

The Children's Healthy Living (CHL) Program for Remote Underserved Minority Populations in the Pacific Region

DRAFT (10-12-2017)

CHL Data Dictionary

Vol. 1 Individual-Level Data for the CHL Community Randomized Trial and FAS Prevalence Study

Developed by the CHL Data Work Group

for use in the CHL Pacific Region

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Vol. 1 Individual-Level Data

for the CHL Community Randomized Trial and FAS Prevalence Study

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The Children's Healthy Living (CHL) Program

The Children's Healthy Living Program for Remote Underserved Minority Populations in the Pacific Region (CHL) is a partnership among the remote Pacific jurisdictions of Alaska; American Samoa; Commonwealth of the Northern Mariana Islands (CNMI); the Freely Associated States of Micronesia (FAS) which includes the Republic of the Marshall Islands (RMI), Republic of Palau, Federated States of Micronesia (FSM); Guam; and Hawaii to study childhood obesity among Pacific children, ages 2 to 8 years. The program is sponsored by the United States Department of Agriculture (USDA), Agriculture and Food Research Initiative.

Figure 1 illustrates CHL's model to influence multiple aspects of the environment to promote healthy food intake and physical activity in young children ages two to eight years old. CHL aims to prevent early childhood obesity in the United States Affiliated Pacific.

CHL Program Objectives

To address the child obesity epidemic in the Pacific, the CHL Program has the following objectives:

- 1) Conduct program/data inventories and situational analysis;
- 2) Train 22 professionals and para-professionals in obesity prevention;
- 3) Develop a Pacific food, nutrition, and physical activity data management and evaluation system, using assessment data, and aggregate, display and communicate available data pertinent to young child obesity;
- 4) Develop and conduct a community-based environmental intervention to prevent, maintain, or reduce young child overweight and obesity;
- 5) Evaluate the environmental intervention; and
- 6) Incur at least one obesity prevention policy change per jurisdiction.

Figure 1. CHL Conceptual Model

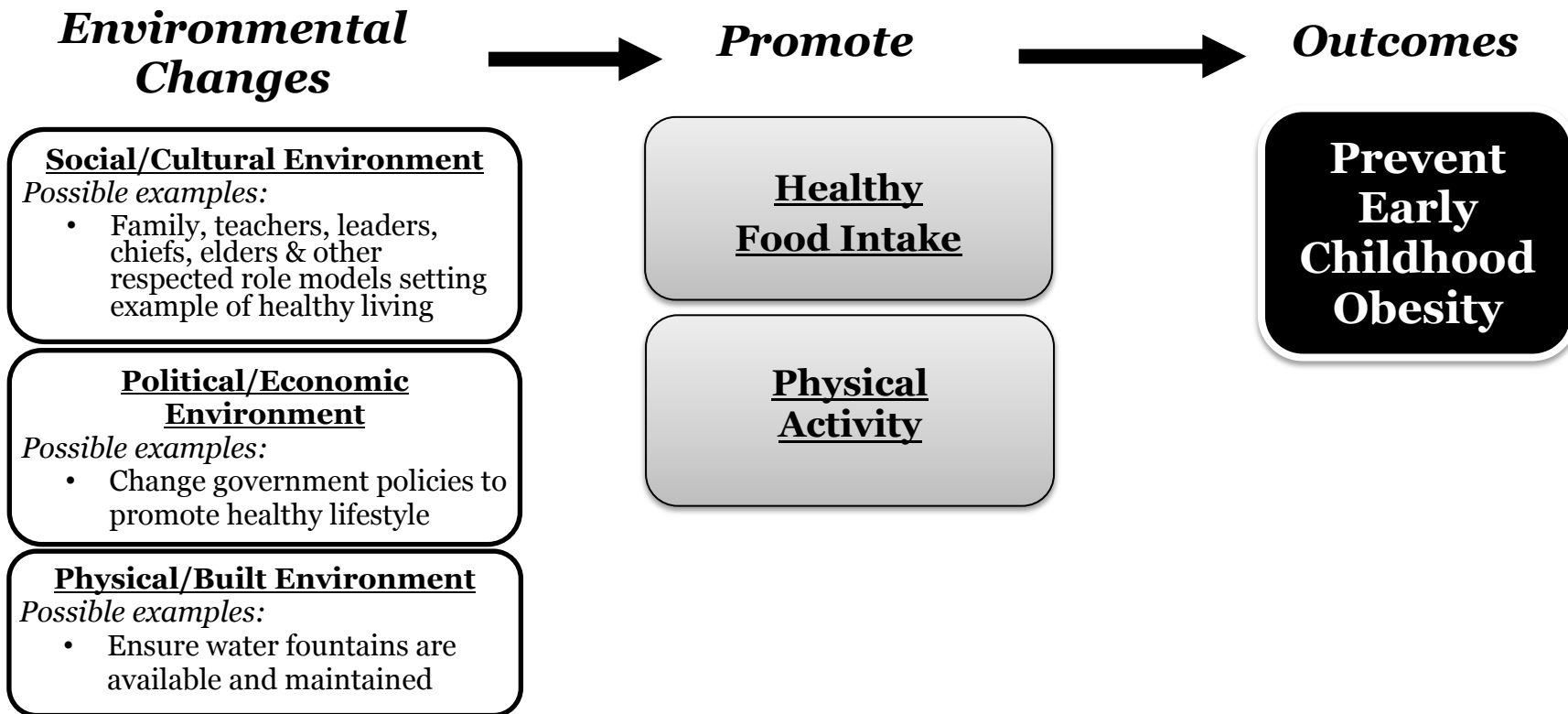


Figure 1. The Children's Healthy Living Program Model to Influence Multiple Aspects of the Environment to Promote Healthy Food Intake and Physical Activity in Young Children (2 -8 years) as a Method to Prevent Early Childhood Obesity in the U.S. Affiliated Pacific

CHL Study Design

The Children's Healthy Living Program Community Randomized Trial was designed to test the intervention by comparing intervention with non-intervention communities on the prevalence of obesity in the U.S.-affiliated Pacific region collected at baseline and follow-up.

Objectives of the CHL Community Randomized Trial and the FAS Prevalence Study

Community Randomized Trial

We are assessing behaviors and anthropometry of children in communities over time as indicators of whether the intervention led to change. Data has been collected at two time points – baseline and post-intervention (about 24 months after baseline measurement) at the end of the CHL community randomized trial.

Objectives for the Community Randomized Trial

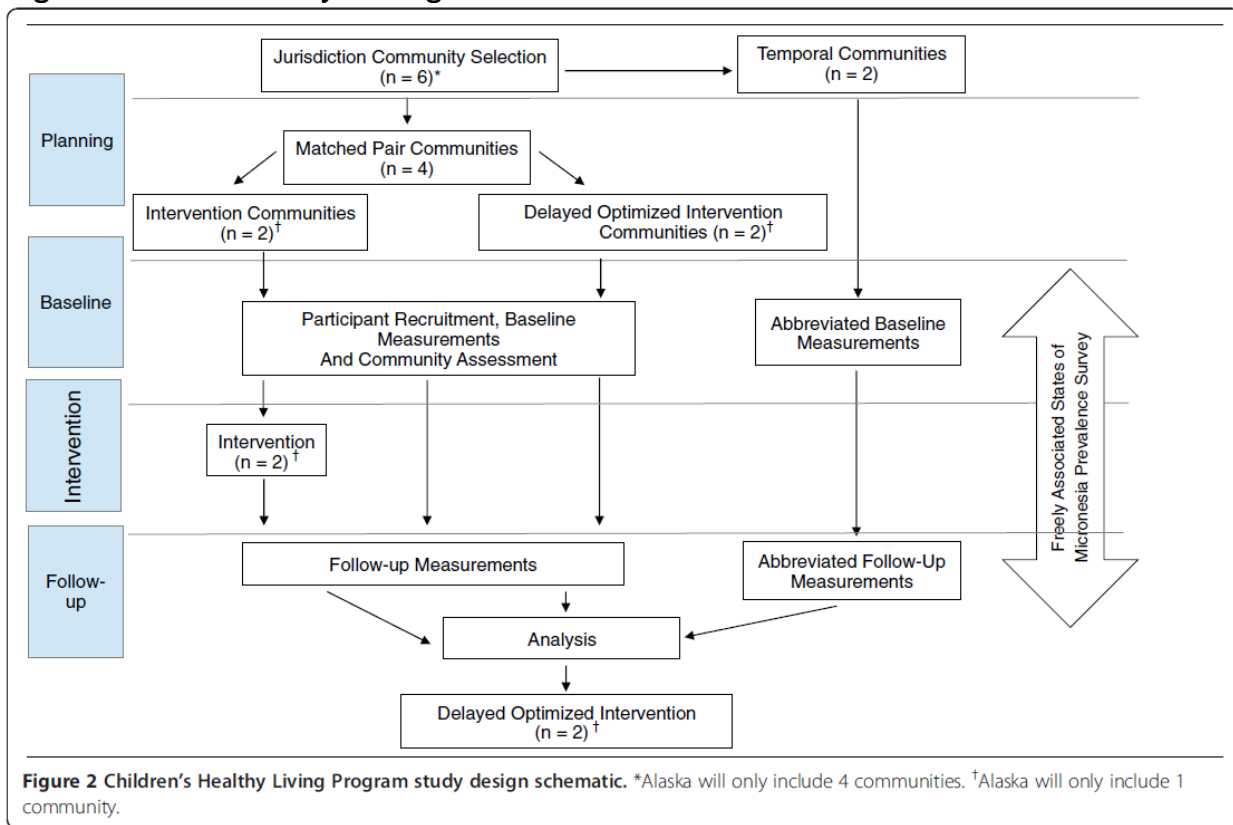
- Measure 2 to 8-year-old children at baseline and post-intervention in selected communities to track behaviors and anthropometry that indicate healthy eating, physical activity, and BMI.
- Decrease the prevalence of young child overweight and obesity by 5%, or a reduction in 0.08 of BMI z-score;
- Decrease the functional outcomes of young child overweight and obesity –
 - decrease acanthosis nigricans by 5%,
 - and increase sleep by 15 min/day;
- increase moderate to vigorous physical activity by 10 min/day
- and decrease sedentary behavior (screen time) by 10 min/day;
- increase healthy eating (fruit and vegetable intake by 1 serving/day),
- increase water intake by ½ cup/day;
- decrease sweetened beverage intake by ½ cup/day,
- Develop a Pacific food, nutrition and physical activity data management and evaluation system

Objectives for the FAS Prevalence Study

- Provide a jurisdiction-specific prevalence of overweight/obesity and related exposures.
- Measure 2 to 8-year-old children at one time point in selected communities to track behaviors and anthropometry that indicate healthy eating, physical activity, and BMI.

CHL Study Design Overview

Figure 2. CHL Study Design Schematic



Community / Site Selection

Communities were identified in Alaska, American Samoa, CNMI, Guam and Hawaii using the 2000 U.S. Census tract data, since 2010 data was not available at the census tract level (U.S. Census Bureau) in 2011 when sites were selected. In the FAS, 2010 country census data were used to inform selection of sites for prevalence survey data collection (Economic Policy, Planning, and Statistics Office of the Republic of the Marshall Islands, 2012; FSM Division of Statistics, 2010; Republic of Palau Office of Planning and Statistics, 2005). The CHL team first selected communities based on initial eligibility criteria and then considered additional selection criteria. Based on the following criteria, communities in each of the jurisdictions were selected to participate in the intervention trial.

Community eligibility criteria:

- population size of >1000,
 - Except for FAS
- >25% of the population of indigenous/native descent
 - Except 15% in **Alaska** due to no census tract with a population of more than 1000 having more than 25% indigenous/native,and
- >10% of the population under age 10 years
 - (based on combining census tract data groups of < 5 years of age and 5 – 9 years of age)
 - to have sufficient population size for CHL target of 2 to 8 year olds.

Additional selection criteria:

- adequate settings for sampling and measuring children (e.g., schools);
- reasonable accessibility for the CHL team
 - (e.g., isolated communities that would require substantial travel logistics were excluded);
- community cohesiveness (Swinburn et al., 2007)

Additional selection criteria for intervention and delayed optimized (comparison) communities:

- evidence that children live and go to school in the same community
 - (i.e., not a commuter community),
- ensuring that the measured children have an opportunity to be exposed to the intervention;
- a minimal risk of contamination between matched-pair communities;
- sufficient settings for intervention (e.g., community centers, parks, churches, and stores)

Additional selection criteria for FAS:

- scheduled air or boat service, and geographical representation.

A list of all eligible communities was created for each of the jurisdictions based on the above criteria. The communities were matched to form pairs based on the following factors:

- percentage in poverty and population density (both from the U.S. census),
- distance from urban centers,
- and percentage overweight/obesity, when available.

In American Samoa, CNMI, Guam and Hawaii, four communities were selected (two matched-pairs), while two communities were selected (1 matched-pair) in Alaska due to large distances between sites (see Figure 2).

In each pair, one community was randomly assigned to intervention and the other to a delayed optimized intervention (community will receive intervention at the end of the main trial). Randomization to intervention, in general, produces study groups that are comparable with

respect to confounding variables (Friedman, Furberg, & DeMets, 1998). A statistician who was not part of the CHL team performed the randomization. The **delayed optimized intervention communities** will be called **comparison communities** in this CHL Data Dictionary.

Two additional non-matched communities (third and fourth for Alaska and fifth and sixth for other jurisdictions) were selected from the eligible list of communities to serve as temporal indicators of anthropometry status (see Figure 2). Generally, the communities selected for temporal assessment had been considered to participate as a matched pair; however, they often did not match another eligible community well or they had less community cohesiveness, which was not as important for a community providing prevalence information only. The temporal communities will not receive the intervention program as part of the CHL trial and early dissemination phase.

In the FAS region, three to five communities were selected for collection of baseline (prevalence) survey data in each of Chuuk, Kosrae, Pohnpei, Yap, Palau and the RMI (n=200 children per location), according to the same criteria, plus a criteria of geographic representation. A total of 27 communities will provide baseline (prevalence) survey data from the FAS.

Thus, in total, four communities in Alaska and six communities in each of the remaining four CHL intervention jurisdictions were selected for a total of twenty-eight communities across the CHL region for participation in the CHL community intervention trial: 9 matched pairs (18 sites total) and 10 temporal sites.

A cross-sectional sample of children in each of the CHL intervention communities is being assessed for outcomes at baseline and post-intervention around 24 months from baseline. Additionally, the outcomes are being assessed once in the FAS region to provide prevalence information.

The intervention does not explicitly target the assessed children; they serve as representatives of their communities. Children who participate at both time points provide repeated measures and serve as an embedded longitudinal sample.

Power and sample size calculations

The process for sample size and power estimation was described in Wilken [sic] et al., 2013). Sample size estimates were based on the need for a sufficient number of communities and children in each of the five jurisdictions to ensure adequate statistical power to detect meaningful differences between intervention arms in overweight and related outcomes (listed previously) overall and for select outcomes within jurisdictions. The effect size, Cohen's *d*, (Cohen, 1988) was calculated based on an analysis of 2,000 simulated data sets with children clustered within community clustered within jurisdiction. The intervention effect was tested based on an *F* test of the interaction term of intervention group and time from a mixed model

of the outcomes, accounting for the clustering in a group-randomized trial (GRT) by adjusting the test degrees of freedom to the number of communities (Hsieh, 1988). The calculations assume a minimum n or sample size of 150 children with anthropometry and a minimum n of 100 children with accelerometry and food and activity logs in six communities in four jurisdictions and in two communities in Alaska; this assumption is conservative as the goal is a sample size of 180 children per community.

An expected correlation for communities within jurisdictions was low with an estimate of the interclass correlation coefficient (ICC) that varied between 0.02 to 0.04. We assumed a critical level of 0.05 (two-sided), a power of 80%, and a constant sample size at baseline and post-intervention (around 24 months). The respective effect sizes for an ICC of 0.02 and 0.04 are modest at 0.26 and 0.35 for outcomes with $n=150$. Using means and variances for the outcomes from previous research (de Silva-Sanigorski, 2010; Murray et al., 2004; Westerlund, Ray, & Roos, 2009), the minimum detectable differences for the two ICC values were 0.09 and 0.12 for BMI z-score, 21 and 28 minutes of television viewing, and 11 and 15 minutes of sleep. The respective effect sizes for an ICC of 0.02 and 0.04 are also modest at 0.31 and 0.42 for outcomes with $n=100$. Using means and variances for the outcomes from previous research (de Silva-Sanigorski, 2010; Murray et al., 2004; Ludwig, Peterson, & Gortmaker, 2001; Vorwerg, Petroff, Kiess, Bluher, 2013), the minimum detectable differences for the two ICC values were 0.50 and 0.67 servings of vegetables, 0.45 and 0.61 servings of fruits, 0.45 and 0.60 servings of water, 0.34 and 0.46 servings of SSB, and 33 and 45 minutes of PA with metabolic equivalent values (METs) > 3 , based on accelerometry.

Measures Overview

The CHL study design was to collect data on body size, functional outcomes of obesity, food intake, physical activity, lifestyle behavior which includes screen time, and demographics. These are measured through anthropometry, food and activity logs, questionnaires, and visual inspection (of the neck).

The following study outcomes were measured for children across jurisdictions using a common methodology:

Body size:

Body size measures included weight, height and waist circumference and the resultant calculations of BMI, percent overweight and obese. Trained staff in all jurisdictions used standardized instruments, such as common scales for weight, stadiometers for height, and tape measures for waist circumference. Body size outcomes include overweight, defined as the 85th - 94th percentile for BMI (weight, kg/height, m²) and obesity, defined as greater than or equal to the 95th percentile for BMI (Centers for Disease Control and Prevention, 2009), BMI Z-score and waist circumference. . During training sessions on anthropometry, inter- and intra-person reliability of each measurement, as well as agreement to a expert measurer, were determined. We followed guidelines by Zervas to assess agreement (1986).

Functional outcomes of obesity

Functional outcomes of obesity (Ropka, 2002) included sleep quality and duration, both as minutes per night from the accelerometer and self-reported average duration, and presence of Acanthosis nigricans as an indicator of insulin resistance/pre-diabetes.

Food intake:

We calculated nutrients and food groups of the children's diet from two days of food logs, which were completed by the parent/ caregiver, with assistance from other child caregivers. We are using these data to estimate prevalence of dietary patterns in the region. These data have been entered into PacTrac3. We used the food composition database which was developed and is maintained by the Nutrition Support Shared Resource at the UH Cancer Center. This database includes information on local foods in the Pacific region.

Physical activity:

We measured physical activity with several strategies with which we have experience – accelerometers and physical activity logs.

We developed 24-hour activity logs to measure physical activity of children in the PacDASH study, which were successfully pilot-tested for children aged 3-5 years. Parents were asked to record all activities for the child for the two days when food intake was recorded. These activity logs provided us with the type and duration of each activity of their child. Trained CHL staff assigned a metabolic equivalent (MET) that reflected the energy expenditure for the child's activity (Ridley, Ainsworth, & Olds, 2008), and a 24-hour METs could be computed.

Children were asked to wear accelerometers for six days in this study. In Year 1 of CHL, we pilot tested Actical accelerometers as a method to measure physical activity in young children to be used in the full study. Based on our successful CHL Physical Activity Pilot results, we used accelerometry at all sites (Nigg et al., 2012; Ettienne-Gittens et al., 2012, submitted). The CHL Coordinating Center (CCC) trained staff at each jurisdiction on use of the accelerometers before measurement began.

Other questionnaires:

Parents / caregiver respondents for the children completed questionnaires about demographics, lifestyle measures and culture. Lifestyle measures included food security and food expenditures (USDA, 2008). In addition, parents/caregivers completed standardized questions about screen time, regarded as sedentary behavior and a lifestyle measure (Haas & Nigg, 2009).

Table 1 displays an overview of all the measures used for CHL, and the frequency of their use. The community level measures are described in Volume 2 of the CHL Data Dictionary.

Table 1: The Children’s Healthy Living (CHL) Program Individual-level Measures

Individual level measures				Assessed in matched-pair communities		Assessed in temporal communities		Assessed in FAS [†]
Category	Measurement	Measurement tools	completed by	0 month	24 month	0 month	24 month	
Demographic	Demographic[15,43-48]	Questionnaire	Surrogate*	X	X	X	X	X
Anthropometry	Height	Stadiometer	Staff	X	X	X	X	X
	Weight	Portable Scale	Staff	X	X	X	X	X
	Waist circumference	Circumference Tape	Staff	X	X	X	X	X
Diet	2 d [#] Food intake[61,62]	Food & Activity Log	Surrogate*	X	X			X
Physical Activity (PA)	6 d PA[66]	Accelerometer**	Child	X	X			X
	2 d [#] Activity Log [62]	Food & Activity Log	Surrogate*	X	X			X
Sedentary behavior (SB)/Screen Time (ST)	6 d SB/ST[66]	Accelerometer**	Child	X	X			X
	2 d [#] Activity Log[62]	Food & Activity Log	Surrogate*	X	X			X
	Usual SB/ST[52]	Questionnaire	Surrogate*	X	X			X
Sleep	6 d Sleeping[66]	Accelerometer**	Child	X	X			X
	2 d [#] Activity Log[62]	Food & Activity Log	Surrogate*	X	X			X
	Sleeping behavior[53]	Questionnaire	Surrogate*	X	X			X
Acanthosis Nigricans	Presence/Severity[67]	Visual observation/assessment form	Staff	X	X			X
Culture	Language/culture[49-51]	Questionnaire	Surrogate*	X	X			X

†FAS = Freely Associates States of Micronesia.

X = indicates measurement completed.

*Surrogate reporter = parent/caregiver.

**A minimum of 100 children in each matched-pair community and FAS jurisdiction will wear an accelerometer.

#Randomly assigned non-consecutive days.

Frequency of measurements

The initial baseline measurement period for **individual** measures was between October 2012 through February 2014 to complete measurement in all five jurisdictions. The post-intervention measurement period will be between January 2015 – December 2015.

In FAS for the prevalence study, measurement began in October 2013 and may continue through early 2015.

Note in the temporal communities we had an abbreviated set of individual level measures, including height, weight, waist circumference and demographics.

Data Collection Visit Protocol

Measurements were taken in either a school or preschool setting (e.g., Head Start), or in a community-based setting (e.g., community recreation center or a community event) at baseline and at post-intervention (about 24 months).

Intervention and Comparison Communities

Parents of two to eight-year-old children were approached to learn about the study, to participate in an informed consent process and sign a consent form, to answer screening questions, and to receive instructions about completing the forms. Staff reviewed the forms for completeness as they were turned in and asked the parent to complete unanswered questions, if they were willing. All of the aforementioned may have happened at one time or over two occasions. Staff also provided training on how to complete a Food and Activity Log, using food models, etc. to demonstrate. Also, parents learned how to re-apply a wrist band and accelerometer, in the event it came off during the 6-day wearing period for the child. Parents were asked to notice if their child was still wearing the accelerometer at home and to put it back on, if the child was willing. Parents also kept a food log on their child for two days as well as an activity log for the same two days. One week after the child began to wear the accelerometer, parents sat with CHL staff to review their child's food and activity logs, and document receipt of the record.

After receiving the child's assent, the anthropometry measures and the screening for acanthosis nigricans took place. Children in the intervention and comparison communities were asked to wear an accelerometer for 6 days. CHL staff asked for the child's assent and choice of wrist band before placing the accelerometer.

The protocol called for two visits by participants in intervention and comparison communities. However, for some circumstances, participants only had to attend one visit.

The circumstances for one visit were when accelerometers were not used. After a certain number of participants wore accelerometers, they were not used in every measurement event. Also, in community events without an organization group leader who could help with follow up of retrieving accelerometers, measurement events could be held without using accelerometers.

When Food and Activity Logs (FAL) were used, but no accelerometer, sometimes participants returned their FAL by mail or to another collection site. Participants asked to return items by mail were given stamped addressed large envelopes to send their FALs back. Phone follow-up occurred as needed. In some circumstances after a certain number of participants had already completed Food and Activity Logs, the measurement package in intervention and comparison communities did not collect FAL data from participants.

Temporal Communities

Parents of 2 to 8-year-old children were approached to learn about the study, to participate in an informed consent process and sign a consent, and to receive instructions for the demographics form. Staff reviewed the form as it was turned in and asked parents about any incomplete sections. The aforementioned happened at one time or over two occasions.

Their child may have been measured with the parents present or at a different time in their classroom.

Study Sample

Table 2 shows the sample size goals for each intervention, comparison, and temporal community in the jurisdictions. The projected sample size for the individual level measurements will be the same at baseline and post-intervention.

Table 2: Frequency and Sample Size Goals for CHL Measurement

Frequency and Sample Size Goals for CHL Measurement				
			Individual Measures	
		n size for each community	Baseline	Post- intervention
American Samoa, CNMI, Guam, and Hawaii				
Intervention community 1	Matched pair 1	150	✓	✓
Comparison 1		150	✓	✓
Intervention community 2	Matched pair 2	150	✓	✓
Comparison 2		150	✓	✓
Temporal	2 communities	150	✓ Abbreviated	✓ Abbreviated
Alaska				
Intervention community 1	Matched pair 1	200	✓	✓
Comparison 1		200	✓	✓
Temporal	2 communities	200	✓ Abbreviated	✓ Abbreviated
FAS: Pohnpei, RMI, Palau, Yap, Chuuk, Kosrae				
All FAS Communities		200	✓	

As of May 9, 2014 the actual sample size for the baseline measurement in all CHL jurisdictions is 5,132, which is the number of participants whose parents/caregivers consented.

The total proposed sample size for anthropometry measures for CHL is 4100 children for the cross-sectional samples at baseline and at 24 months. For the embedded longitudinal (individual) design, the intent is to collect repeated measurements from 40-50% of children with baseline measurements.

Table 3: Number of participants consented at baseline for CHL Community Randomized Trial and FAS Prevalence Study

Number of Participants Consented at Baseline for CHL Community Randomized Trial and FAS Prevalence Study		
	Baseline	Post-Intervention
	# Consented	# Consented
Alaska	713	782
American Samoa	978	950
CNMI	924	1,001
Guam	885	908
Hawaii	988	1,039
	4488	4,690
Pohnpei	211	-
RMI	218	-
Palau	214	-
Chuuk	232	-
Yap	205	-
Kosrae	207	-
FAS Prevalence Data (total)	1,287	-
CHL Total	5,775	4,685

Recruitment

Participant recruitment goals

In order to meet sampling goals for children between the ages of 2 – 8 years, recruitment activities involve schools and other community venues and activities. Recruitment sites consisted of Head Starts, pre-schools/day cares, kindergartens, WIC sites, community health centers and other appropriate venues (e.g., parks and community recreation centers). Recruitment efforts, led by CHL staff in each jurisdiction, involve close collaboration with community liaisons (e.g., teachers, school staff, program directors, matai, mayors) to enhance participation and retention throughout the measurement protocol. The teams in all jurisdictions tailored the recruitment strategies to work effectively with the stakeholder organizations while meeting recruitment goals of CHL.

Screening and Eligibility Criteria

Those who attended a measurement event and agreed to informed consent were asked a series of screening questions to confirm their child's eligibility. Eligibility criteria were selected for the purpose of an obesity prevention and management intervention trial. Parents of potential participants were asked to complete a screening with study staff to confirm the health status of the child. The screening questions for study inclusion are in the appendix.

Eligibility Criteria: The participating children will be 2-8 years old, healthy with no known cardiovascular disease, pulmonary or metabolic disease signs and/or symptoms; no known disease or joint problems or injuries that would be exacerbated by physical activity. The child will be stable in the use of any prescribed medications. The child will live in the selected community.

Exclusion Criteria:

1. Children outside the age group (under two or over eight years)
2. Known orthopedic, psychological or neurologic impairments that prevent physical activity
3. Presence or history of any metabolic or chronic health problems known to affect intermediary metabolism (e.g. untreated thyroid disease, cancer, hepatic disease, renal disease, diabetes, cardiovascular disease, hypertension)
4. Irregular use of prescription or over-the-counter medications known to affect appetite, food intake or intermediary metabolism (e.g. appetite suppressants, lithium, antidepressants, etc.)

Data Cleaning and Validation

Data were collected at the five jurisdictions for the community randomized trial and six jurisdictions (four states of FSM, RMI, and Palau) for the FAS prevalence study. In most cases, these jurisdictions entered the data into CHL Data Entry System and into PacTrac3. Data are stored on a password-protected secure server and on secure computers. Ultimately, the jurisdictions sent the data to the CHL Coordinating Center in Hawaii through secure transfer methods.

In Hawaii, the second data entry occurred, which involves *In process, more later* **. The CHL Data Manager was responsible for preliminary data validation cleaning and analysis for the CHL Measurement study.

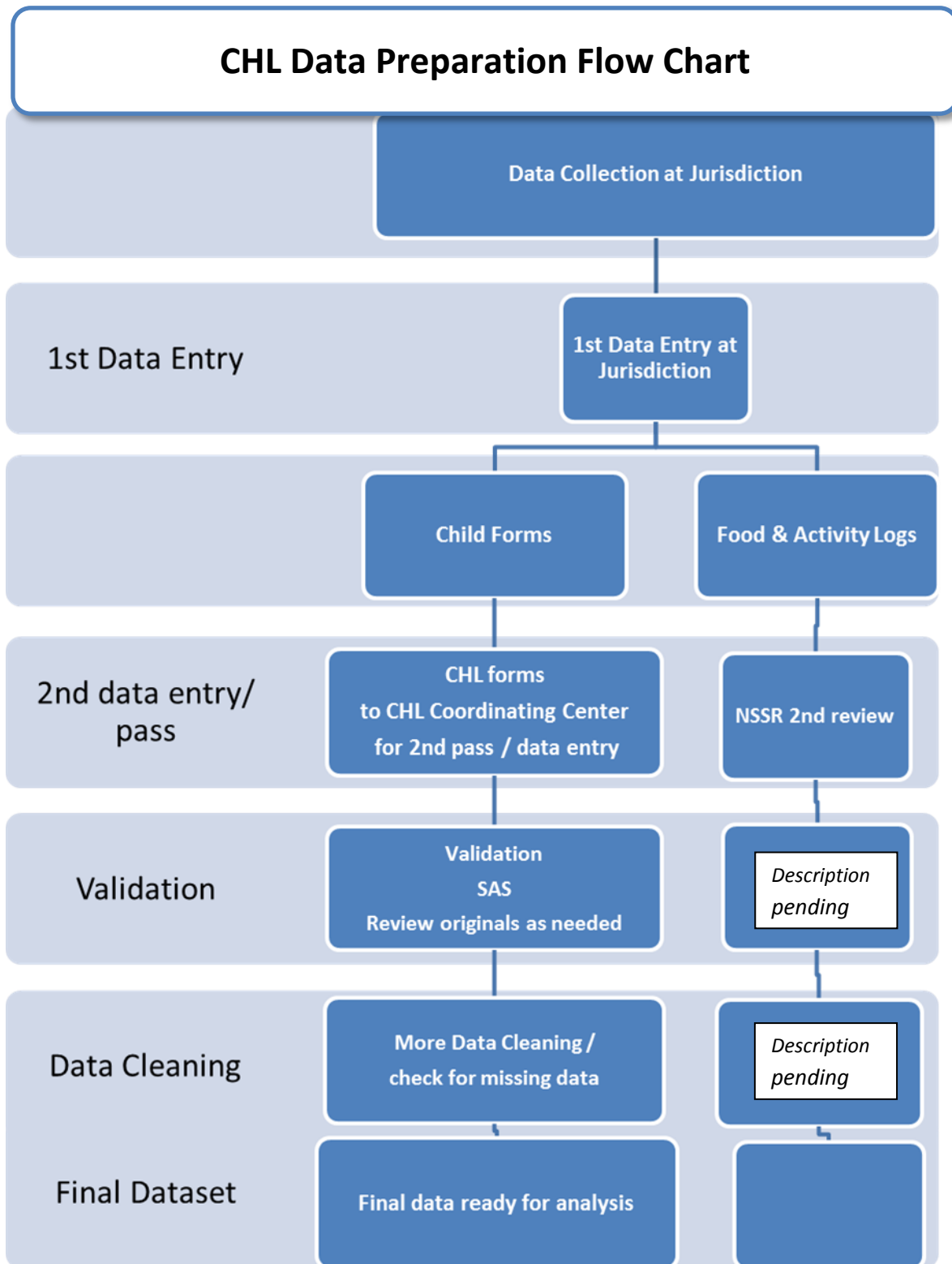
At the validation stage, any discrepancies found between the first data entry and second data entry datasets were corrected at the data set of the second data entry. Scanned images of individual forms are examined to validate the corrections.

Additional data cleaning is conducted on the validated data set when new variables are calculated or a variable is particularly examined, e.g., in the calculation of bmi, bmiz, bmpict and other related variables. Variables which need particular attentions include the following new variables:

1. dob_new (newly created date of birth). Any corrections in child's date of birth was done on this newly created variable. The original variable, dob, is not changed and should not be used;
2. date_anthr_new (newly created date of anthropometry measurement). Any corrections in child's date of anthropometry measurement was also done upon this newly created variables. The original variable, date_anthr, remained unchanged and should not be used;
3. Child's measuers on ht (ht1, ht2, ht3, etc), or wt (wt1, wt2, wt3, etc.) or waist (waist1, waist2, waist3, etc.): if obvious errors were found on those measures, the errors are therefore corrected before the calculation of bmi and related variables.

Figure 3 displays the process of data preparation prior to analysis -- the CHL data preparation flow chart. NSSR is the Nutrition Support Shared Resource.

Figure 3. CHL Data Preparation Flow Chart



Measures: Description and Variables

Child and Household Demographics (Form 23-02)

The child and household demographics questionnaire, answered by the parent / caregiver, contained questions about the child, the caregiver, and the household. This demographic questionnaire, Form 23-02, --*“Information about your child and household”* was used at all CHL measurement sessions in all communities – intervention, comparison (delayed optimized), and temporal. These questions measured the dimensions and dynamics of our population and allow us to compare the variation amongst jurisdictions.

Two versions exist of Form 23-02 – one is used throughout all of CHL except for FAS. This descriptive section and the following variable tables correspond to Form 23-02.

At the end of this section is a section specifically for FAS. It includes all the Form 23-02 variables used in FAS, which also covers the changes made to adapt the form for FAS. The actual variables and their associated response codes are included.

Many of these questions were adapted from The Center for Alaska Native Health Research Demographic and Medical Screening Questionnaire. *

Information collected included **household** composition and each member’s relationship to the child as well as household income.

Questions about the **caregiver** included their relationship to the child, their marital status, educational attainment, employment status, food assistance, and religion. Addressing food security and availability was also included in the demographic questionnaire, to help understand the support services used by participants in our geographically varied jurisdictions. The food security questions were adapted from NHANES (cdc.gov/nchs/data/nhanes/nhanes_11_12/fsq_family.pdf). In some of the CHL community meetings, religion was identified as an important factor for group gatherings and decision making in the community. Therefore, we included inquiries about religion.

Questions about the **child** included his or her birthdate, sex, racial and ethnic background, languages spoken, place of birth, early child life information -- their birth weight and early feeding, and medical conditions. The demographic form is also used to collect numbers of hours of sleep / day and medical information. Sources include the Behavioral Risk Factor Surveillance System 2011 survey questions and the 2011 Middle School Youth Risk Behavior Survey.

The Child Information section uses validated questions for race/ethnicity. In developing

the ethnicity questions, we were informed by multiple sources including the CDC Race and Ethnicity code set version 1.0 (Centers for Disease Control and Prevention, 2000), the Demographic Information form from the 2010 Census Questionnaire (U.S. Census Bureau, 2009), and Dr. Novotny's previous study, the Healthy Living in the Pacific Islands (2001-9) questionnaire. Sources used in this section include the 2010 Census Questionnaire (U.S. Census Bureau, 2009), the Demographic Information form from the Federal Trade Commission (2012), and The National Health Plan Collaborative Toolkit (2008). The race questions will allow proper reporting to the USDA, based on OMB requirements (http://www.whitehouse.gov/omb/fedreg_race-ethnicity).

Table 4: Demographic and Other Variables, Form 23-02

Demographic and Other Variables from Information About Your Child And Household: Form 23-02					
Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
ID	CHL subject ID	Character	7	The first two numbers must be from 01 to 11, the third number must be one from 1 to 6, the fourth number must be one from 1, 2, or 3 and the last 3 numbers are from 1 to 200.	Set as a primary key. Format is in the form of JJCY### where JJ is a number for jurisdiction, C is the number for each community in a jurisdiction, Y is the year of measurement, and ### is a number from 1 to the number of enrollees per community.
DATE_DEMO	Date of Interview	Date	10	Range = (October, 2012 to February, 2013)	Format should be MMDDYY10.
COLLECT_NO	Time (year) when the measurement is taken	Character	1	1=Baseline 2=24 months into intervention or post-intervention	
SEX	Sex of the CHL subject	Character	1	1=Boy 2=Girl	
DOB	CHL subject date of birth	Date	10		Format should be MMDDYY10.
AGE_BASELINE	Age of child at baseline interview	Character	1	Range=2-8	In 24 month data set, this variable is still named "age_baseline",

**Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
					although it actually refers to the child's age at the time point of data collection of demo forms for 24 month data collection.
GRADE	CHL subject grade in school in Fall 2012	Character	1	1=Head Start 2=Day Care 3=Preschool 4=Kindergarten 5=Elementary 6=None 9=missing	
RELATION_ DEMO	Respondent relationship to the child	Character	2	01=Biological mom 02=Step mom 03=Adoptive mom 23=Step mom and Adoptive mom 04=Birth dad 05=Step dad 06=Adoptive dad 56=Step dad and Adoptive dad 07=Legal Guardian, Caregiver, Other	Only one choice can be selected

**Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
				09 =missing	
REL_OTHER	Other type of respondent relationship to the child	Character	25		Only those choose 07 for variable <i>RELATION</i>
MARITAL	Respondent current marital status	Character	1	1=Married 2=Divorced 3=Separated 4=Widowed 5=Single and not living with boyfriend, girlfriend, or partner 6=Single and living with boyfriend, girlfriend, partner 7 =Other 9=Missing	Only one choice can be selected
MARI_OTHER	Respondent current marital status-Other	Character	15		Only for those who choose 7=other for variable <i>MARI</i>
COUNT_MOTHER	Number of person who currently lives in the child's household -Mother	Character	2		
COUNT_FATHER	Number of person who currently lives in the child's household -Father	Character	2		
COUNT_BROTHER	Number of person who currently lives in the child's household -Brother	Character	2		

**Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
COUNT_ SISTER	Number of person who currently lives in the child's household- Sister	Character	2		
COUNT_ GRANDMA	Number of person who currently lives in the child's household -Grandmother	Character	2		
COUNT_ GRANDPA	Number of person who currently lives in the child's household -Grandfather	Character	2		
COUNT_ AUNT	Number of person who currently lives in the child's household -Aunt	Character	2		
COUNT_ UNCLE	Number of person who currently lives in the child's household -Uncle	Character	2		
COUNT_ COUSIN	Number of person who currently lives in the child's household -Cousin	Character	2		
COUNT_ FRIEND	Number of person who currently lives in the child's household –Friend	Character	2		
COUNT_ OTHEREL	Number of other persons who currently lives in the child's household	Character	2		
OTHEREL	People who currently lives	Character	20		If not specified, put

**Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
	in the child's household_Other relationship				"unknown" in this field.
CHILD1_SEX	Sex of other children (for example: siblings, cousins, friends) who live with your child on a regular basis – Child 1	Character	1	1=Boy 2=Girl	
CHILD1_YRS	Age (years) of other children (for example: siblings, cousins, friends) who live with your child on a regular basis – Child 1	Character	2		
CHILD1_MTS	Age (months) of other children (for example: siblings, cousins, friends) who live with your child on a regular basis – Child 1	Character	2		
CHILD2_SEX	Sex of other children (for example: siblings, cousins, friends) who live with your child on a regular basis – Child 2	Character	1	1=Boy 2=Girl	
CHILD2_YRS	Age (years) of other children (for example:	Character	2		

**Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
	siblings, cousins, friends) who live with your child on a regular basis – Child 2				
CHILD2_ MTS	Age (months) of other children (for example: siblings, cousins, friends) who live with your child on a regular basis – Child 2	Character	2		
CHILD3_ SEX	Sex of other children (for example: siblings, cousins, friends) who live with your child on a regular basis – Child 3	Character	1	1=Boy 2=Girl	
CHILD3_ YRS	Age (years) of other children (for example: siblings, cousins, friends) who live with your child on a regular basis – Child 3	Character	2		
CHILD3_ MTS	Age (months) of other children (for example: siblings, cousins, friends) who live with your child on a regular basis – Child 3	Character	2		
CHILD4_ SEX	Sex of other children (for	Character	1	1=Boy	

**Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
	example: siblings, cousins, friends) who live with your child on a regular basis – Child 4			2=Girl	
CHILD4_ YRS	Age (years) of other children (for example: siblings, cousins, friends) who live with your child on a regular basis – Child 4	Character	2		
CHILD4_ MTS	Age (months) of other children (for example: siblings, cousins, friends) who live with your child on a regular basis – Child 4	Character	2		
CHILD5_ SEX	Sex of other children (for example: siblings, cousins, friends) who live with your child on a regular basis – Child 5	Character	1	1=Boy 2=Girl	
CHILD5_ YRS	Age (years) of other children (for example: siblings, cousins, friends) who live with your child on a regular basis – Child 5	Character	2		

**Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
CHILD5_ MTS	Age (months) of other children (for example: siblings, cousins, friends) who live with your child on a regular basis – Child 5	Character	2		
CHILD6_ SEX	Sex of other children (for example: siblings, cousins, friends) who live with your child on a regular basis – Child 6	Character	1	1=Boy 2=Girl	
CHILD6_ YRS	Age (years) of other children (for example: siblings, cousins, friends) who live with your child on a regular basis – Child 1	Character	2		
CHILD6_ MTS	Age (months) of other children (for example: siblings, cousins, friends) who live with your child on a regular basis – Child 1	Character	2		
CHILD7_ SEX	Sex of other children (for example: siblings, cousins, friends) who live with your child on a regular basis – Child 7	Character	1	1=Boy 2=Girl	
CHILD7_ YRS	Age (years) of other	Character	2		

**Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
	children (for example: siblings, cousins, friends) who live with your child on a regular basis – Child 7				
CHILD7_ MTS	Age (months) of other children (for example: siblings, cousins, friends) who live with your child on a regular basis – Child 7	Character	2		
CHILD8_ SEX	Sex of other children (for example: siblings, cousins, friends) who live with your child on a regular basis – Child 8	Character	1	1=Boy 2=Girl	
CHILD8_ YRS	Age (years) of other children (for example: siblings, cousins, friends) who live with your child on a regular basis – Child 8	Character	2		
CHILD8_ MTS	Age (months) of other children (for example: siblings, cousins, friends) who live with your child on a regular basis – Child 8	Character	2		
CHILD9_ SEX	Sex of other children (for example: siblings, cousins,	Character	1	1=Boy 2=Girl	

**Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
	friends) who live with your child on a regular basis – Child 9				
CHILD9_ YRS	Age (years) of other children (for example: siblings, cousins, friends) who live with your child on a regular basis – Child 9	Character	2		
CHILD9_ MTS	Age (months) of other children (for example: siblings, cousins, friends) who live with your child on a regular basis – Child 9	Character	2		
CHILD10_ SEX	Sex of other children (for example: siblings, cousins, friends) who live with your child on a regular basis – Child 10	Character	1	1=Boy 2=Girl	
CHILD10_ YRS	Age (years) of other children (for example: siblings, cousins, friends) who live with your child on a regular basis – Child 10	Character	2		
CHILD10_ MTS	Age (months) of other children (for example: siblings, cousins, friends)	Character	2		

**Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
	who live with your child on a regular basis – Child 10				
EDUCATION	What is the highest grade or year of school you (the respondent) completed	Character	1	1= Never attended school or only attended kindergarten 2= Grades 1 up to 8 (Elementary to Middle school) 3= Grades 9 up to 11 (Some high school) 4= Grade 12 or GED (High School Graduate) 5= College or technical school 1 year to 3 years 6= College 4 years or more 9=Missing	
EMPLOYED_WAGES	What is your current employment status – Employed for wages/salary	Character	1	0=No 1=Yes	
SELF_EMPLOYED	What is your current employment status – Self-employed	Character	1	0=No 1=Yes	
UNEMP_MORE	What is your current employment status – Out of work for more than 1 year	Character	1	0=No 1=Yes	
UNEMP_LESS	What is your current employment status – Out of work for less than 1 year	Character	1	0=No 1=Yes	

**Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
HOMEMAKER	What is your current employment status – A Homemaker	Character	1	0=No 1=Yes	
STUDENT	What is your current employment status – A student	Character	1	0=No 1=Yes	
RETIRED	What is your current employment status – Retired	Character	1	0=No 1=Yes	
UNABLE	What is your current employment status – Unable to work	Character	1	0=No 1=Yes	
MOREJOBS	Do you currently have more than one job at this time?	Character	1	0=No 1=Yes 9=Missing	
INCOME	Based on everyone that lives under one roof or house, what is the annual household income from all sources over the past 12 months?	Character	1	1= Under \$10,000 2= From \$10,000 to less than \$20,000 3= From \$20,000 to less than \$35,000 4= From \$35,000 to less than \$60,000 5= From \$60,000 to less than \$75,000 6= \$75,000 and more	

**Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
				7=No response 9=Missing	
NHPI_ CHAMORRO	If your child is Native Hawaiian or other Pacific Islander, do you most identify him/her with Chamorro?	Character	1	0=No 1=Yes	Only for those select 1=Yes for variable <i>NHPI</i>
NHPI_ CAROLINIAN	If your child is Native Hawaiian or other Pacific Islander, do you most identify him/her with Carolinian?	Character	1	0=No 1=Yes	Only for those select 1=Yes for variable <i>NHPI</i>
NHPI_ CHUUKESE	If your child is Native Hawaiian or other Pacific Islander, do you most identify him/her with Chuukese?	Character	1	0=No 1=Yes	Only for those select 1=Yes for variable <i>NHPI</i>
NHPI_ KIRIBATI	If your child is Native Hawaiian or other Pacific Islander, do you most identify him/her with Kiribati?	Character	1	0=No 1=Yes	Only for those select 1=Yes for variable <i>NHPI</i>
NHPI_ KOSRAEAN	If your child is Native Hawaiian or other Pacific Islander, do you most identify him/her with	Character	1	0=No 1=Yes	Only for those select 1=Yes for variable <i>NHPI</i>

**Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
	Kosraean?				
NHPI_ MARSHALLESE	If your child is Native Hawaiian or other Pacific Islander, do you most identify him/her with Marshallese?	Character	1	0=No 1=Yes	Only for those select 1=Yes for variable <i>NHPI</i>
NHPI_ NATIVE HAWAIIAN	If your child is Native Hawaiian or other Pacific Islander, do you most identify him/her with Native Hawaiian?	Character	1	0=No 1=Yes	Only for those select 1=Yes for variable <i>NHPI</i>
NHPI_ PALAUAN	If your child is Native Hawaiian or other Pacific Islander, do you most identify him/her with Palauan?	Character	1	0=No 1=Yes	Only for those select 1=Yes for variable <i>NHPI</i>
NHPI_ SAMOAN	If your child is Native Hawaiian or other Pacific Islander, do you most identify him/her with Samoan?	Character	1	0=No 1=Yes	Only for those select 1=Yes for variable <i>NHPI</i>
NHPI_ TONGAN	If your child is Native Hawaiian or other Pacific Islander, do you most identify him/her with Tongan?	Character	1	0=No 1=Yes	Only for those select 1=Yes for variable <i>NHPI</i>

**Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
NHPI_TOKELAUN	If your child is Native Hawaiian or other Pacific Islander, do you most identify him/her with Tokelaun?	Character	1	0=No 1=Yes	Only for those select 1=Yes for variable <i>NHPI</i>
NHPI_TAHITIAN	If your child is Native Hawaiian or other Pacific Islander, do you most identify him/her with Tahitian?	Character	1	0=No 1=Yes	Only for those select 1=Yes for variable <i>NHPI</i>
NHPI_YAPESE	If your child is Native Hawaiian or other Pacific Islander, do you most identify him/her with Yapese?	Character	1	0=No 1=Yes	Only for those select 1=Yes for variable <i>NHPI</i>
NHPI_OTHER	If your child is Native Hawaiian or other Pacific Islander, do you most identify him/her with other Pacific ethnic/tribal group?	Character	1	0=No 1=Yes	Only for those select 1=Yes for variable <i>NHPI</i>
NHPI_DESCR	Other ethnic/tribal groups of Native Hawaiian or other Pacific Islander	Character	30		Only for those select "Other" for variable <i>NHPI</i>
LANGUAGEEX	What language(s) does your child speak?	Character	50		If missing, put down "Unknown"
LANGUAGE_	What language(s) does	Character	50		If missing, put down

**Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
HOME	your child most often speak at home?				"Unknown"
BIRTH_PLACE	In what city or county was your child born?	Character	50		If missing, put down "Unknown"
LIVED_YRS	How many years (years) has your child lived here? (Enter the number of years in the space provided)	Character	2		If missing, put down 99
LIVED_MTS	How many years (months) has your child lived here? (Enter the number of months in the space provided)	Character	2	Range 1-11	If missing, put down 99
BIRTHWT_LB	Child birth weight_ Pounds	Character	2		Measured in pounds . For those choose unknown or those missing, 99 will be assigned.
BIRTHWT_OZ	Child birth weight_ Ounces	Character	5		Measured in pounds and ounce For those choose unknown or those missing, 99.99 will be assigned.
BIRTHWT_KG	Child birth weight_ Kilograms	Character	5		Measured by Kilograms

**Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
					For those choose unknown or those missing, 99.99 will be assigned.
BIRTHHT_IN	Child birth height_ Inches	Character	5		Measured by inches. For those choose unknown or those missing, 99.99 will be assigned.
BIRTHHT_CM	Child birth height_ Centimeters	Character	5		Measured by centimeters. For those choose unknown or those missing, 99.99 will be assigned.
BREASTFED	Was your child ever breastfed or fed breastmilk?	Character	1	0=No 1=Yes 2=Other 8=unknown 9=Missing	
FEEDING_OTHER	Other types of child feeding	Character	30		Only for those choose 2=other for variable <i>BREASTFED</i>
AGE_WEAN	How old (by months) was your child when (he/she) completely stopped	Character	5	75.75=still breast feeding 88.88=unknown 99.99=missing	Only for those who choose 1=Yes for variable <i>BREASTFED</i> .

**Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
	breastfeeding or being fed breast milk?				For those choose unknown or those missing, 99.99 will be assigned.
FORMULA	Was the child ever fed formula?	Character	1	0=No 1=Yes 2=Other 8=unknown 9=missing	
FORMULA_OTHER	Other types of formula feeding	Character	30		Only
FIRST_FORMULA	How old (by months) was the child when (he/she) was first fed formula?	Character	5	00.00=since birth 88.88=unknown 99.99=missing	For those choose "Since Birth", put "00" for months of age; For those choose Unknown or those missing, 99.99 will be assigned.
LAST_FORMULA	If your child was fed formula, how old (by months) was (he/she) completely stopped drinking formula?	Character	5	75.75=still feeding formula 88.88=unknown 99.99=missing	For those choose unknown or those missing, 99.99 will be assigned.
AGE_OTHERFED	How old (by months) was the child when he/she was first fed anything other than breast milk or formula?	Character	5	88.88=unknown 99.99=missing	For those chosen Unknown or those missing, 99.99 will be assigned.

**Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
	(This includes juice, cow's milk, sugar water, baby food, or anything else that the child might have been given, even water)				
MONEY_FOOD	In the past 12 months, how often does your money for food run out before the end of the month?	Character	1	0=Never 1=Seldom 2=Sometimes 3=Most times 4=Always 8=Don't know 7=no response 9= missing	Only one can be selected
MONEY_UTILITY	In the past 12 months, how often does your money for household utilities (e.g., water, fuel oil, electricity) run out before the end of the month?	Character	1	0=Never 1=Seldom 2=Sometimes 3=Most times 4=Always 7=no response 8=Don't know 9= missing	Only one can be selected
The following five variables, from ASSISFOOD to FREE MEAL are only for the intervention study jurisdictions which include Alaska, American Samoa, CNMI, Guam and Hawaii. FAS jurisdictions do not have such information collected.					
ASSISFOOD	In the past 12 months, do you receive assistance to	Character	1	0=No 1=Yes	

**Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
	pay for food (e.g., food stamps, WIC coupons)?			7=no response 9= missing	
EBT_SNAP	Does your household receive EBT/SNAP/NAP (formerly called Food Stamps)?	Character	1	0=No 1=Yes 8= Don't know 6= Not applicable	Only for those choose 1=yes for variable <i>ASSISFOOD</i>
FOODASSI	Does your household receive food assistance (Food Bank/Food Pantries or Commodity foods)?	Character	1	0=No 1=Yes 8=Don't know 6=Not applicable	Only for those choose 1=yes for variable <i>ASSISFOOD</i>
WIC	Does your household receive WIC benefits	Character	1	0=No 1=Yes 8=Don't know 6=Not applicable	Only for those choose 1=yes for variable <i>ASSISFOOD</i>
FREEMEAL	Does your household receive reduced-cost breakfasts or lunches at school	Character	1	0=No 1=Yes 8=Don't know 6=Not applicable	Only for those choose 1=yes for variable <i>ASSISFOOD</i>
SLEEP	How long on average (in hours) of sleep does your child get in a 24 hour period? (at night and in	Character	4	0, 0.5, 1, 1.5, 2, 2.5, 3, 3.5, 4, 4.5, 5, 5.5, 6, 6.5, 7, 7.5, 8, 8.5, 9, 9.5, 10, 10.5, 11, 11.5, 12, 12.5, 13, >13	Should we program in all the choice so the data enterer only click? For those missing,

**Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
	naps)				9999 will be assigned.
DIAGNOSIS1	Does your child have any current medical conditions diagnosed by a doctor?	Character	1	0=No 1=Yes 9=Missing	
DIAGNOSIS2	What condition has your child been diagnosed with in the past 12 months?	Character	200		Only for those answered "Yes" for variable Diagnosis1. Please specify the condition.
ASTHMA	Has a doctor or nurse ever told you that the child has asthma?	Character	1	0=No 1=Yes 8=Don't know/Not sure 9=missing	
RELIGION	What is your religious affiliation?	Character	2	01=Baptist 02=Buddhist 03=Catholic 04=Episcopalian 05=Evangelical Covenant 06=Mormon/Latter-day Saints 07=Moravian 08=Muslim 09=Pentecostal 10=Protestant 11=Russian Orthodox 12=Other (please describe)	

**Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
				13=None 77 no response 99= Missing	
RELIGION_ OTHER	Other types of religious affiliation	Character	50		<i>Only for those answered "other" for variable RELIGION</i>
ENGAGE	How often do you engage in religious activities or events with your religious community?	Character	1	1=Per Week 2=Per Month 3=Do not attend 7=No response 9= Missing	
NUM_ENGAGE	How many times per week do you engage in religious activities or events with your religious community	Character	2		For those missing, 99 will be assigned.
NUM_ENGAGE_MONTH	How many times per month do you engage in religious activities or events with your religious community	Character	2		For those missing, 99 will be assigned. *

FAS Version -- Child and Household Demographics (Form 23-02)

We adapted for FAS Form 23-02 Information about your child and household, which includes the demographics questions. We changed, added, or dropped some items to tailor Form 23-02 for FAS. For example, the lower income response category was changed from under \$10,000 to three categories: under \$2500, from \$2500 to less than \$5000, and from \$5000 to less than \$10000. We dropped questions about SNAP (food stamps) and WIC, since they are not available in the FAS region. We added questions about resource availability and the source of water in the home as well as the main type of fuel their household uses for cooking. Questions about the parent/caregiver's and the household's betel nut, tobacco and alcohol use are part of the new questions. We added questions about the participating child's frequency of tooth brushing and preventative dental care, as these items are of particular interest to this region. Table 5 displays the variables that were changed or added for FAS or that offered different coding for responses.

Table 5: Demographic and Other Variables, Form 23-02 -- FAS version – Additional or modified variables only

Demographic and Other Variables from Information About Your Child And Household: Form 23-02 FAS Version					
Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
CHILD INFORMATION					
NHPI_ CHAMORRO_DESC R	If your child is Native Hawaiian or other Pacific Islander, do you most identify him/her with Chamorro - description				Only for those select 1=Yes for variable <i>NHPI</i>
NHPI_	If your child is Native	Character	30		Only for

**Demographic and Other Variables from
Information About Your Child And Household: Form 23-02
FAS Version**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
CHUUKESE_DESCR	Hawaiian or other Pacific Islander, do you most identify him/her with Chuukese - description				those select 1=Yes for variable <i>NHPI</i>
NHPI_POHNPEIAN_DESCR	If your child is Native Hawaiian or other Pacific Islander, do you most identify him/her with Pohnpeian - description	Character	30		Only for those select 1=Yes for variable <i>NHPI</i>
NHPI_YAPESE_DESCR	If your child is Native Hawaiian or other Pacific Islander, do you most identify him/her with Yapese - description	Character	30		Only for those select 1=Yes for variable <i>NHPI</i>
WATER AND FUEL SOURCE					
WATER_HOUSEHOLD TAP	Where do you get the water you use at home? Include water for all purposes – Drinking, cooking, cleaning, gardening, etc. (Check all that apply): household tap	Character	1	0=No 1=Yes 9= missing	
WATER_PRIVATE TAP IN YARD	Where do you get the water you use at home? Include water for all purposes –	Character	1	0=No 1=Yes 9= missing	

**Demographic and Other Variables from
Information About Your Child And Household: Form 23-02
FAS Version**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
	Drinking, cooking, cleaning, gardening, etc. (Check all that apply): private tap in yard				
WATER_STANDPIPE	Where do you get the water you use at home? Include water for all purposes – Drinking, cooking, cleaning, gardening, etc. (Check all that apply): public/shared standpipe	Character	1	0=No 1=Yes 9= missing	
WATER_NEIGHBOR'S TAP	Where do you get the water you use at home? Include water for all purposes – Drinking, cooking, cleaning, gardening, etc. (Check all that apply): neighbor's tap	Character	1	0=No 1=Yes 9= missing	
WATER_BOTTLED WATER	Where do you get the water you use at home? Include water for all purposes – Drinking, cooking, cleaning, gardening, etc. (Check all that apply): purchased bottled water	Character	1	0=No 1=Yes 9= missing	
WATER_HOME_RAIN WATER	Where do you get the water you use at home? Include water for all purposes –	Character	1	0=No 1=Yes 9= missing	

**Demographic and Other Variables from
Information About Your Child And Household: Form 23-02
FAS Version**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
	Drinking, cooking, cleaning, gardening, etc. (Check all that apply): home rain water collection				
WATER_ COMMUNITY _RAIN WATER	Where do you get the water you use at home? Include water for all purposes – Drinking, cooking, cleaning, gardening, etc. (Check all that apply): community rain water collection	Character	1	0=No 1=Yes 9= missing	
WATER_RIVER	Where do you get the water you use at home? Include water for all purposes – Drinking, cooking, cleaning, gardening, etc. (Check all that apply): River/Stream/Creek	Character	1	0=No 1=Yes 9= missing	
WATER_SPRING	Where do you get the water you use at home? Include water for all purposes – Drinking, cooking, cleaning, gardening, etc. (Check all that apply): Spring	Character	1	0=No 1=Yes 9= missing	
WATER_ REFILLING_	Where do you get the water you use at home? Include	Character	1	0=No 1=Yes	

**Demographic and Other Variables from
Information About Your Child And Household: Form 23-02
FAS Version**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
STATION	water for all purposes – Drinking, cooking, cleaning, gardening, etc. (Check all that apply): refilling station			9= missing	
WATER_OTHER	Where do you get the water you use at home? Include water for all purposes – Drinking, cooking, cleaning, gardening, etc. (Check all that apply): other	Character	40		
WATER_OTHER_DESCR	Where do you get the water you use at home? Include water for all purposes – Drinking, cooking, cleaning, gardening, etc. (Check all that apply): other – description.	Character	40		
ELECTRICITY	What type of fuel does your household mainly use for cooking?(Check all that apply): Electricity	Character	1	0=No 1=Yes 9= missing	
LPG	What type of fuel does your household mainly use for cooking?(Check all that apply): Liquefied petroleum	Character	1	0=No 1=Yes 9= missing	

**Demographic and Other Variables from
Information About Your Child And Household: Form 23-02
FAS Version**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
	gas				
NATURAL_GAS	What type of fuel does your household mainly use for cooking?(Check all that apply): Natural gas	Character	1	0=No 1=Yes 9= missing	
BIOGAS	What type of fuel does your household mainly use for cooking?(Check all that apply): Biogas	Character	1	0=No 1=Yes 9= missing	
KEROSENE	What type of fuel does your household mainly use for cooking?(Check all that apply): Kerosene	Character	1	0=No 1=Yes 9= missing	
COAL	What type of fuel does your household mainly use for cooking?(Check all that apply): Coal / Lignite	Character	1	0=No 1=Yes 9= missing	
WOOD	What type of fuel does your household mainly use for cooking?(Check all that apply): Wood	Character	1	0=No 1=Yes 9= missing	
CHARCOAL	What type of fuel does your household mainly use for cooking?(Check all that apply): Charcoal	Character	1	0=No 1=Yes 9= missing	

**Demographic and Other Variables from
Information About Your Child And Household: Form 23-02
FAS Version**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
STRAW	What type of fuel does your household mainly use for cooking?(Check all that apply): Straw_shrub_grass	Character	1	0=No 1=Yes 9= missing	
ANIMAL_DUNG	What type of fuel does your household mainly use for cooking?(Check all that apply): Animal Dung	Character	1	0=No 1=Yes 9= missing	
CROP_RESIDUE	What type of fuel does your household mainly use for cooking?(Check all that apply): Agricultural crop residue	Character	1	0=No 1=Yes 9= missing	
FUEL_COOKING_OTHER	What type of fuel does your household mainly use for cooking?(Check all that apply): Other types (please describe)	Character	40		
FUEL_COOKING_OTHER_DESCR	What type of fuel does your household mainly use for cooking?(Check all that apply): Other types (please describe)	Character	40		
NO_COOKING	No food cooked in household	Character	1	0=No 1=Yes	

**Demographic and Other Variables from
Information About Your Child And Household: Form 23-02
FAS Version**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
				9= missing	
BETEL NUT USAGE					
CHEWED_EVER	Have you ever chewed betel nut?	Character	1	0=No 1=Yes 8= No response 9= missing	
CHEWED_NOW	Do you now chew betel nut?	Character	1	0=No 1=Yes 7=Don't know 8= No response 9= missing	
CHEW_FREQ	If yes, how often do you chew betel nut?	Character	1	1=Daily 2=Weekly 3=Monthly 7=Don't know 8= No response 9= Missing	
CHEW_YEARS	If yes, how long have you been chewing betel nut?: Years	Character	2	77=Don't Know 88= No response 99= missing	
CHEW_MONTHS	If yes, how long have you been chewing betel nut?:	Character	2	777=Don't Know 888=No response	

**Demographic and Other Variables from
Information About Your Child And Household: Form 23-02
FAS Version**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
	Months			999=missing	
WITH_TOBACCO	If yes, do you include Tobacco (from cigarette, snuff, twist tobacco, Red Man) when chewing betel nut?	Character	1	0=No 1=Yes 7=Don't Know 8= No response 9= missing	
WITH_LIME	If yes, do you include lime when chewing betel nut?	Character	1	0=No 1=Yes 7=Don't Know 8= No response 9= missing	
WITH_BETEL_LEAF	If yes, do you include betel leaf when chewing betel nut?	Character	1	0=No 1=Yes 7=Don't Know 8= No response 9= missing	
WITH_ALCOHOL	If yes, do you include alcohol to an of the components of your chew (nut, leaf, lime, or tobacco)?	Character	1	0=No 1=Yes 7=Don't Know 8= No response 9= missing	

**Demographic and Other Variables from
Information About Your Child And Household: Form 23-02
FAS Version**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
BETEL_OTHER_USERS	Are there other members in your household who chew betel nut?	Character	1	0=No 1=Yes 7=Don't Know 8= No response 9= missing	
BETEL_OTHERS_COUNT	If yes, how many household members chew betel nut?	Character	2	77=Don't Know 88= No response 99= missing	
TOBACCO USAGE					
TOBACCO	Aside from adding tobacco to a betel quid, do you now use any tobacco products (smoking cigarette, cigar or pipes; chewing smokeless tobacco)?	Character	1	0=No 1=Yes 8= No response 9= missing	
TOBACCO_COUNT	If yes to smoking cigarettes, cigars or pipes, how many sticks/pipes od you smoke daily?	Character	2	77=Don't Know 88= No response 99= missing	
SMOKELESS_TOBACCO_FREQ	If yes to chewing smokeless tobacco, how often do you chew smokeless tobacco?	Character	1	1=Everyday 2=Some days 7=Don't know 8= No response	

**Demographic and Other Variables from
Information About Your Child And Household: Form 23-02
FAS Version**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
				9= missing	
TOBACCO_OTHER_USERS	Are there other members in your household who use any tobacco products (with or without betel nut; cigarettes, cigars, or pipes; chewing smokeless tobacco)?	Character	1	0=No 1=Yes 7= Don't know 8= No response 9= missing	
TOBACCO_OTHER_COUNT	If yes, how many household members use any of these tobacco products?	Character	2	77=Don't Know 88= No response 99= missing	
ALCOHOL USAGE					
ALCOHOL	Did you drink alcohol within the past 30 days?	Character	1	0=No 1=Yes 7= Don't know 8= No response 9= missing	
CAN_BEER_COUNT	During the past 30 days, on the days when you drank, about how many drinks did you drink?: cans of beer	Character	2	77=Don't Know 88= No response 99= missing	
BOTTLE_BEER_COUNT	During the past 30 days, on the days when you drank,	Character	2	77=Don't Know 88= No response	

**Demographic and Other Variables from
Information About Your Child And Household: Form 23-02
FAS Version**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
	about how many drinks did you drink?: bottles of beer			99= missing	
WINE_COUNT	During the past 30 days, on the days when you drank, about how many drinks did you drink?: Glasses of wine	Character	2	77=Don't Know 88= No response 99= missing	
LIQUOR_COUNT	During the past 30 days, on the days when you drank, about how many drinks did you drink?: Shots of liquor	Character	2	77=Don't Know 88= No response 99= missing	
MIXED_DRINKS_COUNT	During the past 30 days, on the days when you drank, about how many drinks did you drink?: Glasses of mixed drinks	Character	2	77=Don't Know 88= No response 99= missing	
KAVA_COUNT	During the past 30 days, on the days when you drank, about how many drinks did you drink?: Cups of kava	Character	2	77=Don't Know 88= No response 99= missing	
TUBA_COUNT	During the past 30 days, on the days when you drank, about how many drinks did you drink?: Cups of tuba drink (coconut sap)	Character	2	77=Don't Know 88= No response 99= missing	
YEAST_COUNT	During the past 30 days, on	Character	2	77=Don't Know	

**Demographic and Other Variables from
Information About Your Child And Household: Form 23-02
FAS Version**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
	the days when you drank, about how many drinks did you drink?: Cups of fermented yeast			88= No response 99= missing	
ALCOHOL_OTHER_USERS	Are there other members in your household who drank alcohol within the past 30 days?	Character	1	0=No 1=Yes 7= Don't know 8= No response 9= missing	
ALCOHOL_OTHERS_COUNT	If yes, how many household members drank alcohol within the past 30 days?	Character	2	77=Don't Know 88= No response 99= missing	
MEDICAL					
BRUSH_TEETH	How often does your child brush his/her teeth?	Character	1	1=More than once a day 2=Once a day 3=Once per week 4=Once per year 5=Never 7=Don't know 8=No response 9=Missing	
DENTAL_CARE	During the past 12 months, did your child see a dentist for any routine preventive	Character	1	0=No 1=Yes 7=Don't know/Not sure	

**Demographic and Other Variables from
Information About Your Child And Household: Form 23-02
FAS Version**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
	dental care, including check-ups, screenings, and sealants?			8=No response 9=missing	

CHL24 Month Version -- Child and Household Demographics (Form 23-02)

We adapted Form 23-02 Information about your child and household which includes the demographics questions for CHL 24month data collection. We changed, added, or dropped some items to tailor Form 23-02 for CHL 24month. For example, we added questions about resource availability and the source of water in the home as well as the main type of fuel their household uses for cooking. We also added questions about child's specific health conditions and questions about the participating child's frequency of tooth brushing and preventative dental care. Table 6 displays the variables that were changed or added for CHL 24month or that offered different coding for responses.

Table 6: Demographic and Other Variables, Form 23-02 – CHL 24month version – Additional or modified variables only

Demographic and Other Variables from Information About Your Child And Household: Form 23-02 CHL24 month Version					
Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
FISHING_FARMING	What is your current employment status – Fishing / Farming	Character	1	0= NO 1= Yes	
OTHER_BENEFITS	Does your household receive any other benefits	Character	50		
Water_Household_tap	Where do you get the water you use at home? Include water for all purposes – Drinking, cooking, cleaning, gardening, etc. (Check all that apply): household tap	Character	1	0=No 1=Yes 9= missing	

**Demographic and Other Variables from
Information About Your Child And Household: Form 23-02
CHL24 month Version**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
Water_Private_tap	Where do you get the water you use at home? Include water for all purposes – Drinking, cooking, cleaning, gardening, etc. (Check all that apply): private tap in yard	Character	1	0=No 1=Yes 9= missing	
Water_standpipe	Where do you get the water you use at home? Include water for all purposes – Drinking, cooking, cleaning, gardening, etc. (Check all that apply): public/shared standpipe	Character	1	0=No 1=Yes 9= missing	
Water_Neighbor_tap	Where do you get the water you use at home? Include water for all purposes – Drinking, cooking, cleaning, gardening, etc. (Check all that apply): neighbor's tap	Character	1	0=No 1=Yes 9= missing	
Water_bottled	Where do you get the water you use at home? Include water for all purposes – Drinking, cooking, cleaning, gardening, etc. (Check all that apply): purchased bottled water	Character	1	0=No 1=Yes 9= missing	

**Demographic and Other Variables from
Information About Your Child And Household: Form 23-02
CHL24 month Version**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
Water_home_rain	Where do you get the water you use at home? Include water for all purposes – Drinking, cooking, cleaning, gardening, etc. (Check all that apply): home rain water collection	Character	1	0=No 1=Yes 9= missing	
Water_community_rain	Where do you get the water you use at home? Include water for all purposes – Drinking, cooking, cleaning, gardening, etc. (Check all that apply): community rain water collection	Character	1	0=No 1=Yes 9= missing	
Water_river	Where do you get the water you use at home? Include water for all purposes – Drinking, cooking, cleaning, gardening, etc. (Check all that apply): River/Stream/Creek	Character	1	0=No 1=Yes 9= missing	
Water_spring	Where do you get the water you use at home? Include water for all purposes – Drinking, cooking, cleaning, gardening, etc. (Check all	Character	1	0=No 1=Yes 9= missing	

**Demographic and Other Variables from
Information About Your Child And Household: Form 23-02
CHL24 month Version**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
	that apply): Spring				
Water_refilling_station	Where do you get the water you use at home? Include water for all purposes – Drinking, cooking, cleaning, gardening, etc. (Check all that apply): refilling station	Character	1	0=No 1=Yes 9= missing	
Water_other	Where do you get the water you use at home? Include water for all purposes – Drinking, cooking, cleaning, gardening, etc. (Check all that apply): other	Character	1	0=No 1=Yes 9= missing	
Water_other_descr	Where do you get the water you use at home? Include water for all purposes – Drinking, cooking, cleaning, gardening, etc. (Check all that apply): other – description.	Character	40		
DENTAL AND MEDICAL					
BRUSH_TEETH	How often does your child brush his/her teeth?	Character	1	1=More than once per day 2= Once per day 3= Once per week 4=Once per year 5= Never	

**Demographic and Other Variables from
Information About Your Child And Household: Form 23-02
CHL24 month Version**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
				8= Don't Know 7= No response	
DENTAL_CARE	During the past 12 months, did your child see a dentist for any routine preventive dental care, including check-ups, screenings, and sealants?	Character	1	0= No 1= Yes 8= Don't know 7= No response 9=missing	
*The following variables are collected from the screening form in baseline. In 24-month, those questions/variables were modified to be included in the demo form.					
Problems_active	Does your child have any problems that keep him/her from being physically active?	Character	1	0= No 1= Yes 9=missing	
Problem_descr	If yes, what type of problem	Character	100		
Heart	If yes, has your child had any problem with his/her heart?	Character	1	0= No 1= Yes	
Nerves	If yes, has your child had any problem with his/her nervers?	Character	1	0= No 1= Yes	
Liver	If yes, has your child had any problem with his/her liver?	Character	1	0= No 1= Yes	
Bloodpressure	If yes, has your child had any problem with his/her blood	Character	1	0= No 1= Yes	

**Demographic and Other Variables from
Information About Your Child And Household: Form 23-02
CHL24 month Version**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
	pressure?				
Thyroid	If yes, has your child had any problem with his/her thyroid?	Character	1	0= No 1= Yes	
Kidney	If yes, has your child had any problem with his/her kidney?	Character	1	0= No 1= Yes	
Bones_Joints	If yes, has your child had any problem with his/her bones or joints?	Character	1	0= No 1= Yes	
Cancer	If yes, has your child had any problem with cancer?	Character	1	0= No 1= Yes	
Diabetes	If yes, has your child had any problem with diabetes?	Character	1	0= No 1= Yes	
Medication	Does your child take any medications?	Character	1	0= No 1= Yes	
Antidepressants	Does your child take any antidepressants	Character	1	0= No 1= Yes	
Lithium	Does your child take any lithium	Character	1	0= No 1= Yes	
Appetite_Suppressants	Does your child take any appetite suppressants	Character	1	0= No 1= Yes	
Metabolism	Does your child take any medication that affects appetite or metabolism?	Character	1	0= No 1= Yes	

**Demographic and Other Variables from
Information About Your Child And Household: Form 23-02
CHL24 month Version**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
Regular	If you answered yes to any of these medications, does your child take them regularly?	Character	1	0= No 1= Yes	

Created New Variables from Form 23-02

During the data cleaning process, many new variables were created under various reasons. Whenever a correction was made to an original variable, then a new variable is created in order to differentiate it from the original variable. Some new variables were created to address the needs of various research questions. **Those new variables should always be used in place of the original variables.** If the methods or protocols used in creating those new variables are simple enough, they are then described in the following table (Table 5) under the column “Notes”. For some variables, e.g., new race or ethnicity variable, the methods/protocols used are complicated. Therefore, the following section in particular, describes the protocols used in create the new race or ethnicity variables.

Proposed methods for creating a new race_ethnicity variable

From the original data collection form, we get a total of 45 variables related to race and ethnicity. From those 45 variables, we have created a new variable (*race_new_omb*), which is based on US Office of Management and Budget (OMB) Definition and has 6 categories: White, Black, AIAN, Asian, NHPI, and More than one race. Whether a child is of Hispanic origin or not is not considered when creating this variable.

Another new variable, “*ethnicity_new*” is created in order to capture or reflect a study participant’s race/ethnic composition. This variable is currently in the format of “RACE1-SUBCATEGORIES_RACE2-SUBCATEGORIES...” in alphabetic order, e.g.,

“ASIAN-CHINESE_ASIAN-FILIPINO_ASIAN-INDIAN_ASIAN-JAPANESE_ASIAN-THAI_NHPI-CHAMORRO”. The reason to show the larger race category before the smaller ethnic group is to meet the needs of further researchers who may not be familiar with the populations in the Pacific. The variable “*ethnicity_new*” currently describes all available ethnicity/race group a participating child has chosen. To create this variable, one of the first steps is to check each of the open space variables and make corrections as needed. For example, for one of the study subject, AIAN is selected; however under *aian_descr*, it is written “BGD, Bangl”. There are no other race or ethnic categories selected for this subject. Therefore, we are assuming that this child actually is of Asian, instead of AIAN and the following correction was then made:

```
(a). IF aian_descr= 'BGD, Bangla' THEN DO;  
      AIAN='0'; AIAN_OTHER='0'; AIAN_DESCR=""; ASIAN_other='1';ASIAN_DESCR='BANGLADESHI';  
      END;
```

As a result, a total of 45 new variables were created to differentiate them from the original 45 race/ethnicity related variables (see Table 5).

The variable “*ethnicity_new*” currently has 457 categories. To further reduce the categories, we are proposing to create another new race/ethnic variable. The variable is named “*race_new_pacific*” and is created using the following protocols:

I. Single race group: some of the subgroups are combined. This includes the following single race groups:

- a. Among Asian only (3 groups: Filipino, Asian-East and Asian-other):
 - i. FILIPINO: This category will include Filipino only ethnic group.
 - ii. EAST-ASIAN: including Chinese, Japanese, Korean alone or mixed within those 3 ethnic groups;
 - iii. ASIAN-OTHER: All other single Asian ethnic group or mix within those groups

- b. Among NHPI only (9 groups based on CHL participating jurisdiction main ethnic groups):
 - i. CHAMORRO, CAROLINIAN, CHUUKESE, KOSRAEAN, MARSHALLESE, NATIVE HAWAIIAN, PALAUAN, POHNPEIAN, SAMOAN, YAPESE, and NHPI-OTHER (all other single subgroups of NHPI, e.g., KIRIBATI, TOKELAUN, TONGAN, TAHITIAN, etc.)

- c. Among AIAN only: Due to the small number of sample size, all AIAN sub-ethnic groups are combined into one category as “AIAN”. They may be consisted of a single AIAN ethnic group or a mix of more than one AIAN ethnic group.
- d. Black only;
- e. White only;
- f. A new category is created and named in the following format “MIX_WITHIN_NHPI-PRIORITY ETHNIC GROUP”. Due to sample size, this category is only created for NHPI ethnic groups as sample sizes for other race groups are small. The choice of the priority ethnic group is based first on the main ethnic group of interest that particular jurisdiction where the data is from; If for a jurisdiction where there are more than one priority ethnic groups, then priority is given to the ethnic group which has the largest frequency counts, e.g., Guam has two ethnic groups of interest: Chamorro and Chuukese. The followings are some examples:
 - i. If a child is under category “NHPI-CHUUKESE _NHPI-OTHER” and the data is from Chuuk, we will then treat this as “MIX_WITHIN_NHPI-CHUUKESE”;
 - ii. If a child is under “NHPI-CHAMORRO_NHPI-CHUUKESE_NHPI-PALAUAN” and data is from Hawaii, then we will use the frequency counts rule to set the order of priority. Highest priority will be given to those with the most frequency counts.

II. More than one race group: for those with two or more race groups, or currently under the category of “More than one race” of the variable “*race_new_omb*”.

- a. New categories will be given in the format of “MIX_PRIORITY ETHNIC GROUP”. Priority is giving use the combination of the following two methods: (1) interesting study ethnic groups depending on the source of data (Jurisdiction) and (2) frequency counts of each of these ethnic groups if there are more than one ethnic groups. Interesting study ethnic groups for each of the participating jurisdiction are listed as the following:
 - i. Palau: Palauan;
 - ii. Yap: Yapese;

- iii. Guam: Chamorro, Chuukese
 - iv. CNMI: Chamorro, Carolinian
 - v. Chuuk: Chuukese
 - vi. Pohnpei: Pohnpeian
 - vii. Kosrae: Kosraean
 - viii. RMI: Marshallese
 - ix. Am. Samoa: Samoan
 - x. Hawaii: Native Hawaiian
 - xi. Alaska: AIAN
- b. In general, the order of priority are as the following:
- i. NHPI>AIAN>Filipino>Asian-east>Asian-other>Black>White for all jurisdictions except for Alaska;
 - ii. AIAN>NHPI> Filipino>Asian-east>Asian-other>Black>White for Alaska;
- c. In some jurisdictions, like Guam and CNMI, there are more than one ethnic groups of study interesting. Under those cases, the priority is given based on frequency counts. The priority order for those three jurisdictions are:
- i. For Guam: Chamorro>Chuukese>other PIs(order depends on frequency counts)>AIAN>Filipino>Asian-east>Asian-other>Black>White;
 - ii. For CNMI method one: This method follows the general CHL protocol where the top two priority ethnic groups are Chamorro and then Carolinian with the following order: Chamorro>Carolinian>Chuukese>Other PIs (order depends on frequency counts)>AIAN>Filipino>Asian East>Other PIs>Other Asians>Black>White;
 - iii. For CNMI method two: in this method, Carolinians are given the highest priority. If a child is of Carolinian mix with any other ethnic groups, e.g., Chamorro, then she/he is assigned as Carolinian, even though counts of Chamorro are higher than Carolinian. In this method, a new variable, “race_new_pacific_cnmi” is created. For CNMI specific reports, this variable can be used instead.

Priority order under this method for CNMI is: Carolinian>Chamorro> Chuukese>Other PIs (order depends on frequency counts)>AIAN>Filipino>Asian East>Other PIs>Other Asians> Black>White;

- III. The variable “*race_new_pacific*” currently has a total of 43 categories. The distribution of this variable by jurisdiction is presented in the attached excel file. This variable can then be used to create new race variable(s) depending on the needs of individual study or research questions. For example, for the manuscript on obesity prevalence in the pacific region, we are planning to create a new variable which will combine any mix groups into that main ethnic groups, e.g., Mix_chuukese will be combined with Chuukese, mix_Hawaiian will be combined with Hawaiian, etc. In this way, there will be no mixed group. We can also think of create a new category as Mixed, which combine all those different mixed groups into one.
- IV. Hispanic. Whether the child is of Hispanic origin is not considered in the creation of new race/ethnicity variables. One of the key reason in doing this is that Hispanic is not one of the focus study group we intended. Nevertheless, there variable “hispanic” (coded 1=yes and 0=no) are there in the data set. In addition, currently there are 27 children indicated they are of Hispanic origin but did not indicate any race/ethnic group among our study participants. If in the future, someone is interested in study Hispanic in the Pacific, he/she can use those available variables to create new ones to address his/her research needs.

Table 7: Created and Calculated Variables from Form 23-02

* Those new variables are also created for FAS prevalence study;

**Created and Calculated Variables from
Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
New Race/ethnicity variables: Please refer to the section, “Proposed methods for creating a new race_ethnicity variable”, on the description of how those new variables are created					
ethnicity_new	ethnicity_new	Character	250	created in order to capture or reflect a study participant’s race/ethnic composition. This variable is currently in the format of “RACE1-SUBCATEGORIES_RACE 2-SUBCATEGORIES...” in alphabetic order, e.g., “ASIAN-CHINESE_ASIAN-FILIPINO_ASIAN-INDIAN_ASIAN-JAPANESE_ASIAN-THAI_NHPI-CHAMORRO”.	
The following three race/ethnicity variables were created and should be used in the future for exploring race/ethnic differences. Based on the research needs, categories of variables “race_new_pacific” and race_new_pacific_CNMI” can be further combined.					
Race_new_omb	Child’s race following guidelines of US Office of Management and Budget (OMB) Definition	Character	30	One of the following 6 categories: AIAN (American Indian and Alaska Native), Asian, Black, NHPI (Native Hawaiian and Other Pacific Islanders), White, and More than one race.	http://wonder.cdc.gov/wonder/help/populations/bridged-race/Directive15.html .

**Created and Calculated Variables from
Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
race_new_pacific	race_new_pacific	Character	250	Please refer to the section, "Proposed methods for creating a new race_ethnicity variable" for more details on how this variable is created.	
race_new_pacific_cnmi	race_new_pacific_cnmi	Character	250	Please refer to the section, "Proposed methods for creating a new race_ethnicity variable" for more details on how this variable is created	
The following variables were cleaned and should be used in the creation of new race/ethnicity related variables or in data analysis of any purposes					
aian_new	aian_new	Character	1		
aian_athabaskan_new	aian_athabaskan_new	Character	1		

**Created and Calculated Variables from
Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
aian_cupik_new	aian_cupik_new	Character	1		
aian_inupiaq_new	aian_inupiaq_new	Character	1		
aian_siberian_new	aian_siberian_new	Character	1		
aian_yupik_new	aian_yupik_new	Character	1		
asian_cambodian_new	asian_cambodian_new	Character	1		
asian_chinese_new	asian_chinese_new	Character	1		
asian_descr_new	asian_descr_new	Character	30		
asian_filipino_new	asian_filipino_new	Character	1		
asian_indian_new	asian_indian_new	Character	1		
asian_japanese_new	asian_japanese_new	Character	1		
asian_korean_new	asian_korean_new	Character	1		
asian_malaysian_new	asian_malaysian_new	Character	1		
asian_other_new	asian_other_new	Character	1		
asian_pakistani_new	asian_pakistani_new	Character	1		
asian_thai_new	asian_thai_new	Character	1		

**Created and Calculated Variables from
Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
asian_vietnamese_new	asian_vietnamese_new	Character	1		
ASIAN_OTHER	If your child is Asian, do you most identify him/her with other Asian group?	Character	1	0=No 1=Yes	Only for those select 1=Yes for variable <i>ASIAN</i>
ASIAN_DESCR	Other ethnic/tribal groups of Asian	Character	30		Only for those identify the child as "Other" for variable <i>ASIAN</i>
black_new	black_new	Character	1		
hispanic_new	hispanic_new	Character	1		
nhpi_new	nhpi_new	Character	1		
nhpi_carolinian_new	nhpi_carolinian_new	Character	1		
nhpi_chamorro_new	nhpi_chamorro_new	Character	1		
nhpi_chamorro_descr_new	nhpi_chamorro_descr_new	Character	30		24month data set does not have this variable
nhpi_chuukese_new	nhpi_chuukese_new	Character	1		
nhpi_chuukese_descr_new	nhpi_chuukese_descr_new	Character	30		24month data set does not have this variable

**Created and Calculated Variables from
Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
nhpi_descr_new	nhpi_descr_new	Character	30		
nhpi_kiribati_new	nhpi_kiribati_new	Character	1		
nhpi_kosraean_new	nhpi_kosraean_new	Character	1		
nhpi_marshalllese_new	nhpi_marshalllese_new	Character	1		
nhpi_nativehawaiian_new	nhpi_nativehawaiian_new	Character	1		
nhpi_other_new	nhpi_other_new	Character	1		
nhpi_palauan_new	nhpi_palauan_new	Character	1		
nhpi_pohnpeian_desc_new	nhpi_pohnpeian_desc_new	Character	30		24month data set does not have this variable
nhpi_samoan_new	nhpi_samoan_new	Character	1		
nhpi_tahitian_new	nhpi_tahitian_new	Character	1		
nhpi_tokelaun_new	nhpi_tokelaun_new	Character	1		
nhpi_tongan_new	nhpi_tongan_new	Character	1		
nhpi_yapese_new	nhpi_yapese_new	Character	1		
nhpi_yapese_desc_new	nhpi_yapese_desc_new	Character	30		24month data set does not

**Created and Calculated Variables from
Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
new	r_new				have this variable
white_new	white_new	Character	1		
Other created new variables which were created for both FAS prevalence study and intervention jurisdictions baseline and 24-month data sets					
DOB_NEW	Date of birth of the child	Date/Time	8	Format of MMDDYY10.	
SEX_NEW	Sex of the child	Numeric	8	1=Male; 2=Female	
SLEEP_NEW	How many hours of sleep on average does your child get in a 24-hour period (at night and in naps)	Numeric	8	Taking values of 0, 0.5, 1, 1.5, 2, 2.5, 3, 3.5, 4, 4.5, 5, 5.5, 6, 6.5, 7, 7.5, 8, 8.5, 9, 9.5, 10, 10.5, 11, 11.5, 12, 12.5, 13, 1.35; Maximum value is 13.5;	
SLEEP3	Child sleep time in 3 categories	Numeric	8	Three categories: <ul style="list-style-type: none"> • 1=less than 8 hours; • 2=8 hours or more but less than 11 hours; • 3=between 11 to 13 hours; 	
sleep2yrs	Total hours of	Num	8	1='less than 9 hours'	

**Created and Calculated Variables from
Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
	sleep among two years old in three groups			2='9 to less than 11 hours' 3='11 hours or more';	
meeting2yrs_sleep	Does the two-year old child meet national recommendation of sleep during of at least 11 hours a day?	Num	8	1=yes; 0=no;	
sleep3t5yrs	Total hours of sleep among three to five years old in three groups	Num	8	1='less than 8 hours' 2='8 to less than 10 hours' 3='10 hours or more';	
meeting3t5yrs_sleep	Does the three to five-year old child meet national recommendation of sleep during of at least 10 hours a day?	Num	8	1=yes; 0=no;	
sleep6t8yrs	Total sleep time in hours among six to eight years old in three groups	Num	8	1='less than 7 hours' 2='7 to less than 9 hours' 3='9 hours and more'	

**Created and Calculated Variables from
Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
meeting6t8yrs_sleep	Does the six to eight-year old child meet national recommendation of sleep during of at least 9 hours a day?	Num	8	1=yes; 0=no;	
sleep6t10yrs	Total sleep time in hours among six to ten years old in three groups	Num	8	1='less than 7 hours' 2='7 to less than 9 hours' 3= '9 and more'	For 24month data set only
meeting6t10yrs_sleep	Does the six to ten-year old child meet national recommendation of sleep during of at least 9 hours a day?	Num	8		For 24month data set only
The following variables were created for intervention jurisdictions baseline data set and FAS prevalence data set only for the purpose of the comprehensive community reports; Hence, 24 month data set does not have any of those variables created yet					
AGE_BASELINE_NEW	Child age at the interview (both baseline and 24-month)	Numeric	8	This variable was further cleaned after correction of child's date of birth, or date of anthropometry assessment	

**Created and Calculated Variables from
Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
				or date of collection of the demo form when date of anthropometry is not available	
RELATION_DEMO_NEW	What is your relationship to this child?	Numeric	8	1='Biological mom'; 2='step mom' 3='adoptive mom' 4='birth dad' 5='step dad' 6='adoptive dad' 7='Legal guardian, caregive,other' 8='grandmother' 10='grandfather' 18='grandparents'; 23='step mom and adoptive mom' 25='step mom or step dad' 36='adoptive mom or adoptive dad' 56='step dad and adoptive dad'	Not yet cleaned for 24 month data set;
REL_OTHER_NEW	What is your relationship to this child: Legal Guardian,	Character	40	Further cleaned from variable "REL_OTHER"	Not yet cleaned for 24 month data set;

**Created and Calculated Variables from
Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
	Caregiver, Other				
MARITAL_NEW	Respondent current marital status	Character	1	1=Married 2=Divorced 3=Separated 4=Widowed 5=Single and not living with boyfriend, girlfriend, or partner 6=Single and living with boyfriend, girlfriend, partner 7 =Other	Not for 24month yet
MARI_OTHER_NEW	Respondent current marital status-Other	Char	40		
COUNT_MOTHER_NEW	Number of person who currently lives in the child's household -Mother	Num	8		
COUNT_FATHER_NEW	Number of person who currently lives in the child's household -Father	Num	8		
COUNT_BROTHER	Number of person	Num	8		

**Created and Calculated Variables from
Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
_NEW	who currently lives in the child's household - Brother				
COUNT_SISTER_NEW	Number of person who currently lives in the child's household- Sister	Num	8		
COUNT_GRANDMA_NEW	Number of person who currently lives in the child's household - Grandmother	Num	8		
COUNT_GRANDPA_NEW	Number of person who currently lives in the child's household - Grandfather	Num	8		
COUNT_AUNT_NEW	Number of person who currently lives in the child's household -Aunt	Num	8		
COUNT_UNCLE_NEW	Number of person who currently lives	Num	8		

**Created and Calculated Variables from
Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
	in the child's household -Uncle				
COUNT_COUSIN_NEW	Number of person who currently lives in the child's household -Cousin	Num	8		
COUNT_FRIEND_NEW	Number of person who currently lives in the child's household -Friend	Num	8		
OTHEREL_NEW	People who currently lives in the child's household_Other relationship	Character	100	Further cleaned from variable "OTHERREL".	
COUNT_OTHEREL_NEW	Number of other persons who currently lives in the child's household	Num	8		
MULTIGENERATION	Do your household have multigeneration? (defined as having	Numeric	8	0=No; 1=Yes; * Based on information on counts of grandma,	

**Created and Calculated Variables from
Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
	more than two generations (parents and child)).			grandpa, greatgrandma, greatgrandpa, grandaunt, granduncle or great grandaunt, great granduncle, etc.	
COUNT_CHILD	Total number of children living in your household	Numeric	8	Based on answers from question 4 "Please tell us about other children (for example: siblings, cousins, friends) who live with your child on a regular basis". The minimum number should be one and the maximum number will be 11.	
EDUCATION_NEW	Respondent's education level in two categories	Numeric	8	1= Never attended school or only attended kindergarten 2= Grades 1 up to 8 (Elementary to Middle school) 3= Grades 9 up to 11 (Some high school) 4= Grade 12 or GED (High School Graduate)	

**Created and Calculated Variables from
Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
				5= College or technical school 1 year to 3 years 6= College 4 years or more	
EDUCATION2	Respondent's education level in two categories	Numeric	8	1=higher school or lower; 2=some college or higher;	
EDUCATION3	Respondent's education in years	Numeric	8	Taking only values of 0.5, 4.5, 10, 12, 14, and 16 in years	
INCOME_NEW	Annual household income from all sources over the past 12 months	Numeric	8	1= Under \$10,000 (From \$5,000 to less than \$10,000 for FAS jurisdictions) 2= From \$10,000 to less than \$20,000 3= From \$20,000 to less than \$35,000 4= From \$35,000 to less than \$60,000 5= From \$60,000 to less than \$75,000 6= \$75,000 and more 11=Under \$2,500 (For FAS jurisdictions only);	

**Created and Calculated Variables from
Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
				12=From \$2,500 to less than \$5000 (for FAS jurisdictions only);	
INCOME2	Annual household income from all sources over the past 12 months in 2 categories	Numeric	8	1=less than \$35,000; 2=\$35,000 or more;	
INCOME3	Annual household income from all sources over the past 12 months in dollars	Numeric	8	Taking only values of 1250, 3750, 7500, 15000, 27500, 47500, 67500, 75000;	
UNEMPLOY	Are you(the respondent) currently unemployed	Numeric	8	0=No; 1=Yes; Based on answers to the following 2 choices: Out of work for more than 1 year; out of work for less than 1 year. If someone chooses either one of those, he/she is then treated as unemployed; If neither one is chosen, then "No"	
LANGUAGE_	What language(s)	Character	50	After correction of spelling	This variable may need further

**Created and Calculated Variables from
Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
NEW	does your child speak?			errors and combination of various ways of spelling of the same language.	cleaning based on the needs of specific research questions.
LANGUAGE_HOME_NEW	What language does your child most often speak at home?	Character	50	After correction of spelling errors and combination of various ways of spelling for the same language.	This variable may need further cleaning based on the needs of specific research questions.
LANGUAGEOVER1_HOME	Does your child speak more than one language based on language spoken at home?	Character	40	Based on the combinations of language(s) a child speaks most often at home (LANGUAGE_HOME_NEW) and languages a child speaks. There are four categories created: <ul style="list-style-type: none"> • English only; • English and one or more other languages; • One language other than English; • Two or more languages other than English 	This variable may need further working based on the needs of specific research questions.

**Created and Calculated Variables from
Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
BIRTH_PLACE_NEW	In what city or country was your child born?	Char	20		Further cleaned from original variable "BIRTH_PLACE"
LIVED_YRS_NEW	How many years has your child lived here?	Num	8		
LIVEDHERE_PERCENT	percent of child life living in this community (1=lived here whole life)	Num	8		Calculated as the ratio of years a child lived in the community over child's age
RELIGION_NEW	Religion in 14 categories	Numeric	8	1='Baptist' 2='Buddist' 3='Catholic' 4='Episcopalian' 5='Evangelical Covenant' 6='Mormon' 7='Moravian' 8='Muslim' 9='Pentecostal' 10='Protestant' 11='Russian Orthodox' 12='Other' 13='None' 14='Other_Christian'	

**Created and Calculated Variables from
Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
				77='no response' 99='Missing';	
RELIGION_OTHER_NEW	Other types of religious affiliation	Character	50	Further cleaned from variable "religion_other" so that there are less categories	<i>Only for those answered "other" for variable RELIGION</i>
RELIGION2GRP	Do you have any religions affiliation?	Num	8	1=yes; 0=no	
BRUSH_TEETH_NEW	How often does your child brush his/her teeth?	Num	8	1='More than once per day' 2='Once per day' 3='Once per week' 4='Once per year' 5='Never';	
DENTAL_CARE_NEW	Did your child see a dentish in the past 12 months?	Num	8	1=yes; 0=no	
DIAGNOSIS1_NEW	Does your child has a medical conditions diagnosed by a doctor?	Char	100	1=yes; 0=no	
DIAGNOSIS2_NEW	If yes, what is the medical conditions diagnosed by a	Char	100		

**Created and Calculated Variables from
Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
	doctor?				
ASTHMA_NEW	Has a doctor of nurse ever told you that the child has asthma?	Num	8	1=yes; 0=no	
ASSISFOODTYPE	What type of assistance did you receive to pay for food in the past 12 months?	Char	30	In four categories: noassis; other; wiconly; wic/other	
MONEY_FOOD_NEW	In the past 12 months, how often does your money for food run out before the end of the month?	Num	8	0='Never' 1='Seldom' 2='Sometimes' 3='Most time' 4='Always';	
MONEY_UTILITY_NEW	In the past 12 months, how often does your money for household utilities (e.g., water, fuel oil, or electricity) run out before the end of the month?	Num	8	0='Never' 1='Seldom' 2='Sometimes' 3='Most time' 4='Always';	

**Created and Calculated Variables from
Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
MONEY_FOOD_SOMEMOSTALWAYS	In the past 12 months, does money for food runs out at least sometimes (or most times, always) in your household?	Num	8	1=yes; 0=no	
MONEY_UTILITY_SOMEMOSTALWAYS	In the past 12 months, does money for household utilities runs out at least sometimes (or most times, always) in your household?	Num	8	1=yes; 0=no	
ASSISFOOD_NEW	In the past 12 months, do you receive assistance to pay for food?	Num	8	1=yes; 0=no	
EBT_SNAP_NEW	If yes, dis you receive EBT/SNAP/NAP (formerly called	Num	8	1=yes; 0=no	

**Created and Calculated Variables from
Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
	Food Stamps)?				
FOODASSI_NEW	If yes, did you receive food assistance (Food Bank/Food Pantries or Commodity foods)?	Num	8	1=yes; 0=no	
WIC_NEW	If yes, did you receive WIC benefits?	Num	8	1=yes; 0=no	
FREEMEAL_NEW	If yes, did you receive free or reduced-cost breakfast or lunches at school?	Num	8	1=yes; 0=no	
Variables related to early life. Those variables are created for baseline data sets for intervention jurisdictions and FAS jurisdictions only for the purpose of first round comprehensive community reports. Those variables are not created for the 24month data set.					
BIRTHWT_LB_NEW	Child's birth weight, pounds	Num	8		
BIRTHWT_OZ_NEW	Child's birth weight, ounces	Num	8		
BIRTHWT_KG_NEW	Child's birth	Num	8		

**Created and Calculated Variables from
Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
W	weight, kilograms				
BIRTHWT_NEW_P OUND	Child's birth weight in pounds	Num	8		Calculated based on available answers from the above three variables
BIRTHWT_NEW_K G	Child's birth weight in kilograms	Num	8		Calculated the same way as variable "BIRTHWT_NEW_POUND" but in the unit of kilograms
BIRTHWT3GRP	Child's birth weight in 3 groups	Char	50	Three categories: Healthy birth weight(2500g- 4000g); High birth weight (>4000g); low birth weight(<2500g)	
BIRTHHT_IN_NEW	Child's birth length, inches	Num	8		
BIRTHHT_CM_NE W	Child's birth length, centimeter	Num	8		
BIRTHLENGTH_NE W_INCH	Child's birth length in inches	Num	8		Calculated based on available answers of variables "BIRTHHT_IN_NEW" and "BIRTHHT_CM_NEW"
BIRTHLENGTH_NE	Child's birth length	Num	8		

**Created and Calculated Variables from
Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
W_CM	in centimeters				
BIRTHLENGTH_NEW_METER	Child's birth length in meters	Num	8		
BIRTHLENGTH_BELOW5	Is the child's birth length below 5th percentile, using CDC 2000 reference data	Num	8	1=yes; 0=no	If a child's birth length is less than 45.572 cm, then it is defined as below 5 th percentile using CDC 2000 reference data
BIRTHBMI	Child's BMI at birth	Num	8		Calculated as the ratio of child's birth weight in kilograms over the square of child's birth length in meters
BREASTFED_NEW	Was the child ever breastfed or fed breastmilk?	Num	8	1=Yes; 0=No;	
AGE_WEAN_NEW	Age in months of child when stopped breastfeeding (among those who ever breast fed)	Num	8		
AGE_STILLBREASTFED	Age in month of the child if she/he	Num	8		

**Created and Calculated Variables from
Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
	is still breast fed at the time of interview				
FORMULA_NEW	Was the child ever fed formula?	Num	8	1=Yes; 0=No;	
FIRST_FORMULA_NEW	Age in months of child when started formula feeding	Num	8		
LAST_FORMULA_NEW	Age in months of child when stopped formula feeding	Num	8		
AGE_STILLFORMULA_FED	Age in month of the child if she/he is still formula fed at the time of interview	Num	8		
AGE_OTHERFED_NEW	Age in month of child when fed anything other than breast milk or formula	Num	8		

**Created and Calculated Variables from
Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
<p>The following variables of child early life was created for the paper on stunting and obese; They were created for only interevntion jurisdictions baseline data set and FAS prevalence data set; The 24 month data set does not have those variables created. The variables were created using the CDC's SAS program for the WHO Growth Charts for ages 0 to <2 years. The sas program can be found at : http://www.cdc.gov/nccdphp/dnpao/growthcharts/resources/sas-who.htm</p>					
AGEINDAYS_DAY1	child age in days at day 1	Num	8	All were set to 1	
HAZ_DAY1	height-for_age Z at day 1	Num	8		
HAPCT_DAY1	height-for-age percentile at day 1	Num	8		
WAZ_DAY1	weight-for-age percentile at day 1	Num	8		
WAPCT_DAY1	weight-for-age percentile at day 1	Num	8		
WHZ_DAY1	weight-for-height Z at day 1	Num	8		
<p>The following variables are created for FAS prevalence data sets only during the process of producing the comprehensive community reports; No such variables can be found in the intervention jurisdictions baseline data sets or 24month data sets</p>					
TOBACCO_NEW	Aside from adding	Num	8	1=yes; 0=No	

**Created and Calculated Variables from
Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
	tobacco to a betel quid, do you now use any tobacco products (smoking cigarettes, cigars or pipes, chewing smokeless tobacco)?				
TOBACCO_COUNT_NEW	(Among those who used tobacco) how many sticks/pipes do you smoke daily?	Num	8		
TOBACCO_OTHER_USERS_NEW	Are there any other household members who used tobacco?	Num	8	1=yes; 0=no	
TOBACCO_OTHER_COUNT_NEW	If yes, how many household members use any of these tobacco products?	Num	8		
SMOKELESS_TOBACCO_FREQ_NEW	If yes to chewing smokeless	Num	8	1='Everday' 2='Some days';	

**Created and Calculated Variables from
Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
	tobacco, how often do you chew smokeless tobacco?				
CHEWED_EVER_NEW	Ever Chewed Betel nut?	Num	8	1=yes; 0=no	
CHEWED_NOW_NEW	Do you now chew betel nut?	Num	8	1=yes; 0=no	
CHEW_FREQ_NEW	How often do you chew betel nuts?	Char	8	1='daily' 2='weekly' 3='monthly';	
CHEW6GRP	How long have you been chewing betel nut?	Num	8	1='less than 1 year' 2='1-3 years' 3='4-7 years' 4='8-10 years' 5='11-13 years' 6='14 and more'	
CHEW_YEARS_NEW	How long (in years) have you been chewing betel nut?	Num	8		
CHEW_MONTHS_NEW	How long (in months) have you been chewing betel nut?	Num	8		

**Created and Calculated Variables from
Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
WITH_TOBACCO_NEW	When chewing betel nut do you include tobacco?	Num	8	1=yes; 0=no	
WITH_LIME_NEW	When chewing betel nut do you include lime?	Num	8	1=yes; 0=no	
WITH_BETEL_LEAF_NEW	When chewing betel nut do you include Betel leaf?	Num	8	1=yes; 0=no	
WITH_ALCOHOL_NEW	When chewing betel nut do you include alcohol?	Num	8	1=yes; 0=no	
BETEL_OTHER_USERS_NEW	Are there other members in your household who chew betwel nut?	Num	8	1=yes; 0=no	
BETEL_OTHERS_COUNT_NEW	If yes, how many household members chew betel nut?	Num	8		

**Created and Calculated Variables from
Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
ALCOHOL_NEW	Did you drink alcohol within the past 30 days?	Num	8	1=yes; 0=no	
CAN_BEER_COUNT_NEW	During the past 30 days, on the days when you drank, about how many drinks did you drink?—Cans of beer	Num	8		
WINE_COUNT_NEW	During the past 30 days, on the days when you drank, about how many drinks did you drink?—glasses of wine	Num	8		
BOTTLE_BEER_COUNT_NEW	During the past 30 days, on the days when you drank, about how many drinks did you drink?—Bottles of beer	Num	8		
LIQUOR_COUNT_NEW	During the past	Num	8		

**Created and Calculated Variables from
Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
EW	30 days, on the days when you drank, about how many drinks did you drink?—shots of liquor				
MIXED_DRINKS_COUNT_NEW	During the past 30 days, on the days when you drank, about how many drinks did you drink?—Glasses of mixed drinks	Num	8		
TUBA_COUNT_NEW	During the past 30 days, on the days when you drank, about how many drinks did you drink?—Cups of tuba drink	Num	8		
KAVA_COUNT_NEW	During the past 30 days, on the days when you drank, about how	Num	8		

**Created and Calculated Variables from
Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
	many drinks did you drink?—Cups of kava				
YEAST_COUNT_NEW	During the past 30 days, on the days when you drank, about how many drinks did you drink?—cups of fermented yeast	Num	8		
TOTAL_DRINK	Total numbers of drinks, including cans of beer, bottles of beer, glasses of wine, shots of liquor, glasses of mixed drinks, cups of kava, cups of tuba drink, and cups of fermented yeast, during the past 30 days	Num	8		
ALCOHOL_OTHERS_COUNT_NEW	Are there other members in your	Num	8		

**Created and Calculated Variables from
Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
	household who drank alcohol within the past 30 days?				
ALCOHOL_OTHER_USERS_NEW	If yes, howm any household members drank alcohol within the past 30 days?	Num	8		
CAN_BEER_3GRP	Among those that reported drinking can beer, number of drinks in 3 groups.	Num	8	1='1-2 drinks'; 2='3 to 4 drinks'; 3='5 or more drinks';	
BOTTLE_BEER_3GRP	Among those that reported drinking bottle beer, number of drinks in 3 groups.	Num	8	1='1-2 drinks'; 2='3 to 4 drinks'; 3='5 or more drinks';	
WINE_3GRP	Among those that reported drinking wine number of drinks in 3 groups.	Num	8	1='1-2 drinks'; 2='3 to 4 drinks'; 3='5 or more drinks';	
LIQUOR_3GRP	Among those that	Num	8	1='1-2 drinks';	

**Created and Calculated Variables from
Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
	reported drinking liquor number of drinks in 3 groups.			2='3 to 4 drinks' 3='5 or more drinks';	
MIXED_DRINK_3GRP	Among those that reported drinking mixed drinks number of drinks in 3 groups.,	Num	8	1='1-2 drinks'; 2='3 to 4 drinks'; 3='5 or more drinks';	
YEAST_3GRP	Among those that reported drinking yeast drinks, number of drinks in 3 groups.	Num	8	1='1-2 drinks'; 2='3 to 4 drinks'; 3='5 or more drinks';	
KAVA_3GRP	Among those that reported drinking kava, number of drinks in 3 groups.	Num	8	1='1-2 drinks'; 2='3 to 4 drinks'; 3='5 or more drinks';	
TUBA_COUNT_NEW	Among those that reported drinking tuba, number of drinks in 3 groups.	Num	8	1='1-2 drinks'; 2='3 to 4 drinks'; 3='5 or more drinks';	
TUBA_3GRP	Among those that reported drinking any alcohol, total	Num	8	1='1-2 drinks'; 2='3 to 4 drinks'; 3='5 or more drinks';	

**Created and Calculated Variables from
Demographic and Other Variables from
Information About Your Child And Household: Form 23-02**

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
	number of drinks in 3 groups.				
TOTAL_DRINK_3G RP	Among those that reported drinking any alcohol, total number of drinks in 3 groups.	Num	8	1='1-2 drinks'; 2='3 to 4 drinks'; 3='5 or more drinks';	

Child Anthropometry

Weight, height, and waist circumference were measured by trained research staff based on standardized procedures and protocols (Lohman, Roche, & Martorell, 1988; Ikeda & Crawford, 2000; CDC, 2006). Child's height, weight, and waist circumference measurements were taken three times at each visit. The results were reviewed right away to ensure that two of the three readings were within 0.2 units of each other (e.g., 0.2 kg for weight). If not, another series of three measurements were taken. This protocol ensured good data quality. Trained CHL staff measured each child's height, weight and waist circumference, respectively using a portable scale, stadiometer, and tape measure. A trained second person recorded the results using the anthropometric recording sheet Form 59-01 and verified with the measurer that the written data were correct.

The Lohman, Roche, and Martorell (1988) Anthropometric Standardization Reference manual was also used in the form* and protocol development. This manual also informed us in the development of a internally-prepared CHL manual based on current standard practice in the field -- CHL Participant Measurement Training Guide. This protocol ensured good data quality. The Anthropometry form was developed using the Procedure Manual of the National Health and Nutrition

Examination Survey (2002). The protocol for reading was adapted from the training module on technique to accurately weigh and measure infants, children and adolescents (Maternal and Child Health Bureau *) as well as The University of California at Berkeley's (2000) *Guidelines for collecting heights and weights on children and adolescents in school settings.* ?*

Zerfas informed our measurement standardization process. Zerfas criteria (*1986) were used to standardize research staff against the height, weight, and waist measurement of a certified anthropometrist, the CHL Principal Investigator, Dr. Novotny. No research staff assessed children for a measure for which they did not pass the Zerfas criteria. Zerfas did not provide any waist circumference criterion; however, Zerfas' criteria for assessments measured in cm (mm) units (height and arm circumference) was applied to waist circumference.

Participants wore lightweight clothing and no shoes, and removed hair bands that added height. Height was measured to the nearest 0.1 cm using portable stadiometers (Perspective Enterprises, PE-AIM-101; Portage MI). Weight was measured to the nearest 0.1 kg using portable scales (Seca Model 876; Chino CA). Plastic tape (Seca Model 201; Chino CA) was used to measure waist circumference at the level of the umbilicus to the nearest 0.1 cm [Lohman et al., 1988]. The parent/ caregiver often assisted to hold up the participant's shirt or by asking the child for permission to hold up their shirt.

Baseline and post-intervention period anthropometry allow us to measure progress toward our objective to decrease the prevalence of young child overweight and obesity by 5%. These measures were used to compute Body Mass Index (BMI) as weight (kg) / height (m)², waist (cm) to height (cm) ratios, and subsequently BMI z-score, waist circumference z-score, BMI-for-age-percentiles, and waist circumference-for-age percentiles (Barlow, 2007; Cook, Auinger, & Huang, 2009).

CHL Protocol for data cleaning and data analysis for Anthropometry Data

The CHL protocol for anthropometry measurement states that each of the anthropometry components (height, weight, and waist circumference) must be taken 3 times regardless of the first 2 measurements being within 0.2 units (cm for height and waist and kg for weight). If no two of the 3 measures are within 0.2 units, the first 3 measures should be crossed out and the entire 3-measures process is repeated. The measurer should repeat the process until there were at least 2

measures within 0.2 units. The measurer was free to continue to obtain more than 3 measures if he/she believed that the first 3 measures were not consistent. A total of 9 variables were given to each of the 3 anthropometry components:

- For height, the 9 variables are:
ht1 ht2 ht3 ht1_v2 ht2_v2 ht3_v2 ht1_v3 ht2_v3 ht3_v3;
- For weight, the 9 variables are:
wt1 wt2 wt3 wt1_v2 wt2_v2 wt3_v2 wt1_v3 wt2_v3 wt3_v3;
- For waist circumference, the 9 variables are:
waist1 waist2 waist3 waist1_v2 waist2_v2 waist3_v2 waist1_v3 waist2_v3 waist3_v3;

The suffix _v2 stands for the second measurement cycle for the 3 measures for any component and the suffix _v3 stands for the third measurement cycle for the 3 measures for any component when needed. Following this protocol, for each of the 3 anthropometry components, a child can have 3, or 6 or 9 measures, a number which is multiplied by 3 and the maximum total number of measure a component can have is 9.

In reality, CHL data revealed dozens of data patterns. For example, some study subjects had only 1 measure or 2 measures of one of those 3 components. When the measuring process needed to be repeated, it is not repeated accordingly to the protocol of 3 other measures per measurement component. As a result, there were study participants who had 4, or 5, or 7 or other numbers rather than a multiple of 3 measures for a measurement components.

The following data cleaning and data analysis protocols are set for the anthropometry data, in particular, for the calculation of BMI, BMI Z score, BMI percentile or other BMI-related variables, and waist-related variables (e.g., waist height ratio) for different case scenarios.

- For study participants with no measure of height, weight, or waist BMI and BMI-related variables, or waist circumference and waist-related variables will be set to missing.
- For study participant with 1 measure of height, weight, and waist

The value of that single measure will be used as the value of that participant's height, weight, or waist circumference, respectively.

- For study participants with 2 or more measures (usually up to 9 measures) of height, weight, and waist Mean value of all available measures of each of the 3 components will be used as the value of that component and be used in the later calculation of BMI, BMI-related variables, waist circumference and waist-related variables. The rationale of this decision is from the experience of anthropometric standardization where low variability in measures was found to lead to more biased results than measures with larger variability.
- In addition, to capture the number of measures each child has for the 3 components and whether among all available measures of any component, there are at least 2 measures within 0.2 units, the following variables are created:
 - ***validity_ht, validity_wt, validit_waist***: all those 3 variables are coded 1 for yes to reflect the fact that there are at least two measures within 0.2 units and coded 0 for no to reflect that fact that no two measures are within 0.2 units among all available measures. Those 3 variables can be used in the future to determine whether an analysis will use all available data or only those whose data is valid (at least 2 measures are within 0.2 units). They can be used in combination with the following variables, ***numbermeasures_ht, numbermeasures_wt, numbermeasures_waist***, in future analysis for specific investigation.
 - ***numbermeasures_ht, numbermeasures_wt, numbermeasures_waist*** : to reflect the number of measures each child has for the 3 components. This variable can be used in the future to determine whether an analysis will include all data, or only data from children with certain number of measures (e.g., n=3). It can be used in combination with the above three variables (***validity_ht, validity_wt, validit_waist***), in future analysis for specific investigation.

Calculation of BMI and BMI-related variables

Once the value of height and weight are determined for a participant, BMI and BMI-related variables are then calculated using CDC's SAS program which uses the 2000 CDC growth charts for ages 0 to <20 years (available at: <http://www.cdc.gov/nccdphp/dnpao/growthcharts/resources/sas.htm>).

For BMI-related variables, including BMIZ, BMI percentile to be calculated, the dataset must include the following variable with the same exact name and the given data format before to run this SAS program:

AGEMOS: child's age in months. This numeric variable may need to be calculated from the date of anthropometry measurement and the date of birth.

SEX: child's gender with 1 for male and 2 for female.

HEIGHT: child's recumbent length or standing height in centimeters. It is a numeric variable.

RECUMBENT: Indicator of child's height measurement with 1 for recumbent length and 0 for standing height. It is a numeric * variable.

WEIGHT: Child's weight in kilograms. It is a numeric variable.

In some cases, study participants may miss information on one or more of those variables. As a result, the total number of study participants may be different from the total number of study participants with a calculated BMI, or other BMI-related variables.

Table 8: Anthropometry Variables, Form 59-01

Anthropometry Variables, Form 59-01					
Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
ID	CHL subject ID	Character	7		
DATE_ANTHR	Date of Interview/Measurement	Date	10		DATETIME20
ACCELEROMETER	Is the child wearing an accelerometer?	Character	3	0=No 1=Yes 999=Unknown	
STADIOMETER					
HT1	First reading of child's height (in centimeter)	Character	3	75 to 140 (Other values are allowed, once data enterer double checks the form)	Measurement unit is in centimeter. The range posted here should not function as exclusion criteria. In contrast, it should act as a flag system, so that data enter will be reminded to double check the data. Data enter should still be able to enter a value less than 75 or larger than 140 into this field. The same rule follows for

Anthropometry Variables, Form 59-01

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
					HT2 and HT3.
HT2	Second reading of child's height (in centimeter) at baseline	Character	3	75 to 140	Measurement unit is in centimeter.
HT3	Third reading of child's height (in centimeter) at baseline	Character	3	75 to 140	Measurement unit is in centimeter.
WT1	First reading of child's weight (in kilogram) at baseline	Character	3	9 to 40	Measurement unit is in kilograms The range posted here should not function as an exclusion criteria. In contrast, it should act as a flag system, so that data enter will be reminded to double check the data. Data enter should still be able to enter a value less than 9 to large than 40 into this field. The same rule follows for HT2 and HT3.
WT2	Second reading of child's weight (in	Character	3	9 to 40	Measurement unit is in

Anthropometry Variables, Form 59-01

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
	kilogram) at baseline				kilograms.
WT3	Third reading of child's weight (in kilogram) at baseline	Character	9	9 to 40	Measurement unit is in kilograms.
WAIST1	First reading of child's waist circumference (in centimeter)	Character	3	40-69	Measurement unit is in centimeter. The range posted here should not function as exclusion criteria. In contrast, it should act as a flag system, so that data enter will be reminded to double check the data. Data enter should still be able to enter a value less than 40 or larger than 69 into this field. The same rule follows for WAIST2 and WAIST3.
WAIST2	Second reading of child's waist circumference (in centimeter)	Character	3	40-69	Measurement unit is in centimeter.
WAIST3	Third reading of child's waist circumference (in	Character	3	40-69	Measurement unit is in centimeter.

Anthropometry Variables, Form 59-01

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
	centimeter)				
COMM_HT1	Related comments on the first measure of height	Character	255		
COMM_HT2	Related comments on the second measure of height	Character	255		
COMM_HT3	Related comments on the third measure of height	Character	255		
COMM_WT1	Related comments on the first measure of weight	Character	255		
COMM_WT2	Related comments on the second measure of weight	Character	255		
COMM_WT3	Related comments on the third measure of weight	Character	255		
COMM_WAIST1	Related comments on the first measure of waist circumference	Character	255		
WT1_V3	First reading of child's weight (in kilogram) during the third measurement cycle at baseline	Character			
WT2_V3	Second reading of child's weight (in kilogram) during the third measurement cycle at baseline	Character			
WT3_V3	Third reading of child's weight (in kilogram) during the third measurement cycle at baseline	Character			
WAIST1_V3	First reading of child's waist circumference (in centimeter) during	Character			

Anthropometry Variables, Form 59-01

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
	the third measurement cycle				
WAIST2_V3	Second reading of child's waist circumference (in centimeter) during the third measurement cycle	Character			
WAIST3_V3	Third reading of child's waist circumference (in centimeter) during the third measurement cycle	Character			
COMM_HT1_V3	Related comments on the first measure of height during the third measurement cycle	Character			
COMM_HT2_V3	Related comments on the second measure of height during the third measurement cycle	Character			
COMM_HT3_V3	Related comments on the third measure of height during the third measurement cycle	Character			
COMM_WT1_V3	Related comments on the first measure of weight during the third measurement cycle	Character			
COMM_WT2_V3	Related comments on the second measure of weight during the third measurement cycle	Character			
COMM_WT3_V3	Related comments on the third measure of weight during the third measurement cycle	Character			

Anthropometry Variables, Form 59-01					
Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
COMM_WAIST1_V3	Related comments on the first measure of waist circumference during the third measurement cycle	Character			
COMM_WAIST2_V3	Related comments on the second measure of waist circumference during the third measurement cycle	Character			
COMM_WAIST3_V3	Related comments on the third measure of waist circumference during the third measurement cycle	Character			

Anthropometry form was slightly modified for CHL 24 month data collection. Three new fields were added to the form: scale number, stadiometer number and tape number. Table 9 listed those additional variables.

Table 9: Additional variables from Form 59-01 Anthropometry Measurements for CHL 24 measurement

Anthropometry Variables, Form 59-01					
Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
scale_no		Char	9		
stadiometer_no		Char	9		*in baseline and FAS jurisdictions, the variable is named "stadiometer".
tape_no		Char	9		

Table 10: Created and Calculated Variables Anthropometry

Created and Calculated Variables Anthropometry, Form 59-01					
Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes

DOB_NEW	Date of Birth of the child *should be used in any data analysis				
DATE_ANTHR_NEW	Date when anthropometry is measured *should be used in any data analysis	Date/ Time	8	Format of MMDDYY10.	Taking only the date part of the original variable DATE_ANTHR
STADIOMETER_No_NEW	Stadiometer number	Character	9		For some observations, data was corrected and any correction done was reflected in this new variable. The original variable "STADIOMETER" remained unchanged.
TAPE_NO_NEW	Tape number	Character	9		For 24 month data set only;
NUMBERMEASURES_HT	The total number of measures of height	Numeric	8		
VALIDITY_HT	Whether there is at least 2 measures within 0.2 cm	Numeric	8	0=No 1=Yes	
AVG_HT	Mean value of height among all measures	Numeric			
NUMBERMEASURES_WT	The total number of measures of weight	Numeric	8		
VALIDITY_WT	Whether there is at least 2 measures within 0.2 kg	Numeric	8	0=No 1=Yes	
AVG_WT	Mean value of weight among all measures	Numeric			
NUMBERMEASURES_WAIST	The total number of measures of	Numeric	8		

	waist				
VALIDITY_WAIST	Whether there is at least 2 measures within 0.2 cm	Numeric	8	0=No 1=Yes	
AVG_WAIST	Mean value of waist among all measures	Numeric			
ANTHRO_CH_AGE	Child's age in years when anthropometry was measured	Numeric			Based on the difference in years between child's date of anthropometry measurement and date of birth
AGEMOS	Child's age in months when anthropometry was measured	Numeric			Based on the difference in months between child's date of anthropometry measurement(DATE_ANTHR_NEW) and date of birth(DOB_NEW)
ANTHR_AGE_2GRP	Child's age in two groups			The two categories: <ul style="list-style-type: none"> • 2-5 • 6-8 (6-10 for 24 month data sets and the combined data set) 	
ANTHR_AGE_7GRP	Child's age in single year age group			The seven categories: <ul style="list-style-type: none"> • age2 • age3 • age4 • age5 • age6 • age7 • age8 	For 24month data sets and the combined data sets, this variable is called anthr_age9grp(age2, age3, age4, ... age10).
METHODS_HEIGHT	Methods used for height	Character	20	2 categories: Stadiometer	Rafter method was only used for a

	measurement			and Rafter	total of 12 children from Kenai during baseline measurement in Alaska
The following BMI and other related variables are calculated based on CDC 2000 reference using the CDC's sas program: http://www.cdc.gov/nccdphp/dnpao/growaisthcharts/resources/sas.htm					
BMI		Numeric	8		
WAZ	weight-for-age Z	Numeric	8		
WAPCT	weight-for-age percentile	Numeric	8		
_FWAZ	modified weight-for-height Z	Numeric	8		
_BIVWT	BIV weight-for-age	Numeric	8		
BMIZ	BMI-for-age Z	Numeric	8		
BMIPCT	BMI-for-age percentile	Numeric	8		
_FBMIZ	modified BMI-for-age Z	Numeric	8		
_BIVBMI	BIV BMI-for-age	Numeric	8		
BMIPCT95	% of 95th BMI percentile	Numeric	8		
HAZ	height-for-age Z	Numeric	8		
HAPCT	height-for-age percentile	Numeric	8		
_BIVHT	BIV height-for-age	Numeric	8		
_FHAZ	modified height-for-age Z	Numeric	8		
WHZ	weight-for-height Z	Numeric	8		
WHPCT	weight-for-height percentile	Numeric	8		
_BIVWH	BIV weight-for-height	Numeric	8		
_FWHZ	modified weight-for-height Z	Numeric	8		
_BIVLOW	any low BIV	Numeric	8		
_BIVHIGH	any high BIV	Numeric	8		
BMI		Numeric	8		
BMI_CATEGORY	Bmi in 4 categories	Character	1	4 categories: 1=underweight	* Underweight: bmi<5 percentile;

	using CDC 2000 reference			2=Overweight 3=Obese 4=Healthy weight	Healthy weight: 5% to 84% of bmi; Overweight : 85 to 94% percentile; Obese: >=95% bmi
OBESE	Is the child obese or not?	Num	8	1=yes; 0=no;	
OVERWT	Is the child overweight or not?	Num	8	1=yes; 0=no;	
UNDERWT	Is the child underweight or not?	Num	8	1=yes; 0=no;	
HEALTHYWT	Is the child of healthy weight or not?	Num	8	1=yes; 0=no;	
OWOB	Is the child overweight/obese or not?	Num	8	1=yes; 0=no;	
WT_ANTHRO	Unadjusted weight calculated for each community/child	Num	8		calculated for sample weights
WT_ANTHRO_ADJ	Adjusted weight calculated for each community/child	Num	8		calculated for sample weights
JURISNUM	Jurisdiction code	Num	8		calculated for sample weights
COMMNUM	Community code	Num	8		calculated new variables from form 23-02 (DEMO)
ABDOMINAL_OBESITY_CHL	Using CHL data set as a reference data set	Num	8	1=yes; 0=no	cutoff value is >= 71.4667cm of mean waist circumference; *only calculated for intervention jurisdictions baseline data sets and FAS prevalence data sets;
ABDOMINAL	Using average	Num	8	1=yes; 0=no	Cutoff value is

_OBESITY_IDF	of values of boys and girls at 8 years old as reported by the IDF report				>=67.65cm of mean waist circumference * only calculated for intervention jurisdictions baseline data sets and FAS prevalence data sets;
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Diet of Children - Food and Activity Log -

In process – more to be added.

To collect information about food and beverage intakes of the children participating in CHL, the dietary record method was used. This method can be very useful when detailed information is recorded. The dietary record administered at time one for the intervention jurisdictions and at time one for the prevalence jurisdictions included collection of physical activity; thus, the tool was referred to as the “food and activity log” or FAL. The FAL was based on the Food and Physical Activity record used for Dr. Novotny’s study Pacific Kids DASH for Health and the dietary records used in the dietary data collection conducted by Dr. Boushey as part of the CoASTAL cohort. Parents were asked to complete two days of food and activity logs (FAL) at baseline. These logs were used to estimate dietary intake over the two randomly assigned days. The information gathered in “real time” was used to measure progress toward the CHL objectives of increasing fruits and vegetables and water; and reducing sugar-sweetened beverages. From two 24-hour periods, the data will estimate foods and beverages and amounts each child consumes.

Additional data collected in the FAL for Freely Associated States (FAS)

The FAL used for the FAS jurisdictions differed from the FAL used in the intervention jurisdictions study. Unique to the FALs used in the FAS with regard to data collection was the request to provide source information for all foods and water used as single items and as ingredients in prepared dishes. Examples of sources were provided in the FAL and shown below in Table 11. The FAL for the FAS jurisdictions included an additional portion size estimation aid for fish. Pictures of fish were included in the FAL representing three portion sizes by whole fish and cut pieces of fish. The additional aids

for estimating fish intake were provided due to the importance of fish in the diet among the FAS jurisdictions.

Table 11: Examples of Source of Food on FAL in FAS

Purchase	Communal/gift/donation	Local labor or self-labor
Supermarket	Food bank / food pantry	Fishing
Restaurant	Field trip	Hunting
Road side stand / stall	Church gathering	Home garden
Convenience store	Government assisted	Personal farm
Grocery store	Gift from friend/relative	Community garden
Farmers' market	USDA Commodities	Commercial farm
Lunch wagon / food wagon	Funeral	Ocean gathering
Fish markets	Traditional event	Animal husbandry
Merchant/Cargo		Specify: non-purchase

PacTrac3

The Pacific Tracker 3 (PacTrac3) database and web application is a modification of the MyPyramid Tracker developed by the U.S. Department of Agriculture's (USDA) Center for Nutrition Policy and Promotion and the PacTrac2 modification by the UH Cancer Center and the Human Nutrition, Food and Animal Science (HNFAS) department (Murphy S, Blitz C, & Novotny R, 2006). PacTrac2 modified the MyPyramid Tracker for collection of dietary data in the Pacific islands. Two modifications had been made to the existing MyPyramid Tracker: 1. The addition of a function to save entered data and allow data to be accessed at a later date. 2. The addition of foods specific to the diets of the Pacific Islands' populations. PacTrac2 was modified for use in CHL and was designated as PacTrac3. This tool was used to input and analyse data collected from the food records.

Pac Trac 3 generates two data tables that can be used for data analysis. The "heh" table includes derived food groupings, energy, and nutrients based on information recorded on the Food and Activity Log (FAL) and entered by CHL staff into PacTrac3. The heh file has one or two record days along with the dates of each record day per CHL ID. The "hei" table contains the names of the foods and beverages recorded on the FAL by the parents or caretakers. There is one data row per food/beverage entered associated with the user ID, record date, record time, and other relevant variables. The University of Hawaii Cancer Center's Nutrition Support Shared Resource (NSSR) Food Composition Table (FCT) was used in PacTrac3.

Most participants have records over two days at – baseline and/or post-intervention period. The index d1 or d2 at the end of each variable indicates the record is for day 1 or day 2 of each visit. Variable **heh_visit_no** tells which visit the data were associated with.

Average 2 day Variables for Nutrients. If only data from a certain visit are needed, use variable heh_visit_no (values 1 to 2) to the particular visit number of interest.

Weighted Variables for Nutrients. If only data from a certain visit are needed, use variable heh_visit_no (values 1 to 2) to the particular visit number of interest.

The following variable tables from the FAL are from the UH Nutrition Support Shared Resource (NSSR).

Energy and Nutrients

Assessments

This table contains the user’s nutrients intake assessments. One record per user ID and record date.

FIELD	DATA TYPE	DESCRIPTION
userid	varchar(255)	user ID
rec_date <i>(was entrydate)</i>	varchar(20)	Record/recall date (MM/DD/YYYY) <i>The date when the foods were consumed</i>
aprot	int	Assessment for protein intake
acarb	int	Assessment for carbohydrate intake
afiber	int	Assessment for fiber intake
ao6	int	Assessment for omega-6 intake
ao3	int	Assessment for omega-3 intake
avita	int	Assessment for vitamin A intake
avitc	int	Assessment for vitamin C intake
avite	int	Assessment for vitamin E intake
athia	int	Assessment for thiamin intake
Aribo	int	Assessment for riboflavin intake
Ania	int	Assessment for niacin intake
afolate	int	Assessment for folate intake
ab6	int	Assessment for vitamin B6 intake
ab12	int	Assessment for vitamin B12 intake
Acalc	int	Assessment for calcium intake
aphos	int	Assessment for phosphorus intake
Amag	int	Assessment for magnesium intake

Airon	int	Assessment for iron intake
Azinc	int	Assessment for zinc intake
aselenium	int	Assessment for selenium intake
Apota	int	Assessment for potassium intake
asodium	int	Assessment for sodium intake

Assessment codes

0	<i>Likely adequate</i>
1	<i>Should be higher</i>
2	<i>Cannot determine (intake is below recommendation, no assessment can be determined, or not enough confidence to determine your intake adequacy)</i>
-1	<i>N/A</i>

userid	entrydate	aprot	acarb	afiber	ao6	ao3	avita	avitc	avite	atl
20118291510	8/29/2011	1	1	2	2	2	1	1	1	1
20118414744	8/4/2011	0	0	2	2	2	1	1	1	1
test001	8/17/2011	1	1	2	2	2	1	1	1	1

R_RDA

This lookup table contains **Estimated Average Requirement (EAR) and Recommended Daily Allowance (RDA)**. It contains 23 nutrient records per gender and age group.

FIELD	DATA TYPE	DESCRIPTION
gender	int	Gender: 0 – female, 1 – male
agecat	int	Age group
nutrient	int	Nutrient number
SDi	float	
SDr	int	

gender	agecat	nutrient	SDi	SDr
0	1	203	14.49	10
0	1	205	49.06	10
0	1	208	336.76	10
0	1	291	3.88	10
0	1	301	296.63	10
0	1	303	3.72	10
0	1	304	53.79	10
0	1	305	273.78	10
0	1	306	577.48	10
0	1	307	696.27	10
0	1	309	2.87	10
0	1	317	19.82	10
0	1	392	409.57	10
0	1	394	2.32	10
0	1	401	57.48	10
0	1	404	0.36	10
0	1	405	0.49	10
0	1	406	4.52	10
0	1	415	0.47	10
0	1	417	83.45	10
0	1	418	1.67	10
0	1	618	3.41	10
0	1	619	0.32	10
0	2	203	20.4	10
0	2	205	70.8	10

EBH * Energy Balance History

This table contains the users' energy balance, estimated energy requirement, calorie intake, and calories expended from physical activity over time (history). One record per user ID and record date.

FIELD	DATA TYPE	DESCRIPTION
userid	varchar(255)	User ID
rec_date <i>(was entrydate)</i>	varchar(20)	Record/recall date (MM/DD/YYYY) <i>The date when the foods were consumed and physical activities done</i>
energybalance	int	Energy balance
eer	int	Estimated Energy Requirement
totalenergy	int	Total food energy / calorie intake
percenteer	int	Percent of calories from EER
percentpa	int	Percent of calories expended from physical activity

userid	entrydate	energybalance	eer	totalenergy	percenteer	percentpa
201182915107	8/29/2011	-1172	2166	994	0	0

New Nutrient Recommendation Analysis

This lookup table contains the 2005 RDA recommendation values for Vitamin A, C, and B12 nutrients by gender and age group.

FIELD	DATA TYPE	DESCRIPTION
gender	int	Gender: <i>0 = female, 1 = male</i>
agecat	int	Age groups: <i>1 to 8</i>
nutrients	int	Nutrient numbers: <i>392, 401, 418</i>
recommendation	float	New recommended amount

gender	agecat	nutrient	recommendation
1	1	392	210
1	1	401	13
1	1	418	0.7
1	2	392	275
1	2	401	22
1	2	418	1
1	3	392	420
1	3	401	39
1	3	418	1.5
1	4	392	485
1	4	401	56
1	4	418	2
1	5	392	500
1	5	401	60
1	5	418	2
1	6	392	500
1	6	401	60
1	6	418	2
1	7	392	500
1	7	401	60
1	7	418	2
1	8	392	500
1	8	401	60
1	8	418	2

gender	agecat	nutrient	recommenda
0	1	392	210
0	1	401	13
0	1	418	0.7
0	2	392	275
0	2	401	22
0	2	418	1
0	3	392	445
0	3	401	39
0	3	418	1.5
0	4	392	630
0	4	401	63
0	4	418	2
0	5	392	625
0	5	401	75
0	5	418	2
0	6	392	625
0	6	401	75
0	6	418	2
0	7	392	625
0	7	401	75
0	7	418	2
0	8	392	625
0	8	401	75
0	8	418	2

New Nutrient Recommendations

This lookup table contains the 2005 RDA recommended values for nutrients by gender and age group.

FIELD	DATA TYPE	DESCRIPTION
gender	int	Gender: 0 = female, 1 = male
agecat	int	Age groups: 1 to 8
nutrients	int	Nutrient number
recommendation	float	New recommended amount

gender	agecat	nutrient	recommendation
0	1	203	13
0	1	204	0.3
0	1	291	19
0	1	301	500
0	1	303	7
0	1	304	80
0	1	305	460
0	1	306	3000
0	1	307	10001500
0	1	309	3
0	1	317	20
0	1	392	300
0	1	394	6
0	1	401	15
0	1	404	0.5
0	1	405	0.5
0	1	406	6
0	1	415	0.5
0	1	417	150
0	1	418	0.9
0	1	618	7
0	1	619	0.7
0	1	2040	0.4
0	2	203	19
0	2	204	0.25
0	2	291	25
0	2	201	0.00

ped

This lookup table contains pyramid food groups information. There are 33 pyramid food groups per food.

FIELD	DATA TYPE	DESCRIPTION
survey_food_code	int	Food code
pyramidID	int	Pyramid nutrient ID <i>101, 102, 103, 104, 105, 106, 107, 108 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120 121, 122, 123, 124, 125, 126, 127, 128, 129, 130 200, 300, and 400</i>
serving_value	float	Serving value

Survey_Food_Code	PyramidID	Serving_Value
100010	101	0
100010	102	0
100010	104	0
100010	105	0
100010	106	0
100010	107	0
100010	108	0.016
100010	109	0
100010	110	0.016
100010	111	0
100010	112	0
100010	113	0
100010	114	0
100010	116	0
100010	117	0
100010	118	3.274
100010	119	0
100010	120	0
100010	121	0
100010	122	0
100010	123	0
100010	124	0
100010	125	0
100010	126	0
100010	127	0
100010	128	0
100010	129	0
100010	130	0
100010	200	0
100010	300	2.854
100011	101	0
100011	102	0
100011	104	0
100011	105	0
100011	106	0
100011	107	0
100011	108	0
100011	109	0

Recommended Servings

This table includes recommended servings and allowances by gender and age group

FIELD	DATA TYPE	DESCRIPTION
Age	nvarchar(50)	Age groups
Gender	nvarchar(50)	Gender: <i>Male or Female</i>
Energy	real	Recommended calorie intake
Grains	real	Recommended servings
Vegetables	real	Recommended servings
Fruits	real	Recommended servings
Milk	real	Recommended servings
Meat	real	Recommended servings
Thiamin	real	Recommended Dietary Allowance
Riboflavin	real	Recommended Dietary Allowance
Niacin	real	Recommended Dietary Allowance
Vitamin_B6	real	Recommended Dietary Allowance
Vitamin_B12	real	Recommended Dietary Allowance
Vitamin_E	real	Recommended Dietary Allowance
Phosphorous	real	Recommended Dietary Allowance

Age	Gender	Energy	Grains	Vegetables	Fruits	Milk	Meat	Thiamin	Riboflavin	Niacin	Vitamin_B6	Vitamin_B12	Vitamin_E	Phosphorus
11-24	Female	2200	9	4	3	3	2.4	1	1	14	1.2	2.3	8	1020
1-3	Female	1300	4	3	1.34	2	1.34	0.5	0.5	6	0.5	0.9	6	460
25-50	Female	2200	9	4	3	2	2.4	1.1	1.1	14	1.3	2.4	15	700
4-6	Female	1800	7	3.3	2.3	2	2.1	0.6	0.6	8	0.6	1.2	7	500
51+	Female	1900	7.4	3.5	2.5	2	2.2	1.1	1.1	14	1.5	2.4	15	700
7-10	Female	2000	7.8	3.7	2.7	2	2.3	0.8	0.8	10	0.8	1.5	9	880
11-14	Male	2500	9.9	4.5	3.5	3	2.6	1	1	13	1.1	2	12	1250
1-3	Male	1300	4	3	1.34	2	1.34	0.5	0.5	6	0.5	0.9	6	460
15-18	Male	3000	11	5	4	3	2.8	1.2	1.3	16	1.3	2.4	15	1250
19-24	Male	2900	11	5	4	3	2.8	1.2	1.3	16	1.3	2.4	15	700
25-50	Male	2900	11	5	4	2	2.8	1.2	1.3	16	1.3	2.4	15	700
4-6	Male	1800	7	3.3	2.3	2	2.1	0.6	0.6	8	0.6	1.2	7	500
51+	Male	2300	9.1	4.2	3.2	2	2.5	1.2	1.3	16	1.7	2.4	15	700
7-10	Male	2000	7.8	3.7	2.7	2	2.3	0.8	0.8	10	0.8	1.5	9	880

Supplements

(This table may not be used in CHL?)

This lookup table contains nutrient values from supplements. There is one record per supplement.

FIELD	DATA TYPE	DESCRIPTION
aid	int	Supplement ID
aname	varchar(255)	Supplement Name
usercat	int	
supcat	int	
vita	int	Nutrient value
vitc	int	Nutrient value
vitd	int	Nutrient value
vite	int	Nutrient value
vitb1	float	Nutrient value
vitb2	float	Nutrient value
niacin	float	Nutrient value
vitb6	float	Nutrient value
folate	float	Nutrient value
vitb12	float	Nutrient value
pantothenic	int	Nutrient value
vitk	int	Nutrient value
calcium	int	Nutrient value
phosphorus	int	Nutrient value
magnesium	int	Nutrient value
iron	float	Nutrient value
zinc	float	Nutrient value
selenium	float	Nutrient value
potassium	float	Nutrient value
sodium	int	Nutrient value
copper	float	Nutrient value
maganese	float	Nutrient value
calories	int	Nutrient value
sugars	int	Nutrient value
carbohydrate	int	Nutrient value
fiber	int	Nutrient value

aid	aname	usercat	supcat	vita	vitc	vitd	vite	vitb1	vitb2	niacin	vitb6	folate	vitb12	pantoth	vitk	calcium	ph
1000042300	TUMS REGULAR STRENGT	0	0	(null)	(null)	(null)	(null)	(null)	(null)	(null)	(null)	(null)	(null)	(null)	(null)	400	(nul
1000042400	TUMS EX EXTRA STRENGT	0	0	(null)	(null)	(null)	(null)	(null)	(null)	(null)	(null)	(null)	(null)	(null)	(null)	600	(nul
1888000201	GENERIC BETA CAROTEN	0	1	25000	(null)	(null)	(null)	(null)	(null)	(null)	(null)	(null)	(null)	(null)	(null)	(null)	(nul
1888000500	GENERIC FOLATE	0	1	(null)	(null)	(null)	(null)	(null)	(null)	(null)	(null)	400	(null)	(null)	(null)	(null)	(nul

Survey Nutrient Values

This table contains nutrient values from foods. There are 30 records per food code.

SPECIAL NOTE: *Water (255) and copper (312) are not present in the USDA version.*

FIELD	DATA TYPE	DESCRIPTION
Survey_Food_Code	int	Food code
Nutrient_Code	int	Nutrient Code 203 – protein 204 – total fat 205 – carbohydrate 208 – food energy 255 – water * 291 – total fiber 301 – calcium 303 – iron 304 – magnesium 305 – phosphorus 306 – potassium 307 – sodium 309 – zinc 312 – copper * 317 – selenium 392 – vitamin A 394 – vitamin E 401 – vitamin C 404 – thiamin 405 – riboflavin 406 – niacin 415 – vitamin B6 417 – folate 418 – vitamin B12 601 – cholesterol 606 – saturated fat 618 – linolenic / omega 6 619 – alpha linolenic / omega 3 645 – monounsaturated fat 646 – polyunsaturated fat
Nutrient_Value	float	Nutrient Value

Survey_Food_Code	Nutrient_Code	Nutrient_Value
100010	203	17.1
100010	204	0.76
100010	205	6.01
100010	208	105
100010	255	74.56
100010	291	0
100010	301	31
100010	303	3.19
100010	304	48
100010	305	190
100010	306	250
100010	307	301
100010	309	0.82
100010	312	0.196
100010	317	44.8
100010	392	2

Survey_Food_Code	Nutrient_Code	Nutrient_Value
100010	394	4
100010	401	2
100010	404	0.19
100010	405	0.1
100010	406	1.5
100010	415	0.15
100010	417	5
100010	418	0.73
100010	601	85
100010	606	0.149
100010	618	0.007
100010	619	0.049
100010	645	0.107
100010	646	0.104
100011	203	19.63
100011	204	6.78

iron

This lookup table contains iron probability information used to assess iron intake. There is one record per probability by gender and age group.

FIELD	DATA TYPE	DESCRIPTION
gender	int	Gender
agecat	int	Age group
ironprob	int	Iron probability
requirefrom	float	Iron level lower limit
requireto	float	Iron level upper limit

gender	agecat	ironprob	requirefrom	requireto
0	1	0	6.82	9999
0	1	4	6.07	6.81
0	1	8	5.26	6.06
0	1	15	4.39	5.25
0	1	25	3.83	4.38
0	1	35	3.4	3.82
0	1	45	3.02	3.39
0	1	55	2.67	3.01
0	1	65	2.33	2.66
0	1	75	1.97	2.32
0	1	85	1.55	1.96
0	1	93	1.25	1.54
0	1	96	1.1	1.24
0	1	100	0	1.09
0	2	0	9.53	9999
0	2	4	8.46	9.52
0	2	8	7.32	8.45
0	2	15	6.09	7.31
0	2	25	5.28	6.08
0	2	35	4.65	5.27
0	2	45	4.12	4.64
0	2	55	3.63	4.11
0	2	65	3.14	3.62
0	2	75	2.64	3.13
0	2	85	2.07	2.63
0	2	93	1.65	2.05
0	2	96	1.34	1.64
0	2	100	0	1.33
0	3	0	7.92	9999
0	3	4	7.59	7.91

Food Description and Measurement

Food_Description

This table contains the list of foods a user can choose from when entering food records.

FIELD	DATA TYPE	DESCRIPTION
survey_food_code	int	Food code
food_description	nvarchar(255)	Food description
subcode	bigint	Sub code
rank	int	Rank

Survey_Food_Code	Food_Description	Subcode	Rank
100010	ABALONE, RAW	0	1000
100010	OPIHI, RAW	100000	1000
100011	ABALONE, FRIED	0	1000
100020	ABALONE, CANNED	0	1000
100080	NUTS, ALMONDS, DRIED, UNBLANCHED, UNSALTED	0	1000
100090	NUTS, ALMONDS, OIL-ROASTED, SALTED	0	1000
100120	ANCHOVIES, CANNED IN OIL, DRAINED	0	1000
100120	ANCHOVIES, SMOKED, CANNED	100001	1000
100130	APPLES, RAW, w/ SKIN	0	1000
100210	APPLES, DRIED, UNCOOKED	0	1000
100270	APPLE JUICE, CANNED, BOTTLED OR FROZEN	0	1000
100280	APPLESAUCE, UNSWEETENED	0	1000
100290	APPLESAUCE, SWEETENED	0	1000
100300	APRICOTS, RAW	0	1000
100320	APRICOTS, CANNED, WATER PACKED, SOLID & LIQUID	0	1000
100350	APRICOTS, CANNED, HEAVY SYRUP, SOLID & LIQUID	0	1000
100390	APRICOTS, DRIED, UNCOOKED	0	1000

FUF Frequently Used Foods

This table contains *frequently used foods* saved by the user. These saved foods are meant to make for future entries easier.

FIELD	DATA TYPE	DESCRIPTION
userid	varchar(255)	User ID
code	int	Food code
Food_Description	varchar(255)	Food description
subcode	int	Sub code

userid	code	Food_Description	subcode
11	134335	RICE PILAF	0
CH	104710	BREAD, WHOLE WHEAT	0
CH	127010	WATER	0
ch	150431	CEREAL, COCOA KRISPIES (KELLOGG'S)	0

Gram_Weights

This lookup table contains weigh information for all foods in the list by different household measurements. There is one record per food and household measurement.

FIELD	DATA TYPE	DESCRIPTION
Survey_Food_Code	int	Food code
Measure_Code	int	Household measurement code
Gram_Weight	float	Weight in grams of specified measure
subcode	bigint	Sub code

Survey_Food_Code	Measure_Code	Gram_Weight	Subcode
100010	21000	15	0
100010	61667	6	0
100010	61935	6	0
100010	63083	85	0
100010	21000	15	100000
100010	61667	6	100000
100010	61935	6	100000
100010	63083	85	100000
100011	60313	32	0
100011	63083	85	0
100020	144	7	0
100020	10130	139	0
100020	60511	199	0
100080	10099	95	0
100080	10161	95	0
100080	10168	108	0
100080	10192	143	0
100080	61509	1.2	0
100090	10192	157	0
100090	61509	1.3	0

Measure_Description

This lookup table contains household measurements information.

FIELD	DATA TYPE	DESCRIPTION
Measure_Code	int	Household measurement code
Description	nvarchar(255)	Household measurement description

Measure_Code	Description
0	None
10000	1 cup, Better Cheddars
10001	1 cup Boston Baked Beans
10002	1 cup, Cheez-its
10003	1 cup Chiclets
10004	1 cup Goobers
10005	1 cup, Graham Bites
10006	1 cup Jimmies
10007	1 cup Jordan
10008	1 cup, Krunch Twists, crushed
10009	1 cup, Krunch Twists, loose
10010	1 cup
10011	1 cup, NS as to fresh or frozen
10012	1 cup
10013	1 cup, NS as to variety
10014	1 cup, Ripplin's Potato Snack Chips
10015	1 cup Squirrel Nuts
10016	1 cup, Teddy Grahams
10017	1 cup, Thin Bits
10018	1 cup Toll House
10019	1 cup acorn
10020	1 cup, acorn

Table 12: HEI Variables

This table includes derived food groupings and nutrients based on information entered by the user. There is one record per user ID and Record / Recall date.

NOTE: *This table has been modified to save pyramid servings.*

FIELD NAME	DATA TYPE	VARIABLE DESC	UNIT OF MEASURE
userid	varchar(255)	User Identity	
hei1	float	Grains	oz
hei2	float	Vegetables	cup
hei3	float	Fruits	cup
hei4	float	Milk	cup
hei5	float	Meat	oz
foodenergy	float	Energy	kcal
protein	float	Protein	gram
carbohydrate	float	Carbohydrate	gram
dietaryfiber	float	Dietary Fiber	gram
dietaryfiberp	varchar(10)		
totalfat	float	Total Fat	gram
saturatedfat	float	Saturated Fat	gram
monounsaturatedfat	float	Monounsaturated Fat	gram
polyunsaturatedfat	float	Polyunsaturated Fat	gram
cholesterol	float	Cholesterol	mg
vitamina	float	Vitamin A	mcg RAE
vitamine	float	Vitamin E	mg α-TE
vitaminc	float	Vitamin C	mg
thiamin	float	Thiamin	mg
riboflavin	float	Riboflavin	mg
niacin	float	Niacin	mg
folate	float	Folate	mcg DFE
vitaminb6	float	Vitamin B6	mg
vitaminb12	float	Vitamin B12	mcg
calcium	float	Calcium	mg
iron	float	Iron	mg

FIELD NAME	DATA TYPE	VARIABLE DESC	UNIT OF MEASURE
magnesium	float	Magnesium	mg
phosphorus	float	Phosphorus	mg
zinc	float	Zinc	mg
potassium	float	Potassium	mg
sodium	float	Sodium	mg
selenium	float	Selenium	mcg
omega3	float	Omega 3	gram
omega6	float	Omega 6	gram
pyr101	float	[ADD_SUG] Added sugar	teaspoon
pyr102	float	[A_BEV] Alcoholic Beverage	number of drinks
pyr103	float	[DISCFAT] Discretionary fat <i>Special note: This pyramid group is not calculated. Value will always be 0 (zero).</i>	gram
pyr104	float	[D_CHEESE] Cheese	serving
pyr105	float	[D_MILK] Milk	serving
pyr106	float	[D_TOTAL] Total dairy	serving
pyr107	float	[D_YOGURT] Yogurt	serving
pyr108	float	[F_CITMLB] Citrus, melon, and berry fruits	serving
pyr109	float	[F_OTHER] Other fruits	serving
pyr110	float	[F_TOTAL] Total fruits	serving
pyr111	float	[G_NWHL] Non-whole grain	serving
pyr112	float	[G_TOTAL] Total grain	serving
pyr113	float	[G_WHOLE] Whole grain	serving
pyr114	float	[M_EGG] Lean meat equivalent from egg	oz
pyr115	float	[M_FISH] Lean meat from fish and other seafood	oz

FIELD NAME	DATA TYPE	VARIABLE DESC	UNIT OF MEASURE
pyr116	float	[M_FRANK] Lean meat from franks, luncheon meat	oz
pyr117	float	[M_MEAT] Lean meat from beef, pork, lamb, etc.	oz
pyr118	float	[M_MPF] Lean meat from meat, poultry, fish	oz
pyr119	float	[M_NUTSD] Lean meat equivalent from nuts, seeds	oz
pyr120	float	[M_ORGAN] Lean meat from organ meats	oz
pyr121	float	[M_POULT] Lean meat from poultry	oz
pyr122	float	[M_SOY] Lean meat equivalent from soy product	oz
pyr123	float	[V_DPYEL] Deep-yellow vegetables	serving
pyr124	float	[V_DRKGR] Dark-green leafy vegetables	serving
pyr125	float	[V_LEGUME] Dry bean and pea	serving
pyr126	float	[V_OTHER] Other vegetables	serving
pyr127	float	[V_POTATO] White potato	serving
pyr128	float	[V_STARCY] Other starchy vegetables	serving
pyr129	float	[V_TOMATO] Tomato	serving
pyr130	float	[V_TOTAL] Total vegetables	serving
pyr200	float	[DISCFAT_OIL] Discretionary oil	gram
pyr300	float	[DISCFAT_SOLID] Discretionary solid fat	gram

FIELD NAME	DATA TYPE	VARIABLE DESC	UNIT OF MEASURE
pyr400	float	[EXTRAS] Total calories from discretionary solid fat, added sugars, and alcohol.	
MeetsForFruits	Num(8)	[??? Child meets recommendations for fruit consumption for age	
MeetsForVegs	Num(8)	[??? Child meets recommendations for vegetable consumption for age	
Num_Days	Num(8)	[??? Number of Dietary Records	
Num_weekday	Num(8)	[??? Number of weekdays among Dietary Records	
Num_weekend	Num(8)	[??? Number of weekend among Dietary Records	
SSB_PortionInCups	Num(8)	[??? Intake per day: SSB Consumption In Cups, weighted for weekday/weekend days	cup
SSB_PortionInCups_adjforVar	Num(8)	[??? Intake for day: SSB Consumption In Cups, weighted for weekday/weekend days and adjusted for within person variance	cup
SSB_PortionInGrams	Num(8)	[??? Intake per day: SSB Consumption In Grams, weighted for weekday/weekend days	gram
SSB_PortionInGrams_adjforVar	Num(8)	[??? Intake for day: SSB Consumption In Grams, weighted for weekday/weekend days and adjusted for within person variance	gram
community	Num(8)	[??? Community	

FIELD NAME	DATA TYPE	VARIABLE DESC	UNIT OF MEASURE
diet_age	Num(8)	[???] Child age at diet record collection	
hei1_adjforVar	Num(8)	[???] Intake for day: Whole Grains in oz, weighted for weekday/weekend days and adjusted for within person variance	oz
hei2_adjforVar	Num(8)	[???] Intake for day: Vegetables in cups, weighted for weekday/weekend days and adjusted for within person variance	cup
hei3_adjforVar	Num(8)	[???] Intake for day: Fruit in cups, weighted for weekday/weekend days and adjusted for within person variance	cup
hei4_adjforVar	Num(8)	[???] Intake for day: Milk in cups, weighted for weekday/weekend days and adjusted for within person variance	cup
hei5_adjforVar	Num(8)	[???] Intake for day: Meat in oz, weighted for weekday/weekend days and adjusted for within person variance	oz
id	Num(8)	[???] Child ID	
int_hei2_adjForVar	Num(8)	[???] Intake for day: Vegetables in cups, weighted for weekday/weekend days and adjusted for within person variance	cup
int_hei3_adjForVar	Num(8)	[???] Intake for day: Fruit in cups, weighted for weekday/weekend days and adjusted for within person variance	cup
jurisdiction	Num(8)	[???] Jurisdiction (1=Palau, 2=Yap, 3=Guam, 4=CNMI, 5=Chuuk, 6=Pohnpei, 7=Kosrae, 8=RMI, 9=Am Samoa, 10=HI, 11=AK)	
pyr101_adjforVar	Num(8)	[???] Food pyramid intake for day: Added sugar in tsp, weighted for weekday/weekend days and adjusted for within person variance	tsp

FIELD NAME	DATA TYPE	VARIABLE DESC	UNIT OF MEASURE
pyr102_adjforVar	Num(8)	[???] Food pyramid intake for day: Alcoholic beverage in # drinks, weighted for weekday/weekend days and adjusted for within person variance	
pyr104_adjforVar	Num(8)	[???] Food pyramid intake for day: Cheese in servings, weighted for weekday/weekend days and adjusted for within person variance	serving
pyr105_adjforVar	Num(8)	[???] Food pyramid intake for day: Milk in servings, weighted for weekday/weekend days and adjusted for within person variance	serving
pyr106_adjforVar	Num(8)	[???] Food pyramid intake for day: Total Dairy in servings, weighted for weekday/weekend days and adjusted for within person variance	serving
pyr107_adjforVar	Num(8)	[???] Food pyramid intake for day: Yogurt in servings, weighted for weekday/weekend days and adjusted for within person variance	serving
pyr108_adjforVar	Num(8)	[???] Food pyramid intake for day: Citrus, melon and berry fruit in servings, weighted for weekday/weekend days and adjusted for within person variance	serving
pyr109_adjforVar	Num(8)	[???] Food pyramid intake for day: Other Fruits in servings, weighted for weekday/weekend days and adjusted for within person variance	serving
pyr110_adjforVar	Num(8)	[???] Food pyramid intake for day: Total Fruits in servings, weighted for weekday/weekend days and adjusted for within person variance	serving
pyr111_adjforVar	Num(8)	[???] Food pyramid intake for day: Non-whole Grain in servings, weighted for weekday/weekend days and adjusted for within person variance	serving
pyr112_adjforVar	Num(8)	[???] Food pyramid intake for day: Total grain in servings, weighted for weekday/weekend days and adjusted for within person variance	serving
pyr113_adjforVar	Num(8)	[???] Food pyramid intake for day: Lean Meat Equivalent from Egg in oz, weighted for weekday/weekend days and adjusted for within person variance	oz

FIELD NAME	DATA TYPE	VARIABLE DESC	UNIT OF MEASURE
pyr114_adjforVar	Num(8)	[???] Food pyramid intake for day: Lean Meat from Fish and Other Seafood in oz, weighted for weekday/weekend days and adjusted for within person variance	OZ
pyr115_adjforVar	Num(8)	[???] Food pyramid intake for day: Lean Meat from Franks and Luncheon Meat in oz, weighted for weekday/weekend days and adjusted for within person variance	OZ
pyr116_adjforVar	Num(8)	[???] Food pyramid intake for day: Lean Meat from Beef, Pork and Lamb in oz, weighted for weekday/weekend days and adjusted for within person variance	OZ
pyr117_adjforVar	Num(8)	[???] Food pyramid intake for day: Lean Meat from Meat, Poultry and Fish in oz, weighted for weekday/weekend days and adjusted for within person variance	OZ
pyr118_adjforVar	Num(8)	[???] Food pyramid intake for day: Lean Meat Equivalent from Egg in oz, weighted for weekday/weekend days and adjusted for within person variance	OZ
pyr119_adjforVar	Num(8)	[???] Food pyramid intake for day: Lean Meat from Fish and Other Seafood in oz, weighted for weekday/weekend days and adjusted for within person variance	OZ
pyr121_adjforVar	Num(8)	[???] Food pyramid intake for day: Lean Meat from Poultry in oz, weighted for weekday/weekend days and adjusted for within person variance	OZ
pyr122_adjforVar	Num(8)	[???] Food pyramid intake for day: Lean Meat Equivalent from Soy in oz, weighted for weekday/weekend days and adjusted for within person variance	OZ
pyr123_adjforVar	Num(8)	[???] Food pyramid intake for day: Deep-yellow Vegetables in servings, weighted for weekday/weekend days and adjusted for within person variance	serving
pyr124_adjforVar	Num(8)	[???] Food pyramid intake for day: Dark Green Leafy Vegetables in servings, weighted for weekday/weekend days and adjusted for within person variance	serving
pyr125_adjforVar	Num(8)	[???] Food pyramid intake for day: Dry Bean and Pea in servings, weighted for weekday/weekend days and adjusted for within person variance	serving

FIELD NAME	DATA TYPE	VARIABLE DESC	UNIT OF MEASURE
pyr126_adjforVar	Num(8)	[???] Food pyramid intake for day: Other Vegetables in servings, weighted for weekday/weekend days and adjusted for within person variance	serving
pyr127_adjforVar	Num(8)	[???] Food pyramid intake for day: White Potato in servings, weighted for weekday/weekend days and adjusted for within person variance	serving
pyr128_adjforVar	Num(8)	[???] Food pyramid intake for day: Other Starchy Vegetables in servings, weighted for weekday/weekend days and adjusted for within person variance	serving
pyr129_adjforVar	Num(8)	[???] Food pyramid intake for day: Tomato in servings, weighted for weekday/weekend days and adjusted for within person variance	serving
pyr130_adjforVar	Num(8)	[???] Food pyramid intake for day: Total Vegetables in servings, weighted for weekday/weekend days and adjusted for within person variance	serving
pyr300_adjforVar	Num(8)	[???] Food pyramid intake for day: Discretionary Solid Fat in g, weighted for weekday/weekend days and adjusted for within person variance	gram
pyr400_adjforVar	Num(8)	[???] Food pyramid intake for day: Calories from Discretionary Fat, Added Sugars and Alcohol in kcal, weighted for weekday/weekend days and adjusted for within person variance	
sex	Char(1)	[???] Child sex	
time	Num(8)	[???] Measurement time (1=Baseline, 2=24 month)	
water_PortionInCups	Num(8)	[???] Intake for day: Water Consumption In Cups, weighted for weekday/weekend days	cup
water_PortionInCups_adjforVar	Num(8)	[???] Intake for day: Total Fat in g, weighted for weekday/weekend days	gram

FIELD NAME	DATA TYPE	VARIABLE DESC	UNIT OF MEASURE
water_PortionInGrams	Num(8)	Intake for day: Water Consumption In Grams, weighted for weekday/weekend days	gram
water_PortionInGrams_adjforVar	Num(8)	Intake for day: Water Consumption In Grams, weighted for weekday/weekend days and adjusted for within person variance	gram

userid	entrydate	z	hei1	hei2	hei3	hei4	hei5	hei6	hei7	hei8	hei9	hei10	heia9s	foodenergy	foodenergyp	protein	proteinp	carboh
201181616049	8/16/2011		5.4	0	0.1	0	2.2	0	0	10	10	0	0	996		33		99
201181616949	8/16/2011		6.3	0.2	0	0.5	3.8	10	10	10	8.9	0	0	1148		50		154
test001	8/17/2011		0.5	0	0	0	8.9	0	0	10	10	0	0	736		75		11
201182293440	8/22/2011		1.4	0	0.2	0	0	0	10	10	10	0	0	260		3		40
test001	8/23/2011		4.4	0	0	0	0	0	10	10	10	0	0	384		3		88
201182915107	8/29/2011		3.7	1	0	0	5	10	10	10	10	0	0	994		55		112
20118414744	8/4/2011		4.7	4	0	0.2	15.1	10	5.2	0	0	0	0	2531		154		260

pyr111	pyr112	pyr113	pyr114	pyr115	pyr116	pyr117	pyr118	pyr119	pyr120	pyr121	pyr122	pyr123	pyr124	pyr125	pyr126	pyr127	pyr128	pyr129	pyr130	pyr200	pyr300	pyr400
4.025178...	4.02517...	0	1.15564...	9.93981...	0.4177722...	0.4322...	10.851...	0.1328...	0	0	0	0.0641...	0.0706...	0	0.91601...	0	0.03778...	0	1.08956...	20.0083...	12.8967...	13.0212...

Table 13: HEI Healthy Eating Index Created Variables from PacTrac3

NOTE: REC_TIME was added to make multiple entries of same the food for the same day possible.

FIELD	DATA TYPE	DESCRIPTION
userid	varchar(255)	User ID
rec_date <i>(was entrydate)</i>	varchar(20)	Record/recall date (MM/DD/YYYY) <i>The date when the food was consumed</i>
rec_time	varchar(8)	Record/recall time (HH:MM AM/PM) The time when the food was consumed <i>12:01 AM – If time was not entered or wrong format entered</i>
Food_Description	varchar(255)	Food description
quantity	float	Number of serving(s)
location_prepared	varchar(50)	Location where the food was prepared
location_consumed	varchar(50)	Location where the food was consumed
concurrent_activity	varchar(50)	Concurrent activity while consuming the food
detailed_desc	varchar(255)	Participant's detailed description of the food item
Community	Num(8)	Community
Foodcode	Num(8)	Food code for CHL only
id	Num(8)	Child ID
jurisdiction	Num(8)	Jurisdiction (1=Palau, 2=Yap, 3=Guam, 4=CNMI, 5=Chuuk, 6=Pohnpei, 7=other, 8=Yap, 9=Am Samoa, 10=HI, 11=AK)
time	Num(8)	Measurement Number (1=Baseline or Prevalence, 2=24 Month)
unit_of_measure	varchar(78)	Unit of measure for food (e.g., cup, slice)

User Information

Person

This lookup table contains predefined sex and age groups.

FIELD	DATA TYPE	DESCRIPTION
People_Code	int	Code
Age	nvarchar(50)	Age group
Sex	nvarchar(50)	Sex: <i>M, F, or M&F</i>

userid	rec_date	rec_time	Food_Descrip	code	sub	servingcode	quantity	location_prepared	location_consumed	concurrent_act	detailed_desc	entry_ID	entry_datetime	mod_ID	mod_datetime
111111	02/12/2013	08:00 AM	RICE PILAF	134335	0	[null]	0	loc 1	loc 2	act 1		UNK	2/12/2013	UNK	2/12/2013
111111	02/15/2013	07:00 AM	RICE, FRIED	127570	0	10205	2	Home	Home	act 1		UNK	2/15/2013	UNK	2/25/2013
chlpractice	01/07/2013	02:00 PM	COOKIES, C	108171	0	61283	3	did not record	did not record	Watching TV	CHIPS AHOY COOKIES	AAA	2/12/2013	UNK	2/13/2013
chlpractice	01/07/2013	02:00 PM	GUAVA NEC	165498	0	10205	1.5	did not record	did not record	Watching TV	MEADOW GOLD GUAVA	AAA	2/12/2013	UNK	2/13/2013
chlpractice	01/07/2013	03:30 PM	WATER	127010	0	10205	1	did not record	did not record	sitting down to	WATER - AQUAFINA BOT	AAA	2/12/2013	UNK	2/13/2013
chlpractice	01/07/2013	07:00 AM	CEREAL, CO	150431	0	63766	1.33	Home	Home	did not record	CEREAL - COCOA CRISP	AAA	2/12/2013	UNK	2/13/2013
chlpractice	01/07/2013	07:00 AM	MILK, REDU	113230	0	10205	0.5	Home	Home	did not record	(2%) MILK	AAA	2/12/2013	UNK	2/13/2013
chlpractice	01/07/2013	07:00 PM	BEEF, GROU	165569	0	63083	0.12	Home	Home	Sitting down w	MAY'S BRAND TERI PAT	AAA	2/13/2013	UNK	2/13/2013
chlpractice	01/07/2013	07:00 PM	CORN, SWE	108570	0	10205	0.25	Home	Home	Sitting down w	CDRN (FROZEN) BOILED	AAA	2/13/2013	UNK	2/13/2013

	People_Code	Age	Sex
1	1	1-3	M&F
2	2	4-6	M&F
3	3	7-10	M&F
4	4	11-24	F
5	5	>50	F
6	6	11-14	M
7	7	15-18	M
8	8	19-24	M
9	10	<1	M&F
10	41	25-50	F
11	81	25-50	M
12	91	>50	M

tempusers

(This table has IT information that may not be needed in the Data Dictionary?)

This table contains information for temporary (CheckItOut) users. Each session creates a unique user ID.

FIELD	DATA TYPE	DESCRIPTION
age	int	Age
gender	char(1)	Gender: <i>m</i> – male, <i>f</i> – female
weight	int	Weight in pounds
height	int	Height in inches
userid	varchar(255)	System-generated user ID in <i>yyyymmdd99999</i> format

age	gender	weight	height	userid
32	f	110	61	200111113000
35	m	130	62	20111121648
30	m	120	64	2011113103038

UserAccounts

(This table has IT information that may not be needed in the Data Dictionary?)

This table contains user login information.

FIELD	DATA TYPE	DESCRIPTION
Username	varchar(255)	User name
PasswordHash	varchar(40)	Encrypted password using the random set of charactes in the salt field
salt	varchar(10)	Random set of characters that will be used to encrypt the user password
logincount	int	Number of times the user logged in
logintime	datetime	Last date and time the user logged in

UserName	PasswordHash	salt	logincount	logintime
test001	830762ADC6A4D4	BNxc2E /8	4	8/24/2011

userdata

(Some of the IT information in this table may not be needed in the Data Dictionary?)

This table contains user information provided during registration

userid	email	age	gender	height	weight	pwdhint	zipcode
test001	test001@test.com	30	m	62	140	test001	96712
user999	user999@user.com	25	f	62	120	user999	96797

FIELD	DATA TYPE	DESCRIPTION
userid	nvarchar(255)	User ID
email	nvarchar(255)	E-mail address
age	int	Age
gender	char(1)	Gender : <i>m – male, f – female</i>
height	int	Height in inches
weight	int	Weight in pounds
pwdhint	varchar(255)	Password Hint

zipcode	int	Address Zipcode
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Physical Activity

Physical Activity – Food and Activity Logs

In process – more to be added.

****As of 8/31/2016 variables for the Physical Activity section of the Food and Activity Logs are not available for request**

Parents were asked to complete a record of their child's activities for two days. The activity log in conjunction with the use of the accelerometer provided more specific information about the type of activity the child was doing.

PacTrac3 was developed from MyPyramid Tracker (cnpp.usda.gov/MyPyramidTracker.htm) with added metabolic equivalents (METS) for children (Ridley, Ainsworth, & Olds, 2008), research functionality to manage output, and local/traditional activities, such as surfing. Thus, we can quantify child physical activity in MET-adjusted minutes per day, from two days of physical activity logs per child.

***Insert PacTrac3 activity variables**

PacTrac3 **physical activity** related data sets: pah (physical activity), peer (Percentage of Estimated Energy Requirement).

fpa

This table contains **frequently performed activities** saved by the user. These saved activities are meant to make for future entries easier.

FIELD	DATA TYPE	DESCRIPTION
userid	varchar(255)	User ID
PA_code	varchar(10)	Physical activity code

userid	PA_Code
PA	121050
PA	341242
PA	341902
PA	521080

PA_ActivityGroup

This look up table contains physical activity groups.

FIELD	DATA TYPE	DESCRIPTION
ActivityGroupCode	int	Physical activity group code
Description	nvarchar(50)	Physical activity group description

ActivityGroupCod	Description
1	BICYCLING
2	CONDITIONING EXERCISE
3	DANCING
4	FISHING AND HUNTING
5	HOME ACTIVITIES
6	HOME REPAIR
7	INACTIVITY LIGHT
8	INACTIVITY QUIET
9	LAWN AND GARDEN
10	MISCELLANEOUS
11	MUSIC PLAYING
12	OCCUPATION
13	RELIGIOUS ACTIVITIES
14	RUNNING
15	SELF CARE
17	SPORTS
18	TRANSPORTATION
19	VOLUNTEER ACTIVITIES
20	WALKING
21	WATER ACTIVITIES
22	WINTER ACTIVITIES

PA_BasalEnergyMET

This lookup table contains the minimum energy required to live by age and gender.

(**Question: Basal Energy MET per _____?)

FIELD	DATA TYPE	DESCRIPTION
Age	int	Age of user: 3 to 18
BasalEnergyMET	float	Basal energy MET
Gender	varchar(1)	Gender of user: M=male, F=female

Age	BasalEnergy	Gender
3	0.044	F
4	0.04	F
5	0.037	F
6	0.034	F
7	0.031	F
8	0.029	F
9	0.026	F
10	0.024	F
11	0.022	F
12	0.021	F
13	0.02	F
14	0.019	F
15	0.018	F
16	0.017	F
17	0.017	F
18	0.016	F
3	0.043	M
4	0.04	M
5	0.037	M
6	0.035	M
7	0.033	M
8	0.031	M
9	0.029	M
10	0.027	M
11	0.025	M
12	0.024	M
13	0.022	M
14	0.021	M
15	0.021	M
16	0.02	M
17	0.019	M
18	0.018	M

PA_Category

This lookup table contains categories of physical activity.

FIELD	DATA TYPE	DESCRIPTION
CategoryCode	int	Physical activity category code
Description	nvarchar(50)	Physical activity category description

CategoryCode	Description
1	HOME
2	LEISURE
3	OCCUPATION

PA_Intensity

This lookup table contains intensity level of physical activity.

FIELD	DATA TYPE	DESCRIPTION
IntensityCode	int	Code for the intensity of the physical activity
Description	nvarchar(50)	Description

IntensityCode	Description
1	LIGHT
2	MODERATE
3	VIGOROUS

PA_PhysicalActivity

This lookup table contains all physical activities a user can select from on the physical activity entry screen.

FIELD	DATA TYPE	DESCRIPTION
PA_Code	nvarchar(6)	Physical activity code
ActivityGroupCode	int	Physical activity group code
PA_Description	nvarchar(50)	Physical activity description
METS	real	METS
CategoryCode	int	Physical activity category code (see PA_category table)
IntensityCode	int	Physical activity intensity code (see PA_intensity table)
DefaultFlag	bit	Default: 1/0 or Checked/Unchecked or True/False

PA_Code	ActivityGroup	PA_Description	METS	CategoryCode	IntensityCode	DefaultFlag
001009	1	BICYCLING, BMX OR MOUNTAIN	8.5	2	3	<input type="checkbox"/>
001010	1	BICYCLING, <10 MPH, LEISURE, WORK OR PLEASURE	4	2	2	<input type="checkbox"/>
001015	1	BICYCLING, GENERAL	8	2	3	<input checked="" type="checkbox"/>
001020	1	BICYCLING, 10-11.9 MPH, LEISURE, SLOW, LIGHT EFFORT	6	2	2	<input type="checkbox"/>
001030	1	BICYCLING, 12-13.9 MPH, LEISURE, MODERATE EFFORT	8	2	3	<input type="checkbox"/>
001040	1	BICYCLING, 14-15.9 MPH, RACING, VIGOROUS EFFORT	10	2	3	<input type="checkbox"/>
001050	1	BICYCLING, 16-19 MPH, RACING GENERAL	12	2	3	<input type="checkbox"/>
001060	1	BICYCLING, >20 MPH, RACING, NOT DRAFTING	16	2	3	<input type="checkbox"/>
001070	1	UNICYCLING	5	2	2	<input type="checkbox"/>
002010	2	BICYCLING, STATIONARY, GENERAL	7	2	3	<input type="checkbox"/>
002011	2	BICYCLING, STATIONARY, 50 WATTS, VERY LIGHT EFFORT	3	2	2	<input type="checkbox"/>

PA_ScoreModerateAdult

This lookup table contains an **adult's** score based on the number of minutes spent on a physical activity.

FIELD	DATA TYPE	DESCRIPTION
Minutes	smallint	Duration of physical activity in minutes: <i>0 to 60</i>
Score	real	Score based on the number of minutes

Minutes	Score
0	0
1	2
2	5.25
3	8.5
4	11.74
5	15
6	17.6
7	20.2
8	22.8
9	25.4
10	28
11	30.6
12	33.2
13	35.8
14	38.4
15	41
16	43.6
17	46.2
18	48.8
19	51.4
20	54
21	56.6
22	59.2
23	61.8
24	64.4
25	67
26	69.6
27	72.2
28	74.81
29	77.41
30	80.01

Minutes	Score
31	80.81
32	81.61
33	82.4
34	83.2
35	84
36	84.8
37	85.6
38	86.4
39	87.2
40	88
41	88.6
42	89.2
43	89.8
44	90.4
45	91
46	91.6
47	92.2
48	92.79
49	93.39
50	94
51	94.6
52	95.2
53	95.79
54	96.39
55	97
56	97.6
57	98.2
58	98.8
59	99.4
60	100

PA_ScoreModerateChild

This lookup table contains a **child's** score based on the number of minutes spent on a physical activity.

FIELD	DATA TYPE	DESCRIPTION
Minutes	smallint	Duration of physical activity in minutes: <i>0 to 60</i>
Score	real	Score based on the number of minutes

Minutes	Score
0	0
1	2
2	4.5
3	7
4	9.49
5	12
6	13.6
7	15.2
8	16.8
9	18.4
10	20
11	21.6
12	23.2
13	24.8
14	26.4
15	28
16	29.6
17	31.2
18	32.8
19	34.4
20	36
21	37.6
22	39.2
23	40.8
24	42.4
25	44
26	45.6
27	47.2
28	48.8
29	50.4
30	52

Minutes	Score
31	53.6
32	55.2
33	56.8
34	58.4
35	60
36	61.6
37	63.2
38	64.8
39	66.4
40	68
41	69.6
42	71.2
43	72.8
44	74.4
45	76
46	77.6
47	79.2
48	80.79
49	82.39
50	94
51	94.6
52	95.2
53	95.79
54	96.39
55	97
56	97.6
57	98.2
58	98.8
59	99.4
60	100

pah

This table contains derived information based on the physical activity entered by the user. There is one record per physical activity and Record / Recall date.

FIELD	DATA TYPE	DESCRIPTION
userid	varchar(255)	User ID
rec_date <i>(was entrydate)</i>	varchar(20)	Record date (MM/DD/YYYY) <i>The date when the physical activity was done</i>
pascore	float	Physical activity score
calories	float	Calories burned
minutes	int	Total minutes <i>Total minutes for sleep, sedentary, light, moderate, and vigorous activities</i>
creditedminutes	int	Number of minutes credited <i>Total minutes of moderate and vigorous activities. (light, sedentary, and sleep activities were excluded)</i>
energyreq	float	Energy required
pae	char(2)	Physical activity entry type: s - standard (24 hours activities required) c - condensed
l_minutes	int	Light activities total minutes <i>Total minutes of light intensity activities with MET > 1.5</i>
l_mets	decimal (8,2)	Light activity MET minutes <i>Total MET minutes of light intensity activities with MET > 1.5</i>
m_minutes	int	Moderate activities total minutes <i>Total minutes of moderate intensities activities</i>
m_mets	decimal (8,2)	Moderate activity MET minutes <i>Total MET minutes of moderate intensities activities</i>
v_minutes	int	Vigorous activities total minutes <i>Total minutes of vigorous intensities activities</i>
v_mets	decimal (8,2)	Vigorous activity MET minutes <i>Total MET minutes of vigorous intensities activities</i>
s_minutes	int	Sedentary activities total minutes <i>Total minutes of light intensity activities with MET 1.0 and MET <= 1.5</i>
s_mets	decimal (8,2)	Sedentary activity MET minutes <i>Total MET minutes of light intensity activities with MET 1.0 and MET <= 1.5</i>
sleep_minutes	int	Sleep total minutes <i>Total minutes of light intensity activities with MET < 1.0</i>
sleep_mets	decimal (8,2)	Sleep MET minutes <i>Total MET minutes of light intensity activities with MET < 1.0</i>
total_mets	decimal (8,2)	Total MET minutes <i>Total MET minutes for sleep, sedentary, light, moderate, and vigorous activities</i>

userid	rec_date	pascore	calories	minutes	creditedminut	energyreq	pae	l_minutes	l_mets	m_minut	m_mets	v_minutes	v_mets	s_minutes	s_mets	sleep_minut	sleep_mets	total_mets
111111	02/15/2013	100	1532	307	202	(null)	s	15	37.50	121	568.70	81	688.20	30	36.00	60	54.00	1384.40

pat

This table contains physical activity information entered by the user. There is one record per physical activity and Record / Recall date.

FIELD	DATA TYPE	DESCRIPTION
userid	varchar(255)	User ID
rec_date <i>(was entrydate)</i>	varchar(20)	Record date (MM/DD/YYYY) <i>The date when the physical activity was done</i>
PA_Code	varchar(10)	Physical activity code <i>(see PA_PhysicalActivity table)</i>
PA_Description	varchar(50)	Physical activity description
duration	int <i>(was float)</i>	Physical activity duration <i>(in minutes)</i>
start_time	varchar(8)	Start time
end_time	varchar(8)	End time
detailed_desc	varchar(255)	Participant's detailed description of the activity
entry_ID	varchar(3)	Data entry person's initial <i>UNK – if initial is not entered</i>
entry_datetime	datetime	Date and time when the physical activity record was entered to the system <i>(Hawaii Time since the server is located in Hawaii)</i>
mod_ID	varchar(3)	Data entry person's initial when the activity entry was last modified <i>UNK – if initial is not entered</i>
mod_datetime	datetime	Date and time when the physical activity record was last modified <i>(Hawaii Time since the server is located in Hawaii)</i>

userid	rec_date	PA_Code	PA_Description	duration	start_time	end_time	detailed_desc	entry_ID	entry_datetime	mod_ID	mod_datetime
111111	02/15/2013	342032	_CHILD BASKETBALL - MODERATE	10	07:10 PM	07:20 PM		UNK	2/15/2013	UNK	2/19/2013
111111	02/15/2013	342033	_CHILD BASKETBALL - HARD	30	07:30 PM	08:00 PM		UNK	2/15/2013	UNK	2/19/2013
CHRISLN	12/18/2012	013040	GROOMING (E.G PERSONAL HYGIENE), SITTING/STANDIN	150	07:00 AM	09:30 AM	GETTING UP TO GET READY FOR THE DAY	UNK	2/13/2013	UNK	2/13/2013
CHRISLN	12/18/2012	013020	DRESSING, UNDRRESSING (STANDING OR SITTING)	30	09:30 AM	10:00 AM	GETTING DRESSED FOR PARTY	UNK	2/13/2013	UNK	2/13/2013
CHRISLN	12/18/2012	016015	RIDING IN A CAR OR TRUCK	30	10:00 AM	10:30 AM	RIDING IN CAR TO 7-11	UNK	2/13/2013	UNK	2/13/2013

PercentEER

This table includes the percentage of the Estimated Energy Requirement. There is one record per user ID and Record / Recall date.

FIELD	DATA TYPE	DESCRIPTION
Userid	varchar(255)	User ID
rec_date <i>(was entrydate)</i>	varchar(20)	Record date (MM/DD/YYYY) <i>The date when the physical activity was done</i>
pEER	int	Percentage of Estimated Energy Requirement

userid	entrydate	pEER
201181616049	8/16/2011	46
201181616949	8/16/2011	53
201182293440	8/22/2011	12
20118414744	8/4/2011	117
test001	8/17/2011	34
test001	8/23/2011	18

Physical activity – Accelerometry

****As of 8/31/2016 variables from accelerometry are not available for data request.**

Objective Measurement of Physical Activity – Accelerometry. Accelerometers have become an important tool to objectively monitor physical activity in free-living conditions. Triaxial accelerometers measure vertical, horizontal and lateral acceleration and raw data can be analyzed to provide an objective measure of the intensity, duration and frequency of physical activity throughout the day. The detected accelerations are filtered, converted to a numerical value and summed over a specified time interval or epoch. The recorded counts for each epoch can be used to represent the intensity of the physical activity. Children's physical activity tends to be intermittent and characterized by rapid changes from rest to vigorous physical activity. In order to accurately quantify physical activity intensity and duration, short (<30 secs.) epoch durations are necessary (Baquet, 2006; Nilsson, 2002).

These monitors store data over long periods, allowing analysis of patterns of physical activity in free-living subjects over the course of several days to weeks. The small size of the device is unobtrusive and allows monitoring of subjects without interfering with normal movement. Several studies including our own unpublished CHL Physical Activity Pilot have concluded that accelerometers can be effectively used in free-living children to measure levels of physical activity (Troost, 2002; Freedson et al., 2005; Hoos et al., 2003). In addition, relatively short periods of monitoring (4-7 days) have been found to be reliable (Troost, 2000).

Accelerometers measured physical activity in young children. Accelerometers provide data of different intensities, including inactivity during waking hours, making them ideal for lifestyle interventions or interventions not specific to a location. This approach allowed us to obtain objective measures for sleep, sedentary behavior and physical activity at different intensities. Each participant was asked to wear an accelerometer for six days. We used accelerometry for about 100 participants per each intervention and comparison community as well as at all FAS sites in a subset of the study population (50%; n of around 100 per jurisdiction). The accelerometer data were processed using the manufacturer's software and its output is in activity in counts/minute.

CHL protocols for Actical Accelerometer Data

CHL participants were expected to wear the Actical accelerometer for six consecutive days. In general, the Actical accelerometer was placed on the child on day 1 and removed on day 7. For each day, a child's activity was recorded from 0:00:00 a.m. in the morning to 23:59:59 p.m., which sums to 1440 minutes. Occasionally, a child might have had his/her accelerometer removed on some day(s) during the week and later have had the accelerometer placed back on. For these children, their accelerometer data may show as non-consecutive days. These types of data will be identified during the data cleaning and data analysis stages and the following rules will be applied.

The CHL protocol for Actical accelerometer data cleaning and data analysis includes the following 3 rules:

1. To be included in the data analysis, the Actical accelerometer data of each day must be valid. The criteria for valid data for each day are: the total number of minutes for any one single type of activity must not exceed 1300 minutes (90% of the time). If the total number of minutes for any single type of activity during a day was 1,300 minutes or greater (90% or over of the time), then data for that day was excluded from data analysis.
2. The data analysis is based on all valid days of data. The days with valid data are not required to be consecutive, even though for the majority of children, the days are consecutive. If a child has 3 or more days of valid data, the total minutes of different types of activities should add up to 1440 minutes for each of the first few days (e.g., day 1 – 2 for those with 3 days of valid data) and only the last day's (e.g., day 3) total minutes may or may not add up to 1440 (minutes). This will depend on the time when the accelerometer was placed and removed from the child.
3. Data from the first day a child wore the Actical was excluded from data analysis in order to avoid potential reactivity effects of children wearing the Acticals. Data from the last day a child wore the Actical was also excluded because it may not have complete data (e.g., 1440 minutes) for that day. As a result, to be included in this data analysis, the participants need to have at least 3 days of valid Actical accelerometer data.

As a result, based on the rules above, if a child has only 3 days of valid Actical data, only data from the second day is included in the analysis. If a child has 4 days of valid Actical data, only data from the second and third day are included. If a child has 5 days of valid Actical data, then only data from day 2 to day 4 are included. If a child has 6 days of valid Actical data, then only data from day 2 to day 5 are included. If a child has 7 or more than more than 7 days of valid Actical data, only data from day 2 to day 6 will be used in the data analysis. Data from the remaining days are kept in the database but are not used in this data analysis. A new variable, ***days_Actical_data***, was created to reflect the number of days of Actical data each child had.

Consequently, the total number of Actical data files uploaded to the CHL server by each Jurisdiction may not match the final number of Acticals included in data analysis.

For this data analysis, the major statistic of interest from the Actical Data is the weighted average minutes per day at the various activity levels (e.g., sedentary, light, moderate, and vigorous). The steps that were followed to compute this statistic are below.

Counts per minute (cpm) were first calculated by summing the counts per second within that minute as recorded by the accelerometer. Accelerometer data were then summarized every minute into 4 activity levels using the following rules (as recommended by Actical):

- sedentary, if $\text{cpm} \leq 40$
- light, if $41 \leq \text{cpm} \leq 2295$
- moderate, if $2296 \leq \text{cpm} \leq 6815$
- vigorous, if $\text{cpm} \geq 6816$

The number of minutes on each day spent in each of the 4 activities is then calculated as the sum of minutes from 0:00:00 am to 23:59:59 pm assigned to that category. Sleeping activity cannot be evaluated by accelerometer data. Descriptive data from the child's Food & Activity Log can be used in the future to validate accelerometer sleep data and to sort out sleeping activities.

A weighted average for each of the 4 activities was then calculated for each child based on the number of valid days of Actical data available and the number of weekdays or weekend days included. For data analysis, after excluding data from the first day and the last day, the minimum number of days of valid data a child may have is 1 and the maximum days of valid data a child may have is 5. For those participants with only 1 day of valid data to be included in the analysis, that single day's value is treated as the weighted average. For those participants with 2 days of valid data to be included in the analysis, the simple average is treated as the weighted average if both days are weekdays or both are weekend days. For those participants with 2 days of valid data with at least one weekday and one weekend day, a weight of 5 (i.e., number of weekdays) is given to the weekday data while a weight of 2 (i.e., number of weekend days) is given to the weekend day data. The weighted average is then calculated as the sum of the weighted week day and weekend day data divided by 7. The formula for calculating a participant's weighted average for 2 days of valid data is below:

$$\text{Weighted average} = \frac{(5 \times \text{value of weekday}) + (2 \times \text{value of weekend})}{7 \text{ (days of the week)}}$$

If a child has more than 2 days of valid data to be included in the analysis, e.g., 3 to 5 days, the simple average is taken if all days are weekdays. If there is at least one weekday and at least one weekend day, then the formula for the weighted average is modified as follows:

$$\text{Weighted average} = \frac{(5 \times \text{mean of weekdays}) + (2 \times \text{mean of weekend})}{7 \text{ (days of the week)}}$$

The weighted average of moderate or vigorous types of activities (*weighted_mv*) is calculated as the sum of the weighted average of moderate activities and weighted average of vigorous activities per child. This is equivalent to the weighted average of the daily minutes of moderate or vigorous activity. A dichotomous variable (*pameet*) was created to assess whether the child meets the national standard of 60 minutes a day of moderate or vigorous activities. It is coded 1 for yes and 0 for no.

Accelerometer Data Variables

Although all participants are expected to have the Actical placed on day 1 and removed on day 7, because of schedule conflicts or other issues, a child may wear the Actical for less than 1 day or more than 7 days. The CHL protocol requests to keep the participant's data up to 10 days. Data from any additional days, e.g., day11, day 12, etc. were not included in the final data set.

For Actical accelerometer final data set, the following variables were kept or created from the accelerometer data:

- (1) date when Actical is placed on or worn, in the format of *day_i*, where *i* takes the value of 1 to 10; For example, variable ***day1*** means the date of the first day when Actical was placed on the child, ***day2*** means the second day since Actical was placed on the child, etc.
- (2) minutes of light, sedentary, moderate, vigorous, moderate and vigorous types and total minutes of all 4 types of activities per day, in the format of *minutes_type of activities_day_i*, where type of activities include light, sedentary, moderate, and vigorous types of activities as reflected/captured by the Actical Accelerometer; *i* takes the value of 1 to 10. For example, you will see variables like ***minutes_light_d1*** (minutes of light type of activities), ***minutes_sedentary_d1*** (minutes of sedentary type of activities), ***minutes_moderate_d1*** (minutes of moderate type of activities), ***minutes_vigorous_d1*** (minutes of vigorous types of activities), ***minutes_mv_d1*** (minutes of moderate and vigorous types of activities), ***minutes_total_d1*** (total minutes of activities as recorded by the Actical Accelerometer), etc.;
- (3) weighted average of the 4 different types of activities, as well as moderate and vigorous types of activities and weighted average of all types of activities, in the format of ***weighted_type of activity*** (e.g., light, sedentary, moderate, vigorous, total).

Please refer to the section on protocols of accelerometer data clean and analysis for more information on how minutes of various types of activities per day and weighted average of each type of activity per participant were calculated.

Table 14: Actical Accelerometer Data Variables

Actical Accelerometer Data Variables					
Variable	Variable Description	Data Type	Length	Response Options/ Codes	Note
days_actical_data	Number of days with Actical data	Numeric	8	1 to 10	*Newly created variable
day1	Date of the first day when Actical accelerometer was placed on the participating child	Numeric	8		
day2	Date of the second day since Actical accelerometer has been placed on the participating child	Numeric	8		
day3	Date of the third day since Actical accelerometer has	Numeric	8		

Actical Accelerometer Data Variables

Variable	Variable Description	Data Type	Length	Response Options/ Codes	Note
	been placed on the participating child				
day4	Date of the fourth day since Actical accelerometer has been placed on the participating child	Numeric	8		
day5	Date of the fifth day since Actical accelerometer has been placed on the participating child	Numeric	8		
day6	Date of the sixth day since Actical accelerometer has been placed on the participating child	Numeric	8		
day7	Date of the seventh day since Actical accelerometer has been placed on the participating	Numeric	8		

Actical Accelerometer Data Variables

Variable	Variable Description	Data Type	Length	Response Options/ Codes	Note
	child				
day8	Date of the eighth day since Actical accelerometer has been placed on the participating child	Numeric	8		
day9	Date of the ninth day since Actical accelerometer has been placed on the participating child	Numeric	8		
day10	Date of the tenth day since Actical accelerometer has been placed on the participating child	Numeric	8		
minutes_light_d _i	Minutes of light activities of day _i	Numeric	8		i from 1 to 10

Actical Accelerometer Data Variables

Variable	Variable Description	Data Type	Length	Response Options/ Codes	Note
minutes_sedentary_d _i	Minutes of sedentary activities of day _i	Numeric	8		i from 1 to 10
minutes_moderate_d _i	Minutes of moderate activities of day _i	Numeric	8		i from 1 to 10
minutes_vigorous_d _i	Minutes of vigorous activities of day _i	Numeric	8		i from 1 to 10
minutes_mv_d _i	Minutes of moderate and vigorous types of activities of day _i	Numeric	8		i from 1 to 10
minutes_total_d _i	Minutes of total activities of day _i	Numeric	8		i from 1 to 10 Usually for all children, total minutes for any day when Actical is wearing should be 1440 minutes except for the last day when Actical is removed from the child.

Actical Accelerometer Data Variables

Variable	Variable Description	Data Type	Length	Response Options/ Codes	Note
weighted_light	Weighted daily average minutes of light activities	Numeric	8		
weighted_moderate	Weighted daily average minutes of moderate activities	Numeric	8		
weighted_vigorous	Weighted daily average minutes of vigorous activities	Numeric	8		
weighted_mv	Weighted daily average minutes of moderate and vigorous activities	Numeric	8		
weighted_sedentary	Weighted daily average minutes of sedentary activities	Numeric	8		
weighted_total	Weighted daily average minutes of total activities	Numeric	8		*Usually for all children, total minutes for any day when Actical is wearing should be 1440

Actical Accelerometer Data Variables

Variable	Variable Description	Data Type	Length	Response Options/ Codes	Note
					minutes except for the last day when Actical is removed from the child.
Pameet	Whether the participant meets the national recommendation of 60 minutes of moderate and vigorous types of activities a day	Numeric	8	1=Yes 0=No	
*The following variables were calculated only for intervention jurisdictions baseline data sets and FAS prevalence study data set for the purpose of comprehensive community reports;					
WEIGHTED_SENTERY_HM	Weighted daily average in hours of sedentary PA	Num	8		
WEIGHTED_MODERATE_HM	Weighted daily average in hours of light PA	Num	8		
WEIGHTED_VIGOROUS_HM	Weighted daily average in hours of moderate PA	Num	8		

Actical Accelerometer Data Variables

Variable	Variable Description	Data Type	Length	Response Options/ Codes	Note
WEIGHTED_MV_HM	Weighted daily average in hours of moderate or vigorous PA	Num	8		

Sedentary Behavior (SB) / Screen Time (ST)

This “Lifestyle Behavior” tool was adapted to help measure one of CHL’s objectives -- to decrease sedentary behavior, that is recreational screen time by 10 min/day. The measure was modified to include active and inactive video games. It was adapted from Buckworth, J., & Nigg, C. (2004); Nigg, C. R. (2005); Haas, S., & Nigg, C. R. (2009).

Table 15: Sedentary Behavior / Screen Time Variables, Form 23-04

Sedentary Behavior: SEDBH Form 23-04					
Variable Name	Variable Description	Data Type	Length	Response Options/ Codes	Notes
ID	CHL subject ID	Character	7	The first two numbers must be from 01 to 11, the third number must be one from 1 to 6, the fourth number must be one from 1, 2, or 3 and the last 3 numbers are from 1 to 200.	Set as a primary key. Format is in the form of JJCY### where JJ is a number for jurisdiction, C is the number for each community in a jurisdiction, Y is the year of measurement, and ### is a number from 1 to the number of enrollees per community.
DATE_SEDBH	Date of Interview	Date	10		Format should be MMDDYY10.

Sedentary Behavior: SEDBH Form 23-04

Variable Name	Variable Description	Data Type	Length	Response Options/ Codes	Notes
COLLECTION_N O	Time (year) when the measurement is taken	Character	1	1=Baseline 2=24 months into intervention or Post-intervention	This variable is not from the form but added to differentiate data from different collection time
WEEKDAY_TV	On usual weekdays (Monday to Friday), how long on average a day does your child spend watching Television and/or videos/DVD?	Character	3	0, 0.5, 1, 1.5, 2, 2.5, 3, 3.5, 4, 4.5, 5, 5.5, 6, 6.5, 7+	Please select only one. Measurement unit is in hour (h.). If missing, 9.9 will be assigned.
WEEKDAY_INACTIVE	On usual weekdays (Monday to Friday), how long on average a day does your child spend playing INACTIVE video games (DS, Play station, XBOX, Wii computer games, etc.)?	Character	3	0, 0.5, 1, 1.5, 2, 2.5, 3, 3.5, 4, 4.5, 5, 5.5, 6, 6.5, 7+	Please select only one. Measurement unit is in hour (h.). If missing, 9.9 will be assigned.
WEEKDAY_ACTIVE	On usual weekdays (Monday to Friday), how long on average a day does your child spend playing ACTIVE video games (DS,	Character	3	0, 0.5, 1, 1.5, 2, 2.5, 3, 3.5, 4, 4.5, 5, 5.5, 6, 6.5, 7+	Please select only one. Measurement unit is in hour (h.). If missing, 9.9 will be

Sedentary Behavior: SEDBH Form 23-04

Variable Name	Variable Description	Data Type	Length	Response Options/ Codes	Notes
	Play Station, XBOX, Wii computer games, etc.) that incorporate movement or exercise?				assigned.
WEEKEND_TV	On a usual weekend day (Saturday or Sunday), how many hours a day does your child spend watching Television and/or videos/DVD?	Character	3	0, 0.5, 1, 1.5, 2, 2.5, 3, 3.5, 4, 4.5, 5, 5.5, 6, 6.5, 7+	Please select only one. Measurement unit is in hour (h.). If missing, 9.9 will be assigned.
WEEKEND_INACTIVE	On a usual weekend day (Saturday or Sunday), how long on average a day does your child spend playing INACTIVE video games (DS, Play station, XBOX, Wii computer games, etc.)?	Character	3	0, 0.5, 1, 1.5, 2, 2.5, 3, 3.5, 4, 4.5, 5, 5.5, 6, 6.5, 7+	Please select only one. Measurement unit is in hour (h.). If missing, 9.9 will be assigned.
WEEKEND_ACTIVE	On a usual weekend day (Saturday or Sunday), how long on average a day does your child spend playing ACTIVE video games (DS,	Character	3	0, 0.5, 1, 1.5, 2, 2.5, 3, 3.5, 4, 4.5, 5, 5.5, 6, 6.5, 7+	Please select only one. Measurement unit is in hour (h.). If missing, 9.9 will be

Sedentary Behavior: SEDBH Form 23-04					
Variable Name	Variable Description	Data Type	Length	Response Options/ Codes	Notes
	Play Station, XBOX, Wii computer games, etc.) that incorporate movement or exercise?				assigned.

Table 16 : Sedentary Behavior / Screen Time Created Variables

Sedentary Behavior: SEDBH Form 23-04					
Created new variables					
Variable Name	Variable Description	Data Type	Length	Response Options/ Codes	Notes
WEEKDAY_TV_NEW	On usual weekdays (Monday to Friday), how long on average a day does your child spend watching Television and/or videos/DVD?	Numeric	8	0, 0.5, 1, 1.5, 2, 2.5, 3, 3.5, 4, 4.5, 5, 5.5, 6, 6.5, 7	Maximum is 7 hours
WEEKDAY_INACTIVE_NEW	On usual weekdays (Monday to Friday), how long on average a day	Numeric	8	0, 0.5, 1, 1.5, 2, 2.5, 3, 3.5, 4, 4.5, 5, 5.5, 6, 6.5, 7	Maximum is 7

Sedentary Behavior: SEDBH Form 23-04

Created new variables

Variable Name	Variable Description	Data Type	Length	Response Options/ Codes	Notes
	does your child spend playing INACTIVE video games (DS, Play station, XBOX, Wii computer games, etc.)?				
WEEKDAY_ACTIVE_NEW	On usual weekdays (Monday to Friday), how long on average a day does your child spend playing ACTIVE video games (DS, Play Station, XBOX, Wii computer games, etc.) that incorporate movement or exercise?	Numeric	8	0, 0.5, 1, 1.5, 2, 2.5, 3, 3.5, 4, 4.5, 5, 5.5, 6, 6.5, 7	Maximum is 7
WEEKEND_TV_NEW	On a usual weekend day (Saturday or Sunday), how many hours a day does your child spend watching Television and/or videos/DVD?	Numeric	8	0, 0.5, 1, 1.5, 2, 2.5, 3, 3.5, 4, 4.5, 5, 5.5, 6, 6.5, 7	Maximum is 7

Sedentary Behavior: SEDBH Form 23-04

Created new variables

Variable Name	Variable Description	Data Type	Length	Response Options/ Codes	Notes
WEEKEND_ INACTIVE_NEW	On a usual weekend day (Saturday or Sunday), how long on average a day does your child spend playing INACTIVE video games (DS, Play station, XBOX, Wii computer games, etc.)?	Numeric	8	0, 0.5, 1, 1.5, 2, 2.5, 3, 3.5, 4, 4.5, 5, 5.5, 6, 6.5, 7	Maximum is 7
WEEKEND_ ACTIVE_NEW	On a usual weekend day (Saturday or Sunday), how long on average a day does your child spend playing ACTIVE video games (DS, Play Station, XBOX, Wii computer games, etc.) that incorporate movement or exercise?	Numeric	8	0, 0.5, 1, 1.5, 2, 2.5, 3, 3.5, 4, 4.5, 5, 5.5, 6, 6.5, 7	Maximum is 7
SCREEN_ WEEKEND	On a usual weekend day (Saturday or Sunday), how long on average a day	Numeric	8		

Sedentary Behavior: SEDBH Form 23-04

Created new variables

Variable Name	Variable Description	Data Type	Length	Response Options/ Codes	Notes
	does your child spend on watching TV, videogames, DVD or playing activit and/or inactive games?				
SCREEN_WEEKDAY	On a usual weekday (Monday to Friday), how long on average a day does your child spend on watching TV, videogames, DVD or playing activit and/or inactive games?	Numeric	8		
SCREENTIME	Weighted average in hours of the child's screen time in a week	Numeric	8		
SCREENMEET	Whether the child meets the national recommendation of spending 2 hours or less a day on screen time	Numeric	8	0=No; 1=Yes;	

Sedentary Behavior: SEDBH Form 23-04

Created new variables

Variable Name	Variable Description	Data Type	Length	Response Options/ Codes	Notes
TVTIME	Weighted average of TV watching	Num	8		A weight of 2 giving to weekend time and a weight of 5 giving to week day time
WEEKDAY_TV_NEW	TV watching time in hours on weekdays	Num	8		
WEEKEND_TV_NEW	TV watching in hours on weekends	Num	8		
TV5GRP	Total TV watching time in 5 groups	Char	40	Five categories: <ul style="list-style-type: none"> • 1/2 hour or less • More than 1/2 hour up to 2 hours • More than 2 hours up to 4 hours • More than 4 hours up to 6 hours • More than 6 hours up to 7 hours 	

Sedentary Behavior: SEDBH Form 23-04

Created new variables

Variable Name	Variable Description	Data Type	Length	Response Options/ Codes	Notes
WEEKDAYTV5GRP	Weekday TV watching time in 5 group	Char	40	Five categories: <ul style="list-style-type: none"> • 1/2 hour or less • More than 1/2 hour up to 2 hours • More than 2 hours up to 4 hours • More than 4 hours up to 6 hours • More than 6 hours up to 7 hours 	
WEEKENDTV5GRP	Weekend TV watching time in 5 groups	Char	40	Five categories: <ul style="list-style-type: none"> • 1/2 hour or less • More than 1/2 hour up to 2 hours • More than 2 hours up to 4 hours • More than 4 hours up to 6 hours 	

Sedentary Behavior: SEDBH Form 23-04

Created new variables

Variable Name	Variable Description	Data Type	Length	Response Options/ Codes	Notes
				<ul style="list-style-type: none"> More than 6 hours up to 7 hours 	
INACTIVETIME	weighted average in hours of INACTIVE screen time	Num	8		
WEEKDAY_INACTIVE_NEW	INACTIVE screen time in hours on weekdays	Num	8		
WEEKEND_INACTIVE_NEW	INACTIVE screen time in hours on weekends	Num	8		
INACTIVETIME5GRP	INACTIVE screen time in hours distributed in 5 groups	Char	40	Five categories: <ul style="list-style-type: none"> 1/2 hour or less More than 1/2 hour up to 2 hours More than 2 hours up to 4 hours More than 4 hours up to 6 hours More than 6 hours up to 7 hours 	

Sedentary Behavior: SEDBH Form 23-04

Created new variables

Variable Name	Variable Description	Data Type	Length	Response Options/ Codes	Notes
WEEKDAY_INACTIVE5GRP	INACTIVE screen time in 5 groups for weekdays	Char	40	Five categories: <ul style="list-style-type: none"> • 1/2 hour or less • More than 1/2 hour up to 2 hours • More than 2 hours up to 4 hours • More than 4 hours up to 6 hours • More than 6 hours up to 7 hours 	
WEEKEND_INACTIVE5GRP	INACTIVE screen time in hours in 5 groups for weekends	Char	40	Five categories: <ul style="list-style-type: none"> • 1/2 hour or less • More than 1/2 hour up to 2 hours • More than 2 hours up to 4 hours • More than 4 hours up to 6 hours 	

Sedentary Behavior: SEDBH Form 23-04

Created new variables

Variable Name	Variable Description	Data Type	Length	Response Options/ Codes	Notes
				<ul style="list-style-type: none"> More than 6 hours up to 7 hours 	
ACTIVETIME	weighted average in hours of ACTIVE screen time	Num	8		
WEEKDAY_ACTIVE_NEW	ACTIVE screen time in hours on weekdays	Num	8		
WEEKEND_ACTIVE_NEW	ACTIVE screen time in hours on weekends	Num	8		
ACTIVETIME5GRP	ACTIVE screen time in hours distributed in 5 groups	Char	40	Five categories: <ul style="list-style-type: none"> 1/2 hour or less More than 1/2 hour up to 2 hours More than 2 hours up to 4 hours More than 4 hours up to 6 hours More than 6 hours up to 7 hours 	

Sedentary Behavior: SEDBH Form 23-04

Created new variables

Variable Name	Variable Description	Data Type	Length	Response Options/ Codes	Notes
WEEKDAY_ACTIVE5GRP	ACTIVE screen time in 5 groups for weekdays	Char	40	Five categories: <ul style="list-style-type: none"> • 1/2 hour or less • More than 1/2 hour up to 2 hours • More than 2 hours up to 4 hours • More than 4 hours up to 6 hours • More than 6 hours up to 7 hours 	
WEEKEND_ACTIVE5GRP	ACTIVE screen time in hours in 5 groups for weekends	Char	40	Five categories: <ul style="list-style-type: none"> • 1/2 hour or less • More than 1/2 hour up to 2 hours • More than 2 hours up to 4 hours • More than 4 hours up to 6 hours 	

Sedentary Behavior: SEDBH Form 23-04

Created new variables

Variable Name	Variable Description	Data Type	Length	Response Options/ Codes	Notes
				<ul style="list-style-type: none"> • More than 6 hours up to 7 hours 	
SCREENTIME5GRP	Total screen time in hours in 5 groups	Char	40	Five categories: <ul style="list-style-type: none"> • 1/2 hour or less • More than 1/2 hour up to 2 hours • More than 2 hours up to 4 hours • More than 4 hours up to 6 hours • More than 6 hours up to 7 hours 	
SCREENWEEKDAY5GRP	Distribution in 5 groups of SCREEN time on weekdays	Char	40	Five categories: <ul style="list-style-type: none"> • 1/2 hour or less • More than 1/2 hour up to 2 hours • More than 2 	

Sedentary Behavior: SEDBH Form 23-04

Created new variables

Variable Name	Variable Description	Data Type	Length	Response Options/ Codes	Notes
				hours up to 4 hours • More than 4 hours up to 6 hours • More than 6 hours up to 7 hours	
SCREENWEEKEND5GRP	Distribution in 5 groups of SCREEN time on weekends	Char	40	Five categories: • 1/2 hour or less • More than 1/2 hour up to 2 hours • More than 2 hours up to 4 hours • More than 4 hours up to 6 hours • More than 6 hours up to 7 hours	

Sleep

The “Sleep Questionnaire” tool was modified from The Tayside children’s sleep questionnaire (McGreavey, Donnan, Pagliari, & Sullivan, 2005). One modification was to replace the word sleep “problem” with sleep “behavior” due to concerns and feedback in field testing that some of these behaviors have different meanings to some cultures in our jurisdictions. The demographic form asks about amount of sleep. Sleep quality and duration is considered a functional outcome or a secondary outcome of obesity.

Table 17 : Sleep Variables, Form 23-05

Sleep Variables, Form 23-05					
Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
ID	CHL subject ID	Character	7	The first two numbers must be from 01 to 11, the third number must be one from 1 to 6, the fourth number must be one from 1, 2, or 3 and the last 3 numbers are from 1 to 200.	Set as a primary key. Format is in the form of JJCYY### where JJ is a number for jurisdiction, C is the number for each community in a jurisdiction, Y is the year of enrollment, and ### is a number from 1 to the number of enrollees per community.

Sleep Variables, Form 23-05

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
DATE_SLEEP	Date of Interview	Date	10		Format should be MMDDYY10.
COLLECTION_NO	Time (year) when the measurement is taken	Character	1	1=Baseline 2=24 months into intervention or Post-intervention	This variable is not from the form but added to differentiate data from different collection time
FALL_ASLEEP	How long after going to bed does your child usually fall asleep?	Character	1	0= 0 to less than 15 minutes 1= 15 to less than 30 minutes 2= 30 to less than 45 minutes 3= 45 minutes to less than 60 minutes 4= 60 minutes and more 9=Missing	
RELUCTANT	Your child goes to bed reluctantly	Character	1	0= The sleep behavior never occurs	

Sleep Variables, Form 23-05

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
	(hesitant, slowly, involuntary)?			1= The behavior occurs once or twice a month 2= Occurs one or two times a week 3= Occurs between three and five nights a week 4= The sleep behavior happens every night 9=Missing	
DIFFICULTY	The child has difficulty getting to sleep at night (and may require a parent to be present)	Character	1	0= The sleep behavior never occurs 1= The behavior occurs once or twice a month 2= Occurs one or two times a week 3= Occurs between three and five nights a week 4= The sleep behavior happens every night	

Sleep Variables, Form 23-05

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
				9=Missing	
NOTOWNBED	The child does not fall asleep in his or her own bed	Character	1	0= The sleep behavior never occurs 1= The behavior occurs once or twice a month 2= Occurs one or two times a week 3= Occurs between three and five nights a week 4= The sleep behavior happens every night 9=Missing	
WAKEUP	The child wakes up two or more times in the night	Character	1	0= The sleep behavior never occurs 1= The behavior occurs once or twice a month 2= Occurs one or two times a week	

Sleep Variables, Form 23-05

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
				3= Occurs between three and five nights a week 4= The sleep behavior happens every night 9=Missing	
DIFF_SLEEPAGAIN	After waking up in the night the child has difficulty falling asleep again by himself or herself	Character	1	0= The sleep behavior never occurs 1= The behavior occurs once or twice a month 2= Occurs one or two times a week 3= Occurs between three and five nights a week 4= The sleep behavior happens every night 9=Missing	
PARENTBED	The child sleeps in the parent's bed at some	Character	1	0= The sleep behavior never occurs	

Sleep Variables, Form 23-05

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
	time during the night			1= The behavior occurs once or twice a month 2= Occurs one or two times a week 3= Occurs between three and five nights a week 4= The sleep behavior happens every night 9=Missing	
COMFORTER	If the child wakes, he or she uses a comforter (e.g., pacifier or binky) and requires a parent to replace it	Character	1	0= The sleep behavior never occurs 1= The behavior occurs once or twice a month 2= Occurs one or two times a week 3= Occurs between three and five nights a week 4= The sleep behavior happens every night	

Sleep Variables, Form 23-05

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
				9=Missing	
DRINK	The child wants a drink during the night (including breast or bottle-feed)	Character	1	0= The sleep behavior never occurs 1= The behavior occurs once or twice a month 2= Occurs one or two times a week 3= Occurs between three and five nights a week 4= The sleep behavior happens every night 9=Missing	
HAS_DIFF	Do you think your child has sleeping difficulties?	Character	1	0=No 1=Yes 9=Missing	
EXPLAIN_DIFF	Please explain your child's sleeping	Character	100		Only for those answer Yes to variable

Sleep Variables, Form 23-05

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
	difficulties				"SLEEPDIFFI"

Table 18 : Sleep Created Variables

Sleep Variables, Form 2-05					
Created new variables					
Variable Name	Variable Description	Data Type	Length	Response Options/ Codes	Notes
FALL_ASLEEP_N EW	How long after going to bed does your child usually fall asleep?	Numeric	8	0= 0 to less than 15 minutes 1= 15 to less than 30 minutes 2= 30 to less than 45 minutes 3= 45 minutes to less than 60 minutes 4= 60 minutes and more	
RELUCTANT_NE W	Your child goes to bed reluctantly (hesitant, slowly, involuntary)?	Numeric	8	0= The sleep behavior never occurs 1= The behavior	

Sleep Variables, Form 2-05

Created new variables

Variable Name	Variable Description	Data Type	Length	Response Options/ Codes	Notes
				occurs once or twice a month 2= Occurs one or two times a week 3= Occurs between three and five nights a week 4= The sleep behavior happens every night	
DIFFICULTY_N W	The child has difficulty getting to sleep at night (and may require a parent to be present)	Numeric	8	0= The sleep behavior never occurs 1= The behavior occurs once or twice a month 2= Occurs one or	

Sleep Variables, Form 2-05

Created new variables

Variable Name	Variable Description	Data Type	Length	Response Options/ Codes	Notes
				two times a week 3= Occurs between three and five nights a week 4= The sleep behavior happens every night	
NOTOWNBED_N EW	The child does not fall asleep in his or her own bed	Numeric	8	0= The sleep behavior never occurs 1= The behavior occurs once or twice a month 2= Occurs one or two times a week 3= Occurs between three and five	

Sleep Variables, Form 2-05

Created new variables

Variable Name	Variable Description	Data Type	Length	Response Options/ Codes	Notes
				nights a week 4= The sleep behavior happens every night	
WAKEUP_NEW	The child wakes up two or more times in the night	Numeric	8	0= The sleep behavior never occurs 1= The behavior occurs once or twice a month 2= Occurs one or two times a week 3= Occurs between three and five nights a week 4= The sleep behavior happens	

Sleep Variables, Form 2-05

Created new variables

Variable Name	Variable Description	Data Type	Length	Response Options/ Codes	Notes
				every night	
DIFF_SLEEPAGA IN_NEW	After waking up in the night the child has difficulty falling asleep again by himself or herself	Numeric	8	0= The sleep behavior never occurs 1= The behavior occurs once or twice a month 2= Occurs one or two times a week 3= Occurs between three and five nights a week 4= The sleep behavior happens every night	

Sleep Variables, Form 2-05

Created new variables

Variable Name	Variable Description	Data Type	Length	Response Options/ Codes	Notes
PARENTBED_NEW	The child sleeps in the parent's bed at some time during the night	Numeric	8	0= The sleep behavior never occurs 1= The behavior occurs once or twice a month 2= Occurs one or two times a week 3= Occurs between three and five nights a week 4= The sleep behavior happens every night	
COMFORTER_NEW	If the child wakes, he or she uses a comforter (e.g., pacifier or binky)	Numeric	8	0= The sleep behavior never occurs	

Sleep Variables, Form 2-05

Created new variables

Variable Name	Variable Description	Data Type	Length	Response Options/ Codes	Notes
	and requires a parent to replace it			1= The behavior occurs once or twice a month 2= Occurs one or two times a week 3= Occurs between three and five nights a week 4= The sleep behavior happens every night	
DRINK_NEW	The child wants a drink during the night (including breast or bottle-feed)	Numeric	8	0= The sleep behavior never occurs 1= The behavior occurs once or twice a month	

Sleep Variables, Form 2-05

Created new variables

Variable Name	Variable Description	Data Type	Length	Response Options/ Codes	Notes
				2= Occurs one or two times a week 3= Occurs between three and five nights a week 4= The sleep behavior happens every night	
HAS_DIFF_NEW	Do you think your child has sleeing difficulties	Numeric	8	1=yes 0=no	
TCSQ	Total score of the Tayside Children's Sleep questionnaire	Numeric	8		Maximum score is 36
DIMS	Does the child has disorders of of initiating and maintaining sleep?	Numeric	8	1=yes; 0=no	If TCSQ>=8 then DIMS coded as 1;

Acanthosis Nigricans Screening (Form 52-09)

Acanthosis Nigricans is a skin condition characterized by dark, velvety skin in the body folds and creases such as the armpits, groin, and neck. (Burke, Hale, Hazuda, & Stern, 1999). It is often associated with conditions that raise insulin levels such as obesity, Polycystic Ovarian Syndrome, and Cushing's syndrome; it is a risk factor for type 2 diabetes. Acanthosis nigricans is considered a functional and secondary outcome of obesity.

CHL measurement staff will be trained to identify acanthosis nigricans, a possible early indication of insulin resistance and pre-diabetes. Each child's neck will be examined at baseline and post-intervention period. Two trained research staff examine child participants' necks for the presence of acanthosis nigricans (AN). Using Burke's quantitative scale for AN, staff will rate each child on a scale for Acanthosis Nigricans severity: 0 to 4 [68]. Staff marks their rating on the recording sheet Form 59-02. Participants with a score of one or higher are considered to have AN. AN is independently associated with hyperinsulinemia, an important risk factor for type 2 diabetes [69].

These measurements will allow us to measure progress toward our objective of decreasing Acanthosis Nigricans by 5%. *Acanthosis Nigricans referral.* Parents/caregivers of participants with a positive screen for AN are provided a referral to follow-up with their children's health care providers or a public health service provider. If staff observes that a child might have acanthosis nigricans, they will talk to the parent in private and present a written referral for their child to see a medical professional. The referral form was used to refer positive children to local medical attention. Each jurisdiction identified the most appropriate referral options for their community.

Table 19: Acanthosis Nigricans Screening Variables

Acanthosis Nigricans (AN) Screening Variables, Form 59-02					
Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
ID	CHL subject ID	Character	7	<p>The first two numbers must be from 01 to 11, the third number must be one from 1 to 6, the fourth number must be one from 1, 2, or 3 and the last 3 numbers are from 1 to 200.</p> <p>Maybe the id numbers can be pre-loaded.</p>	<p>Set as a primary key.</p> <p>Format is in the form of JJCYY### where JJ is a number for jurisdiction, C is the number for each community in a jurisdiction, Y is the year of measurement, and ### is a number from 1 to the number of enrollees per community.</p>
DATE_AN	Date Acanthosis form is filled in	Date	10		Format should be MMDDYY10.

Acanthosis Nigricans (AN) Screening Variables, Form 59-02

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
STUDY_YEAR	Study year when the measurement is taken	Character	1	1=Baseline 2=24 months into intervention or Post-intervention (year 2)	This variable is not from the form but added to differentiate data from different collection time Maybe this variable should be added to the form?
SEVERITY_AN	Severity of acanthosis nigricans on the back of neck	Character	1	0= Absent 1= Present 2= Mild 3= Moderate 4= Severe 9=missing	
REFERRED_AN	Is a referral made for this child?	Character	1	0=No 1=Yes 9=Missing	Refer to Log 3 Acanthosis Nigricans Referral to find

Acanthosis Nigricans (AN) Screening Variables, Form 59-02

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
				8=Unknown	the needed information
<p>Calculated variables for the AN forms.</p> <p>*This variable is only calculated for Intervention jurisdictions baseline datasets and FAS prevalence study. For 24 month data, this variables is not calculated yet;</p>					
AN	Is the child assessed to have Acanthosis nigricans present?	Numeric	8	1=yes (if severity of AN is assessed as 1 to 4); 0=no	

Culture (Form 23-03)

The “Culture” questionnaire” (Form 23-03) assesses native peoples’ ethnic and American mainstream affiliation in line with a bidimensional assumption of ethnic identity in U.S dominated/controlled societies. Stronger empirical support for considering it as a bidimensional construct exists rather than unidimensional (Kaholokula, Grandinetti, Keller, Nacapoy, Kingi, and & Mau 2012; Kaholokula, Iwane, & Nacapoy 2010; Kaholokula, Grandinetti, Nacapoy, & Chang 2008).

Degree of participant’s own group’s cultural and US mainland cultural identifications were assessed using an accuration questionnaire originally designed for use with Native Hawaiian (Kaholokula, Grandinetti, Nacapoy and Change, 2008). The questionnaire consists of 2 subscale: a 4-item participant’s native culture identify subscale (NCIS) and a 4-item US mainland culture identity subscale (USCIS). The two subscales assess the four same aspects of Native/Own group and US mainland cultural identifies: Knowledge about each cultural group, degree of involvement with, feeling towards and associations with each cultural group. A 5-point response scale, ranging from 1 (very knowledgeable; very involved; very positive; mostly of the time) to 5 (not at all knowledgeable; not at all involved; very negative; not at all associated) was used for each item.

The original 8 variables in the data set gives a “5” to very knowledgeable, very positive, or very involved and a “1” to not knowledgeable, very negative, or disinterested. Eight new variables were created to reserve the score so that the scoring pattern matches with the literature. A total score was created for each of those two subscale (variable names: NCISand USCIS) by summing the scores of the 4 items, which ranges from 4 to 20, with lower score indicated a stronger identity. Scores <=12 on each subscale (median score 12, range 4-20) indicated higher levels of affiliation. **NCIS and USCIS scores were calculated only for subjects who had complete information for the two 4-items associated with that subscale.**

A categorical variable, “ACCULTURATION” was created with four categoris: Integrated, traditional, assimilated, and marginalized.

Table 20: Culture Variables, Form 23-03

Culture Variables, Form 23-03					
Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
ID	CHL subject ID	Character	7	The first two numbers must be from 01 to 11, the third number must be one from 1 to 6, the fourth number must be one from 1, 2, or 3 and the last 3 numbers are from 1 to 200.	Set as a primary key. Format is in the form of JJCY### where JJ is a number for jurisdiction, C is the number for each community in a

Culture Variables, Form 23-03

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
					jurisdiction, Y is the year of measurement, and ### is a number from 1 to the number of enrollees per community.
DATE_CUL	Date of Interview	Date	10		Format should be MMDDYY10.
Collection_NO	Time (or year) when the measurement is taken	Character	1	1=Baseline 2= 24 months into intervention or Post-intervention	This variable is not from the form but added to differentiate data from different collection time
Created new variables from the culture form:					
GROUP_KNOWLEDGE_NEW	How knowledgeable are you of your group's traditional culture and lifestyle?	Numeric	8	1=Very Knowledgeable 2= Somewhat knowledgeable 3= Neutral or no response 4=Somewhat not knowledgeable 5=Not at all knowledgeable	
GROUP_INVOLVEMENT_NEW	How involved are you in your group's traditional culture and lifestyle?	Numeric	8	1=Very involved 2= Somewhat involved 3= Neutral or no response 4=Somewhat not involved 5=Not at all involved	
GROUP_FEELING_NEW	How do you feel toward your group's	Numeric	8	1=Very positive 2= Somewhat positive	

Culture Variables, Form 23-03

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
	traditional culture and lifestyle?			3= Neutral or no response 4=Somewhat negative 5=Very negative	
GROUP_ASSOCIATION_NEW	How often do you associate with people of your group's traditional culture and lifestyle?	Numeric	8	1=Most of the time 2= Somewhat often 3= Neutral or no response 4= Very little of the time 5=Not at all	
US_KNOWLEDGE_NEW	How knowledgeable are you of U.S. Mainland culture and lifestyle?	Numeric	8	1=Very Knowledgeable 2= Somewhat knowledgeable 3= Neutral or no response 4=Somewhat not knowledgeable 5=Not at all knowledgeable	
US_INVOLVEMENT_NEW	How involved are you in U.S. Mainland culture and lifestyle?	Numeric	8	1=Very involved 2= Somewhat involved 3= Neutral or no response 4=Somewhat not involved 5=Not at all involved	
US_FEELING_NEW	How do you feel toward U.S. Mainland culture and lifestyle?	Numeric	8	1=Very positive 2= Somewhat positive 3= Neutral or no response 4=Somewhat negative 5=Very negative	
US_	How often do you	Numeric	8	1=Most of the time	

Culture Variables, Form 23-03

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
ASSOCIATION_NEW	associate with people of U.S. Mainland culture and lifestyle?			2= Somewhat often 3= Neutral or no response 4= Very little of the time 5=Not at all	
NCIS	Own group, native culture identify subscale score	Numeric	8		Ranges 4-20; Sum of the four subitems, with lower score indicating a stronger identity
USCIS	US mainland/American culture identify subscale score	Numeric	8		Ranges 4-20; Sum of the four subitems, with lower score indicating a stronger identity
ACCULTURATI ON	Four acculturation modes: Integrated, Traditional, Assimilated, and Marginalized	Numeric	8		1=Integrated (NCIS<=12 and USCIS<=12); 2=Traditional (NCIS<=12 and USCIS>12); 3=Assimilated (NCIS>12 and USCIS<=12); 4=Marginalized (NCIS>12 and USCIS>12)

Household Food and Physical Environment (Form 23-06)

Table 21 Food and PA environment

***Variables included in Table 17 can only be found in CHL 24month data sets.**

**** As of 08/31/2016 variables for Form 23-06 are not available for datga request.**

Table 17: FORM 23-06_24-month_Child and Household's Food and Physical Activity Environment Information

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
DATE_FOOD_PA	Date of Interview	Number	8		Format should be MMDDYY10.
CHECKER_Food_PA_1	Initials of person who checked the form's first page.	Character	3		3 letters
CHECKER_Food_PA_2	Initials of person who checked the form's page 2.	Character	3		3 letters
ACTIVE_PLACE	Does your child go to places in the community to be physically active?	Character	1	0=No 1=Yes	
PLACE1	Name of the first place where your child goes to be physically active over the past year- during the Summer	Character	255		
PLACE2	Name of the second place where your child goes to be physically active over the past year- during the Summer	Character	255		
PLACE3	Name of the third place where your child goes to be physically active over the past year- during the Summer	Character	255		
PLACE4	Name of the fourth place	Character	255		

Table 17: FORM 23-06_24-month_Child and Household's Food and Physical Activity Environment Information

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
	where your child goes to be physically active over the past year- during the Summer				
PLACE5	Name of the fifth place where your child goes to be physically active over the past year- during the Summer	Character	255		
PLACE1	Name of the first place where your child goes to be physically active over the past year- during the Summer	Character	255		
PLACE2	Name of the second place where your child goes to be physically active over the past year- during the Summer	Character	255		
PLACE3	Name of the third place where your child goes to be physically active over the past year- during the Summer	Character	255		
PLACE1_SCHOOLYR	How often first place where your child goes to be	Character	1	4=4-7 days/week 3= 1-3 days/week	

Table 17: FORM 23-06_24-month_Child and Household's Food and Physical Activity Environment Information

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
	physically active over the past year- during the School Year			2=1-3 times/Month 1=less than once a month	
PLACE2_SCHOOLY R	How often second place where your child goes to be physically active over the past year- during the School Year	Character	1	4=4-7 days/week 3= 1-3 days/week 2=1-3 times/Month 1=less than once a month	
PLACE3_SCHOOLY R	How often the third place where your child goes to be physically active over the past year- during the School Year	Character	1	4=4-7 days/week 3= 1-3 days/week 2=1-3 times/Month 1=less than once a month	
PLACE4_SCHOOLY R	How often fourth place where your child goes to be physically active over the past year- during the School Year	Character	1	4=4-7 days/week 3= 1-3 days/week 2=1-3 times/Month 1=less than once a month	
PLACE5_SCHOOLY R	How often fifth place where your child goes to be physically active over the past year- during the School Year	Character	1	4=4-7 days/week 3= 1-3 days/week 2=1-3 times/Month 1=less than once a month	
PLACE1_SUMMER	How often first place where your child goes to be physically active over the	Character	1	4=4-7 days/week 3= 1-3 days/week 2=1-3 times/Month	

Table 17: FORM 23-06_24-month_Child and Household's Food and Physical Activity Environment Information

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
	past year- during the Summer			1=less than once a month	
PLACE2_SUMMER	How often second place where your child goes to be physically active over the past year- during the Summer	Character	1	4=4-7 days/week 3= 1-3 days/week 2=1-3 times/Month 1=less than once a month	
PLACE3_SUMMER	How often third place where your child goes to be physically active over the past year- during the Summer	Character	1	4=4-7 days/week 3= 1-3 days/week 2=1-3 times/Month 1=less than once a month	
PLACE4_SUMMER	How often fourth place where your child goes to be physically active over the past year- during the Summer	Character	1	4=4-7 days/week 3= 1-3 days/week 2=1-3 times/Month 1=less than once a month	
PLACE5_SUMMER	How often fifth place where your child goes to be physically active over the past year- during the Summer	Character	1	4=4-7 days/week 3= 1-3 days/week 2=1-3 times/Month 1=less than once a month	

Table 17: FORM 23-06_24-month_Child and Household's Food and Physical Activity Environment Information

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
GROCERY1	Name of the first grocery store where your household buys groceries over the past year -during the summer	Character	255		
GROCERY2	Name of the second grocery store where your household buys groceries over the past year -during the summer	Character	255		
GROCERY3	Name of the third grocery store where your household buys groceries over the past year -during the summer	Character	255		
GROCERY4	Name of the fourth grocery store where your household buys groceries over the past year -during the summer	Character	255		
GROCERY5	Name of the fifth grocery store where your household	Character	255		

Table 17: FORM 23-06_24-month_Child and Household's Food and Physical Activity Environment Information

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
	buys groceries over the past year -during the summer				
GROCERY1_SCHOOLYR	How often first grocery store where your household buys groceries over the past year -during the School Year	Character	1	4=4-7 days/week 3= 1-3 days/week 2=1-3 times/Month 1=less than once a month	
GROCERY2_SCHOOLYR	How often second grocery store where your household buys groceries over the past year -during the School Year	Character	1	4=4-7 days/week 3= 1-3 days/week 2=1-3 times/Month 1=less than once a month	
GROCERY3_SCHOOLYR	How often third grocery store where your household buys groceries over the past year -during the School Year	Character	1	4=4-7 days/week 3= 1-3 days/week 2=1-3 times/Month 1=less than once a month	
GROCERY4_SCHOOLYR	How often fourth grocery store where your household buys groceries over the past year -during the School Year	Character	1	4=4-7 days/week 3= 1-3 days/week 2=1-3 times/Month 1=less than once a month	
GROCERY5_SCHOOLYR	How often fifth grocery store where your household buys groceries over the past year -during the School Year	Character	1	4=4-7 days/week 3= 1-3 days/week 2=1-3 times/Month 1=less than once a month	
GROCERY1_	How often first grocery store	Character	1	4=4-7 days/week	

Table 17: FORM 23-06_24-month_Child and Household's Food and Physical Activity Environment Information

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
SUMMER	where your household buys groceries over the past year -during the summer			3= 1-3 days/week 2=1-3 times/Month 1=less than once a month	
GROCERY2_SUMMER	How often second grocery store where your household buys groceries over the past year -during the summer	Character	1	4=4-7 days/week 3= 1-3 days/week 2=1-3 times/Month 1=less than once a month	
GROCERY3_SUMMER	How often third grocery store where your household buys groceries over the past year -during the summer	Character	1	4=4-7 days/week 3= 1-3 days/week 2=1-3 times/Month 1=less than once a month	
GROCERY4_SUMMER	How often fourth grocery store where your household buys groceries over the past year -during the summer	Character	1	4=4-7 days/week 3= 1-3 days/week 2=1-3 times/Month 1=less than once a month	
GROCERY5_SUMMER	How often fifth grocery store where your household buys groceries over the past year -during the summer	Character	1	4=4-7 days/week 3= 1-3 days/week 2=1-3 times/Month 1=less than once a month	
ENTRY_DT_FOOD PA		Number	8		
ENTRY_FOODPA		Character	3		

Table 22: Intervention Exposure Variables

Table 18: Intervention Exposure FORM 23-07_24month					
Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
DATE_IE	Date of Interview	Number	8		Format should be MMDDYY10.
RULE_FOOD	Does child's school have rules about the types of food the children are allowed to eat at school?	Character	1	0=No 1=Yes 8= Don't Know 9= Missing	Only for those whose child attends a school
RULE_DRINK	Does child's school have rules about the types of Drink the children are allowed to eat at school?	Character	1	0=No 1=Yes 8= Don't Know 9= Missing	Only for those whose child attends a school
PA_REQUIRED	Does child's school require the children to participate in exercise or physical activity every day at school?	Character	1	0=No 1=Yes 8= Don't Know 9= Missing	Only for those whose child attends a school
DRINK_WATER_SCHOOL	Does child able to easily get clean drinking water at school?	Character	1	0=No 1=Yes 8= Don't Know 9= Missing	Only for those whose child attends a school
NEW_EXERCISE	Does your child have any new places in the community to exercise or play outside of school?	Character	1	0=No 1=Yes 8= Don't Know 9= Missing	
SPORT_EQUIPMENT	Did you notice more sports equipment in your child's school or community this	Character	1	0=No 1=Yes 8= Don't Know	

Table 18: Intervention Exposure FORM 23-07_24month

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
	past year?			9= Missing	
DRINK_WATER_PARK	Do the parks that your child visits have clean drinking water available?	Character	1	0=No 1=Yes 8= Don't Know 9= Missing	
GARDENING	Have you or your child been involved in any gardening or hydroponics projects this past year?	Character	1	0=No 1=Yes 8= Don't Know 9= Missing	
MESSAGE_VEG_FRUIT	Have you heard messages or been told about eating vegetables and fruits?	Character	1	0=No 1=Yes 8= Don't Know 9= Missing	
MESSAGE_WATER	Have you heard messages or been told about drinking water instead of sugary drinks?	Character	1	0=No 1=Yes 8= Don't Know 9= Missing	
MESSAGE_EXERCISE	Have you heard messages or been told about being more active / exercising?	Character	1	0=No 1=Yes 8= Don't Know	

Table 18: Intervention Exposure FORM 23-07_24month

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
				9= Missing	
MESSAGE_SLEEP	Have you heard messages or been told about getting more sleep?	Character	1	0=No 1=Yes 8= Don't Know 9= Missing	
MESSAGE_SCREEN_TIME	Have you heard messages or been told about reducing screen time – such as, watching TV or playing video games	Character	1	0=No 1=Yes 8= Don't Know 9= Missing	
CHL_MATERIALS	Have you seen or received any of the CHL materials this past year	Character	1	0=No 1=Yes 8= Don't Know 9= Missing	
CHL_ROLE_MODEL	Did you or anyone you know attend a CHL role model training this past year?	Character	1	0=No 1=Yes 8= Don't Know 9= Missing	
TRAINING_GARDENING	Did you or anyone you know attend training or an event on gardening or hydroponics	Character	1	0=No 1=Yes 8= Don't Know 9= Missing	

Table 18: Intervention Exposure FORM 23-07_24month

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
	this past year?				
TRAINING_PA_FOOD	Did you or anyone you know attend training or an event on physical activity or healthy eating this past year?	Character	1	0=No 1=Yes 8= Don't Know 9= Missing	
TALK_SLEEP	Did your child talk about how much sleep to get each night?	Character	1	0=No 1=Yes 8= Don't Know 9= Missing	
TALK_SCREEN_TIME	Did your child talk about the importance of limiting the amount of TV and computer games (screen time)?	Character	1	0=No 1=Yes 8= Don't Know 9= Missing	

Variables from Screen Form (baseline) which was intergrated into the Demo Form at 24-month (post-intervention) data collection

Prior to participating in the study but after the consent process, CHL staff asked the parents screening questions for each child that was to be enrolled. Those questions were added to the demo form for 24 month data collection

Table 23: Screening variables

Screening Variables					
Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
ID	CHL subject ID	Character	7	The first two numbers must be from 01 to 11, the third number must be one from 1 to 6, the fourth number must be one from 1, 2, or 3 and the last 3 numbers are from 1 to 200.	Set as a primary key. Format is in the form of JJCYY### where JJ is a number for jurisdiction, C is the number for each community in a jurisdiction, Y is the year of measurement, and ### is a number from 1 to the number of enrollees per community.
DATE_SCREEN	Date of Screening	Date	10		Format should be MMDDYY10.
COLLECTION_NO	Time (or year) when the measurement is taken	Character	1	1=Baseline 2= 24 months into intervention or Post-intervention	This variable is not from the form but added to differentiate data from different collection time

Screening Variables

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
PROBLEM_LEADS_TO_INACTIVITY	Q1. Does your child have any problems that keep him/her from being physically active.	Character	2	0=No 1=Yes 99 = Missing	
PROBLEM_SPECIFY_LEADS_INACTIVITY	If yes to Q1, What type of problem?	Character	100		Only if answered Yes to variable "PROBLEM_LEADS_TO_INACTIVITY"
HEART	If yes to Q1, has your child had any problems with her/his heart?	Character	2	1=Yes 99 = Missing	
BLOOD_PRESSURE	If yes to Q1, has your child had any problems with her/his blood pressure?	Character	2	1=Yes 99 = Missing	
BONES_JOINTS	If yes to Q1, has your child had any problems with her/his bones or	Character	2	1=Yes 99 = Missing	

Screening Variables

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
	joints?				
NERVES	If yes to Q1, has your child had any problems with her/his nerves?	Character	2	1=Yes 99 = Missing	
THYROID	If yes to Q1, has your child had any problems with her/his thyroid?	Character	2	1=Yes 99 = Missing	
CANCER	If yes to Q1, has your child had any problems with her/his cancer?	Character	2	1=Yes 99 = Missing	
LIVER	If yes to Q1, has your child had any problems with her/his liver?	Character	2	1=Yes 99 = Missing	
KIDNEY	If yes to Q1, has your child had any problems with her/his kidney?	Character	2	1=Yes 99 = Missing	

Screening Variables

Variable Name	Variable Description	Data Type	Length	Response Options / Codes	Notes
DIABETES	If yes to Q1, has your child had any problems with her/his diabetes?	Character	2	1=Yes 99 = Missing	
PROBLEM_MISSING	Said child had problem in Q1, but did not specify type of problem in checklist	Character	2	99=Missing	Only if Q1 was yes, and none of the health problems were checked.
MEDS	Child takes medications	Character	2	0=No 1=Yes 99 = Missing	
ANTIDEPRESSANTS	Q4???	Character	2	1=Yes 99 = Missing	
LITHIUM		Character	2	1=Yes 99 = Missing	
APPETITE_SUPPRES		Character	2	1=Yes 99 = Missing	
OTHER_MED_AFFECT_APPETITE_METABOLISM		Character	2	1=Yes 99 = Missing	
TAKE_MEDS_REGULARLY		Character	2	0=No 1=Yes 99 = Missing	

Jurisdiction, Community, and Intervention Group Codes

The following table provides the response codes for the jurisdictions and communities that participated in CHL.

Table 24: CHL Jurisdiction and Community Codes

CHL Jurisdiction and Community Codes Created Variables			
Variable	Variable Description	Data Type	Response Options / Codes
JURISDICTION	Participant Jurisdiction	Character	1=Palau 2=Yap 3=Guam

**CHL Jurisdiction and Community Codes
Created Variables**

Variable	Variable Description	Data Type	Response Options / Codes
			4=CNMI 5=Chuuk 6=Pohnpei 7=Kosrae 8=RMI 9=American Samoa 10=Hawaii 11=Alaska
COMMUNITY	Participant community	Character	11=Airai_Olbedekall 12=Koror(Madalaii, Meyuns, Ngerbeched, Ngermid) 13=Melkeok 14=Ngaraard_Ngeremlengui 21=Rull(Beleau and Ganelay ELM/YICS) 22=Rumuu 23=Tomil 24=Ulithi 25=Weloy (Colonia A/B and Mock) 31=Agat_Santa Rita 32=Sinajana_Agana Heights 33=Yigo 34=Yona_Talfofo 35=Dededo 41=Tanapag_San Roque 42=Garapan

**CHL Jurisdiction and Community Codes
Created Variables**

Variable	Variable Description	Data Type	Response Options / Codes
			43=Kagman 44=Tinan_Rota 45=Oleai 46=Koblerville_ San Antonio 51=Iras(plus mock) 52=Tol 53=Tonoas 54=Sapuk 55=Uman 61=Mand 62=Nett 63=Sekere 64=Wenik 71=Lelu(plus Mock) 72=Malem 73=Sansrik 74=Tafunsak 75=Utwe_Walung 81=Ailinglaplap 82=Ebeye(SDA, EPES, and EHCR) 83=Majuro(Rita elm., Delap Ele. , Laura, and Uliga Mock) 91=Aua 92=Fagaitua_Alofau_Masefau_LDS 93=Aoloau_ Malaelo_ Siliaga 94=Tula_Aloa_Aoa

**CHL Jurisdiction and Community Codes
Created Variables**

Variable	Variable Description	Data Type	Response Options / Codes
			95=Tafuna 96=Pavaiai 101=Nanakuli 102=Waimanalo 103=Hilo 104=Wailuku 105=Kauai 106=Molokai 111=Fairbanks 112=MatSu 113=Kenai 114=Anchorage
Group	Whether the community belongs to intervention, control, or temporal community	Char	Three categories: control, intervention, temporal

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Appendices
CHL Data Collection Forms

FORM 23-02	Children's Healthy Living Program Information About Your Child 	For Office Use Only
		Child's ID: _____ Date: ____/____/____ <small>MM DD YEAR</small> Checked by: _____


INFORMATION ABOUT YOUR CHILD AND HOUSEHOLD

Parent, Guardian OR Caretaker: Please complete all 6 pages of this form. When completing this form, consider the child who will participate in the Children's Healthy Living Program. Thank you!

SEX (Circle One) Boy Girl	BIRTHDATE Month Day Year ____ ____ 20__	AGE In Years ____	GRADE IN SCHOOL (Circle One) Circle Grade in Fall 2012		
			Head Start	Day Care	Preschool
			Kindergarten	Elementary	None

HOUSEHOLD COMPOSITION


1. What is your relationship to this child? (Please check which applies to you:)					
<input type="checkbox"/>	Birth mother	<input type="checkbox"/>	Birth father		
<input type="checkbox"/>	Step mother	<input type="checkbox"/>	Step father		
<input type="checkbox"/>	Adoptive mother	<input type="checkbox"/>	Adoptive father		
<input type="checkbox"/>	Legal Guardian, Caregiver, Other: If related, please indicate the relationship: (e.g., grandmother, uncle, sibling)				
2. What is your current Marital Status: (Please mark ONLY One)					
<input type="checkbox"/>	Married	<input type="checkbox"/>	Widowed		
<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Single and <u>NOT</u> living with boyfriend, girlfriend, partner		
<input type="checkbox"/>	Separated	<input type="checkbox"/>	Single and living with boyfriend, girlfriend, partner		
<input type="checkbox"/>	Other	If Other is checked, please describe:			
3. Who currently lives in the child's household and how are they related to your child? (Mark ALL that apply)					
Relationship to your child	How Many?	Relationship to your child	How Many?	Relationship to your child	How Many?
Mother		Grandmother		Cousin	
Father		Grandfather		Friend	
Brother		Aunt			
Sister		Uncle			
Other, please specify:					

FORM 23-02	Children's Healthy Living Program Information About Your Child 	For Office Use Only Child's ID: _____ Date: ____/____/____ <small>MM DD YEAR</small> Checked by: _____
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HOUSEHOLD COMPOSITION (CONTINUED)

4. Please tell us about other children (for example; siblings, cousins, friends) who live with your child on a regular basis?

	Please, specify below whether the child is a boy or a girl and the age of the child.		
	Boy	Girl	Age
Child 1	<input type="checkbox"/>	<input type="checkbox"/>	
Child 2	<input type="checkbox"/>	<input type="checkbox"/>	
Child 3	<input type="checkbox"/>	<input type="checkbox"/>	
Child 4	<input type="checkbox"/>	<input type="checkbox"/>	
Child 5	<input type="checkbox"/>	<input type="checkbox"/>	
Child 6	<input type="checkbox"/>	<input type="checkbox"/>	
Child 7	<input type="checkbox"/>	<input type="checkbox"/>	
Child 8	<input type="checkbox"/>	<input type="checkbox"/>	
Child 9	<input type="checkbox"/>	<input type="checkbox"/>	
Child 10	<input type="checkbox"/>	<input type="checkbox"/>	

FORM 23-02	Children's Healthy Living Program Information About Your Child 	For Office Use Only Child's ID: _____ Date: _____ <small>MM DD YEAR</small> Checked by: _____
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HOUSEHOLD INFORMATION (OTHER)

5. What is the highest grade or year of school you completed?

Never attended school or only attended kindergarten
 Grade 12 or GED (High school graduate)
 Grades 1 up to 8 (Elementary to middle school)
 College or technical school 1 year to 3 years
 Grades 9 up to 11 (Some high school)
 College 4 years or more (College graduate)

6. Your current employment status? (Please select all that apply.)


Employed for wages/salary (full-time/part-time/seasonal)
 Self-employed
 Out of work for more than 1 year
 Out of work for less than 1 year
 A Homemaker
 A Student
 Retired
 Unable to work

7. Do you currently have more than one job at this time?

Yes
 No

8. Based on everyone that lives under one roof or house, what is the annual household income from all sources over the past 12 months?

Under \$10,000
 From \$10,000 to less than \$20,000
 From \$20,000 to less than \$35,000
 From \$35,000 to less than \$60,000
 From \$60,000 to less than \$75,000
 \$75,000 or more
 No Response

FORM 23-02	Children's Healthy Living Program Information About Your Child 	For Office Use Only Child's ID: _____ Date: _____ MM DD YEAR Checked by: _____
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CHILD INFORMATION

1. Do you consider your child to be of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish cultural heritage?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Which category(s) below best describes your child?

2. You may check (✓) <u>more than one box</u> .																	
<input type="checkbox"/>	Black or African American - A person having origins of any of the original peoples of Africa.																
<input type="checkbox"/>	White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.																
<input type="checkbox"/>	American Indian or Alaska Native - A person having origin in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment. Please specify the one(s) you most identify with (check all that apply): <table data-bbox="349 840 1136 976"> <tr> <td><input type="checkbox"/> Athabascan</td> <td><input type="checkbox"/> Siberian</td> </tr> <tr> <td><input type="checkbox"/> Cup'ik</td> <td><input type="checkbox"/> Yup'ik</td> </tr> <tr> <td><input type="checkbox"/> Inupiaq</td> <td><input type="checkbox"/> Other (please describe)</td> </tr> </table>	<input type="checkbox"/> Athabascan	<input type="checkbox"/> Siberian	<input type="checkbox"/> Cup'ik	<input type="checkbox"/> Yup'ik	<input type="checkbox"/> Inupiaq	<input type="checkbox"/> Other (please describe)										
<input type="checkbox"/> Athabascan	<input type="checkbox"/> Siberian																
<input type="checkbox"/> Cup'ik	<input type="checkbox"/> Yup'ik																
<input type="checkbox"/> Inupiaq	<input type="checkbox"/> Other (please describe)																
<input type="checkbox"/>	Asian Please specify the one(s) you most identify with (check all that apply): <table data-bbox="349 1060 1136 1218"> <tr> <td><input type="checkbox"/> Cambodian</td> <td><input type="checkbox"/> Japanese</td> <td><input type="checkbox"/> Pakistani</td> </tr> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Thai</td> </tr> <tr> <td><input type="checkbox"/> Filipino</td> <td><input type="checkbox"/> Malaysian</td> <td><input type="checkbox"/> Vietnamese</td> </tr> <tr> <td><input type="checkbox"/> Indian</td> <td colspan="2"><input type="checkbox"/> Other (please describe) _____</td> </tr> </table>	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	<input type="checkbox"/> Thai	<input type="checkbox"/> Filipino	<input type="checkbox"/> Malaysian	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Indian	<input type="checkbox"/> Other (please describe) _____					
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Pakistani															
<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	<input type="checkbox"/> Thai															
<input type="checkbox"/> Filipino	<input type="checkbox"/> Malaysian	<input type="checkbox"/> Vietnamese															
<input type="checkbox"/> Indian	<input type="checkbox"/> Other (please describe) _____																
<input type="checkbox"/>	Native Hawaiian or other Pacific Islander: Please specify the one(s) you most identify with: (check all that apply): <table data-bbox="316 1312 1136 1512"> <tr> <td><input type="checkbox"/> Chamorro</td> <td><input type="checkbox"/> Kosraean</td> <td><input type="checkbox"/> Pohnpeian</td> <td><input type="checkbox"/> Tokelaun</td> </tr> <tr> <td><input type="checkbox"/> Carolinian</td> <td><input type="checkbox"/> Marshallese</td> <td><input type="checkbox"/> Samoan</td> <td><input type="checkbox"/> Tahitian</td> </tr> <tr> <td><input type="checkbox"/> Chuukese</td> <td><input type="checkbox"/> Native Hawaiian</td> <td><input type="checkbox"/> Tongan</td> <td><input type="checkbox"/> Yapese</td> </tr> <tr> <td><input type="checkbox"/> Kiribati</td> <td><input type="checkbox"/> Palauan</td> <td colspan="2"><input type="checkbox"/> Other (please describe)</td> </tr> </table>	<input type="checkbox"/> Chamorro	<input type="checkbox"/> Kosraean	<input type="checkbox"/> Pohnpeian	<input type="checkbox"/> Tokelaun	<input type="checkbox"/> Carolinian	<input type="checkbox"/> Marshallese	<input type="checkbox"/> Samoan	<input type="checkbox"/> Tahitian	<input type="checkbox"/> Chuukese	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Tongan	<input type="checkbox"/> Yapese	<input type="checkbox"/> Kiribati	<input type="checkbox"/> Palauan	<input type="checkbox"/> Other (please describe)	
<input type="checkbox"/> Chamorro	<input type="checkbox"/> Kosraean	<input type="checkbox"/> Pohnpeian	<input type="checkbox"/> Tokelaun														
<input type="checkbox"/> Carolinian	<input type="checkbox"/> Marshallese	<input type="checkbox"/> Samoan	<input type="checkbox"/> Tahitian														
<input type="checkbox"/> Chuukese	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Tongan	<input type="checkbox"/> Yapese														
<input type="checkbox"/> Kiribati	<input type="checkbox"/> Palauan	<input type="checkbox"/> Other (please describe)															


FORM 23-02	Children's Healthy Living Program Information About Your Child 	For Office Use Only Child's ID: _____ Date: ____/____/____ <small>MM DD YEAR</small> Checked by: _____
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CHILD INFORMATION (CONTINUED)

3. What language(s) does your child speak? _____
4. What language does your child most often speak at home? _____
5. In what city or country was your child born? _____
6. How many years has your child lived here? (Enter the number of years in the space provided) _____

EARLY LIFE OF YOUR CHILD


1. Child's Birth Weight: _____ lb. and _____ oz. OR _____ kilograms <input type="checkbox"/> Unknown
2. Child's Birth Length: _____ inches OR _____ cm <input type="checkbox"/> Unknown
3. Was your child ever breastfed or fed breastmilk? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to question 4) <input type="checkbox"/> Unknown <input type="checkbox"/> Other (please describe) _____ If yes, how old was your child when he/she completely stopped breastfeeding or being fed breastmilk? _____ Months of age <input type="checkbox"/> Still Breastfeeding <input type="checkbox"/> Unknown
4. Was your child ever fed formula? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to question 5) <input type="checkbox"/> Unknown <input type="checkbox"/> Other (please describe) _____ If yes, how old was the child when he/she was first fed formula? _____ Months of age <input type="checkbox"/> Since Birth <input type="checkbox"/> Unknown If your child was fed formula, how old was your child when he/she completely stopped drinking formula? _____ Months of age <input type="checkbox"/> Still Formula fed <input type="checkbox"/> Unknown
5. How old was the child when he/she was first fed anything other than breast milk or formula? (This includes juice, cow's milk, sugar water, baby food, or anything else that the child might have been given, even water) _____ Months of age <input type="checkbox"/> Unknown

FORM 23-02	Children's Healthy Living Program Information About Your Child 	For Office Use Only Child's ID: _____ Date: ____/____/____ <small>MM DD YEAR</small> Checked by: _____
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OTHER INFORMATION

FOOD SECURITY/AVAILABILITY

<p>1. In the past 12 months, how often does your money for food run out before the end of the month?</p> <p> <input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Most times <input type="checkbox"/> Always <input type="checkbox"/> Don't know <input type="checkbox"/> No Response </p>
<p>2. In the past 12 months, how often does your money for household utilities (e.g., water, fuel oil, electricity) run out before the end of the month? <i>(Please check which applies to you.)</i></p> <p> <input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Most times <input type="checkbox"/> Always <input type="checkbox"/> Don't know <input type="checkbox"/> No Response </p>
<p>3. In the past 12 months, do you receive assistance to pay for food (e.g., food stamps, WIC coupons)?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response </p>
<p>4. If yes, which benefits does this household receive? <i>(Check all that apply)</i></p> <p> <input type="checkbox"/> EBT/ SNAP/ NAP (formerly called Food Stamps) <input type="checkbox"/> Food Assistance (Food Bank/Food Pantries or Commodity foods) <input type="checkbox"/> WIC benefits <input type="checkbox"/> Free or reduced-cost breakfasts or lunches at school <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable </p>

FORM 23-02	Children's Healthy Living Program Information About Your Child 	For Office Use Only Child's ID: _____ Date: ____/____/____ <small>MM DD YEAR</small> Checked by: _____
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MEDICAL

1. How many hours of sleep on average does your child get in a 24-hour period (at night and in naps)? *(Please choose one, ☐; h= hours)*

0h	0.5h	1h	1.5h	2h	2.5h	3h	3.5h	4h	4.5h	5h	5.5h	6h	6.5h
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7h	7.5h	8h	8.5h	9h	9.5h	10h	10.5h	11h	11.5h	12h	12.5h	13h	>13h
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Does your child have any current medical conditions diagnosed by a doctor?

Yes No

If yes, please specify: _____

3. Has a doctor or nurse ever told you that the child has asthma?

Yes No Don't Know/Not Sure


RELIGION

1. What is your religious affiliation?

<input type="checkbox"/> Baptist	<input type="checkbox"/> Muslim
<input type="checkbox"/> Buddhist	<input type="checkbox"/> Pentecostal
<input type="checkbox"/> Catholic	<input type="checkbox"/> Protestant
<input type="checkbox"/> Episcopalian	<input type="checkbox"/> Russian Orthodox
<input type="checkbox"/> Evangelical Covenant	<input type="checkbox"/> Other <i>(please describe)</i> _____
<input type="checkbox"/> Mormon/ Latter-day Saints	<input type="checkbox"/> None
<input type="checkbox"/> Moravian	<input type="checkbox"/> No Response

2. How often do you engage in religious activities or events with your religious community?

_____ per Week _____ per Month Do not attend No Response

FORM 23-02 FAS	Children's Healthy Living Program Information About Your Child 	For Office Use Only
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TEKOI EL KIREL A NGELEKEM ME A DELENGCHEKLEM (INFORMATION ABOUT YOUR CHILD AND HOUSEHOLD)

Chedam, Chedil, me a lechub eng oungerachel er a ngalek: Moutekangel el rukui aika el rokui el tacher ma kldei el llel tia el form. Sel mongetmoki er tia el form, e komdasu el kirel ng ke el ngalek el mo ngar er tial omesuib er a Children's Healthy Living Program. Sulang! (*Parent, Guardian OR Caretaker: Please complete all 13 pages of this form. When completing this form, consider the child who will participate in the Children's Healthy Living Program. Thank you!*)

SECHAL/REDIL (SEX)	
(Mlechesii a chaibibeob el meliuekl ra chimong) (Circle One)	
Sechal (Boy)	Redil (Girl)


SILS RA CHEROLL (BIRTHDATE)		
Buil (Month)	Sils (Day)	Rak (Year)
		20_

REKIL (AGE)
Rak (In Years)

ONGETELA EL SKUUL (GRADE IN SCHOOL)		
(Mlechesii a chaibibeob el meliuekl ra chimong) (Circle One)		
Mlechesii a chaibibeob el meliuekl er a skulel er a Spring 2014 (Circle Grade in Spring 2014)		
Head Start	Day Care	Preschool
Kindergarten	Elementary	Diak (None)


CHERRENGELEL A DELENGCHOKL (HOUSEHOLD COMPOSITION)

1. Ngera deleuill er kau el mo er ngkal ngalk? Moutekangel el luchesii sel ngii a ochotii) ((What is your relationship to this child? (Please check which applies to you)):			
<input type="checkbox"/>	Ulemechell el chedil (Birth mother)	<input type="checkbox"/>	Ulemechell el chedam (Birth father)
<input type="checkbox"/>	Bechil a demal (Step mother)	<input type="checkbox"/>	Bechil a delal (Step father)
<input type="checkbox"/>	Milrodel el chedil (Adoptive mother)	<input type="checkbox"/>	Milrodel el chedam (Adoptive father)
<input type="checkbox"/>	Telutk ra court el Oungerachel er a ngalek, di oungerachel er a ngalek, me a kuk bebil: Alsekum ke chedal a ngalek e mochtotii a deleuill er kau (delal mechas, angko, ta er ngii me a lechub e ke ochedal) (Legal Guardian, Caregiver, Other: If related, please indicate the relationship: (e.g., grandmother, uncle, sibling):		

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**CHERRENGELEL A DELENGCHOKL (OMECELEL) (HOUSEHOLD COMPOSITION)
(CONTINUED)**

2. Ngera deruchuall er a chebechiil el om ngar er ngii er chelechang: (Moutekangel el Luchesii a Di Chimong) (What is your current Marital Status: (Please mark <u>ONLY One</u>))					
<input type="checkbox"/>	Bechiil (<i>Married</i>)	<input type="checkbox"/>	Mla mad a bechil (<i>Widowed</i>)		
<input type="checkbox"/>	Mla mo diak el bechiil (<i>Divorced</i>)	<input type="checkbox"/>	Mesobil e DIAK el kiei lobengkel a sechelil sechal, sechelil el redil, chaibo er ngii (<i>Single and <u>NOT</u> living with boyfriend, girlfriend, partner</i>)		
<input type="checkbox"/>	Kakerous el blai ngii me a bechil (<i>Separated</i>)	<input type="checkbox"/>	Mesobil e kiei lobengkel a sechelil sechal, sechelil el redil, chaibo er ngii (<i>Single and living with boyfriend, girlfriend, partner</i>)		
<input type="checkbox"/>	Bebil (<i>Other</i>)	Aisekum ng lluches a Bebil, e mutekangel el smodii: (<i>If Other is checked, please describe</i>):			
3. Te rua techa er chelecha el taem a kiei er a delengcheklel a ngalek e uangera rolel a deleuill er tir el mora ngelekem? (Mluches aike el ROKUI el oureor) (Who currently lives in the child's household and how are they related to your child? (Mark ALL that apply))					
Deleuill el mora ngelekem (Relationship to your child)	Telang? (How Many?)	Deleuill el mora ngelekem (Relationship to your child)	Telang? (How Many?)	Deleuill el mora ngelekem (Relationship to your child)	Telang? (How Many?)
Delal (<i>Mother</i>)		Delal el mechas (<i>Grandmother</i>)		Ngelekel a ta er a delal/ demal (<i>Cousin</i>)	
Demal (<i>Father</i>)		Demal el rubak (<i>Grandfather</i>)		Sechelil (<i>Friend</i>)	
Ochedal (<i>Brother</i>)		Aunt (<i>Aunt</i>)			
Ta er ngii (<i>Sister</i>)		Angko (<i>Uncle</i>)			
Kuk bebil, moutekangel meketaki (<i>Other, please specify</i>):					

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**CHERRENGELEL A DELENGCHOKL (OMECELEL) (HOUSEHOLD COMPOSITION)
(CONTINUED)**

4. Moutekangel el subedemam er a rebebil er a rengalek (uai ar ta er ngii, rucedal, rengelekir ar bebil er a delal/demal, mar sechelil) el kiei lobengkel a ngelekem er a bek el taem? (Please tell us about other children (for example; siblings, cousins, friends) who live with your child on a regular basis?)


Moutekangel el meketakl er eou el kmo a ngalek ng sechal me a lechub eng redil me a rekil a ngalek. (Please, specify below whether the child is a boy or a girl and the age of the child.)

	Sechal (Boy)	Redil (Girl)	Rekil (Age)
Kot el ngalek (Child 1)	<input type="checkbox"/>	<input type="checkbox"/>	
Ongeru el ngalek (Child 2)	<input type="checkbox"/>	<input type="checkbox"/>	
Ongedei el ngalek (Child 3)	<input type="checkbox"/>	<input type="checkbox"/>	
Ongeua el ngalek (Child 4)	<input type="checkbox"/>	<input type="checkbox"/>	
Ongeim el ngalek (Child 5)	<input type="checkbox"/>	<input type="checkbox"/>	
Ongelolem el ngalek (Child 6)	<input type="checkbox"/>	<input type="checkbox"/>	
Ongeuid el ngalek (Child 7)	<input type="checkbox"/>	<input type="checkbox"/>	
Ongeai el ngalek (Child 8)	<input type="checkbox"/>	<input type="checkbox"/>	
Ongetiu el ngalek (Child 9)	<input type="checkbox"/>	<input type="checkbox"/>	
Ongeteruich el ngalek (Child 10)	<input type="checkbox"/>	<input type="checkbox"/>	

TEKOI EL KIREL A DELENGCHOKL (BEBIL) (HOUSEHOLD INFORMATION (OTHER))

5. Ngera kot el ngar er bab el skuul me a lechub eng rak er a skuul el om tilobed er ngii? (What is the highest grade or year of school you completed?)

<input type="checkbox"/> Dimlak ngara skuul me a lechub eak di mlara kindergarten (Never attended school or only attended kindergarten)	<input type="checkbox"/> Ongeteruich ma Ongeru el Skuul me a lechub eng GED (Tilobed er a high skuul) (Grade 12 or GED (High school graduate))
<input type="checkbox"/> Kot el mora Ongeai el skuul (Elementary school) (Grades 1 up to 8 (Elementary to middle school))	<input type="checkbox"/> Daingak me a lechub eng technical skuul el ta el mo edei el rak (College or technical school 1 year to 3 years)
<input type="checkbox"/> Ongetiu el mora Ongeteruich me a Ta el Skuul (Bebil er a high skuul) (Grades 9 up to 11 (Some high school))	<input type="checkbox"/> Daingak el eua me a lechub eng betok el rak (Tilobed er a daingak) (College 4 years or more (College graduate))

FORM 23-02 FAS	Children's Healthy Living Program Information About Your Child	<div style="text-align: center;">  </div>
		For Office Use Only Child's ID: _____ Date: ____/____/____ <small>MM DD YEAR</small> Checked by: _____

TEKOI EL KIREL A DELENGCHOKL (BEBIL) (HOUSEHOLD INFORMATION (OTHER))

6. Deruchuall er a urerem er chelecha el taem? (Moutekangel el Imuches aike el rokui el loureor.) (Your current employment status? (Please select all that apply.))

<input type="checkbox"/> Oureor el mo er a kerreker/ udoud (oureor el eai el sikang er a sils/oureor el kesai er eai el sikang er a sils /ulterkoki aike el taem el loureor er a rak) (Employed for wages/salary) (full-time/part-time /seasonal)	<input type="checkbox"/> Di ngii el loureor el mo er ngii (Self-employed)	<input type="checkbox"/> Diak el loureor el mla mo betok er a ta el rak (Out of work for more than 1 year)	<input type="checkbox"/> Diak el loureor el kesai er a ta el rak (Out of work for less than 1 year)	<input type="checkbox"/> Diak el sebechel loureor (Unable to work)
<input type="checkbox"/> Chad er a Sers/Chad er a Chei (Subsistence Living)	<input type="checkbox"/> Ngalek era Skuul (A Student)	<input type="checkbox"/> Mla retire (Retired)	<input type="checkbox"/> Di kiei el mengetmoki er a blai me a delengchoki ea bechil a oureor (A Homemaker)	

7. Chelecha el taem eng betok er a chimong a urelem? (Do you currently have more than one job at this time?)

Choi (Yes) Diak (No)

8. Ultuil er a ildisir a rechad el ngara chelsel a delengcheklem, e ngera klungel a udoud el soiseb el mengai er a rokui el roel a omengereker er aika el mla mo merek el teruich me a eru el buil? (Based on everyone that lives under one roof or house, what is the annual household income from all sources over the past 12 months?)

Ngar eou er a \$2500 (Under \$2500)

Ngar er a \$2500 el mo kekerei er a \$5000 (From \$2500 to less than \$5000)

Ngar er a \$5000 el mo kekerei er a \$10,000 (From \$5000 to less than \$10,000)

Ngar er a \$10,000 el mo kekerei er a \$20,000 (From \$10,000 to less than \$20,000)


Ngar er a \$20,000 el mo kekerei er a \$35,000 (From \$20,000 to less than \$35,000)

Ngar er a \$35,000 el mo kekerei er a \$60,000 (From \$35,000 to less than \$60,000)

Ngar er a \$60,000 el mo kekerei er a \$75,000 (From \$60,000 to less than \$75,000)

\$75,000 me a lechub eng betok (\$75,000 or more)

Diak a nger (No Response)


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TEKOI EL KIREL A NGALEK (CHILD INFORMATION)

1. A ngelekem ng ngar er ngii a roel el mo Cuban, Mexican, Puerto Rican, South me a lechub eng Central American, me a lechub eng kuk bebil er a Spanish cultural heritage? (Do you consider your child to be of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish cultural heritage?)			
<input type="checkbox"/>	Choi (Yes)	<input type="checkbox"/>	Diak (No)


Ngera el bliongel el ngar eou a ungil smodii a ngelekem?
(Which category(s) below best describes your child?)

2. Sebechem el Imuus (✓) a <u>betok er a chimong</u> el baks. (You may check (✓) more than one box.)					
<input type="checkbox"/>	Black me a lechub eng African American- Chad el uchelel a mlengai er a ngii di el ta er tireke el mle kot el chad er a Africa. (<i>Black or African American- A person having origins of any of the original peoples of Africa.</i>)				
<input type="checkbox"/>	White – Chad el uchelel a mlengai er tireke el mle kot el chad er a Europe, Middle East, me a lechub eng North Africa. (<i>White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.</i>)				
<input type="checkbox"/>	American Indian me a lechub eng Alaska Native – Chad el uchelel a mlengai er tireke el mle kot el chad er a North me a lechub eng South America (Iuldimukl er a Central America), e melemolem a deleuill er tir lobengterir a rechad el losisu a uchelir er a buai. (<i>American Indian or Alaska Native - A person having origin in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.</i>)				
<input type="checkbox"/>	Asian Moutekangel el meketakl aike el ngii a mui el lochotau (Ke Imuches aike el rokui el lochotau): <i>(Please specify the one(s) you most identify with (check all that apply):)</i> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Chad er a Cambodia (<i>Cambodian</i>) <input type="checkbox"/> Chad er a China (<i>Chinese</i>) <input type="checkbox"/> Chad er a Philippines (<i>Filipino</i>) <input type="checkbox"/> Chad er a India (<i>Indian</i>) </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Chad er a Siabal (<i>Japanese</i>) <input type="checkbox"/> Chad er a Korea (<i>Korean</i>) <input type="checkbox"/> Chad er a Malaysia (<i>Malaysian</i>) <input type="checkbox"/> Bebil (<i>moutekangel el smodii</i>) (<i>Other (please describe)</i>) _____ </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Chad er a Pakistan (<i>Pakistani</i>) <input type="checkbox"/> Chad er a Thailand (<i>Thai</i>) <input type="checkbox"/> Chad er a Vietnam (<i>Vietnamese</i>) </td> </tr> </table>		<input type="checkbox"/> Chad er a Cambodia (<i>Cambodian</i>) <input type="checkbox"/> Chad er a China (<i>Chinese</i>) <input type="checkbox"/> Chad er a Philippines (<i>Filipino</i>) <input type="checkbox"/> Chad er a India (<i>Indian</i>)	<input type="checkbox"/> Chad er a Siabal (<i>Japanese</i>) <input type="checkbox"/> Chad er a Korea (<i>Korean</i>) <input type="checkbox"/> Chad er a Malaysia (<i>Malaysian</i>) <input type="checkbox"/> Bebil (<i>moutekangel el smodii</i>) (<i>Other (please describe)</i>) _____	<input type="checkbox"/> Chad er a Pakistan (<i>Pakistani</i>) <input type="checkbox"/> Chad er a Thailand (<i>Thai</i>) <input type="checkbox"/> Chad er a Vietnam (<i>Vietnamese</i>)
<input type="checkbox"/> Chad er a Cambodia (<i>Cambodian</i>) <input type="checkbox"/> Chad er a China (<i>Chinese</i>) <input type="checkbox"/> Chad er a Philippines (<i>Filipino</i>) <input type="checkbox"/> Chad er a India (<i>Indian</i>)	<input type="checkbox"/> Chad er a Siabal (<i>Japanese</i>) <input type="checkbox"/> Chad er a Korea (<i>Korean</i>) <input type="checkbox"/> Chad er a Malaysia (<i>Malaysian</i>) <input type="checkbox"/> Bebil (<i>moutekangel el smodii</i>) (<i>Other (please describe)</i>) _____	<input type="checkbox"/> Chad er a Pakistan (<i>Pakistani</i>) <input type="checkbox"/> Chad er a Thailand (<i>Thai</i>) <input type="checkbox"/> Chad er a Vietnam (<i>Vietnamese</i>)			

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OMECHLEL (CONTINUED)

<input type="checkbox"/> Native Hawaiian or ta er a Pacific Islander (<i>Native Hawaiian or other Pacific Islander</i>): Moutekangel el meketaki aike el ngii a mui el lochotau (Ke Imuches aike el rokui el lochotau): (<i>Please specify the one(s) you most identify with (check all that apply):</i>) <table data-bbox="373 703 1412 1197"> <tr> <td><input type="checkbox"/> Chamorro</td> <td><input type="checkbox"/> Kosrae <i>(Kosraean)</i></td> <td><input type="checkbox"/> Tahiti <i>(Tahitian)</i></td> <td><input type="checkbox"/> Tokelau <i>(Tokelaun)</i></td> </tr> <tr> <td><input type="checkbox"/> Carolinian</td> <td><input type="checkbox"/> Marshall <i>(Marshallese)</i></td> <td><input type="checkbox"/> Tonga <i>(Tongan)</i></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Kiribati <i>(Kiribati)</i></td> <td><input type="checkbox"/> Hawaii (<i>Native Hawaiian</i>)</td> <td><input type="checkbox"/> Chad er a Ruk (<i>moutekangel el smodii</i>) <i>(Chuukese (please describe))</i></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Belau <i>(Palauan)</i></td> <td><input type="checkbox"/> Samoa <i>(Samoan)</i></td> <td><input type="checkbox"/> Chad er a Bolabei (<i>moutekangel el smodii</i>) <i>(Pohnpeian (please describe))</i></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Chad er a Beluulechab <i>(moutekangel el smodii) (Yapese (please describe))</i></td> <td></td> <td><input type="checkbox"/> Bebil (<i>moutekangel el smodii</i>) (<i>Other (please describe)</i>) _____</td> <td></td> </tr> </table>	<input type="checkbox"/> Chamorro	<input type="checkbox"/> Kosrae <i>(Kosraean)</i>	<input type="checkbox"/> Tahiti <i>(Tahitian)</i>	<input type="checkbox"/> Tokelau <i>(Tokelaun)</i>	<input type="checkbox"/> Carolinian	<input type="checkbox"/> Marshall <i>(Marshallese)</i>	<input type="checkbox"/> Tonga <i>(Tongan)</i>		<input type="checkbox"/> Kiribati <i>(Kiribati)</i>	<input type="checkbox"/> Hawaii (<i>Native Hawaiian</i>)	<input type="checkbox"/> Chad er a Ruk (<i>moutekangel el smodii</i>) <i>(Chuukese (please describe))</i>		<input type="checkbox"/> Belau <i>(Palauan)</i>	<input type="checkbox"/> Samoa <i>(Samoan)</i>	<input type="checkbox"/> Chad er a Bolabei (<i>moutekangel el smodii</i>) <i>(Pohnpeian (please describe))</i>		<input type="checkbox"/> Chad er a Beluulechab <i>(moutekangel el smodii) (Yapese (please describe))</i>		<input type="checkbox"/> Bebil (<i>moutekangel el smodii</i>) (<i>Other (please describe)</i>) _____	
<input type="checkbox"/> Chamorro	<input type="checkbox"/> Kosrae <i>(Kosraean)</i>	<input type="checkbox"/> Tahiti <i>(Tahitian)</i>	<input type="checkbox"/> Tokelau <i>(Tokelaun)</i>																	
<input type="checkbox"/> Carolinian	<input type="checkbox"/> Marshall <i>(Marshallese)</i>	<input type="checkbox"/> Tonga <i>(Tongan)</i>																		
<input type="checkbox"/> Kiribati <i>(Kiribati)</i>	<input type="checkbox"/> Hawaii (<i>Native Hawaiian</i>)	<input type="checkbox"/> Chad er a Ruk (<i>moutekangel el smodii</i>) <i>(Chuukese (please describe))</i>																		
<input type="checkbox"/> Belau <i>(Palauan)</i>	<input type="checkbox"/> Samoa <i>(Samoan)</i>	<input type="checkbox"/> Chad er a Bolabei (<i>moutekangel el smodii</i>) <i>(Pohnpeian (please describe))</i>																		
<input type="checkbox"/> Chad er a Beluulechab <i>(moutekangel el smodii) (Yapese (please describe))</i>		<input type="checkbox"/> Bebil (<i>moutekangel el smodii</i>) (<i>Other (please describe)</i>) _____																		
3. Ngera el tekoi (language) a longedecheduch a ngelekem? (<i>What language(s) does your child speak?</i>) _____																				
4. Ngera el tekoi (language) a blechoel el lousbech el mangedecheduch er ngii a ngelekem er a blai? (<i>What language does your child most often speak at home?</i>) _____																				
5. Ngera el beluu a le mlechell er ngii a ngelekem? (<i>In what city or country was your child born?</i>) _____																				
6. Ng mla mo tela el rak el kiei er tiang a ngelekem? (Mlechesii a ildisel a rak er tia el kerbai) (<i>How many years has your child lived here? (Enter the number of years in the space provided)</i>) _____																				

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UCHELEL A KLENGAR ER A NGELEKEM (EARLY LIFE OF YOUR CHILD)

1.	Berredel a Ngelekem er a Cheroll (<i>Child's Birth Weight</i>):	_____ lb. me a (and) _____ oz.	ME A LECHUB (OR) _____ kilograms	<input type="checkbox"/> Diak Lodengei (<i>Unknown</i>)
2.	Klemengetel a Ngelekem er a Cheroll (<i>Child's Birth Length</i>):	_____ inches	ME A LECHUB (OR) _____ cm	<input type="checkbox"/> Diak Lodengei (<i>Unknown</i>)
3.	A ngelekem ng tilut a osechel a tul a delal me a lechub e toltut er ngii er osechel a tut? (<i>Was your child ever breastfed or fed breastmilk?</i>)			
<input type="checkbox"/> Choi (Yes) <input type="checkbox"/> Diak (bo er a question 4) (No (skip to question 4)) <input type="checkbox"/> Diak Lodengei (Unknown) <input type="checkbox"/> Bebil (<i>moutekangel el smodii</i>) (Other (please describe)) _____				
Alsekum ng choi, ng mle tela rekil e kmal mo diak el tut a osechel a tul a delal? (<i>If yes, how old was your child when he/she completely stopped breastfeeding or being fed breastmilk?</i>)				
_____ el Bilel (<i>Months of age</i>) <input type="checkbox"/> Dirik Oltut (<i>Still Breastfeeding</i>) <input type="checkbox"/> Diak Lodengei (<i>Unknown</i>)				
4.	A ngelekem ng mla er ngii a taem el tilut a ocheraol el tut? (<i>Was your child ever fed formula?</i>)			
<input type="checkbox"/> Choi (Yes) <input type="checkbox"/> Diak (bo er a question 5) (No (skip to question 5)) <input type="checkbox"/> Diak Lodengei (Unknown) Bebil (moutekangel el smodii) (Other (please describe)) _____				
Alsekum ng choi, ng mle tela rekil er a le kot el mo tmut a ocheraol el tut? (<i>If yes, how old was the child when he/she was first fed formula?</i>)				
_____ el Bilel (<i>Months of age</i>) <input type="checkbox"/> Se er a lemechell (<i>Since Birth</i>) <input type="checkbox"/> Diak Lodengei (<i>Unknown</i>)				
Alsekum a ngelekem a tilut a ocheraol el tut, ng tela a rekil er a bo lak el lolim a milk er a stoang? (<i>If your child was fed formula, how old was your child when he/she completely stopped drinking formula?</i>)				
_____ el Bilel (<i>Months of age</i>) <input type="checkbox"/> Dirik tmut/melim a milk er a stoang (<i>Still Formula fed</i>) <input type="checkbox"/> Diak Lodengei (<i>Unknown</i>)				
5.	Ng mle tela rekil a ngalek er a le kot el ngilmii/kolii a diak el osechel a tul a delal me a lechub eng milk er a stoang? (<i>Aika a uldimukl er ngii a juice, osechel a tul a kerebou, merikos el ralm, baby food, me a lechub en g ngii di el ngerang el bilsang a ngalek, me a dirrek el ralm</i>) (<i>How old was the child when he/she was first fed anything other than breast milk or formula? (This includes juice, cow's milk, sugar water, baby food, or anything else that the child might have been given, even water)</i>)			
_____ el Bilel (<i>Months of age</i>) <input type="checkbox"/> Diak Lodengei (<i>Unknown</i>)				

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BEBIL ER A TEKOI (OTHER INFORMATION)

**ILDOIS ER A KALL ME A USBECHALL EL KLALO
(FOOD SECURITY/RESOURCE AVAILABILITY)**


A chsel el aika el mereko el teruich me a eru el buil, ea ike el ududem el kirel el cheral a kall a						
1. nguemed er a uchei er a bol merek a buil? (In the past 12 months, how often does your money for food run out before the end of the month?)						
<input type="checkbox"/> Dirkak a tang (Never)	<input type="checkbox"/> Ngar er ngii a taem (Seldom)	<input type="checkbox"/> Bebil er a taem (Sometimes)	<input type="checkbox"/> Betok el taem (Most times)	<input type="checkbox"/> Di Blechoel (Always)	<input type="checkbox"/> Diak kudenge i (Don't know)	<input type="checkbox"/> Diak a nger (No Response)
A chsel el aika el mereko el teruich me a eru el buil, ea ike el ududem el kirel cheral a dengki, ralm, cheluch a nguemed er a uchei er a bol merek a buil? (Moutekangel el Imuches aike el rokui el loureor.) (In the past 12 months, how often does your money for household utilities (e.g., water, fuel oil, electricity) run out before the end of the month? (Please check which applies to you.))						
<input type="checkbox"/> Dirkak a tang (Never)	<input type="checkbox"/> Ngar er ngii a taem (Seldom)	<input type="checkbox"/> Bebil er a taem (Sometimes)	<input type="checkbox"/> Betok el taem (Most times)	<input type="checkbox"/> Di Blecho el (Always)	<input type="checkbox"/> Diak kudeng ei (Don't know)	<input type="checkbox"/> Diak a nger (No Response)
3. Ke melai a ralm el mousbech er ker? Ke odak a ralm el mora rokui el usbechelle- omelim, omeruul el kall, omengetmoki, sers, me a kuk bebil. (Moutekangel el Imuches aike el rokui el loureor.) (Where do you get the water you use at home? Include water for all purposes – drinking, cooking, cleaning, gardening, etc. (Check all that apply))						
<input type="checkbox"/> Suido er a blai (Household tap)	<input type="checkbox"/> Suido er a mekesong (Private tap in yard)	<input type="checkbox"/> Ralm er a buai (Public/ shared standpipe)	<input type="checkbox"/> Suido er a tonari (Neighbor's tap)	<input type="checkbox"/> Oteruul el ralm (Purchased bottled water)	<input type="checkbox"/> Tank er a ralm (Home rain water collection)	<input type="checkbox"/> Tank er a ralm er a buai (Community rain water collection)
<input type="checkbox"/> Omoachel/ madedok/di ong (River/ stream/ creek)	<input type="checkbox"/> Madedok (Spring)	<input type="checkbox"/> Basio el domekeek a ralm er ngii (Refilling station)	<input type="checkbox"/> Bebil (moutekangel el smodii) (Other (please describe)) _____			

FORM 23-02 FAS	Children's Healthy Living Program Information About Your Child 	For Office Use Only Child's ID: _____ Date: ____/____/____ <small>MM DD YEAR</small> Checked by: _____
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**ILDOIS ER A KALL ME A USBECHALL EL KLALO (OMECHLEL)
(FOOD SECURITY/RESOURCE AVAILABILITY (CONTINUED))**

Ngera el bedengel a cheluch a lousbech er ngii a delengcheklem el meruul a kall? (Mluches aike el rokui el loureor) (What type of fuel does your household mainly use for cooking? (Check all that apply))

<input type="checkbox"/> Dengki (Electricity)	<input type="checkbox"/> Liquefied Petroleum Gas (LPG)	<input type="checkbox"/> Kas el meruul er a mla mad el charm (Natural gas)	<input type="checkbox"/> Kas el meruul er a dechil a charm/dello mel (Biogas)	<input type="checkbox"/> Kerisil (Kerosene)	<input type="checkbox"/> Coal/ Ngau (Coal/ Lignite)	<input type="checkbox"/> Kerrekar (Wood)
<input type="checkbox"/> Sumi (Charcoal)	<input type="checkbox"/> Sengsongd /Mekekerei el dellomel/ chudel (Straw/ shrub/ grass)	<input type="checkbox"/> Dechil a charm (Animal dung)	<input type="checkbox"/> Uleokel er a Dellomel er a Sers (Agricultural crop residue)	<input type="checkbox"/> Kuk Bebil (Moutekang el el Smaod) (Other (please describe))__ _____	<input type="checkbox"/> Diak a Kall el Meruul er a Delengchokl (No food cooked in household)	

FORM 23-02 FAS	Children's Healthy Living Program Information About Your Child 	For Office Use Only Child's ID: _____ Date: ____/____/____ <small>MM DD YEAR</small> Checked by: _____
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USBEHELLEL A BUUCH (BETEL NUT USAGE)

1. Ngar er ngii a ta el molamech a buuch? (Have you ever chewed betel nut?)
 Choi (Yes) Diak (No) Diak a Nger (No response)

2. Chelecha e ke melamech a buuch? (Do you now chew betel nut?)
 Choi (Yes) Diak (No) Diak Kudengei (Don't know) Diak a Nger (No response)

Alsekum ng choi, ng ua ngera ildisel a taem el molamech a buuch? (If yes, how often do you chew betel nut?)
 Bek el Sils (Daily) Bek el Sandei (Weekly) Bek el Buil (Monthly) Diak Kudengei (Don't know) Diak a Nger (No response)

Alsekum ng choi, eng mla mo ua ngera klemengetel el taem el molamech a buuch? (If yes, how long have you been chewing betel nut?)
 _____ rak (years) Diak Kudengei (Don't know) Diak a Nger (No response)

Alsekum ng choi, komelecha (If yes, do you include): Dekool (mla er a dekool, snuff, cheliud, Red Man) sel omolamech a buuch? (Tobacco from cigarette, snuff, twist tobacco, Red Man) when chewing betel nut?)
 Choi (Yes) Diak (No) Diak Kudengei (Don't know) Diak a Nger (No response)


Aus sel omolamech a buuch? (Lime when chewing betel nut?)
 Choi (Yes) Diak (No) Diak Kudengei (Don't know) Diak a Nger (No response)

Kebui sel omolamech a buuch? (Betel leaf when chewing betel nut?)
 Choi (Yes) Diak (No) Diak Kudengei (Don't know) Diak a Nger (No response)

Rrom el mo er a ngii di ta er a telengtengil a omelemechem (buuch, kebui, aus, me a lechub eng dekool)? (Alcohol to any of the components of your chew (nut, leaf, lime, or tobacco)?)
 Choi (Yes) Diak (No) Diak Kudengei (Don't know) Diak a Nger (No response)

3. Ngar er ngii a re ngodech el chad er a delengcheklem el melamech a buuch? (Are there other members in your household who chew betel nut?)
 Choi (Yes) Diak (No) Diak Kudengei (Don't know) Diak a Nger (No response)

Alsekum ng choi, te tela el chad el ngar er a delengcheklem a melamech a buuch? (If yes, how many household members chew betel nut?)
 _____ chad (members) Diak Kudengei (Don't know) Diak a Nger (No response)

FORM 23-02 FAS	Children's Healthy Living Program Information About Your Child 	For Office Use Only Child's ID: _____ Date: ____/____/____ MM DD YEAR Checked by: _____
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USBECHELLEL A DEKOOL (TOBACCO USAGE)

1. Omocheueklii a omengeech, chelecha el taem e kousbech a ngii di el bedengel a dekool (dekool el dolokou, cigars me a lechub eng baeb; dekool el doringet)? (Aside from adding tobacco to a betel quid, do you now use any tobacco products (smoking cigarettes, cigars or pipes; chewing smokeless tobacco?)

Choi (Yes) Diak (No) Diak a Nger (No response)

Alekum ng choi er a omelokou el dekool, cigars me a lechub eng baeb, ng tela el sticks/baeb a omelokou er a ta el sils? (If yes to smoking cigarettes, cigars or pipes, how many sticks/pipes do you smoke daily?)

_____ sticks/baeb (sticks/pipes) Diak Kudengei (Don't know) Diak a Nger (No response)

Alekum ng choi er a omeringet el dekool, ng uangera a ildisel el taem el moringet a dekool? (If yes to chewing smokeless tobacco, how often do you chew smokeless tobacco?)

Bek el Sils (Everyday) Bebil er a Sils (Some days) Diak Kudengei (Don't know) Diak a Nger (No response)

2. Ngar er ngii a re ngodech el chad er a delengchklem el lousbech a ngii di el bedengel a dekool (obengkel me a lechub eng diak lobengkel a buuch; dekool, cigars, me a lechub eng baeb; doringet el dekool)? (Are there other members in your household who use any tobacco products (with or without betel nut; cigarettes, cigars, or pipes; chewing smokeless tobacco?)

Choi (Yes) Diak (No) Diak Kudengei (Don't know) Diak a Nger (No response)

Alekum ng choi, te tela el chad er a delengchklem a ousbech a ngi di el bedengel a dekool? (If yes, how many household members use any of these tobacco products?)

_____ chad (members) Diak Kudengei (Don't know) Diak a Nger (No response)


USBECHELLEL A RROM (ALCOHOL USAGE)

1. Ke millim a rrom er a chesel aika el merko el okedei el klebesei? (Did you drink alcohol within the past 30 days?)

Choi (Yes) Diak (No) Diak Kudengei (Don't know) Diak a Nger (No response)

2. Chesel aika el mereko el okedei el klebesei, er a ike el sils el mullim, eng ua ngera ildisel a ilumel el om ngilim? (During the past 30 days, on the days when you drank, about how many drinks did you drink?)

_____ beached el biang (cans of beer)	_____ butiliang el biang (bottles of beer)	_____ kob el wine (glasses of wine)	<input type="checkbox"/> Diak Kudengei (Don't know)
_____ shots el meringel (shots of liquor)	_____ kob el urrachem el ilumel (glasses of mixed drinks)	_____ kob el kava (cups of kava)	<input type="checkbox"/> Diak a Nger (No response)
_____ kob el chemadech (ilaot) (cups of tuba drink (coconut sap))		_____ kob chemlol er a yeast (cups of fermented yeast)	

FORM 23-02 FAS	Children's Healthy Living Program Information About Your Child 	For Office Use Only Child's ID: _____ Date: ____/____/____ MM DD YEAR Checked by: _____
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USBEHELLEL A RROM (OMECELEL) (ALCOHOL USAGE (CONTINUED))

3. Ngar er ngii a re ngodech el chad er a delengcheklem el millim a rrom er a chesel aika el merko el okedei el klebesei? *(Are there other members in your household who drank alcohol within the past 30 days?)*

Choi (Yes)
 Diak (No)
 Diak Kudengei (Don't know)
 Diak a Nger (No response)

Alsekum ng choi, eng tela el chad er a chesel a delengcheklem a millim a rrom er a chesel aika el merko el okedei el klebesei? *(If yes, how many household members drank alcohol within the past 30 days?)*

_____ chad (members)
 Diak Kudengei (Don't know)
 Diak a Nger (No response)


KLECHELID (RELIGION)

1. Ngera a klechelid er kau? *(What is your religious affiliation?)*

<input type="checkbox"/> Baptist	<input type="checkbox"/> Muslim
<input type="checkbox"/> Buddhist	<input type="checkbox"/> Pentecostal
<input type="checkbox"/> Catholic	<input type="checkbox"/> Protestant
<input type="checkbox"/> Episcopalian	<input type="checkbox"/> Russian Orthodox
<input type="checkbox"/> Evangelical Covenant	<input type="checkbox"/> Kuk Bebik (Moutekangel el Smaod) (Other (please describe)) _____
<input type="checkbox"/> Mormon/ Latter-day Saints	<input type="checkbox"/> Diak (None)
<input type="checkbox"/> Moravian	<input type="checkbox"/> Diak a Nger (No Response)


2. Ng uangera ildisel a taem el om teloi er a ureor me a lechub eng teletael er a klechelid er kau? *(How often do you engage in religious activities or events with your religious community?)*

_____ er a Ta el Sandei (per Week)
 _____ er a Ta el Buil (per Month)
 Diak Teloi (Do not attend)
 Diak a Nger (No Response)

FORM 23-02 FAS	Children's Healthy Living Program Information About Your Child 	For Office Use Only Child's ID: _____ Date: ____/____/____ MM DD YEAR Checked by: _____
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UKERUUL (MEDICAL)

<p>1. Ng tela el sikang el le bechiuau a ngelekem er a chelsel a lluch me a eua el sikang (a le klebesei me a lultuil)? (Moutekangel el ngiltii a chiming, <input checked="" type="checkbox"/>; h= sikang) (How many hours of sleep on average does your child get in a 24-hour period (at night and in naps)? (Please choose one, <input checked="" type="checkbox"/>; h= hours))</p> <table border="0"> <tr> <td>0h</td><td>0.5h</td><td>1h</td><td>1.5h</td><td>2h</td><td>2.5h</td><td>3h</td><td>3.5h</td><td>4h</td><td>4.5h</td><td>5h</td><td>5.5h</td><td>6h</td><td>6.5h</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>7h</td><td>7.5h</td><td>8h</td><td>8.5h</td><td>9h</td><td>9.5h</td><td>10h</td><td>10.5h</td><td>11h</td><td>11.5h</td><td>12h</td><td>12.5h</td><td>13h</td><td>>13h</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	0h	0.5h	1h	1.5h	2h	2.5h	3h	3.5h	4h	4.5h	5h	5.5h	6h	6.5h	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7h	7.5h	8h	8.5h	9h	9.5h	10h	10.5h	11h	11.5h	12h	12.5h	13h	>13h	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0h	0.5h	1h	1.5h	2h	2.5h	3h	3.5h	4h	4.5h	5h	5.5h	6h	6.5h																																											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																											
7h	7.5h	8h	8.5h	9h	9.5h	10h	10.5h	11h	11.5h	12h	12.5h	13h	>13h																																											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																											
<p>2. A ngelekem ng ngar er ngii a ko er a rektel er chelecha el taem el bla el betik er ngii a toktang? (Does your child have any current medical conditions diagnosed by a doctor?)</p> <p><input type="checkbox"/> Choi (Yes) <input type="checkbox"/> Diak (No)</p> <p>Alsekum ng choi, e moutekangel el meketeklii (If yes, please specify): _____</p> <p>_____</p>																																																								
<p>3. Ng mla ta el louchais er kau a toktang me a lechub eng nurse el kmo a ngelekem a ngul? (Has a doctor or nurse ever told you that the child has asthma?)</p> <p><input type="checkbox"/> Choi (Yes) <input type="checkbox"/> Diak (No) <input type="checkbox"/> Diak Kudengei (Don't know)</p>																																																								
<p>4. Ng ua ngera ildisel el taem el lolatech a ungelel a ngelekem? (How often does your child brush his/her teeth?)</p> <table border="0"> <tr> <td><input type="checkbox"/> Betok er a tang er a ta el sils (More than once per day)</td> <td><input type="checkbox"/> Tang er a ta el sils (Once per day)</td> <td><input type="checkbox"/> Tang er a ta el sandei (Once per week)</td> <td><input type="checkbox"/> Tang er a ta el rak (Once per year)</td> </tr> <tr> <td><input type="checkbox"/> Diak a tang (Never)</td> <td><input type="checkbox"/> Diak Kudengei (Don't know)</td> <td colspan="2"><input type="checkbox"/> Diak a Nger (No response)</td> </tr> </table>	<input type="checkbox"/> Betok er a tang er a ta el sils (More than once per day)	<input type="checkbox"/> Tang er a ta el sils (Once per day)	<input type="checkbox"/> Tang er a ta el sandei (Once per week)	<input type="checkbox"/> Tang er a ta el rak (Once per year)	<input type="checkbox"/> Diak a tang (Never)	<input type="checkbox"/> Diak Kudengei (Don't know)	<input type="checkbox"/> Diak a Nger (No response)																																																	
<input type="checkbox"/> Betok er a tang er a ta el sils (More than once per day)	<input type="checkbox"/> Tang er a ta el sils (Once per day)	<input type="checkbox"/> Tang er a ta el sandei (Once per week)	<input type="checkbox"/> Tang er a ta el rak (Once per year)																																																					
<input type="checkbox"/> Diak a tang (Never)	<input type="checkbox"/> Diak Kudengei (Don't know)	<input type="checkbox"/> Diak a Nger (No response)																																																						
<p>5. Chelsel aika el mereko el teruich me a eru el buil ea ngelekem ng mla ta el lesa dentist el kirel a ukeruul er a uingel, el uldimukl er ngii a check-up, ukeruul, me a lechub eng omelechudech el uingel? (During the past 12 months, did your child see a dentist for any routine preventive dental care, including check-ups, screenings, and sealants?)</p> <p><input type="checkbox"/> Choi (Yes) <input type="checkbox"/> Diak (No) <input type="checkbox"/> Diak Kudengei (Don't know) <input type="checkbox"/> Diak a Nger (No response)</p>																																																								

FORM 59-01	Children's Healthy Living Program Anthropometric Measurements 	For Office Use Only Child's ID: _____ Date: _____ / _____ /20____ MM DD YEAR Measured by: _____ Checked by: _____
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Instructions:
 Record all measurements using a black/blue pen.
 Two of the 3 measures must be within 0.2 units. Otherwise, cross out the first 3 measures and repeat the **entire** 3 measure process.

Each measurement must be taken 3 times at each site regardless of the first 2 measurements being within 0.2 units. If the need arises to repeat the 3 measure process, write the resulting measures in the comments section of this form.

Is the child wearing an accelerometer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Stadiometer number? _____
---	----------------------------------

Measurement:	1st Reading:	2nd Reading:	3rd Reading:
Weight Comments: _____ _____	[][] . [] kg _____ _____	[][] . [] kg _____ _____	[][] . [] kg _____ _____
Height Comments: _____ _____	[][] . [] cm _____ _____	[][] . [] cm _____ _____	[][] . [] cm _____ _____
Waist Circumference Comments: _____ _____	[][] . [] cm _____ _____	[][] . [] cm _____ _____	[][] . [] cm _____ _____

Approved by UH IRB 10-19-2012

Children's Healthy Living Program

CHL



Food & Activity Log

Name of Child: _____

Name of Parent: _____

For this record period, please record during the days outlined below:

Day (e.g., Monday)	Date (mm/dd/yyyy)

If you have questions, please call _____ at _____

or email at _____.

Please, do not change your child's eating or activity habits. We are interested in finding out what your child does on a normal basis.

Additional Information to Record for Each Time Your Child Eats Something

Next to each meal or snack, record additional information. For example, if your child has a "bottled water" while watching a baseball game, the following would be recorded. The place prepared would be "concession stand." The place eaten would be "ball park". The other activity would be "watching ball game." Other examples are in the table below.

Place Prepared	Place Eaten	Other Activities while eating
Home	Home, specify where within home	Sitting & eating only
Grocery store	Friend's home	At day care
Relative's home	Fast-food restaurant	T-ball practice
School	Camp ground	Watching TV
Day care center	Day care center	Running around
Sit-down restaurant	Relative's home	Sports practice
Market stand	Car	Playing video games
Friend's home	School	Family meal time
Fast-food restaurant	Sit-down restaurant	At school
Beach, camp ground	Park bench	At fiesta (party)
Lunch wagon	Backyard	Sitting on porch
Concession stand	Beach	At barbeque

Tips for recording the foods and beverages that your child eats and activities.

- Use an ink pen or a #2 pencil and write clearly
- Fill in the times for each meal and snack and activity
- Write each food or ingredient or activity on a separate line
- Write down everything your child ate and drank throughout the day and night
- Record all beverages, including water. Record all activities, including sleep
- Record foods and activities as soon as possible, that is during or right after.
- Keep the Food & Activity Log with you at all times
- When your child is at day care, with relatives, or friends, ask their help for recording foods and activities.
- Use the recipe pages to describe homemade recipes.
- Remember to save packages & containers. Clean the packages and containers before putting into the bag. Put any school/child care menus in the bag.
- Record only the amount of food that your child ate.

First Day



Participant ID

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

Day: _____

Date: ____/____/____

Date: ____/____/____ Mon Tue Wed Thu Fri Sat Sun (circle one)

F O O D L O G					
	Time	Detailed Description of Foods & Beverages	Amount	Place Prepared	Place Eaten
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Date: ____/____/____ Mon Tue Wed Thu Fri Sat Sun (circle one)

F O O D L O G					
	Time	Detailed Description of Foods & Beverages	Amount	Place Prepared	Place Eaten
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					

Date: ____/____/____ Mon Tue Wed Thu Fri Sat Sun (circle one)

F O O D L O G					
	Time	Detailed Description of Foods & Beverages	Amount	Place Prepared	Place Eaten
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					

Second Day



Participant ID

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

Day: _____

Date: ____/____/____

Date: ____/____/____ Mon Tue Wed Thu Fri Sat Sun (circle one)

F O O D L O G					
	Time	Detailed Description of Foods & Beverages	Amount	Place Prepared	Place Eaten
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Food & Activity Log – Day 2, Page 1 of Log

A C T I V I T Y L O G			
Other Activities While Eating	Start Time	Activity	End Time

Date: ____/____/____ Mon Tue Wed Thu Fri Sat Sun (circle one)

F O O D L O G					
	Time	Detailed Description of Foods & Beverages	Amount	Place Prepared	Place Eaten
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					

Date: ____/____/____ Mon Tue Wed Thu Fri Sat Sun (circle one)

F O O D L O G					
	Time	Detailed Description of Foods & Beverages	Amount	Place Prepared	Place Eaten
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					

Recipe 3, Name:	
Number of servings recipe made: _____	
Number of servings your child ate: _____	
Ingredients:	Amount:

Recipe 4, Name:	
Number of servings recipe made: _____	
Number of servings your child ate: _____	
Ingredients:	Amount:

More Tips for Keeping an Accurate Food & Activity Log

- Record the type of activity your child did, e.g. reading, swimming, running, sleeping, watching television.
- Be as specific as possible.
- Record the start time of an activity and the end time of the activity as shown in the sample.

Include Detail About Foods

- Include the cooking method used to prepare food, e.g. baked, broiled, fried, canned, fresh, frozen.
- Include brand names and the name of fast food restaurants whenever possible.
- Describe the liquid included in canned foods, e.g. tuna in water, sliced peaches in heavy syrup.
- Include added condiments, e.g. ketchup, mayonnaise, mustard.
- Record the amount of fat or oil added in cooking.

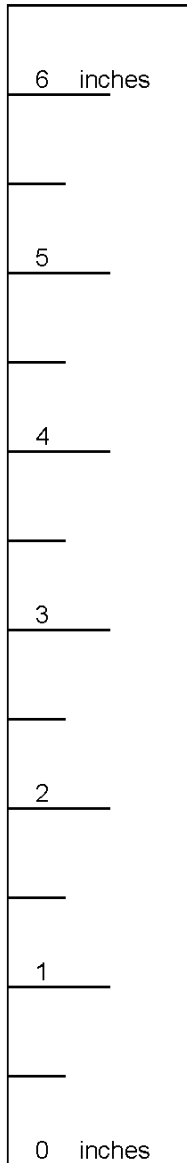
Guidelines to Estimating Portion Sizes

It's important to be accurate in determining amounts eaten.

- If possible, use measuring cups and measuring spoons provided to make your child's log more accurate.
- In a restaurant, you can ask the serving sizes of various foods (for example, ounces of meat, cups or ounces of ice cream).
- Use the ruler on the back of this book.
- Use the palm of your hand to estimate amounts.
- Use common shapes, such as a deck of cards, a baseball to describe amounts.

Children eat much smaller amounts and more frequently than adults. Therefore, it is important to write down exactly what was eaten and how much at the time of the eating.

RULER



Tips for Keeping an Accurate Food & Activity Log

- Brand:** When possible, indicate the brand of processed foods, such as Meadow Gold cottage cheese, Crisco All-Vegetable Shortening. For frozen dinners, indicate the brand and name of the meal.
- Extras:** Remember to record the foods or condiments that are extra or added on top like salad dressings, butter/sour cream, sugar or milk on cereal, mayonnaise, syrup.
- Cuts:** For meats, specify the cut if possible. When using ground beef, list the type and percent lean. For chicken, indicate which piece(s) of chicken such as leg, breast. Specify type of fish.
- Observe:** Observe what your child does throughout the day and record as activities, including sitting, laying on the floor, running, riding a tricycle.
- Modifications:** Share if the food was low-fat, low-sugar, low-sodium, calcium-fortified, or different from the regular form of the food.
- Preparation:** Specify the way food was cooked – such as fried, baked, grilled, boiled. Be sure to list any added fat, sugar, oil, butter, even if added after cooking.
- Live like always:** Do not change your how your child eats or what you and others prepare for your child to eat.
- Eating out:** If you eat your food away from home, be sure to list the restaurant name and how food was cooked. Include restaurant name and how food was cooked.
- Thoroughness:** Think “detail”. Tell us whether your child ate white or brown rice, 100% orange juice or orange crush, played an active computer game or sat at computer.
- Eating portions:** When possible, measure portions using the special measuring cups and measuring teaspoons provided Or use the ruler on the left side of this page.
- Remember to save packages & containers. Clean the packages and containers before putting into the bag. Put any school/child care menus in bag.**

8/30/2012 Approved by UH IRB 10-19-12

Children's Healthy Living Program

CHL



Food & Activity Log

Name of Child: _____

Name of Parent: _____

For this record period, please record during the days outlined below:

Day (e.g., Monday)	Date (mm/dd/yyyy)

If you have questions, please call _____ at _____

or email at _____.

Modified for FAS Approved by UH IRB 7-17-13

Tips for recording the foods and beverages that your child eats and activities.

- Use an ink pen or a #2 pencil and write clearly
- Fill in the times for each meal and snack and activity
- Write each food or ingredient or activity on a separate line
- Write down everything your child ate and drank throughout the day and night
- Record all beverages, including water. Record all activities, including sleep
- Record foods and activities as soon as possible, that is during or right after.
- Keep the Food & Activity Log with you at all times
- When your child is at day care, with relatives, or friends, ask their help for recording foods and activities.
- Remember to save packages & containers. Clean the packages and containers before putting into the bag. Put any school/child care menus in the bag.
- Record only the amount of food that your child ate.
- Water can come from many sources. Examples include catchment, household tap, neighbor's tap, river, stream, creek, bottled purchased at a store. Be as specific as possible.

Please, do not change your child's eating or activity habits. We are interested in finding out what your child does on a usual basis.

Additional Information to Record Each Time Your Child Eats Something

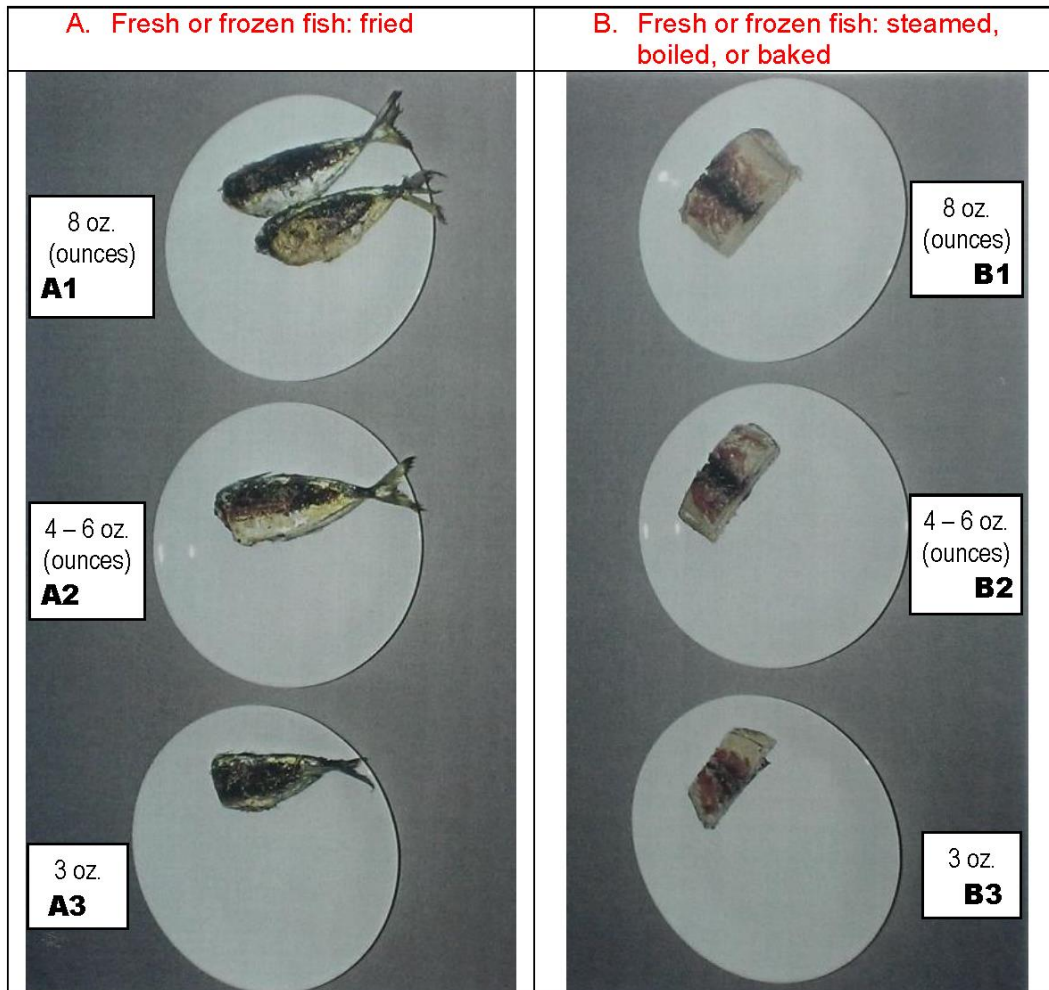
Next to each ingredient or food, record the **source** for the food. That would be whether the food was purchased, caught, gifted, traded, etc. Some examples are provided below.

Purchase	Communal/gift/donation	Local-labor or self-labor
Supermarket	Food bank / food pantry	Fishing
Restaurant	Field trip	Hunting
Road side stand / stall	Church gathering	Home garden
Convenience store	Government assisted	Personal farm
Grocery store	Gift from friend/relative	Community garden
Farmers' market	USDA Commodities	Commercial farm
Lunch wagon / food wagon	Funeral	Ocean gathering
Fish markets	Traditional event	Animal husbandry
Merchant/Cargo		Specify: non-purchase

Next to the first ingredient or food in a single eating event, record additional information about **place prepared, place eaten, and other activities** happening at the same time. For example, if your child has a "bottled water" while watching a baseball game, the following would be recorded. The place prepared would be "concession stand." The place eaten would be "ball park". The other activity would be "watching ball game." Other examples are in the table below.

Place Made	Place Eaten	Other Activities while eating
Home	Home, specify where within home	Sitting & eating only
Grocery store	Friend's home	At day care
Relative's home	Fast-food restaurant	T-ball practice
School	Camp ground	Watching TV
Day care center	Day care center	Running around
Sit-down restaurant	Relative's home	Sports practice
Market stand	Car	Playing video games
Friend's home	School	Family meal time
Fast-food restaurant	Sit-down restaurant	At school
Beach, camp ground	Park bench	At fiesta (party)
Lunch wagon	Backyard	Sitting on porch
Concession stand	Beach	At barbeque

Use the images below to help estimate the amount of fried fish, fresh, or frozen fish, steamed, boiled or baked fish.



Make portions easy, write:

“Picture A3, Fried fish $\frac{1}{2}$ 3 ounces” OR

“Picture A2, Fried fish picture, Middle” OR

“Picture B1, Steamed fish $\frac{1}{3}$ 8 ounces”

First Day



Participant ID

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

Day: _____

Date: ____ / ____ / ____

Date: ____/____/____ Mon Tue Wed Thu Fri Sat Sun (circle one)

F O O D L O G					
	Time	Detailed Description of Ingredients, Foods, Beverages	Amount	Source	Place Made
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					

Date: ____/____/____ Mon Tue Wed Thu Fri Sat Sun (circle one)

F O O D L O G					
	Time	Detailed Description of Ingredients, Foods, Beverages	Amount	Source	Place Made
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					

Date: ____/____/____ Mon Tue Wed Thu Fri Sat Sun (circle one)

F O O D L O G					
	Time	Detailed Description of Ingredients, Foods, Beverages	Amount	Source	Place Made
49					
50					
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					
61					
62					
63					
64					
65					
66					
67					
68					
69					
70					
71					
72					

Date: Month / Day / Year Mon Tue Wed Thu Fri Sat **Sun** (circle one)

EXAMPLES OF ENTRIES

F O O D L O G					
	Time	Detailed Description of Ingredients, Foods, Beverages	Amount	Source	Place Made
1	7:00 am	Lilby's Vienna sausage, blue can, heated in microwave	3 links	Grocery store	Home
2					
3		Rice			Home
4		1 cup white rice, Hinode	Makes	Grocery store	
5		2 cups boiled water	3 cups	Catchment	
6		1 teaspoon salt	Ate 1/2 cup	Grocery store	
7					
8	5:00 pm	Fish in coconut sauce			Home
9		Picture A2 --4 reef fish	Makes 4	Caught on the reef	
10		1 1/2 cup coconut cream	Servings,	Tree near house	
11		1 tsp salt	Ate 1/2	Grocery store	
12		1 small white onion, diced	serving	Farmer's market	
13					
14		Kapaika biscuits	1	Auntie	Auntie's house
15		Breadfruit, small	1/8	Home yard	Home
16		Paul's milk	1/2 cup	Grocery store	Business
17					
18	7:05 pm	Coconut water	1/2 small coconut	Tree near house	Home

Food & Activity Log – Day 2, Page 1 of Log

EXAMPLES OF ENTRIES

ACTIVITY LOG				
Place Eaten	Other Activities While Eating	Start Time	Activity	End Time
<i>Living room</i>	<i>Watching TV</i>	<i>6:45 am</i>	<i>Wake-up and get ready for the day</i>	<i>7:00 am</i>
		<i>7:00 am</i>	<i>Sit and eat breakfast</i>	<i>7:30 am</i>
		<i>7:30 am</i>	<i>Ride in care to Grandma's house</i>	<i>7:45 am</i>
		<i>7:45 am</i>	<i>Get settled at Grandma's</i>	<i>8:00 am</i>
		<i>8:00 am</i>	<i>Play indoors with trucks with cousins</i>	<i>9:00 am</i>
		<i>9:00 am</i>	<i>Play hide-and-seek outdoors with cousins</i>	<i>10:15 am</i>
<i>Living room</i>	<i>Sitting at coffee table / talking</i>	<i>5:00 pm</i>	<i>Sitting and eating dinner</i>	<i>5:45 pm</i>
<i>Front Porch</i>	<i>Freeplay in front yard</i>			

NOTES

Second Day



Participant ID

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

Day: _____

Date: ____/____/____

Date: ____/____/____ Mon Tue Wed Thu Fri Sat Sun (circle one)

F O O D L O G					
	Time	Detailed Description of Ingredients, Foods, Beverages	Amount	Source	Place Made
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					

Date: ____/____/____ Mon Tue Wed Thu Fri Sat Sun (circle one)

F O O D L O G					
	Time	Detailed Description of Ingredients, Foods, Beverages	Amount	Source	Place Made
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					

Date: ____/____/____ Mon Tue Wed Thu Fri Sat Sun (circle one)

F O O D L O G					
	Time	Detailed Description of Ingredients, Foods, Beverages	Amount	Source	Place Made
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					

Tips for Estimating Serving Size

FOOD/DRINK	RECORD SERVING SIZE AS:
1 oz of Cheese	= 2 slices pre-sliced, wrapped cheese = the size (and thickness) of two (2) dominoes
3 ounces of meat	= One-half of a whole chicken breast = A piece of meat, poultry, or fish the size (and thickness) of a deck of cards = A small hamburger patty (approximately one-quarter pound uncooked) which forms a patty fitting into the palm of your hand
Beverages	soft drinks (12 ounces) = 1 can glass of milk (medium) 8 ounces = 1 cup
Vegetables	1 cup leafy vegetables (such as lettuce, spinach), uncooked = size of a baseball 1 cup peas or chopped veggies, cooked = size of one half baseball 1 medium potato = size of a computer mouse
Fruits	1 medium-size fruit = size of a tennis ball 1 cup chopped fruit = size of one half baseball 3/4 cup fruit or vegetable juice = size of a tennis ball
Peanut butter, beans, nuts	1 teaspoon of butter or margarine = size of a postage stamp 2 tablespoons peanut butter = size of a ping-pong ball 1 cup cooked beans = size of a baseball 1/2 cup chopped nuts = size of one half baseball
How many peanuts or potato chips in one ounce?	Approximately one handful
Cereal	3/4 cup cold cereal = size of a tennis ball

More Tips for Keeping an Accurate Food & Activity Log

- Record the type of activity your child did, e.g. reading, swimming slow, running fast, sleeping, watching television.
- Be as specific as possible.
- Record the start time of an activity and the end time of the activity as shown in the sample.

Include Detail About Foods

- Include the cooking method used to prepare food, e.g. baked, broiled, fried, canned, fresh, frozen.
- Include brand names and the name of fast food restaurants whenever possible.
- Describe the liquid included in canned foods, e.g. tuna in water, sliced peaches in heavy syrup.
- Include added condiments, e.g. ketchup, mayonnaise, mustard.
- Record the amount of fat or oil added in cooking.

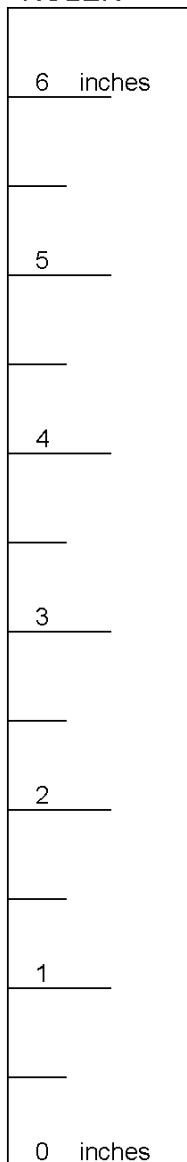
Guidelines to Estimating Portion Sizes

It's important to be accurate in determining amounts eaten.

- If possible, use measuring cups and measuring spoons provided to make your child's log more accurate.
- In a restaurant, you can ask the serving sizes of various foods (for example, ounces of meat, cups or ounces of ice cream).
- Use the ruler on the back of this book.
- Use the palm of your hand to estimate amounts.
- Use the entire hand to describe the size of reef fish, e.g., size of entire hand, $\frac{3}{4}$ of an entire hand.
- Use common shapes, such as a deck of cards, a baseball to describe amounts.

Children eat much smaller amounts and more frequently than adults. Therefore, it is important to write down exactly what was eaten and how much at the time of the eating.

RULER



Tips for Keeping an Accurate Food & Activity Log

Brand: When possible, indicate the brand of processed foods, such as Meadow Gold cottage cheese, Crisco All-Vegetable Shortening. For frozen dinners, indicate the brand and name of the meal.

Extras: Remember to record the foods or condiments that are extra or added on top like salad dressings, butter/sour cream, sugar or milk on cereal, mayonnaise, syrup.

Cuts: For meats, specify the cut if possible. When using ground beef, list the type and percent lean. For chicken, indicate which piece(s) of chicken such as leg, breast. Specify type of fish.

Observe: Observe what your child does throughout the day and record as activities, including sitting, laying on the floor, running, riding a tricycle.

Modifications: Share if the food was low-fat, low-sugar, low-sodium, calcium-fortified, or different from the regular form of the food.

Preparation: Specify the way food was cooked – such as fried, baked, grilled, boiled. Be sure to list any added fat, sugar, oil, butter, even if added after cooking.

Live like always: Do not change your how your child eats or what you and others prepare for your child to eat.


Eating out: If you eat your food away from home, be sure to list the restaurant name and how food was cooked. Include restaurant name and how food was cooked.

Thoroughness: Think “detail”. Tell us whether your child ate white or brown rice, 100% orange juice or orange crush, played an active computer game or sat at computer.

Eating portions: When possible, measure portions using the special measuring cups and measuring teaspoons provided Or use the ruler on the left side of this page.

Remember to save packages & containers. Clean the packages and containers before putting into the bag. Put any school/child care menus in bag.

05 June 2013

FORM 23-04	Children's Healthy Living Program Lifestyle Behavior 	For Office Use Only Child's ID: _____ Date: ____/____/20____ <small>MM DD YEAR</small> Checked by: _____
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Please complete the following questions about your child.

Monday to Friday

1. On usual weekdays (Monday to Friday), how long on average a day does your child spend watching television and/or videos/DVD? (Please choose one, ; h= hours)

- 0h 0.5h 1h 1.5h 2h 2.5h 3h 3.5h 4h 4.5h 5h 5.5h 6h 6.5h 7h+

2. On usual weekdays (Monday to Friday), how long on average a day does your child spend playing **INACTIVE** video games (DS, Play station, XBOX, Wii, computer games, etc.)? (Please choose one, ; h= hours)

- 0h 0.5h 1h 1.5h 2h 2.5h 3h 3.5h 4h 4.5h 5h 5.5h 6h 6.5h 7h+

3. On usual weekdays (Monday to Friday), how long on average a day does your child spend playing **ACTIVE** video games (DS, Play station, XBOX, Wii, computer games, etc.) that incorporate movement or exercise? (Please choose one, ;h= hours)

- 0h 0.5h 1h 1.5h 2h 2.5h 3h 3.5h 4h 4.5h 5h 5.5h 6h 6.5h 7h+

Saturday to Sunday

4. On a usual weekend day (Saturday to Sunday), how long on average a day does your child spend watching television and/or videos/DVD? (Please choose one, ; h= hours)

- 0h 0.5h 1h 1.5h 2h 2.5h 3h 3.5h 4h 4.5h 5h 5.5h 6h 6.5h 7h+


5. On a usual weekend day (Saturday to Sunday), how long on average a day does your child spend playing **INACTIVE** video games (DS, Play station, XBOX, Wii, computer games, etc.)? (Please choose one, ; h= hours)

- 0h 0.5h 1h 1.5h 2h 2.5h 3h 3.5h 4h 4.5h 5h 5.5h 6h 6.5h 7h+

6. On a usual weekend day (Saturday to Sunday), how long on average a day does your child spend playing **ACTIVE** video games (DS, Play station, XBOX, Wii, computer games, etc.) that incorporate movement or exercise? (Please choose one, ; h= hours)

- 0h 0.5h 1h 1.5h 2h 2.5h 3h 3.5h 4h 4.5h 5h 5.5h 6h 6.5h 7h+


Reference: Buckworth, J. & Nigg, C., (2004). Physical activity, exercise, and sedentary behavior in college students. *Journal of American College Health*, 53, 28-34. Approved by UH IRB 10-19-2012

FORM 23-05	Children's Healthy Living Program Sleep Behavior 	For Office Use Only Child's ID: _____ Date: ____/____/20____ <small>MM DD YEAR</small> Checked by: _____
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Please complete the questions below in regard to your child's sleep behavior.


1. How long after going to bed does your child usually fall asleep?	
<input type="checkbox"/>	0 to less than 15 minutes
<input type="checkbox"/>	15 to less than 30 minutes
<input type="checkbox"/>	30 to less than 45 minutes
<input type="checkbox"/>	45 to less than 60 minutes
<input type="checkbox"/>	More than 60 minutes
2. Your child goes to bed reluctantly, (hesitant, slowly, involuntary)...	
<input type="checkbox"/>	The sleep behavior never occurs
<input type="checkbox"/>	The behavior occurs once or twice a month
<input type="checkbox"/>	Occurs one or two times a week
<input type="checkbox"/>	Occurs between three and five nights a week
<input type="checkbox"/>	The sleep behavior happens every night
3. The child has difficulty getting to sleep at night (and may require a parent to be present)	
<input type="checkbox"/>	The sleep behavior never occurs
<input type="checkbox"/>	The behavior occurs once or twice a month
<input type="checkbox"/>	Occurs one or two times a week
<input type="checkbox"/>	Occurs between three and five nights a week
<input type="checkbox"/>	The sleep behavior happens every night
4. The child does not fall asleep in his or her own bed	
<input type="checkbox"/>	The sleep behavior never occurs
<input type="checkbox"/>	The behavior occurs once or twice a month
<input type="checkbox"/>	Occurs one or two times a week
<input type="checkbox"/>	Occurs between three and five nights a week
<input type="checkbox"/>	The sleep behavior happens every night

Approved by UH IRB 10-19-2012

FORM 23-05	Children's Healthy Living Program Sleep Behavior 	For Office Use Only Child's ID: _____ Date: ____/____/20____ MM DD YEAR Checked by: _____
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5. The child wakes up two or more times in the night	
<input type="checkbox"/>	The sleep behavior never occurs
<input type="checkbox"/>	The behavior occurs once or twice a month
<input type="checkbox"/>	Occurs one or two times a week
<input type="checkbox"/>	Occurs between three and five nights a week
<input type="checkbox"/>	The sleep behavior happens every night
6. After waking up in the night the child has difficulty falling asleep again by himself or herself	
<input type="checkbox"/>	The sleep behavior never occurs
<input type="checkbox"/>	The behavior occurs once or twice a month
<input type="checkbox"/>	Occurs one or two times a week
<input type="checkbox"/>	Occurs between three and five nights a week
<input type="checkbox"/>	The sleep behavior happens every night
7. The child sleeps in the parent's bed at some time during the night	
<input type="checkbox"/>	The sleep behavior never occurs
<input type="checkbox"/>	The behavior occurs once or twice a month
<input type="checkbox"/>	Occurs one or two times a week
<input type="checkbox"/>	Occurs between three and five nights a week
<input type="checkbox"/>	The sleep behavior happens every night
8. If the child wakes, he or she uses a comforter (e.g. pacifier or binky) and requires a parent to replace it	
<input type="checkbox"/>	The sleep behavior never occurs
<input type="checkbox"/>	The behavior occurs once or twice a month
<input type="checkbox"/>	Occurs one or two times a week
<input type="checkbox"/>	Occurs between three and five nights a week
<input type="checkbox"/>	The sleep behavior happens every night

Approved by UH IRB 10-19-2012

FORM 23-05	Children's Healthy Living Program Sleep Behavior 	For Office Use Only Child's ID: _____ Date: ____/____/20____ <small>MM DD YEAR</small> Checked by: _____
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9. The child wants a drink during the night (including breast or bottle-feed)	
<input type="checkbox"/>	The sleep behavior never occurs
<input type="checkbox"/>	The behavior occurs once or twice a month
<input type="checkbox"/>	Occurs one or two times a week
<input type="checkbox"/>	Occurs between three and five nights a week
<input type="checkbox"/>	The sleep behavior happens every night
10. Do you think your child has sleeping difficulties?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please explain:	

Questions above were modified from the Tayside Children's Sleep Questionnaire (McGreavy et al. *Child: Care, Health & Development* 31(5); 539-544, 2005).

FORM 59-02	Children's Healthy Living Program Acanthosis Nigricans Screen 	For Office Use Only	
		Child's ID: _____	
		Date: _____ / _____ /20____	
		Measured by: _____	MM DD YEAR
		Checked by: _____	

Instructions: Rate and circle using a black/blue pen the severity of acanthosis nigricans on the back of the neck using the screening scale below.

Neck Severity Rating:	0	1	2	3	4
Comments:	_____				

Acanthosis Nigricans Screening Scale

(Burke JP, Hale DE, Hazuda HP, Stern MP. 1999. A quantitative scale of acanthosis nigricans. Diabetes Care 22:1655-1659.)

Neck Severity Rating	Neck Severity	Description
0	Absent	Not detectable on close inspection.
1	Present	Clearly present on close visual inspection, not visible to the casual observer, extent not measurable
2	Mild	Limited to the base of the skull, does not extend to the lateral margins of the neck (usually <3 inches in breadth).
3	Moderate	Extending to the lateral margins of the neck (posterior border of the sternocleidomastoid) (usually 3-6 inches), should not be visible when the participant is viewed from the front.
4	Severe	Extending anteriorly (>6 inches), visible when the participant is viewed from the front.

Approved by UH IRB 10-19-2012

FORM 23-03

**Children's Healthy Living Program
Culture**



For Office Use Only

Child's ID: _____

Date: ____/____/20____
MM DD YEAR

Checked by: _____

Below are questions about your attitude and beliefs on your group's culture and lifestyle. Please read each question carefully and circle the response that best describes you.


Your Group's Heritage and Lifestyle

1) How <u>knowledgeable</u> are you of your group's traditional culture and lifestyle?	Very Knowledgeable	Somewhat knowledgeable	Neutral or no response	Somewhat not knowledgeable	Not at all knowledgeable
2) How <u>involved</u> are you in your group's traditional culture and lifestyle?	Very involved	Somewhat involved	Neutral or no response	Somewhat not involved	Not at all involved
3) How do you <u>feel toward</u> your group's traditional culture and lifestyle?	Very positive	Somewhat positive	Neutral or no response	Somewhat negative	Very Negative
4) How often do you <u>associate</u> with people of your group's traditional culture and lifestyle?	Most of the time	Somewhat often	Neutral or no response	Very little of the time	Not at all

Below are questions about your attitude and beliefs on U.S. Mainland culture and lifestyle. Please read each question carefully and circle the response that best describes you.

U.S. Mainland Heritage and Lifestyle

1) How <u>knowledgeable</u> are you of U.S. Mainland culture and lifestyle?	Very Knowledgeable	Somewhat knowledgeable	Neutral or no response	Somewhat not knowledgeable	Not at all knowledgeable
2) How <u>involved</u> are you in U.S. Mainland culture and lifestyle?	Very involved	Somewhat involved	Neutral or no response	Somewhat not involved	Not at all involved
3) How do you <u>feel toward</u> the U.S. Mainland culture and lifestyle?	Very positive	Somewhat positive	Neutral or no response	Somewhat negative	Very Negative
4) How often do you <u>associate</u> with people of U.S. Mainland culture and lifestyle?	Most of the time	Somewhat often	Neutral or no response	Very little of the time	Not at all

FORM 59-02	Children's Healthy Living Program Acanthosis Nigricans Screen 	For Office Use Only	
		Child's ID: _____	_____
		Date: _____ / _____ /20____	
			MM DD YEAR
		Measured by: _____	_____
	Checked by: _____	_____	

Instructions: Rate and circle using a black/blue pen the severity of acanthosis nigricans on the back of the neck using the screening scale below.

Neck Severity Rating:	0	1	2	3	4
Comments:	_____				

Acanthosis Nigricans Screening Scale

(Burke JP, Hale DE, Hazuda HP, Stern MP. 1999. A quantitative scale of acanthosis nigricans. Diabetes Care 22:1655-1659.)

Neck Severity Rating	Neck Severity	Description
0	Absent	Not detectable on close inspection.
1	Present	Clearly present on close visual inspection, not visible to the casual observer, extent not measurable
2	Mild	Limited to the base of the skull, does not extend to the lateral margins of the neck (usually <3 inches in breadth).
3	Moderate	Extending to the lateral margins of the neck (posterior border of the sternocleidomastoid) (usually 3-6 inches), should not be visible when the participant is viewed from the front.
4	Severe	Extending anteriorly (>6 inches), visible when the participant is viewed from the front.