health4Kids: Remember-your next telephone appointment is tomorrow! Talk to you soon!	84
	Call# 3	Spanish	TM03-S	Health4Kids: ¡Recuerde! Mañana es su próxima cita por teléfono. ¡Hablamos pronto!	81



Call# 4

Call#	Day to be sent	Preferred language	Broadcast Message	Message	Characte r Count
4	- 1 Day Before	English	TM04	Health4Kids: You have another telephone call appointment tomorrow! Can't wait to chat!	86
	Call#4	Spanish	TM04-S	Health4Kids: Tiene otra cita por teléfono ¡mañana! ¡Espero platicar con usted!	78

Call# 5

Call#	Day to be sent	Preferred language	Broadcast Message	Message	Character Count
5	- 1 Day Before	English	TM05	Health4Kids: Tomorrow is your 5th telephone call appointment! You're half-way there!	85
	Call#5	Spanish	TM05-S	Health4Kids: ¡Mañana es su 5ª cita por teléfono! ¡Ya va a la mitad!	67

Call# 6

Call#	Day to be sent	Preferred	Broadcast	Message	Character
		language	Message		Count
6	- 1 Day Before Call#6	English	TM06	Health4Kids: Don't forget! Tomorrow is your telephone call appointment. I can't wait to get you on the line!	108
		Spanish	TM06-S	Health4Kids: ¡No se le olvide! Mañana es su cita por teléfono. ¡Espero platicar con usted!	90



Call# 7

Call#	Day to be sent	Preferred language	Broadcast Message	Message	Character Count
7	- 1 Day Before	English	TM07	Health4Kids: REMINDER! Your next telephone appointment is tomorrow. Can't wait to catch up.	91
	Call#7	Spanish	TM07-S	Health4Kids: ¡RECORDATORIO! Su cita por teléfono es mañana. ¡Espero nuestra llamada!	87

Call #8

Call#	Day to be sent	Preferred language	Broadcast Message	Message	Character Count
8	- 1 Day Before	English	TM08	Health4Kids: Your very last telephone call appointment is tomorrow! Talk to you soon!	85
	Call#8	Spanish	TM08-S	Health4Kids: Su última cita por teléfono es mañana. ¡Hablamos pronto!	69



<u>Form B2</u> Instructions for Documenting using REDCap Telephone Counseling Call Log

<u>Purpose of the form:</u> Form B2 is used to assist the Health Educator in documenting the outgoing telephone counseling call attempts of participants in the Standard Care Plus (H4K Intervention).

Who can use this form: Health Educator

REDCap access required: Health Educator Intervention Forms (copy)



<section-header><section-header><section-header><section-header></section-header></section-header></section-header></section-header>	Click "Record Status Dashboard". Select Study ID's "Telephone Counseling Call Log" based on the call #, whichever is to be administered.
Step 3	Fill in the following fields "Parent Name", "Child Name", "Address", "Phone Number" and "Preferred Language".
Step	Match the field "Date & time scheduled (1 st attempt) to the Introductory Session Checklist
Step	
Step 9	In REDCap, update participant's 1 st report titled: Introductory Session

Was reminder text sent?	⊕ ● Yes ⊖ ● No	Checklist, under the "Was reminder text sent" select "yes" or "no".
Enrolled into Messagespace	H Today M-D-Y	

Health4Kids – Record of Telephone Contact

a. Participant Name						b. Study Participant ID	
c. Child Name						d. Staff ID	
e. Date:		_//		f.	□ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8	g. # of contacts (include completed call)	
h. Start Time:	: am/pm		i. End Time:	: am/pm	j. Length of call	mins.	
k. Clinic:		Southwest					

1. Introductions: Good (morning/afternoon), Mr./Ms. (Parent last name). <u>¡Buenos (días/tardes)</u>, (Nombre del padre de familia e hijo(a))!

(For call # 1, introduce yourself): This is (Health Educator Name) from the Health4Kids program. I'm just calling to follow up on how you and your family are doing and answer any questions you may have. Habla [Nombre de la educadora] con el programa Health4Kids. No más les estoy hablando para checar come están usted y su familia y también para contestar cualquier pregunta que tengan.

2. Time: Do you have about 15-20 minutes for us to talk? <u>¿Tiene 15 a 20 minutos para platicar?</u>

a. YES: Great! I would also like to thank you for participating in our study and for looking out for your family's health. Now I want to let you know that I am in a private room and as you may recall, this conversation will be recorded for quality control purposes. <u>iPerfecto! Primero me gustaría darles las gracias por participar en el programa y por estar en cargo de la salud de su familia. Ahora le quiero avisar que estoy en un cuarto privado y esta conversación será grabada por motivos de control de calidad.</u>



NO: I'm sorry to hear that. Would it be best that we reschedule? Ok, I have [Date & Time] available for this week, does this work for you? Ok, I've reschedule for [Date & Time].
 <u>Lamento escuchar eso. ¿Estaría mejor si reprogramo otro día? Tengo [Date & Time] disponible para esta semana, ¿trabaja esto para usted? Ok, lo he reprogramado para (Date & Time).</u>

3. Assess current health status: So, how are you and (child name) doing?

¿Cómo están usted y (child name) hoy?

□ Assess current health status: So, how are you and (**child name**) doing?

a. How's (child name) physical activity going? Has he/she had any injuries that would make it hard for him/her to be physically active? Yes* No
 <u>¿Cómo le ha ido a (child name) en ser activo? Ha el/ella sufrido alguna herida/lesion que ha impactado(a) su actividad física?</u>

*Note: Document sufficient information about injury/injuries so that PI may determine if the incident is related to participation in the research.

4. Review HLP Goals: Let's review the action plan we filled out at the clinic. Do you have it handy?

¿Vamos a repasar el plan de acción que llenamos juntos en la clínica. ¿Lo tiene disponible?

a. Your child and you selected the following HLP goal(s):	[mention each of the 3 HLP goals]. Is that right? 🗆
Yes 🗆 No	

<u>Su niño/a y usted seleccionaron las siguientes metas: [mention each of the 3 HLP goals]. ¿Está la información correcta?</u> Notes:

[FOR 2nd call and/or 3rd] Last time we talked about the ["X" goal] and /or ["Y" goal] only and haven't talked about ["Z" goal]. Do you mind if we start off with that goal and develop small actions steps to get it started?

La última vez solamente platicamos de la meta(s) ["X"] y/o ["Y"] y no hemos platicado de la meta ["Z"]. ¿Estaría bien si comenzamos con esta meta y comenzamos a formular pasos de acción? ¿Qué idea tiene a la mente?

Yes	No
105	110

Notes:

b1. Which goal would you like to discuss first? ¿Cuál meta le gustaría represar primero?

i.	How is [refer to HLP goal] going since last time we spoke?
	¿Cómo le va la meta de [refer to HLP goal] desde la última vez que platicamos?
ii.	You mentioned that you were aging to work on [refer to action steps]?
	¿Usted había mencionado que iba a trabajar en [refer to action stens] como le va con eso?
	What action stone have you already taken for this seal?
	what action steps have you already taken for this goal?
	¿Cuáles pasos de acción ha tomado para la meta?
Notes:	
REMIND	ER when approaching 15mins.]: We are getting close to our 15min time limit. Would it be OK for us to
alk a bit	more, (refer 2nd HLP goal)?
Como nos	estamos acercando a nuestro límite de 15 minutos. ¿Estaría bien si platicamos de la seaunda meta?
2 Earth	pe 2 nd HIP goal you decided to work on [mention HIP goal] how has that been going?
	re 2 Ther goal you decided to work on [mention Ther goal], now has that been going:
<u>ara la sec</u>	gunaa meta ustedes seleccionaron (mention HLP goal), ¿Como esta todo?
Notes:	

- **5.** Track It! sheet. Let's review the Track It! I gave you at the clinic. Do you have that sheet? <u>Ahora vamos a repasar el Track It! Que les di en la clínica. ¿Tiene esa hoja?</u>
- **a.** Can I ask you to place me on speaker, that way we can over the sheet together. I'd also like for [**Child name**] to be in on this and hear how it has been going for him to keep track of [**refer to HLP goal**].

Hi, [*Child name*] this is [*Health Educator Name*] from the clinic, I was just talking to your mom/dad about the Track It! sheet and wanted to know how the tracking's been going.

Estaría bien si me pudiera poner en alta voy y así podemos todos repasar la hoja juntos. Y si es que [**Child name**] esta hay con usted puede que él/ella también no pueda contar como le ha ido. Hola, [**Child name**] so yo [**Health Educator Name]** de la clínica, no está platicando con tu mama/papa acerca de la Track It! y que quiera saber cómo te ha ido.

Can you tell me how many times (# stamps on Track It!) you [**Child's name**] tracked the goal [**refer to HLP goal**] for the past 2 weeks/month?

¿Me puedes decir cuántas estampas tienes para tu meta por estas últimas 2 semanas/mes?

• No stamps: Many families find that keeping track of their goals helps them to make better progress towards reaching their goals. How do you think this might work for you and your family? What ideas do you have for how to fit the tracking into your schedule?

Muchas de las familias encuentra que al monitoria las metas les ayuda a hacer un mejor progreso hacia el logro de sus metas. ¿Cómo cree que podría trabajar esto para usted y su familia? ¿Qué ideas tiene para agregar el monitoreo a su horario?

🗆 Yes 🗖 No

• Misplaced the form: *Have you been using another method to keep track of the goal? Would you like me to send you another form?*

¿Están usando otro estilo u técnica para el monitoreo para su meta? ¿Gustarían que les mande otra forma/hoja?

🗆 Yes 🗖 No

• 1 or more stamps: Great! Congratulations, for your hard work and effort. How does it feel for you and mom/dad to be working towards (**HLP goal**)? How has keeping track helped you with this?

Felicidades por su esfuerzo y trabajo. ¿Cómo te sientes al trabajar con mama/papa al alcanzar esta esta meta? Como les ayudo la técnica del monitoreo?

Well [Child Name], great job this past 2 weeks/month. Just so you know I am going to send you a little something extra in the next newsletter.
 <u>Bueno [Child Name]</u>, te quiero felicitarte por estas 2 semanas/mes. Quiero que sepas que te voy a mandar algo con el siguiente boletín que envié.

Notes:

6. Physical activity tracking.

a. Since we are already on this sheet (Track It!) why don't you tell me, how has [Child name] been doing with his steps?

<u>Ya que estamos en la misma hoja de ¡Track It! por que no me dices [Child name], ¿Cómo te ha ido con los pasos?</u> Notes:

b. AVERAGE # of steps per day? ______

¿Qué es el número medio de pasos por día?

c. Highest # of Steps: ¿Qué es el mayor número de pasos que ha obtenido?	c1. What day was that? <u>¿Qué día fue ese día?</u>
d. Lowest # of Steps:	d2. What day was that?
¿Qué es el menor número de pasos que ha obtenido?	<u>¿Qué día fue ese día?</u>
e. What did he/she do on that day to get such a high #	2
<u>¿Qué es lo que estaba hacienda [Child name] en el día</u>	<u>que logro el mayor número de pasos?</u>
f. Can you think of a way that he/she can increase that	: low #?

¿Tiene alguna idea de cómo el/ella puede aumentar el número menor/bajo?

Notes:

7. Modify action plan.

Notes of new action steps:											
8.	[REMINDER	R assess sca	ile at 3 mo	nths (5 th co	all) and 6 n	nonths (8 th e	all) ONLY.]				
a.	a. Now that we have gone through (refer to HLP goal), how <u>important</u> is it to you to reach this goal in the next 2 weeks/month? On a scale from 0 to 10, where "0" meaning it is not important and "10" meaning it is very important. [Record response]										
	Ya que hei	<u>mos repaso</u> dos coman	ido la meta	(refer to l	HLP goal), a	<u>¿Que tan im</u> dondo "0"	portante es	para usteo	<u>d lograr este</u> orta v "10"	<u>a meta en las </u> significa que	<u>s</u>
	<u>importa m</u>	ucho.	<u>15/11123! EI</u>	unu escu	<u>u ue 0-10,</u>	uonue o .	<u>significa que</u>		onta y 10	significa que	<u>. 16</u>
Why is your answer X, and not a lower/higher number like Y? ¿Por qué es su respuesta "X" y no un número más bajo/alto como "Y"?											
	1				I.				T		
0	1	2	3	4	5	6	7	8	9	10	

b.	 b. On the same scale of 0-10, "0" meaning not at all confident and "10" meaning very confident. How confident are you, that you can reach this goal in the next two weeks or next month? [Record response.] <u>En la misma escala donde "0" significa que no tiene confianza y "10" que significa que tiene mucha confianza. ¿Qué tan seguro/a esta usted, que puede lograr esta meta en las próximas dos semanas u mes?</u> Why is your answer X, and not a lower/higher number like Y? <u>¿Por qué es su respuesta "X" y no un número más bajo como "Y"?</u> 										
	1				1				T		
0	1	2	3	4	5	6	7	8	9	10	
Not	es:										

9. Tip sheet(s)

Notes:

a.	Would it be okay if I sent you some additional ideas that have worked with other families that may be helpful		
	for your family?		
	¿Gustaría que les envié algunas ideas adicionales que han trabajado para otras familias que quizá le puedan ayudar a		
	<u>su familia?</u>		
	□ Yes □ No		
Notes:			
	Tip sheet(s) to mail to participant		

10. Mailing follow-up.

a.	Have you been receiving the monthly newsletters? ¿Están recibiendo el boletín del mes?	🗆 Yes 🗆 No
b.	Do you have questions about the newsletter/materials? <u>¿Tiene alqunas prequntas acerca del boletín/materiales?</u>	🗆 Yes 🗆 No
No	otes:	

11. Questions and/or concerns.

- a. Do you have any questions or concerns? <u>¿Tiene algunas preguntas generales o inquietudes?</u>
- **b.** As a reminder your next clinic visit with your provider is scheduled for (**date/time**). <u>Como recordatorio su próxima cita con su doctor está programada para el (**date/time**).</u>

Notes:

12. Schedule next health educator counseling call.

- **a.** Ask participant to get the form titled, Important Dates to schedule the next phone call.
- **b.** Document the date of the following health educator telephone counseling in the Health Educator calendar of appointments (**Figure 1**).

13. Closing



Figure 1 Health Educator Calendar

a. Thank you very much for your time, [**Parent name**]. I'll talk again in about 2 weeks/ 1 month from today which is scheduled for (**date/time**).

Muchas gracias por su tiempo, [Parent name]. Hablamos en 2 semanas/ 1 mes a partir de hoy que está programada para el (date/time).

Health4Kids (H4K): A Pediatric Obesity Management Intervention Trial for Hispanic Families (R01HD075936)



Process Evaluation Protocol

Table of Contents

Overview	3
Staff Responsible	3
Materials Needed	3
Fidelity (quality)	4
Training	4
Provider Counseling	4
Healthy Lifestyle Prescription (HLP)	4
Introductory Session	4
Telephone Counseling	5
REDCap > Health Educator Intervention Forms (copy)>Introductory Session MI Fidelity Newsletters .	5
Text Messages	5
Dose Delivered (completeness)	5
Standard Care Visits	5
Introductory Session	5
Take Home Folder Error! Bookmark not	defined.
Take Home Folder Error! Bookmark not Telephone Counseling	defined. 6
Take Home Folder Error! Bookmark not Telephone Counseling Newsletters	defined. 6 6
Take Home Folder Error! Bookmark not Telephone Counseling Newsletters Text Messages	defined. 6 6 6
Take Home Folder Error! Bookmark not Telephone Counseling Newsletters Text Messages Dose Received (exposure & satisfaction)	defined. 6 6 6 6
Take Home Folder	defined. 6 6 6 6
Take Home Folder	defined. 6 6 6 6 6
Take Home Folder	defined. 6 6 6 6 6 6 7
Take Home Folder	defined. 6 6 6 6 6 7 7
Take Home Folder	defined. 6 6 6 6 7 7 7
Take Home Folder	defined. 6 6 6 6 7 7 7 7
Take Home Folder	defined. 6 6 6 6 7 7 7 7
Take Home Folder Error! Bookmark not Telephone Counseling Newsletters Newsletters Text Messages Dose Received (exposure & satisfaction) Newsletters Newsletters Text Messages Reach (participation rate) Participants versus Eligible Patients Recruitment Screening Flagging Eligibility Phone Calls	defined. 6 6 6 6 7 7 7 7 7

Overview

This protocol provides guidance to University Health System (UHS) and University of Texas Health Science Center San Antonio (UT Health San Antonio) staff involved with the Health4Kids (H4K) study about process evaluation procedures and reports. This protocol is based on guidelines from the Ruth Saunders Book, Implementation Monitoring & Process Evaluation.

Staff Responsible

UHS Program Coordinator	Manages recruitment and clinic visit scheduling.		
Intervention Coordinator	Coordinates the intervention portion of the study and assists H4K participants with lifestyle changes.		
UHS Providers	Clinical Providers at UHS, Reviews draft Healthy Lifestyle Prescription (HLP) and counsels the participants to create their current HLP.		
MessageSpace Coordinator	Schedules text messages in MessageSpace.		
UHS Staff	Nurses and Administrative staff at UHS.		

Materials Needed

- Access to REDCap
- Access to POM drive

Fidelity (quality)

Extent of intervention implementation as planned.

Training

Have study providers completed the motivational interviewing training (ChangeTalk) for the Health4Kids study?

Sample: all study providers

ChangeTalk Completion Report:

\\cfs\LINKS\EpidBio\PHI\POM\Standard Care\ChangeTalk training records

Provider Counseling

Did the provider print an HLP for the participant? Sample: all study providers

Report:

REDCap> Health Educator Intervention Forms (copy) >Standard Care Introductory Session Process Evaluation>providerhlp

Healthy Lifestyle Prescription (HLP)

Did the Visit 1 HLP include behaviors not prescribed in the draft HLP? Sample: Every three participants enrolled in the study Draft HLP location: \\cfs\LINKS\EpidBio\PHI\POM\Measurement\Draft HLPs

Report:

"HLP Delivery" report within the H4K Process Evaluation Project

Introductory Session

Did the Intervention Coordinator utilize motivational interviewing techniques during the Introductory Session? Which motivational interviewing techniques did the Intervention Coordinator use? Self-report by the Intervention Coordinator.

Sample: intervention participants

Report:

REDCap > Health Educator Intervention Forms (copy)>Introductory Session MI Fidelity

Telephone Counseling

Did the Intervention Coordinator utilize motivational interviewing techniques during the Telephone Counseling Calls? Which motivational interviewing techniques did the Intervention Coordinator use? Sample: intervention participants

Report:

REDCap > Health Educator Intervention Forms (copy)>Telephone Counseling Calls MI Fidelity

REDCap > Health Educator Intervention Forms (copy)>Introductory Session MI Fidelity Newsletters

Are social cognitive theory constructs evident in the newsletters? Sample: all newsletters

Report:

\\cfs\LINKS\EpidBio\PHI\POM\Manual of Procedures\8 Process Evaluation\Newsletters Construct Table\Newsletter Report

Text Messages

Are social cognitive theory constructs evident in the text messages? Sample: every 5 text messages per messaging plan

Report:

\\cfs\LINKS\EpidBio\PHI\POM\Manual of Procedures\8 Process Evaluation\Text Messages

Dose Delivered (completeness)

Amount of number of intended units of each intervention or component delivered or provided by interventionists

Standard Care Visits

Did the study provider give the participant the standard care visit? Sample: all participants

There is a protocol deviation if a participant did not receive a standard care visit. Information is in the H4K Protocol Deviation project.

Introductory Session

Did the Intervention Coordinator give the participants the introductory session and take home folder? Sample: all participants

There is a protocol deviation if a participant did not receive the introductory session. Information is in the H4K Protocol Deviation project.

Telephone Counseling

Did the Intervention Coordinator complete the call with the participants? Sample: all participants

Report:

REDCap> Health Educator Intervention Forms (copy) project

>Telephone Counseling Call Log Process Evaluation

Did the Intervention Coordinator give the participants every aspect of the Introductory Session? Sample: every 5 enrolled participants

Report:

REDCap Telephone Counseling Call Contact Form within the H4K Process Evaluation project

Newsletters

Did the Intervention Coordinator send all of the newsletters to the participants? Sample: all participants

Report:

REDCap Mailing Process Evaluation within the Health Educator Intervention Forms (copy) project

Text Messages

During 1-month assessments, all participants are asked if they have received health-related text messages in the past 2 weeks

Sample: all participants

REDCap> H4K Assessments>1-month text messaging

Text messages sent and received by participants by month, organized by MessageSpace group Sample: all participants

Dose Received (exposure & satisfaction)

Extents to which participants actively engage with, interact with, are receptive to, and/or use materials or recommended resources.

Newsletters

Did the participants receive the newsletters? Question asked by Intervention Coordinator during the telephone counseling calls.

Sample: Intervention Participants

Report:

REDCap Receiving Newsletter and Text Messages within the Health Educator Intervention Forms (copy) project

Text Messages

Did the participants receive the text messages? Question asked by Intervention Coordinator during the telephone counseling calls. Sample: Intervention Participants

Report:

Last revised 02/13/2018
REDCap Receiving Newsletter and Text Messages within the Health Educator Intervention Forms (copy) project

Reach (participation rate)

Participant satisfaction with program, interactions with staff and/or investigators.

Participants versus Eligible Patients

Presented monthly at the Research Team Meetings. The number of eligible participants is located in the REDCap Eligibility Screening-Line Graph report within the H4K Eligibility Screening-Uhs project. The number of participants is located in the REDCap Enrollment for IRB reporting report within the H4K Assessments project.

Recruitment

Procedures used to approach and attract participants

Screening

Presented at the monthly Research Team meetings each month by the UHS Program Coordinator.

Flagging

Presented at the monthly Research Team meetings each month by the UHS Program Coordinator.

Eligibility Phone Calls

Presented at the monthly Research Team meetings each month by the UHS Program Coordinator.

Physician Referrals

Presented at the monthly Research Team meetings each month by the UHS Program Coordinator.

	Goto " Inative Care DUTPATIENT : kg BME kg/m2	Do	cument" and type INV Health4Kids".		
Allergies:No	Known Drug Allergies, APPL	s			
Patient List Order	s Results Flowsheet	s (riagias: Incomplete Kesults pending Priority	•	
New Visit 1 List V Current List: Outpt test	Modify Delete Delete isit List Current List Visit List pts Patient	Flac New C	Type here to enter document Document Name TDI PEDI ENDO Comm Note (5D) TDI PEDI ENDO Comm Note (5D)		
Fatient Name	ID / Visit Number	D	UCCH Patient Communication (SD)		
UHSTEST, Palliative Care	16594698/100071575	Mar	Pediatric Endocrinology Consult Note (SD)	-	
UHSTEST, SULU	16594704/100071602	Jan-	TDI Pedi Diabetic Telephone Note (SD)		
UHSTEST, WILL	16594708/100071606	Jun	TDI Pediatric Endocrinology Note (SD) DEDIATRIC Endocrinology Patient Discharge Note (SD)		
UHSTEST, WORF	16594711/100071609	Sep	PLDIA INC. ChildChildiogy Fauenc Discharge Note (30)		
UHSTEST, PAVAROTTI	16594618/100072218	Feb			
UHSTEST, SEAL	16590753/100072220	Mar			
UHSTEST, SELENA	16590756/100072221	Jan-			HF ZT
UHSTEST, PINK	16590755/100072222	Jan-			
	10505000 (100070745				

















MI Approach

Collaborate with families Explore their feelings of ambivalence Guide them in setting goals and developing a plan























Health4Kids (H4K) Intervention Trial for Hispanic Families (R01HD075936)

Adverse Event Protocol

Contents

Overview	3
Queries about Participants' Health	3
Standard Assessments	4
Telephone Counseling Calls	6
Adverse Event Report	8
Reporting	9
Adverse Event Data Management	9

Overview

The purpose of this protocol is to identify participants who have symptoms that could either interfere with their participation in the study or be a result of some aspect of the intervention.

The Symptoms Questionnaire is administered routinely as part of the standard assessment (6- and 12-month) and intervention telephone counseling calls. When appropriate, the Measurement Coordinator will initiate the Adverse Event Report.

Adverse events will be documented in writing following UTHSCSA reporting procedures. Adverse events will be labeled according to severity which is based on their impact on the participant. Adverse events will also be categorized according to the likelihood that they are related to the study intervention.

Queries about Participants' Health

Staff trained in human subjects research and ethics will collect participant safety data periodically throughout the study to assess any injuries or health conditions that have occurred that could be related to participation in intervention activities. Queries about participants' health occur in the following situations:

- 1. <u>Standard Assessments</u>: The Symptoms Questionnaire is administered to all participants (intervention and control) at 6- and 12-month assessments.
- 2. <u>Intervention Telephone Counseling Calls</u>: Intervention Coordinator assesses the child participant's health status by querying the parent participant during each of 8 intervention telephone counseling calls. When a parent reports an injury or health condition that impacts physical activity, the Intervention Coordinator documents the incident on the Symptoms Questionnaire and immediately forwards of the Symptom Questionnaire to the Measurement Coordinator.
- 3. <u>Self-Disclosure</u>: At any time during the study, when a parent or child participant discloses to research staff an injury or health condition that impacts physical activity, the staff will promptly notify Measurement Coordinator who will contact participant to administer Symptoms Questionnaire.

Standard Assessments

The Child Physical Activity Check-In form is the symptoms questionnaire administered during standard assessments (6- and 12-month assessments). Measurement staff will place the Study ID, Staff ID, and date at the top of the form in the space provided.

Child Physical Activity Ch Study ID:	eck-in – 6-months/12 months Staff ID:	Date:
Since the last Health4Kids a that made it hard for him/her	ssessment 6 months ago, has yo to be physically active?	ur child had an injury or health condition
 No (end of questionnaire Yes Don't Know (end of question) 	e) stionnaire)	
If Yes:		
1) WHEN did the injury/condi	tion happen?	

- □ In the past 2 weeks
- □ In the past month
- 1-3 months ago
- □ >3 months ago
- Don't Know

2) WHERE did the injury/condition occur?

- At school
- □ At home
- Other, specify:
- Don't Know

3 What was your child doing when the injury occurred? (if health condition/illness, select N/A)

- U Walking
- Running
- Playing by him/herself
- Playing with family or friends
- Playing on a sports team
- Other, specify:
- □ N/A (health condition/illness, not an injury)
- Don't Know

***Notes:** (Document sufficient information about injury/condition so that investigators may determine if the incident is related to participation in the research)

Last revised 11-24-15



Figure 1. Measurement Symptoms Questionnaire



Telephone Counseling Calls

The Intervention Coordinator assesses the child participants' health during H4K intervention telephone counseling calls to parent participants. See Figure 2.



□ Assess current health status: So, how are you and (child name) doing?

a. How's (child name) physical activity going? Has he/she had any injuries that would make it hard for him/her to be physically active? □ Yes* □ No

Notes:

*Note: Document sufficient information about injury/injuries so that PI may determine if the incident is related to participation in the research.

Figure 2. Intervention Symptoms Questionnaire

Adverse Event Report

If the parent participant indicates the child participant had an injury or health condition that made it hard for him/her to be physically active on a symptoms questionnaire, the Measurement Coordinator will initiate an Adverse Event (AE) Report that will be completed by a designated Co-Investigator to characterize the severity, seriousness, and likelihood of the relationship to the intervention for the adverse event.

Measurement Coordinator will complete Section 1 of the AE Report:

- 1. Indicate source of adverse event (standard assessment, intervention contact, other)
- 2. Describe event (provide overview of the event, indicating whether it is ongoing or resolved)
- 3. Sign and date the report and forward the AE report and the symptoms questionnaire to the designated Co-Investigator.

Co-Investigator will complete Section 2 of the AE Report:

- 1. Review the symptoms questionnaire and Section 1 of the AE Report.
- 2. Characterize the severity, seriousness, and likelihood of its relationship to the study.
- 3. Sign and date the report and return to the Measurement Coordinator.

Measurement Coordinator will:

- 1. Complete Section 3 of the AE Report.
- 2. Scan final, signed report and save in PHI drive's \POM\Adverse Events folder.
- 3. Update AE Database to indicate:
 - a. An AE Report was created
 - b. Whether or not IRB was notified of the event

Note: Principal Investigator and Project Coordinator must be notified immediately if prompt reporting (<7 days) to IRB is required.

Reporting

The Measurement Coordinator will create a monthly safety data summary report which includes a comparison of frequencies of reported problems and complaints and adverse events for active participants in the intervention and control groups. The Project Coordinator and Principal Investigator will review monthly safety data summary reports on a bi-monthly basis. Safety data will be reviewed more frequently, if needed.

The Measurement Coordinator will create an annual participant safety report for inclusion in the annual progress report to NIH.

If the adverse event involved the death of a subject, the Principal Investigator will notify the UTHSCSA IRB immediately (<48 hours). Serious adverse events are to be reported to the UTHSCSA IRB within 7 days of notification of event.

Adverse Event Data Management

Measurement Coordinator will maintain an AE database that includes:

- All data (including text fields) from Symptoms Questionnaires and AE Reports
- Adverse event tracking information (e.g., date Symptoms Questionnaire was completed and by whom, date AE Report Section 1was completed and by whom)

Measurement Coordinator will scan completed Symptoms Questionnaires and AE Reports into a single file per participant. This file will be stored in the appropriate sub-folder in the project's PHI drive:

\POM\Adverse Events

Store in one of the following sub-folders:

\For Review

\Completed

The filename of the participant's AE file will be named with the Participant ID.

Standardized assessments



Monthly phone calls & participant self-disclosure



Participant Study ID# ____ ___ ___ ___

Adverse Event Report

Section 1: This section is to be completed by the Measurement Coordinator. After completing Section 1, Measurement Coordinator provides this Adverse Events Report and the Symptoms Questionnaire to the designated Co-Investigator, who will complete Section 2.

1. Source of Symptoms Questionnaire:

□ Other		

2. Describe event (indicate injury or health condition, indicate whether it is ongoing or resolved, and brief overview of event):

Measurement Coordinator (print name): _____

Measurement Coordinator Signature: ______

Date: _____

Section 2: This section will be completed by a designated Co-Investigator.

A. AE Worksheet

Is this incident, experience, or outcome an adverse event?

<u>Definition</u> - **An adverse event** is any untoward or unfavorable medical occurrence in a human subject, including any **abnormal sign** (for example, abnormal physical exam or laboratory finding), **symptom**, or **disease**, <u>temporally associated</u> with the subject's participation in the research, whether or not considered related to the subject's participation in the research. (Encompasses both physical and psychological harms.)

🗌 No

If no, go to the Non-AE Worksheet (below) for determining whether a Non-Adverse Event is an unanticipated problem.

Yes

If yes, use the three criteria below to determine whether the adverse event is an **unanticipated problem (UPRISO)**.

AE Criterion 1: Is this adverse event UNEXPECTED?

<u>Definition</u> - An unexpected adverse event is any adverse event, the nature, severity, or frequency of which is not consistent with either:

(1) the known or foreseeable risk of adverse events associated with the procedures involved in the research that are described in (a) the protocol related documents, such as the IRB-approved research protocol, any applicable investigator brochure, and the current IRB-approved informed consent document, and (b) other relevant sources of information, such as product labeling and package inserts;

or

(2) the expected natural progression of any underlying disease, disorder, or condition of the subject(s) experiencing the adverse event and the subject's predisposing risk factor profile for the adverse event?

To determine whether an adverse event is unexpected, answer the following 3 questions.

Questions	Yes	No	
Q1. Is the nature of the AE a known or foreseeable risk?	Yes 🗌	No 🗌	
resulting from other physical activities such as muscle pulls/strains, minor stress fractures, tendonitis, sprains)	<u>(go to Q2)</u>	This is an Unexpected AE (skip Q2&3 and continue	
		to Criterion 2)	
Q2. Is the severity of the AE greater than anticipated?	Yes 🗌	No 🗌	
or musculoskeletal injury resulting from physical activities)	This is an Unexpected AE <u>(skip Q3 and</u>	<u>(go to Q3)</u>	
	<u>continue to</u> <u>Criterion 2)</u>		
Q3. Is the frequency of the AE greater than anticipated? [Note: It may be difficult to determine whether an	Yes 🗌	No 🗌	Unknown at this time
individual AE is unexpected by virtue of an unexpected higher frequency; this determination can	This is an Unexpected	This is <u>not</u> an	
only be done through an analysis of appropriate data on all or most subjects. This question can be	AE (continue to	Unexpected AE	This is not an
answered as unknown at the present time, as appropriate]	Criterion 2)	STOP	AE <u>at this time</u>
		Prompt Report Not Needed	STOP
			Prompt
			Needed

AE Criterion 2: Is this unexpected adverse event **RELATED OR PROBABLY RELATED** to participation in research?

<u>Definition</u> – There is at least a reasonable possibility that the unexpected adverse event may have been caused by the procedures involved in the research.

To determine whether an unexpected adverse event is **related or probably related**, choose which statement is accurate (you should only select one).

The unexpected adverse event is at least partially caused by the procedures involved in the research.	The unexpected AE is related, (continue to Criterion 3)
The unexpected adverse event is caused solely by either:	
• an underlying disease, disorder, or condition of the	
subject;	The unexpected AE is not related
or	eron
other circumstances unrelated to either the research	STUP
or any underlying disease, disorder, or condition of the subject.	Prompt Report Not Needed

AE Criterion 3: Does this unexpected adverse event, that is related or probably related to participation in research suggests that the research places subjects or others at a **greater risk** of harm than was previously known or recognized?

This is a three step process:

Step 1 - Is this unexpected adverse event, that is related or probably related to participation in				
research, SERIOUS?				
Yes	No	Is this an AE that:		
		results in death		
		is life-threatening (places the subject at immediate risk of death		
		from the event as it occurred)		
		results in inpatient hospitalization or prolongation of existing		
		hospitalization		
		results in a persistent or significant disability/incapacity		
		results in a congenital anomaly/birth defect		
		based upon appropriate medical judgment, may jeopardize the		
		subject's health and may require medical or surgical intervention to		
		prevent one of the other outcomes listed in previous five		
		statements.		
If you answered	lf you			
yes to <u>ANY</u> ,	answered no			
then the AE is	to <u>ALL</u> , the			
serious,	AE is not			
<u>(skip Step 2</u>	serious,			
and continue to	<u>(continue to</u>			
Step 3 check	<u>Step 2)</u>			
3.a.)				

Participant Study ID#____ ___ ___ ___

Step 2 – Is this not serious, unexpected adverse event that is at least probably related suggest that the			
research places subjects or others at a greater risk of physical or psychological harm than was			
previously known or recognized?			
YES	□ NO		
If yes, go to Step 3, check 3.b.	If no, this AE is not an "unanticipated problem"		
	STOP		
Prompt Report Not Needed			

Step 3 – Unanticipated Problems

☐ 3a. You should promptly report this **serious**, unexpected adverse event that is at least probably related to the research as an unanticipated problem because such events <u>always</u> suggest that the research places subjects or others at a greater risk of physical or psychological harm than was previously known or recognized.

☐ 3b. You should promptly report this **not serious**, unexpected adverse event that is at least probably related to the research as an unanticipated problem because it was determined that the event suggests that the research places subjects or others at a greater risk of physical or psychological harm than was previously known or recognized.

B. Non-AE Worksheet

Use the three criteria below to determine whether the incident, experience, or outcome that **is not** considered an adverse events is a **UPIRSO**. (Encompasses social or economic harms or increased *risk* of harm than was previously known or recognized but no harm occurs.)

Non-AE Criterion 1: Is this incident, experience, or outcome that is not an adverse event **UNEXPECTED**?

To determine whether an incident, experience, or outcome is unexpected, answer the following question.

Is the nature of the incident, experience, or outcome a known or foreseeable risk?	Yes The incident was not unexpected STOP Prompt Report Not Needed	No This incident was unexpected (continue to Criterion 2)
---	---	--

Non-AE Criterion 2: Is this unexpected incident RELATED OR PROBABLY RELATED to participation in research?

To determine whether an unexpected incident is related or probably related, choose which statement is accurate (you should only select one).

The unexpected incident, incident, experience, or outcome is related or probably related to participation in the research.	The unexpected incident is related (continue to Criterion 3)
The unexpected incident, experience, or outcome	The unexpected incident is <u>not</u> related
is caused solely by other circumstances or	STOP
otherwise unrelated to the research.	Prompt Report Not Needed

Non-AE Criterion 3: Does this unexpected incident that is related or probably related to participation in research suggest that the research places subjects or others at a <i>greater risk</i> of harm than was previously known or recognized?				
☐ YES	□ NO			
If yes, this incident is an "unanticipated problem" (go to Step 3)	If no, this incident <u>is not</u> an "unanticipated problem" STOP Prompt Report Not Needed			

Step 3 – Unanticipated Problems

You should promptly report this unexpected incident that is at least probably related to the research as an unanticipated problem because this incident suggest that the research places subjects or others at a greater risk of psychological, social, economic, or legal harms than was previously known or recognized.

C. Notes:

Co-Investigator (print name): _____

Co-Investigator Signature: ______

Date: _____

Participant Study ID# ____ ___ ___ ___

Section 3: This section will be completed by the Measurement Coordinator.

1. Is prompt reporting to IRB required? [AE Worksheet items 3a (serious, unexpected adverse events) or 3b (not serious, unexpected adverse events) are checked or if Non-AE Worksheet Criterion 3 = "yes"]

🗆 Yes

🗆 No

If 1 = Yes, notify Principal Investigator and Project Coordinator immediately and oversee data entry of AE Report into AE database.

If 1 = No, oversee data entry of AE Report into AE database.

UTHSCSA IRB's UPIRSO Policy and Procedure

Excerpt:

Promptly reporting all possible UPIRSOs to the IRB using the Prompt Reporting Form;

- a) Prompt reporting timeframe **report is made to the IRB within 7 days for UPIRSOs based on internal information** (e.g., experienced by subjects enrolled by the investigator(s) at an institution affiliated with the UTHSCSA IRB)
- b) Special shortened reporting timeframe: All UPIRSOs based on internal information that are either life threatening or fatal events must be reported **within 48 hours**

Measurement Coordinator (print name): _____

Measurement Coordinator Signature: _____

Date: ______

Date: _____

Since the last **Health4Kids** assessment 6 months ago, has your child had an injury or health condition that made it hard for him/her to be physically active?

No	(ei

No (end of questionnaire)

□ Yes

Don't Know (end of questionnaire)

If Yes:

1) WHEN did the injury/condition happen?

	n the	past 2	weeks
---------	-------	--------	-------

- □ In the past month
- □ 1-3 months ago
- \square >3 months ago
- Don't Know

2) WHERE did the injury/condition occur?

- At school
- At home
- Other, specify: _____
- Don't Know

3 What was your child doing when the injury occurred? (if health condition/illness, select N/A)

Walking
Running
Playing by him/herself
Playing with family or friends
Playing on a sports team
Other, specify:
N/A (health condition/illness, not an injury)
Don't Know

***Notes:** (Document sufficient information about injury/condition so that investigators may determine if the incident is related to participation in the research)



Fecha:

Desde la última evaluación para el estudio Health4Kids hace 6 meses, ¿Ha tenido su hijo/a una lesión o condición de salud que lo hizo difícil para que él/ella fuera físicamente activo/a?

 No (final de la encuesta) Sí No lo sé (final de la encuesta)
Si respondió que S í:
1) ¿CUANDO ocurrió la lesión/condición?
 En las últimas 2 semanas En el último mes Hace 1-3 meses > 3 meses No lo sé
2) ¿DONDE ocurrió la lesión/condición?
 En la escuela En casa Otra, especifique: No lo sé
3) ¿Que estaba haciendo su hijo/a cuando ocurrió la lesión? (si está una condición de salud/enfermedad, seleccione N/A)
 ☐ Caminando ☐ Corriendo ☐ Jugando solo/a ☐ Jugando con familia o amigos

- Jugando en un equipo deportivo
- Otra, especifique: _____
- N/A (condición de salud/enfermedad, no una lesión)
- □ No lo sé

*Notes: (Document sufficient information about injury/condition so that investigators may determine if the incident is related to participation in the research)



Intervention Telephone Counseling Call Inquiry

(intervention participants only - not control participants)

CURRENT

Assess current health status: So, how are you and (child name) doing?

a. How's (child name) physical activity going? Has he/she had any injuries that would make it hard for him/her to be physically active? □ Yes* □ No

Notes:

**Note*: Document sufficient information about injury/injuries so that PI may determine if the incident is related to participation in the research.

REVISED

Assess current health status: So, how are you and (**child name**) doing?

b. How's (child name) physical activity going? Since we last talked, has he/she had an injury or health condition that made it hard for him/her to be physically active? □ Yes* □ No If yes, WHEN did injury/condition happen? WHERE did injury occur?

Notes:

**Note*: Document sufficient information about injury/condition so that investigators may determine if the incident is related to participation in the research.

Assessment Inquiry

(intervention and control participants) Measurement staff asks about injury/condition prior as part of check-in at 6- and 12-month assessments:

c. Since the last Health4Kids assessment 6 months ago, has your child had an injury or health condition that made it hard for him/her to be physically active? □ Yes* □ No

If yes, WHEN did injury/condition happen?

- □ In past 2 weeks
- \Box In past month
- □ 1-3 months ago
- \square >3 months ago

WHERE did injury occur?

- At school
- \Box At home
- Other, specify: _____

What was your child doing when injury occurred? (If health condition/illness, select N/A)

- Walking
- Running
- □ Playing by him/herself
- Playing with friends
- □ Playing on a sports team
- Other, specify:
- □ N/A (health condition/illness, not an injury)

Notes:

**Note*: Document sufficient information about injury/condition so that investigators may determine if the incident is related to participation in the research.

Health4Kids (H4K): A Pediatric Obesity Management Intervention Trial for Hispanic Families (R01HD075936)

Protocol Deviation Protocol



Table of Contents

Overview	2
Access needed by Research staff:	2
Logging protocol deviations	2
How to log the protocol deviation	2
Overview

The purpose of this protocol is to document any deviations or adjustments not listed or mentioned in the approved protocol. A protocol deviation must not affect the participant's safety, rights, or well-being and/or the completeness, accuracy and reliability of the study data.

Staff responsible

Intervention and/or Measurement Coordinator will initiate documenting

Access needed by Research staff:

• REDCap project: H4K Protocol Deviation

NOTE: Contact Measurement or Intervention Coordinator if access is not available to REDCap.

Logging protocol deviations

How to log the protocol deviation

To log the protocol deviation, one must first log into REDCap and have access to the REDCap project "H4K Protocol Deviation." Once in the project select "Add / Edit Records" and "Enter a new or existing Study ID."



H4K Protocol Deviation

📑 Add / Edit Records

You may view an existing record/response by selecting it from the drop-down lists below. To create a new record/response, type a new value in the text box below and hit Tab or Enter. To quickly find a record without using the drop-downs, the text box will autopopulate with existing record names as you begin to type in it, allowing you to select it.

Total records: 161			
Choose an existing Study ID	select record 🔻		
Enter a new or existing Study ID	SahakTest		

Begin filling out the form from the top down.

H4K Protocol Deviation

O Adding new Study ID SahakTest	
Study ID	SahakTest
Staff initials	
Today's Date:	

Once at the "Deviation Category", select one of the following. Each category will create a drop down and you must select a more specific reason for the deviation.

		Safety
		Informed Consent
Deviation Category		Eligibility
	\sim	Protocol Implementation
		Other, specify in log

Safety-Deviation Code	 Not reporting a Serious Adverse Event (SAE) within 24 hours Not reporting Adverse Event (AE) to IRB Other, specify in log
Informed Consent-Deviation Code	 Failure to obtain informed consent Consent form used was not current IRB-approved version Consent form does not include updates or information required by IRB Consent form missing Consent form not signed and dated by participant Consent form does not contain all required signatures Other, specify in log
Eligibility-Deviation Code	 Participant did not meet eligibility criteria Randomization of an ineligible participant Participant randomized prior to completing baseline assessment, etc. Randomization and/or treatment of participant prior to IRB approval of protocol Other, specify in log
Protocol Implementation-Deviation code	 Failure to keep IRB approval up to date Participant receives wrong treatment Missed Visit Health Educator randomized participant before clinic visit Other, specify in log

Leave a description in the log to go into more detail about the deviation. For example:

Deviation Log (description)	E 🗊	Excel export indicated insufficient monitor wear time. Review of graphs showed close to 4D wear time. Child incentive given.
		Expand

POM/H4K Protocol Deviation Log



Description of Protocol	Deviation	Deviation	Participant ID	Date	Date IRB Notified	PI Signature &
Deviation	Lategory	Code	# Affected	Occurred	(if applicable)	Date
Monitor wear time validation not	D	D19	SW001	5/28/15	n/a	
performed due to staff uncertainty						
which metric to use; child						
participant given incentive at this						
time, sufficient wear time later						
verified						
Child participant did not urinate	D	D19	SE012	11/7/15	n/a	
prior to taking TANITA						
measurement						
Parent participant did not urinate	D	D19	SE012	11/16/15	n/a	
prior to taking TANITA						
measurement						
Monitor wear time validation not	D	D19	SE012	11/16/15	n/a	
performed due to Actilife software				11/18/15		
lockout; child participant given						
incentive at this time. Monitor						
checked when software available	_					
Excel export indicated insufficient	D	D19	SW001	11/19/15	n/a	
monitor wear time. Review of						
graphs suggested close minimum						
days w/ at least 10hrs/day. Child						
incentive given.						

*DEVIATION CATEGORIES:

Last revised 11-21-2015

- A. Safety
- B. Informed Consent
- C. Eligibility
- D. Protocol Implementation
- E. Other, specify in log

DEVIATION CODES:

Safety (Category A)

- 1. Not reporting a Serious Adverse Event (SAE) within 24 hours
- 2. Not reporting Adverse Event (AE) to IRB
- 3. Other, specify in log

Informed Consent (Category B)

- 4. Failure to obtain informed consent
- 5. Consent form used was not current IRB-approved version
- 6. Consent form does not include updates or information required by IRB
- 7. Consent form missing
- 8. Consent form not signed and dated by participant
- 9. Consent form does not contain all required signatures
- 10. Other, specify in log

Eligibility (Category C)

- 11. Participant did not meet eligibility criteria
- 12. Randomization of an ineligible participant
- 13. Participant randomized prior to completing baseline assessment, etc.
- 14. Randomization and or treatment of participant prior to IRB approval of protocol
- 15. Other, specify in log

Protocol Implementation (Category D)

- 16. Failure to keep IRB approval up to date
- 17. Participant receives wrong treatment
- 18. Missed visit
- 19. Other, specify in log

Last revised 11-21-2015

Health4Kids (H4K): A Pediatric Obesity Management Intervention Trial for Hispanic Families (R01HD075936)

Retention Protocol - Measurement



Contents

Overview	3
Staff Responsible	3
I. Encouraging Continued Participation in H4K	3
Scheduling 6-month and 12-month Assessments	3
II. Participants who wish to withdraw from the study	4
STEP 1: Try to determine reason for quitting	4
STEP 2: Possible Levels of Continued Participation for Measurement:	5
Fig. 3 Retention Strategies Part 1	6
Fig 4 Retention Strategies Part 2: Reduced Participation Options	7
III. Study Withdrawal Form	8
Appendix 1: Script for determining withdrawal reasons	1
Appendix 2: Voicemail scripts	1

Overview

This protocol outlines actions taken to encourage continued participation in the study, especially during the periods between assessments (1-6 months, 7-12 months). It also describes steps to take when a participant states they want to discontinue participation in any part of the Health4Kids Study.

Staff Responsible

Measurement Coordinator **UHS Program Coordinator** Measurement staff



Your ____-month appointment will be on

I. Encouraging Continued Participation in

H4K

Scheduling 6-month and 12-month Assessments

1. Measurement Coordinator will update **REDCap calendar in Eligibility Screening-UHS** project with target dates for 6A1 and 12A1, at least 6 months into the future. Measurement Coordinator will also provide UHS Program Coordinator with updated spreadsheet of



_am/pm at: at

University Family Health Center - Southwest

2121 SW 36th Street

San Antonio, TX 78237

If you need to reschedule your appointment, please call us at your earliest convenience

to ensure you receive all the program text messages and reminder calls:

Crystal Espinoza, Program Coordinator

(210) 358-3693

We look forward to seeing you!



Fig. 1 Scheduling half sheet

target 6A1 and 12A1 dates for all enrolled participants.

2. At CV2, Program Coordinator/Patient Navigator will view calendar and schedule 6A1 with participant. Program Coordinator/Patient Navigator will provide a half sheet with the date and time (Fig. 1):

At 6A2, measurement staff will view calendar and schedule 12A1 with participant. They will provide a half sheet with the date and time (Fig. 1).

4. Two months prior to the scheduled 6A1 or 12A1, measurement staff will mail participant a reminder letter with the date and time and current contact information (phone number) on file (Fig. 2).

5. Measurement Coordinator will create alerts on the REDCap calendar to inform staff when they should mail reminder letters (Screenshot + process of schedule creation)

6. Per protocol, MessageSpace messages will be sent out 1 week before and 1 day before scheduled 6A and 12A assessments. Research staff will make reminder phone calls one day prior to assessments (see Merlin's Protocol).



Continuing to participate in the Health4Kids study is an important step in helping your family stay healthy for life!

Your -month appointment will be on am/pm at:

University Family Health Center - Southeast

1055 Ada Street San Antonio, TX 78233

The contact phone number we have on file for you is: If the number has changed, or you need to reschedule your appointment, please call us at your earliest convenience to ensure you receive all the program text messages and reminder calls: Crystal Espinoza, Program Coordinator (210) 358-3693



We look forward to seeing you!

Fig. 2 Reminder letter

II. Participants who wish to withdraw from the study

This section outlines actions taken when a participant states they want to discontinue participation in any part of the Health4Kids Study.

When possible, we want to keep families involved for the duration of the study, with the ultimate goal being 70% cohort retention over the course of the 5–years. If a participant contacts the study asking to quit, we want to try to continue working together, to keep gathering information, but also accommodate their request for limiting their participation. This may require a bit of negotiating. There can be several ways to work with participants to best meet both parties' needs.

There are two key goals to keep in mind when employing the Retention Protocol during a conversation with participants about potentially ending or modifying their participation in the study:

- We want to find out why the participant wants to quit. Asking parents why they want to quit will give clues and ideas about what options and what level of participation might be a better fit for them. The reasons they give you will guide the conversation and are important for the study. If, through the course of conversation, the participant does decide to quit, we also want to record the reason in the Study Withdrawal Form on REDCap (Eligibility Screening-UHS project) and inform the PI.
- 2) We want to keep any door open for continued participation for future measurement visits. Participants may not realize that there are multiple potential options for taking a break from active study participation.

After someone has expressed interest in quitting some aspect of the study, follow the steps below:

STEP 1: Try to determine reason for quitting.

If the family is struggling to stay in the study asking them 3 simple questions about their study experience may allow them to express their concerns about continuing with data collection:

"I am so sorry to hear that you are considering leaving the study. We really value your participation and want to know what we can do to make this worthwhile for you. In the past we have offered options to participants to make this a more positive experience. If we could have a quick conversation about what might work for you, I can tell you about some options that might make things easier for you to still participate. Can I ask a few questions just so I know where to start? Does that sound OK?"

- *i.* Do you have any concerns or problems with any part of the study that you would like me to know?
- ii. How is this experience different from what you were expecting?
- *iii.* Is there anything right now that you can think of that would make your participation easier?

"The study doesn't have to be an "all or nothing" experience. I would like to work together with you to make this a positive experience for everyone. Let me tell you about a couple of options..."

If the reason for quitting is intervention related, follow the **Intervention Retention Protocol**. If the reason for quitting is measurement–related proceed with Step 2 below.

If at any point along the way, staff begins to have difficulty getting in touch with a family, some possible voice messages to leave (in the hopes the family will listen to their voicemail) are as follows:

- "I want you to know how important your participation is to us. We work hard to keep in touch with all families in the study and want to work with you in a way that helps, both for you and the study. It is really important for you to call us back so we can talk with you about different options for participation going forward."
- "We really want to work with you so that your family can continue with the study in a way that works best for your family."
- "As part of our study protocol, we will keep calling families until we hear back from you."

STEP 2: Possible Levels of Continued Participation for Measurement:

If a participant expresses they want to quit the measurement visits (or entire study), or their reason for wanting to quit the study is measurement–related, first ask if they would be open to possible options for reduced participation (see Figs. 3 and 4 on following pages).

Offer the options below based on their reason for wanting to quit. Due to the length of the measurement visits, or unwillingness to perform all parts of the measurement visits, negotiate doing SOME of the measures. The most important is child height and weight. Any measures beyond that will be a bonus, but try to negotiate for other measures as well.

Typically the gift card reimbursement for Assessment visits would be as follows:

- \$20 gift card at Part 1
- \$20 gift card at Part 2

Because retention is so important, the H4K staff will offer the full gift card amount for *any* partial participation in that data collection time point. Thus, the gift card distribution may be different than the bullet points above.

The following are potential options for data collection at follow up visits:

NOTE: Measurements should be prioritized in the following way:

- a. Child Anthro (height, weight, waist circumference: primary outcomes)
- b. Fasting labs
- c. FFQ
- d. Surveys (entire PAQ-C + draft HLP sections only) screenshot?
- e. Accelerometry
- f. Parent Anthro

Child Anthro Only

As the very last effort for the timepoint, offer to collect only child anthropometric data. BMI change is the main outcome of the study, thus is the most important measure we can collect.

Fig. 3 Retention Strategies Part 1



Last updated 9-27-17

Fig 4 Retention Strategies Part 2: Reduced Participation Options



Opt-Out of Current Measurement-Visits

If the parent is currently too busy to do measurement visits, they can opt out of the current time-point (e.g. opt out of 6-month measurement visits). If a parent chooses this option, confirm that they can be contacted for the next measurement point (e.g. 12-month measurement visits).

Step 3: If after negotiations, the parent would still like to quit the study, "Thank you for your participation. I'm sorry we couldn't find something that could work for your family at this time. Would it be ok to contact you in a few months?" If the family, after negotiations about the intervention or measurement, firmly decides to not participate in the study and would not like to be contacted again, thank them for their participation.

Step 4: E-mail the PI and Measurement Coordinator with the final outcome and work with them to record final results in the Study Withdrawal Form.

III. Study Withdrawal Form

	H4K	Eligibili	ty Scree	ning - UHS
--	-----	-----------	----------	------------

📰 Record Home Page

The grid below displays the form-by-form progress of data entered for the currently selected record. You may click on the colored status icons to access that form/event. If you wish, you may modify the events below by navigating to the <u>Define My Events</u> page.

No upcoming calendar events

```
🖸 Choose action for record 🗢
```

StudyID (screening ID) SE124

, , , , ,		
Data Collection Instrument	Baseline	6- Month
Eligibility Screening Form Uhs	۲	
Lab Results	۲	
Introductory Session participant data	۲	
Schedule Clinic Visits	۲	
Hlp Visit 1	۲	4
Study Withdrawal Form		
Current Healthy Lifestyle Prescription	۲	
Delete all data on event:	×	

- a. Click on add/edit records and enter the study ID of withdrawing participant.
- b. Click on the Study Withdrawal form and enter data. Leave form Incomplete.

3. Measurement Coordinator informs Process Evaluation Coordinator that participant has withdrawn.

4. *Process Evaluation Coordinator* enters date of withdrawal from MessageSpace and changes form status to "Complete." 1. Research Staff inform *Measurement Coordinator* that participant is withdrawing from the study, providing a detailed email with date and reason for withdrawal.

2. *Measurement Coordinator* enters data in Study Withdrawal form on REDCap, located in the H4K Eligibility Screening-UHS project:

^M H4K Eligibility Screening - UHS	Save & Exit For
Actions: 🔀 Download PDF of instrument(s) 🗢	Share instrument in the Library
📑 Study Withdrawal Form	
Editing existing StudyID (screening ID) SE12	4
Event Name: Baseline	
StudyID (screening ID)	SE124
Study Withdrawal Date:	[⊕] 09-08-2017 08:55 ∰○ Now N-D-YH:M
Staff Initials	H dlp
Date of Last Contact (if known)	⊞ 09-08-2017 টা Today №-D-Y
Withdrawal Reason * must provide value	Completed Study Ineligible Lost to follow-up INIthdrawal Participant Withdrawal Death
Reason for Withdrawal Notes: * must provide value	Parent no longer interested due to hectic work schedule and both children in team sports
	Expand
Date Removed from Mailing List * must provide value	H Today M-D-Y
Date Removed from Measurement Reminde	H 09-08-2017 ☐ Today M-D-Y
Date Removed from MessageSpace	H Today M-D-Y
Form Status	
Complete?	🖯 Incomplete 🔻
	Save & Exit Form Save & 👻

Appendix 1: Script for determining withdrawal reasons

If the family is struggling to stay in the study asking them 3 simple questions about their study experience may allow them to express their concerns about continuing with data collection:

"I am so sorry to hear that you are considering leaving the study. We really value your participation and want to know what we can do to make this worthwhile for you. In the past we have offered options to participants to make this a more positive experience. If we could have a quick conversation about what might work for you, I can tell you about some options that might make things easier for you to still participate. Can I ask a few questions just so I know where to start? Does that sound OK?"

- *i.* Do you have any concerns or problems with any part of the study that you would like me to know?
- ii. How is this experience different from what you were expecting?
- *iii. Is there anything right now that you can think of that would make your participation easier?*

"The study doesn't have to be an "all or nothing" experience. I would like to work together with you to make this a positive experience for everyone. Let me tell you about a couple of options..."

Appendix 2: Voicemail scripts

If at any point along the way, staff begins to have difficulty getting in touch with a family, some possible voice messages to leave (in the hopes the family will listen to their voicemail) are as follows:

- "I want you to know how important your participation is to us. We work hard to keep in touch with all families in the study and want to work with you in a way that helps, both for you and the study. It is really important for you to call us back so we can talk with you about different options for participation going forward."
- "We really want to work with you so that your family can continue with the study in a way that works best for your family."
- "As part of our study protocol, we will keep calling families until we hear back from you."

	6 MONTH	12 MONTH
Schedule Visits	 Call 12 times over the 6-week window Leave 2 messages (week 1 & 3) E-mails to schedule survey call sent after week 1 Intervention & Data Collection staff contacted for additional tips on reaching specific participants if necessary 	 Calls begin 2–3 weeks prior to window opening 20 calls, 5 messages 3 calls per week 1 message left each week Send 1 text each week Attempt e-mail
Reminder Letter	 Send letter when the target window opens (2 months prior to scheduled date) 	 Letter sent 4 weeks prior to window opening Include \$5 gift card Annie will send

Additional Contacts	 Ask for 2 Add'l Contacts at baseline 	 Try after 4th week of no contact if unsure about contact info Add'I Contacts are confirmed or updated at each phone survey 	 Call when window opens Call no more than 5 times Add'I Contacts are confirmed or updated at each yearly follow up data collection visits 	 Try after 4th week of no contact if unsure about contact info Add'I Contacts are confirmed or updated at each phone survey
VisitfCall Window	 Recruitment calls made over 30 day period 	 2 weeks before target and 4 weeks after "target date" (window close is used as a guideline, not a rule) 	 2 weeks before - 4 weeks after date of randomization Window closes at month 14 Coordinate with Int & Process Eval Case by case discussion with Annie 	 2 weeks before target and 4 weeks after "target date" (window close is used as a guideline, not a rule)
Visit Confirmation Protocol	 Confirm visit Friday prior to HV1 - LM if no contact Confirm visit day before HV1 - LM if no contact If no contact made, call again before leaving office Go to HV1 regardless of confirmation status 	NA	 Confirm visit Friday prior to HV1 – LM if no contact Confirm visit day before HV1 – LM if no contact If no contact made, call again before leaving office Go to HV1 regardless of confirmation status 	• NA

Reduced Data	• NA	• Call all families unless database	For those families who do not	Call all families unless
Collection		indicates that they have fully	want to participate in full	database indicates that they
Protocol		quit study or opted out of PE	measures:	have fully quit study or opted
		measures.	 Refer to Retention Protocol 	out of PE measures.
		• If family indicates they do not	to negotiate visitsfmeasures	 If family indicates they do
		want to participate in full	 Use MI techniques to 	not want to participate in full
		measures, refer to retention	determine family's current	measures, refer to retention
		protocol to negotiate	situation	protocol to negotiate
		visitsfmeasures.	$_{\odot}$ Always leave door open for	visitsfmeasures.
			further timepoint's measures	
			For those families who do not	
			respond to contacts:	
			$_{\odot}$ At the end of 20+ calls, Annie	
			to send Meas Options letter	
			with self-report anthro	
			instructions & \$10 gift card	
			Each challenging family is	
			discussed at weekly Retention	
			Mtg to strategize best process	
No Show	 Knockfcall while at the front 	NA	 Knockfcall while at the front 	NA
Protocol	door – LM		door – LM	
	• Call again after 5 minutes – LM		• Call again after 5 minutes – LM	
	stating we will wait 30 minutes		stating we will wait 30 minutes	
	hoping to see you		hoping to see you	
	• If No Show, call the next day to		• If No Show, call the next day to	
	reschedule		reschedule	
	 If the family reschedules or 		Continue trying to reschedule	
	expresses further interest, can		family & possibly negotiating	
	be rescheduled 2 more times		measures	
	 If No Show & unable to 			
	contact, no further contact is			
	required			

People who have moved	 Generally, Invite letter comes back from post office, so send another letter to new address (if provided by USPS) Otherwise we have contact with families at least 8 times between screening & randomization 	 Ask for updated contact info at the beginning of survey Callfcontact participant and resend if invite letter(s) are returned. 	 Go to visit if within metro Case by case for those who move outside of metro Work with Annie, Karen and Sara to determine course of action 	 Ask for updated contact info at the beginning of survey Callfcontact participant and resend if invite letter(s) are returned.
Gift cards	 \$20 gift card at HV1 \$20 gift card at HV2 	 \$2 bill included with letter sent to family prior to their 6-month telephone survey \$10 gift card mailed when complete 	 \$5 gift card mailed in 12f24f36M letter \$10 gift card at HV1 \$10 gift card at HV2 \$30 gift card mailed at the end of data collection Staff has discretion to give more incentive if they feel necessary at visit (total must not exceed \$50) 	 \$2 bill included with letter sent to family prior to their 18-month telephone survey \$10 gift card mailed when complete

Health4Kids (H4K): A Pediatric Obesity Management Intervention Trial for Hispanic Families (R01HD075936)

Retention Mailing Protocol



Last revised 1/17/2019

Table of Contents

	2
Overview	3
Staff responsible	3
Materials needed:	3
Access needed:	3
Birthday Card Steps	4
Adults birthdays	4
Children birthdays	5
Birthday Card Template	6
Printing Birthday Cards	6
Printing Addresses on Envelopes (Birthdays)	8
Holiday Card Steps	10
Printing Holiday Cards	11
Printing Addresses on Envelopes (Holiday)	13
Mother's Day Sentiment Steps	15
Father's Day Sentiment Steps	16
Father's Day Sentiments Verbiage	16
Father's Day Template	16

Overview

This protocol describes implementation of the retention strategy of mailing birthday and holiday cards to active participants.

Staff responsible

Each month, under Measurement Coordinator's supervision research staff will mail out retention mailings (e.g., birthday, father's day, etc.) to child and/or parent actively enrolled in the Health4Kids study.

Materials needed:

- Green envelopes "H4K Birthday cards"
- Confetti Streamers Stationary paper, 100 sheets (Item # 860696 /bought through Office Depot, Office Max) "H4K Birthday cards"
- Red envelopes "H4K Holiday cards"
- Winter Penguin Border Stationery paper, 80 sheets (Item #11804-80/bought through amazon.com) "H4K Holiday cards"
- Pink envelopes "Mother's Day Sentiments"
- Blue envelopes "Father's Day Sentiments"

Access needed:

- POM drive
- Printer Xerox AltaLink C8055 PS
- Printer HP Color LaserJet 4525
- REDCap H4K Assessments Report: Retention program: b-day Christmas 2 (parent birthdays)
- REDCap H4K Eligibility Screening report: Retention program birthday and Christmas

Birthday Card Steps

Every last week of the current month, research staff will mail out birthday cards to active participants, including parent and child.

Adults birthdays

 To locate the parents birthdays, go to REDCap, click on the tab "H4K Assessments→ Reports→ #3. Retention programming: b-day Christmas 2".

REDCap	H4K Assessments
 Logged in as tobarm3 Log out My Projects ▲ Project Home or ⊨ Project Setup ■ REDCap Messenger 	A Project Home 🗮 P
Project status: Production Data Collection	Quick Tasks
Manage Survey Participants Record Status Dashboard Add / Edit Records	Manage Survey Participants
Applications	Create a report
Image: Calendar Image: Data Exports, Reports, and Stats Image: Data Exports, Reports, Reports, and Stats Image: Data Exports, Reports, Reports, Reports, and Stats Image: Data Exports, Reports, Reports, Reports, Reports, and Stats Image: Data Exports, Reports, Repo	Online Designer and Data Dictionary Upload
Project Bookmarks	Project Dashboard
 ⇒ Go to H4K Eligibility Screening ⇒ Go to POM Spanish surveys ⇒ Go to Protocol Deviation 	The tables below provide project, general project st
Reports	Current Users (22)
1) Enrollment for IRB reporting 2) Baseline assessment dates Nut 2) arvey 3) Retention programming: b-day Christmas 2	User Exp abdelkarimh (Heba Abdel-Karim) ne

Once in the Retention programming: b-day Christmas 2 report: "Study ID, Event Name, Preferred language, Adult Birth Month, Clinic Visit 1 Date, and Assessment Part 3 date" will be displayed.

Study ID base1_ id1	Event Name redcap_event_ name	Preferred language pref_language	Adult Birth Month abase_birth	Clinic Visit 1 Date clinic1_date	Clinic Visit 1 Date clinic1_date2	Assessment Part 3 date cbase_accelreturn
SE268	Baseline	Spanish (2)	Apr	10-24-2017 19:25:00		
<u>SE437</u>	Baseline	English (1)	April	03-01-2018 13:20:00		

Children birthdays

To locate the birthdays of the children participating in the study, click on the tab "H4K Eligibility Screening- UHS→ Reports→ #2. Retention program- birthday & Christmas".

Once in the Retention program – birthday & Christmas report: "Study ID, Event Name, Study Withdrawal Date, Child date of birth, Child's first name & last name, Parent/guardian's first and last name, Mailing address and Preferred language of texts," will be displayed.

REDCap	H4K Eligibility Screening - UHS
 Logged in as tobarm3 Log out If My Projects Project Home or I Project Setup 	A Project Home 🗦 Project Setup
REDCap Messenger Project status: Production	Quick Tasks
Data Collection	The Codebook i and serves as a
📰 Record Status Dashboard 🛃 Add / Edit Records	Export data Export your dat
Applications 📃	Check data quality Build or execute
Cateriar Data Exports, Reports, and Stats Data Import Tool Data Comparison Tool Logging Field Comment Log File Repository Data Quality	Project Dashboard The tables below provide general dashboa project, general project statistics, and upco Current Users User Expires
Project Bookmarks	abdelkarimh
Go to H4K Assessments Go to POM Spanish Surveys	(Heba Abdel-Karim) never [account suspende
Go to Protocol Deviations	alvaradom4 (Marisol Alvarado)
Reports / Edit reports -	crystal.espinoza2 (Crystal Espinoza)
Popeling Screening can	



Birthday Card Template

3. After identifying all the birthdays that fall on the upcoming month, go to "POM→ Measurement→ Retention Strategies→ Birthday Card Template folder" to access the birthday card template. This folder consists of the birthday card template (which is a MS Publisher document) along with a Word document, containing a mailing "Envelope template" to input participant's mailing addresses.



Printing Birthday Cards

4. Click on "Birthday Card Template" and print either ENG or SPN card according to participant's language preference.

NOTE: Use Printer SHARP MX-5111N PCL6 to print birthday card.



5. When printing the birthday card template, use the "Confetti Streamers Stationary paper, 100 sheets". NOTE: Load paper onto "Bypass Tray" face down before printing.

 Click on the second left tab "Paper" and in the right side where "Paper Source" is located, click down arrow and chose "Bypass Tray (Letter)". After setting has been selected click "okay" located on the bottom right of SHARP MX-5111N PCL6 Properties window.

an Paper Alvanced	Special Modes Job Handling Wa	atermarks Color
User Settings:	Untitled	Save Defaults
1	Paper Size 8.50 x 11.00 in. Letter	Paper Selection Paper Source: Bypass Tray (Letter) Paper Type:
	- Zoom Settinge	Auto Select 👻
	 Normal Fit To Paper Size 	Tray Status
	Zoom Print Letter on	Output: Center Tray
	Letter	
	Poster Printing	
	roster bettings	
	0	K Cancel Help



 Then go back to the "Birthday Card Template" folder and click on "Envelope template (mailing)" Word document. Use the mailing template, input participants information but do not save.
 NOTE: Mr. /Ms. for ENG participants, Sr. /Sra. for SPN participants.

			En	nvelope template (mail	ng) - Microso	ft Word				_
sert Page Layout	References	Mailings F	leview View	EndNote X6 A	crobat					
Arial · 11 B <i>I</i> <u>U</u> · abe	$\mathbf{X}_{1} \mathbf{X}_{2} \mathbf{X}_{1} \mathbf{X}_{2} \mathbf$	Aa - 🎒 🗄	· }∃ · '⊊·	│≩≇∥≙↓│¶ \$≣∗│22.▼⊡▼	AaBbCcDc	AaBbCcDc 1 No Spaci	AaBbC(Heading 1	AaBbCc Heading 2	AaBI	AaBbCcl
	Font	5	Parag	iraph 🕞				Styles		s
	· · · Z · · · ·		2	. 3 4	1 * * * 5 * * *	1 6	7	8 .	12 9	
	Health4 Institute MC7725 74110 San Ant	Kids for Health Prom 9 hn Smith, Suite 1 onio, TX 78229	otion Research 000	Ms. <u>Heal</u> t 123 ABC San Anto	by. Dr. nio, TX 782	28				
	Health4 Institute MC7722 741100 San Antr	Kids for Health Prom 9 hn Smith, Suite onio, TX 78229	otion Research 000	Sra. Salu 123 ABC San Anto	dable Dr. nio, TX 782	370				

Printing Addresses on Envelopes (Birthdays)

8. Use green envelopes and take to printer "HP Color LaserJet 4525". Place envelopes face down as depicted on picture below. These instructions are shown on printer.



 Place birthday card into envelope. Once sealed use "H4K Mailing sticker" and place it on the back of envelope. To mail envelope, place envelope on metallic basket located at the front. Basket is used for all outgoing mail in the office.





NOTE: H4K Mailing sticker is located on "POM→ Measurement→ Retention Strategies folder". To print

more H4K Mailing stickers use AVERY 5160 Easy Peel Address Labels- White 1" x 2 5/8". Packet has 30 labels per sheet. (This will be located in office supplies closet by receptionist). Once printed, cut evenly to make sticker size.

Computer > POM	Measurement Retention Strategies	
- Burn New folder		
ites	Name	Date n
ktop	퉬 Birthday Card Template	8/17/2
vnloads	Holiday Card Template	7/12/2
ent Places	JID III	12/5/2
	퉬 SA Food Bank Flyer	3/30/2
ies	🎉 Welcome card template	7/27/2
uments	🔁 Retention Strategies Net-Works	10/28/
sic	Retention Program Birthdays	7/25/2
ures	Retention program t-shirts	8/1/20
205	H4K Mailing Address	5/31/2
	H4K Mailing sticker	5/25/2

Use scissors or paper machine cutter located by printers.



10. When sending out multiple envelopes (6+) at once, obtain "Mail Services Outgoing Mail Project ID Verification Form". This form is located in the front of the office, underneath the metallic basket where all outgoing mail is placed.

NOTE: Ask front desk receptionist for assistance if you cannot locate the metallic basket.

	MAIL SERVICES OUTGOING MAIL PROJECT ID VERIFICATION FORM
All outgoing mail will automati is accompanied by this form.	cally be charged to corresponding department's project ID number, unless mailing
DATE:	NUMBER OF PIECES:
PROJECT ID NUMBER:	MAIL STOP CODE: 7729
DEPARTMENT: Institute for I	Health Promotion Research OFFICE PHONE: (210) 562-6500
NAME:	
Please Print AUTHORIZED SIGNATURE:	

Holiday Card Steps

 In the month of December, the research staff will mail out a holiday card to active participants in the Health4Kids study.
 NOTE: All cards will be personally signed by each member of the Heath4Kids team.

NOTE: All cards will be personally signed by each member of the Heath4Kids team.

- Repeat step 2 from [Birthday Card Steps]: go REDCap, click on the tab "H4K Eligibility Screening- UHS→ Reports→ #2. Retention program- birthday & Christmas" to access participant's information.
 NOTE: Avoid sending holiday cards to participants no longer in the program. Use the tab "Study Withdrawal Date" to determine which participants have withdrawn or completed the study in the past 13 months.
- 3. Determine the number of ENG and SPN speaking participants in the program to determine how many ENG and SPN cards to print.

4. Then go back to Measurement→ Retention Strategies→ Holiday Card Template folder to access the holiday card template. This folder consists of two holiday card templates (ENG and SPN) which are on a Word document along with a Word document, containing mailing address label template.

Color Retention Strategies	s 🕨 Holiday Card Template 🕨	✓ 4y Search Holi	day Cara
Organize 🔻 Burn New fold	er		
🔆 Favorites	Name	Date modified	Туре
🧮 Desktop	\mu old	7/12/2017 2:00 PM	File fol
🐌 Downloads	👜 BirthdayHoliday Card Protocol	4/11/2017 12:16 PM	Micros
📃 Recent Places	👜 Holiday Card 2017 ENG	4/4/2017 6:20 PM	Micros
	Holiday Card 2017 SPN	4/4/2017 6:12 PM	Micros

5. Click on "Holiday Card 2017 ENG" for English speaking participants or "Holiday Card 2017 SPN" for Spanish participants.

Ro Ro	Insert Page I Refere Mailin Review View EndNr Acrob		Adobe Casion Pro
Paste 🛷 🛕	$ \stackrel{\text{D}}{=} \stackrel{\text{v}}{=} \stackrel{\text{abe}}{=} \stackrel{\text{X}}{=} \stackrel{\text{X}$	Paste	✓ A · A· A· A· Styles Editing
Clipboard G	Font 12	Clipboard	d 🖬 Font 🖬
-			
	l i D		• ~~ , =
$\frac{1}{2}$	'eason s Sreetings.	-	I eliz invierno!
N. 0.1			
: On be	half of the Health4Kids team, we wish you	1 a	¡Deseándole unas vacaciones saludables y felices,
m	healthy, happy holiday!		de todo el equipo de Health4Kids!
	HEALTH	-	HEALTH
-			
-		-	

Printing Holiday Cards

 When printing the holiday card, use "Winter Penguin Border Stationery paper, 80 sheets". Use Printer SHARP MX-5111N PCL6 to print holiday card. Load paper onto "Bypass Tray" face down before printing.
 NOTE: Remember to have all Holiday cards signed by the entire Health4Kids team before mailing them out.



7. Click on the second left tab "Paper" and in the right side where "Paper Source" is located, click down arrow and chose "Bypass Tray (Letter)". After setting has been selected click "okay" located on the bottom right of SHARP MX-5111N PCL6 Properties window.

User Settings	Untitled 👻	Save D
_	Paner Ste	Paner Selection
	8.50 x 11.00 in.	Paper Sources
1	Letter	Bypass Tray (Lette
	Custom	Paper Type:
		Auto Select
_	Zoom Settings	TON
<u>₿</u>	Normal Fit To Paper Size	Iray Stat
_	 Zoom 	Output:
P	Distant	Center Tray
000	Print Letter on	ภ
	Letter	
	Settings	
<u> </u>	Poster Printing	
-	Poster Settions	1

Go back to the "Holiday Card Template" folder and click on "Envelope template (mailing)" Word document. Use the mailing template, input participants information but do not save.
 NOTE: Mr. /Ms. for ENG participants, Sr. /Sra. for SPN participants.



Printing Addresses on Envelopes (Holiday)

9. Use **red** envelopes and take to printer "HP Color LaserJet 4525". Place envelopes face down as depicted on picture below. These instructions are shown on printer.



10. Place holiday card into envelope. Once sealed use "H4K Mailing sticker" and place it on the back of envelope. To mail envelope, place envelope on metallic basket located at the front. Basket is used for all outgoing mail in the office.

NOTE: Refer to birthday card step #9 on where H4K Mailing sticker is located and which size of Easy Peel Address Labels to use.



11. When sending out multiple envelopes (6+) at once, obtain "Mail Services Outgoing Mail Project ID Verification Form". This form is located in the front of the office, underneath the metallic basket where all outgoing mail is placed.

NOTE: Ask front desk receptionist for assistance if you cannot locate the metallic basket.

	1
	MAIL SERVICES OUTGOING MAIL PROJECT ID VERIFICATION FORM
All outgoing mail will automatica	lik he charged to company diag data data d
is accompanied by this form.	ny be charged to corresponding department's project ID number, unless mailir
is accompanied by this form.	NUMBER OF PIECES:
is accompanied by this form. DATE: PROJECT ID NUMBER:	NUMBER OF PIECES:NUMBER OF PIECES:
IS accompanied by this form. DATE: PROJECT ID NUMBER: DEPARTMENT:Institute for He	NUMBER OF PIECES:MAIL STOP CODE:7729 ealth Promotion Research OFFICE PHONE: (210) 562-6500
IS accompanied by this form. DATE: PROJECT ID NUMBER: DEPARTMENT:Institute for He NAME:	NUMBER OF PIECES:MAIL STOP CODE:7729 ealth Promotion Research_OFFICE PHONE:(210) 562-6500
IS accompanied by this form. DATE: PROJECT ID NUMBER: DEPARTMENT:Institute for He NAME: Please Print	NUMBER OF PIECES:MAIL STOP CODE:7729 ealth Promotion Research_OFFICE PHONE: (210) 562-6500
IS accompanied by this form. DATE: PROJECT ID NUMBER: DEPARTMENT:Institute for He NAME: Please Print AUTHORIZED SIGNATURE:	NUMBER OF PIECES:MAIL STOP CODE:7729 ealth Promotion Research_OFFICE PHONE:(210) 562-6500

12. Have the form from above signed by your Supervisor and put all envelopes onto the basket.

Mother's Day Sentiment Steps

Every Mother's Day of each year, research staff will mail out Mother's Day Sentiment cards to active parent participants.

Mother's Day Sentiments

English	Spanish
Our heartfelt wish for you on Mother's Day is	Nuestro sincero deseo para usted en el Día
that you are healthy, happy and loved each	de las Madres es que este saludable, feliz y
and every single day.	amada todo los días.

Father's Day Sentiment Steps

Every Father's Day of each year, research staff will mail out Father's Day Sentiment cards to active parent participants.

Father's Day Sentiments Verbiage

English	Spanish
Our heartfelt wish for you on Father's Day is	Nuestro sincero deseo para usted en el Día
that you are healthy, happy and loved each	del Padre es que este saludable, feliz y
and every single day.	amado todo los días.

Father's Day Template

 After identifying all the active father participants, go to "POM→ Manual of Procedures→ Retention→ Father's Day Sentiment folder" to access the father's day card template. This folder consists of the father's day card template (which is a MS Publisher document) along with a Word document, containing a mailing "Envelope template" to input participant's mailing addresses.

2.



Almost done!

Congratulations on completing your telephone counseling calls with the Health Educator!

Remember: you still have visits with your doctor and the research team.

If you have any questions please contact:

Daisy Escamilla Health Educator (210) 562-6508





¡Casi termino!

¡Felicidades! por completar sus llamadas de seguimiento con su educadora de salud.

Recuerde: Usted todavía tiene citas con su doctor y el personal del estudio.

Si tiene alguna pregunta por favor contacte a:

Daisy Escamilla Educadora de Salud (210) 562-6508

