

Study ID# \_\_\_\_\_ Staff ID # \_\_\_\_\_ Date: \_\_\_\_\_

## DATA COLLECTION FORM - CHILD

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☐  
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Baseline Part 1

6-mo Part 1

12-mo Part 1



Age  years Gender: M / F

Height: (cm) \_\_\_\_\_. \_\_\_\_ (For Activity Monitor) (ft/in) \_\_\_\_/\_\_\_\_ (round up if  $\geq \frac{1}{2}$  in.) Height % \_\_\_\_\_

### TANITA (BODY COMPOSITION)

Height (Copy from above)	Weight (kg)	BMI (kg/m <sup>2</sup> )	BMI %
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

TANITA  
PRINTOUT  
GOES HERE

**BASELINE ONLY:** IF BMI <20.0, use REDCap calculator to determine percentile

(For Activity Monitor) Weight (lbs) (multiply kg x 2.2) \_\_\_\_\_

**(BASELINE) IF BMI percentile 85-98.9, continue measurements:**

	Measurement 1	Measurement 2	Measurement 3 (If the difference between Measurement 1 & 2 is > 1cm)
Waist Circumference (cm)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

<b>RESTING BP</b>	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)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Diastolic Blood Pressure(mmHg)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>


(FOR DATA ENTRY LATER)

**ELIGIBLE for STEP TEST?** YES (BP<95% percentile for age/height)

NO (BP $\geq$ 95% percentile for age/height)

**(Turn over for Fitness Test)**

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<b><u>FITNESS (HR)</u></b>	Time 0 (seated)	3 min (immediately after stopping)	4 min (seated on step)	5min (seated on step)
<b>3-Min Step Test (HR)</b>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
<b>If stopped at &lt;3min: Record Time Stopped and HR</b>		____ min ____. ____ sec		



*\*Staff Notes:*

## DATA COLLECTION FORM - CHILD (OPTIONAL)

☐ Baseline Part 2

☐ 6-mo Part 2

☐ 12-mo Part 2


**Complete if NOT eligible for Step test at Part 1:**

Height % \_\_\_\_\_ (copy from Part 1)

<b><u>RESTING BP</u></b>	Measurement 1	Measurement 2 (after 5min if elevated, e.g. 120/80)	Measurement 3 (after 5min if still elevated, e.g. 120/80)
<b>Systolic Blood Pressure(mmHg)</b>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
<b>Diastolic Blood Pressure(mmHg)</b>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>

**ELIGIBLE for STEP TEST?** YES (BP<95% percentile for age/height)

NO (BP≥95% percentile for age/height)

<b><u>FITNESS (HR)</u></b>	Time 0 (seated)	3 min (immediately after stopping)	4 min (seated on step)	5min (seated on step)
<b>3-Min Step Test (HR)</b>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
<b>If stopped at &lt;3min: Record Time Stopped and HR</b>		____ min ____. ____ sec		

*\*Staff Notes:*