

# NINUB STUDY

## SUBJECT'S QUESTIONNAIRE

Subject ID :  
Subject forename surname :  
Mom's int/ Fat. int/ Rank :  
Date of birth :  
Address :

**Subject status record sheet – NINUB study**

<b>Visits [Date and time of visit (ddmmyyyy:hhmm) in 24-hr clock]</b>			
<b>1.1</b>	___/___/____:_____	<b>1.4 Visit notes</b>	
<b>1.2</b>	___/___/____:_____		
<b>1.3</b>	___/___/____:_____		
<b>Contact</b>			
<b>2.1</b>	Contact established: [1=Yes; 2=No]	<b>2.5 Contact notes</b>	
<b>2.2</b>	Contact status: [1=Contactable; 2=Refused; 3=Dead]		
<b>2.3</b>	Date status: ___/___/_____		
<b>2.4</b>	Date review: ___/___/_____		
<b>Appointments</b>			
	<b>(a) Appointment date</b>	<b>(b) Subject attendance</b>	<b>3.4 Appointment notes</b>
<b>3.1</b>	___/___/_____	[1=Yes; 2=No]	
<b>3.2</b>	___/___/_____	[1=Yes; 2=No]	
<b>3.3</b>	___/___/_____	[1=Yes; 2=No]	
<b>Study component completed – Subject (Enter date of consent. Enter others only if different)</b>			
	<b>(a) Study component completed</b>	<b>(b) Date completed</b>	<b>4.7 Study component notes</b>
<b>4.1</b>	Consent [1=Yes; 2=No]		
<b>4.2</b>	Questionnaire [1=Yes; 2=No]	___/___/_____	
<b>4.3</b>	Physical exam [1=Yes; 2=No]	___/___/_____	
<b>4.4</b>	Arterial exam [1=Yes; 2=No]	___/___/_____	
<b>4.5</b>	Bloods [1=Yes; 2=No]	___/___/_____	
<b>4.6</b>	Puberty (boys) [1=Yes; 2=No]	___/___/_____	
<b>Study component completed – Parent [M=Mother; F=Father]</b>			
	<b>(a) Study component completed</b>	<b>(b) Date completed</b>	<b>5.5 Study component notes</b>
<b>5.1</b>	Consent [1=Yes; 2=No]		
<b>5.2</b>	Questionnaire M [1=Yes; 2=No]	___/___/_____	
<b>5.3</b>	Anthrop. M [1=Yes; 2=No]	___/___/_____	
<b>5.4</b>	Anthrop. F [1=Yes; 2=No]	___/___/_____	
<b>6.1</b>	Does the study subject need to be recalled? ___ [1=Yes; 2=No]		
<b>6.2</b>	(a) Reason for recall ___ [1=Repeatability; 2=Incomplete study; 3=Both]	(b) Date recalled: ___/___/_____	
	(c) Recall elements successfully completed ___ [1=Yes; 2=No]		
<b>7.</b>	Gift given ___ [1=Yes; 2=No]		
<b>8.</b>	Comments (continue overleaf)		

### Subject consent datasheet – NINUB study

	Subject consent		
1.1	Date of examination	___/___/_____	[DD/MM/YYYY]
	Type of consent		
1.2	Verbal	___	[1=Yes; 2=No]
1.3	Signed	___	[1=Yes; 2=No]
1.4	Recorded	___	[1=Yes; 2=No]
1.5	Initials of researcher taking consent	_____	

### Family (either parent) consent datasheet – NINUB study

	Parental consent		
1.6	Person giving consent	___	[1=Father; 2=Mother; 3=Other, specify]
1.7	Other, specify	_____	[Person giving consent]
1.8	Date of consent	___/___/_____	[DD/MM/YYYY]
	Type of consent		
1.9	Verbal	___	[1=Yes; 2=No]
1.10	Signed	___	[1=Yes; 2=No]
1.11	Recorded	___	[1=Yes; 2=No]
1.12	Initials of researcher taking consent	_____	

### Subject questionnaire (child) – NINUB study

	Question	Answer	Coding
	<b>Interview details</b>		
1.1	Date of questionnaire completion		[DD/MM/YYYY]
1.2	Interviewer code		[1=Nutritionist; 2=Male social worker; 3=Female social worker; 4=Village worker; 5=NIN staff; 6=Other, 7=Doctor]
1.3	Interviewer initials		

	Question	Answer	Coding
	<b>Contact details</b>		
	<i>Verify the names and complete the questions below only if incorrect</i>		
2.1	Family name (surname)	_____	
2.2	First name (given name)	_____	
2.3	Home address (if any)		
2.4	Work address (if any)		
2.5	Place of study address (if any)		
2.6	Contact phone number (landline)	_____	
2.7	Contact phone number (mobile)	_____	

	Question	Answer	Coding
	<b>Demographic details</b>		
3.1	What was your age last birthday?	_____	[In completed years]
3.2	Date of birth (if known)	____	[DD]
3.3	Month of birth	____	[MM]
3.4	Year of birth	_____	[YYYY]
3.5	Sex		[1=Male; 2=Female]
3.6	How many older siblings do you have that are still alive?		[Enter 00 if none]
3.7	How many younger siblings do you have that are still alive?		[Enter 00 if none]
3.8	What is your current marital status?		[1=Never married; 2=Married; 3=Widow/widower; 4=Separated/divorced]
3.9	If married, what was your age at marriage?	____	[Age in completed years]
3.10	What is the name/district of the place (village/town/city) where you live now?	(a) Name _____	(b) District _____
3.11	What kind of place is this?		[1=Village; 2=Town; 3=City; 4=Other, specify]
3.12	Other, specify	_____	[Kind of place]
3.13	As far as you can remember, have you always lived here?		[1=Yes; 2=No]
3.14	If not, how old were you when you moved here?	____	[Age in completed years]
3.15	What was the name/district of the place from where you moved?	(a) Name _____	(b) District _____
3.16	What kind of place was that?	____	[1=Village; 2=Town; 3=City; 4=Other, specify; 5=Don't know/remember]
3.17	Other, specify	_____	[Kind of place]

<b>Education and employment</b>		
4.1	What is your main activity?	[1=Student; 2=Employed; 3=Unemployed/seeking work; 4=At home doing housework; 5=Vocational training; 6=Other, specify]
4.2	Other, specify	[Main activity]
4.3	What is your educational status?	[1=Illiterate; 2=Literate (can read & write) but no formal education; 3=Formally educated but now stopped; 4=Still in formal education]
4.4	What is the highest grade (year) of school that you have completed?	[00 for less than one year completed]
4.5	What was your school performance like in the last completed year?	[1=Fail (Less than 35%); 2=Third class (35 to 49.9%); 3=Second class (50% to 59.9%); 4=First class (60% to 69.9%); 5=Distinction (70% or above); 6=NA]
4.6	What is your primary occupation?	[1=At home doing housework; 2=Unemployed/seeking work; 3=Unskilled manual labour, landless labour; 4=Semi-skilled manual labour, marginal landowner, rickshaw driver, army jawan, carpenter, fitter; 5=Skilled manual labour, small business owner, small farmer; 6=Trained, clerical, medium business owner, middle level farmer, teacher, maintenance (in charge), personnel manager; 7=Professional, big business, landlord, university teacher, class I ICS/services officer, lawyer; 8=Unemployed/ not seeking work (student/vocational training/retired/disabled)]

<b>About the household</b>		
5.1	What is the type of your household?	[1=Nuclear (parents & their children only), 2=Joint (with at least one grandparent); 3=Extended (with any other relative)]
5.2	How many members are there in your household normally?	
5.3	What is (was) the educational level of your father?	[1=Illiterate/no schooling; 2=Primary school/literate; 3=Middle school completion; 4=High school certificate; 5=High school + (HSC, ITI, Intermediate Ded, Post-high school diploma; 6=Other graduate (BA, BSc, BCom, DME, DHMS, BPNA); 7=Professional degree (MA, MSc, MCom, Btech, MBBS, BE, MSW, PhD)]
5.4	What is (was) the educational level of your mother?	[Same as above]
5.5	What is educational level of your husband (for married girls)?	[Same as above]
5.6	What is the primary occupation of your father or husband (for married girls) NOW?	[1= At home doing housework; =Unemployed/seeking work; 3=Unskilled manual labour, landless labour; 4=Semi-skilled manual labour, marginal landowner, rickshaw driver, army jawan, carpenter, fitter; 5=Skilled manual labour, small business owner, small farmer; 6=Trained, clerical, medium business owner, middle level farmer, teacher, maintenance (in charge), personnel manager; 7=Professional, big business, landlord, university teacher, class I ICS/services officer, lawyer; 8=Unemployed/ not seeking work (student/vocational training/retired/disabled)]

5.7	What is YOUR total ANNUAL income from all sources combined?	Rs	[Annual income (enter 00 if none)]
5.8	What is the total ANNUAL income of your HOUSEHOLD from all sources combined?	Rs	[Annual income (enter 00 if none)]

<b>Tobacco use</b>			
6.1	Have you ever used tobacco in any form (smoked, chewed, snuff) on a regular basis i.e. at least once a day?		[1=No, never; 2=Yes, but don't any more (stopped over 6 months ago); 3=Yes, and still use it (up to last 6 months)]
6.2	Age at which you started smoking/consuming any tobacco product regularly?	---	[Age in years]

	<i>Quantity and duration of tobacco use (present or at the time for ex-users)</i>	(a)	(b) <i>Duration of use [years]</i>	(c) <i>Number of days per week</i>	(d) <i>Number of use or number smoked per day</i>
6.3	Cigarette	___ [1=Yes; 2=No]	_____	_____	_____
6.4	Beedi	___ [1=Yes; 2=No]	_____	_____	_____
6.5	Tobacco chewing	___ [1=Yes; 2=No]	_____	_____	_____
6.6	Pan with zarda	___ [1=Yes; 2=No]	_____	_____	_____
6.7	Pan masala with zarda	___ [1=Yes; 2=No]	_____	_____	_____
6.8	Gutka	___ [1=Yes; 2=No]	_____	_____	_____
6.9	Snuff	___ [1=Yes; 2=No]	_____	_____	_____
6.10	Other, specify below	___ [1=Yes; 2=No]	_____	_____	_____

[Product name] (e) \_\_\_\_\_

<b>Passive smoking</b>			
6.11	Are you exposed to tobacco smoke from others at home or workplace regularly?	___ [1=Yes; 2=No]	

<b>Alcohol habit</b>			
6.12	Do you consume alcoholic beverages REGULARLY?	___	[1=No, never; 2=Yes, but don't any more (stopped over 6 months ago); 3=Yes, and still use it (up to last 6 months)]

6.13	Age at which you started consuming any alcoholic drink regularly?	---	[Age in completed years]		
	<i>Quantity and duration of alcohol use (present or at the time for ex-users)</i>	(a)	(b) <i>Duration of use [years]</i>	(c) <i>Frequency per week</i>	(d) <i>Quantity in ml per occasion [1 small peg=30 ml; 1 large peg=60 ml; 1 beer glass=325 ml]</i>

6.14	Local spirits (desi, arrack, toddy, etc)	___ [1=Yes; 2=No]	_____	_____	_____
6.15	Branded spirits (whisky, rum, brandy, gin, vodka)	___ [1=Yes; 2=No]	_____	_____	_____
6.16	Beer	___ [1=Yes; 2=No]	_____	_____	_____
6.17	Other, specify below	___ [1=Yes; 2=No]	_____	_____	_____
		[Product name]	(e) _____		

<b>General health</b>		
7.1	Over the past 12 months, how would you rate your health compared to other boys/girls of your age?	[1=Excellent; 2=Good; 3=Fair; 4=Poor]
7.2	Over the past 12 months, how many days of school/work did you miss due to ill health?	[Total number of completed days over past 12 months (enter 00 if none)]
7.3	Are you on any medication on a REGULAR basis?	[1=Yes; 2=No]
	<b>(a) Name of medication</b>	<b>(b) Reason for taking it</b>
7.4	_____	_____
7.5	_____	_____
7.6	_____	_____

<b>Allergic conditions</b>		
8.1	Have you ever had asthma?	[1=Yes; 2=No]
8.2	Have you ever had hay fever?	[1=Yes; 2=No]
8.3	Have you ever had eczema?	[1=Yes; 2=No]
8.4	Have you any allergies?	[1=Yes; 2=No]
8.5	If yes, specify	[Allergy to what]
8.6	Have you had wheezing or whistling in the chest in the last 12 months?	[1=Yes; 2=No]
8.7	In the past 12 months, have you had a problem with sneezing, or a runny, or a blocked nose when you DID NOT have a cold or the flu?	[1=Yes; 2=No]
8.8	If yes, has this nose problem been accompanied by itchy-watery eyes?	[1=Yes; 2=No]
8.9	Have you ever had an itchy rash that was coming and going for at least 6 months?	[1=Yes; 2=No]
8.10	If yes, have you had this itchy rash at any time in the last 12 months?	[1=Yes; 2=No]
8.11	If yes, has this itchy rash at any time affected any of the following places: the folds of the elbows, behind the knees, in front of the ankles, under the buttocks, or around the neck, ears or eyes?	[1=Yes; 2=No]

<b>Parental health</b>		
<i>About your mother</i>		
9.1	What is the status of your mother?	[1=Alive; 2=Dead]
9.2	What was her age last birthday (or at the time of death if dead)?	[Age in completed years]
	Has (had) she ever suffered from any of the following conditions:	
9.3	Heart disease	[1=Yes; 2=No]
9.4	High blood pressure	[1=Yes; 2=No]
9.5	Diabetes mellitus (high blood pressure)	[1=Yes; 2=No]
9.6	Stroke (paralytic attack)	[1=Yes; 2=No]
9.7	Asthma	[1=Yes; 2=No]

	<i>About your father</i>		
8	What is the status of your father?		[1=Alive; 2=Dead]
9	What was his age last birthday (or at the time of death if dead)?		[Age in completed years]
	Has (had) he ever suffered from any of the following:		
10	Heart disease	_____	[1=Yes; 2=No]
11	High blood pressure	_____	[1=Yes; 2=No]
12	Diabetes mellitus (high blood pressure)	_____	[1=Yes; 2=No]
13	Stroke (paralytic attack)	_____	[1=Yes; 2=No]
14	Asthma	_____	[1=Yes; 2=No]

	<b>Pubertal status</b>		
	<i>Male participants only</i>		
0.1	Interviewer assessment: Has the subject got fully developed adult male voice (not just cracking)?		[1=Yes; 2=No]
0.2	If yes, at what age did you have this kind of fully developed adult male voice (not just cracking)?		[YY: MM (Age in completed years and months)]
0.3	Have you started getting facial hair (moustache/beard)?		[1=Yes; 2=No]
0.4	If yes, how old were you when you started getting facial hair?	____: ____	[YY: MM (Age in completed years and months)]
0.5	Have you started shaving?		[1=Yes; 2=No]
0.6	If yes, how old were you when you started shaving?	____: ____	[YY: MM (Age in completed years and months)]
	<i>Female participants only</i>		
0.7	Have you started having periods?	___	[1=Yes; 2=No]
0.8	If yes, how old were you when your periods first started?	____: ____	[YY: MM (Age in completed years and months)]
0.9	If married, are you currently pregnant or lactating?	___	[1=Yes; 2=No]

	<b>Diet &amp; physical activity</b>		
	<i>Diet</i>		
11.1	Are you a vegetarian?		[1=Yes; 2=No (include egg eaters in vegetarian)]
	<i>Frequency of consuming the following items over the past 3 months</i>		
11.2	Fruits		[1=Twice per day or more; 2=Once a day; 3=Thrice a week or more; 4=Once a week; 5= Twice per month; 6= Once per month; 7=Sometimes; 8=Never]
11.3	Green leafy vegetables		[Same as above]
11.4	Other vegetables		[Same as above]
11.5	Milk or curd		[Same as above]
11.6	Eggs		[Same as above]
11.7	Chicken, meat or fish		[Same as above]
11.8	Cold drinks		[Same as above]
11.9	Shop-bought potato chips/crisps		[Same as above]
11.10	Chocolates		[Same as above]



<i>Physical activity</i>		
11.11	What is the nature of your work?	[1=Almost/entirely sedentary; 2=Mainly sedentary, some walking/standing; 3=Mainly standing/squatting (static); 4=Mainly standing (active); 5=Mainly moving around/walking; 6=Heavy physical work, load carrying, pushing; 7=Don't work]
11.12	Over the past year, how often have you performed domestic work related physical activity lasting at least 15 minutes? (such as sweeping, cooking, washing, fetching firewood/water, caring for animals)	[1=Twice per day or more; 2=Once a day; 3=Thrice a week or more; 4=Once a week; 5=Twice per month; 6= Once per month; 7=Sometimes; 8=Never]
11.13	Over the past year, how often have you performed leisure related physical activity lasting at least 15 minutes? (such as walking, running, cycling, yoga, physically active games, exercise)	[1=Twice per day or more; 2=Once a day; 3=Thrice a week or more; 4=Once a week; 5=Twice per month; 6= Once per month; 7=Sometimes; 8=Never]
11.14	Do you watch TV/Video regularly?	[1=Yes; 2=No]
11.15	If yes, how many hours PER WEEK do you watch TV/Video normally?	[Number of hours per week]

<i>About the household: Standard of Living Index (SLI)</i>		
12.1	What is the material used in construction of your house (roof/walls/floor)	[1= Kutchra (made from mud, thatch, or other low quality material); 2= Semi-pucca (partly low quality and partly high quality material); 3= Pucca (high quality materials throughout, including roof, walls, and floor)]
12.2	How many rooms are there in your household?	
12.3	Do you have a separate room that is used as a kitchen?	[1=Yes; 2=No]
12.4	What is the main source of lighting for your household?	[1= Kerosene/gas/oil; 2= Electricity; 3=Other, specify]
12.5	Other, specify	[Main source of lighting in the house]
12.6	What is the main source of drinking water for members of your household?	[1= Pipe, hand pump, or well (public); 2= Pipe, hand pump, or well in residence/yard/plot; 3=Other, specify]
12.7	Other (specify)	[Main source of drinking water used in the house]
12.8	What type of fuel does your household mainly use for cooking?	[1= Coal, charcoal, or kerosene; 2= Electricity, liquid petroleum gas, or biogas; 3=Other, specify]
12.9	Other (specify)	[Main fuel used for cooking in the house]
12.10	What kind of toilet facility does your household have?	[1= Own flush toilet; 2= Shared/public flush toilet; 3= Own pit toilet/latrine; 4= Shared/public pit toilet/latrine; 5= No facility/bush/field; 6=Other, specify]
12.11	Other (specify)	[Nature of toilet facility in the house]
12.12	What is the religion of the head of the household?	[1=Hindu; 2= Muslim; 3=Christian; 4=Other, specify]
12.13	Other (specify)	[Religion of the head of the household]

2.14	What is the caste or tribe of the head of the household?		[1= Scheduled caste; 2= Scheduled tribe; 3= Other backward class; 4= None of them]
2.15	Other (specify)	_____	[Caste or tribe of the head of the household]
2.16	Does this household own this house or any other house?		[1=Yes; 2=No]
2.17	Does this household own any agricultural land?		[1=Yes; 2=No]
2.18	How much agricultural land does the household own?	_____ . ____	[Land in acres; enter 000 for none]
2.19	Out of this land, how much is irrigated?	_____ . ____	[Land in acres; enter 000 for none]
2.20	Does this household own any livestock?	___	[1=Yes; 2=No]
	<i>Does the household own any of the following:</i>		
2.21	A mattress		[1=Yes; 2=No]
2.22	A pressure cooker		[1=Yes; 2=No]
2.23	A chair		[1=Yes; 2=No]
2.24	A cot or bed		[1=Yes; 2=No]
2.25	A table		[1=Yes; 2=No]
2.26	A clock or watch		[1=Yes; 2=No]
2.27	An electric fan		[1=Yes; 2=No]
2.28	A bicycle		[1=Yes; 2=No]
2.29	A radio or transistor		[1=Yes; 2=No]
2.30	A sewing machine		[1=Yes; 2=No]
2.31	A telephone		[1=Yes; 2=No]
2.32	A refrigerator		[1=Yes; 2=No]
2.33	A black and white television		[1=Yes; 2=No]
2.34	A colour television		[1=Yes; 2=No]
2.35	A moped, scooter, or motorcycle		[1=Yes; 2=No]
2.36	A car		[1=Yes; 2=No]
2.37	A water pump		[1=Yes; 2=No]
2.38	A bullock cart		[1=Yes; 2=No]
2.39	A thresher		[1=Yes; 2=No]
2.40	A tractor		[1=Yes; 2=No]
	<b><i>About the household: additional information</i></b>		
	<i>Does the household receive any of the following benefits:</i>		
13.1	Avail ration card		[1=Pink ration card; 2=White ration card; 3=Don't avail ration card]
13.2	Subsidised housing		[1=Yes; 2=No]
13.3	Financial benefits/loans through schemes		[1=Yes; 2=No]
13.4	Any other	(a) [1=Yes; 2=No]	(b) Specify.....
	<b><i>About the household: dietary information</i></b>		
	How much is the average use of each of the following in a MONTH in your family:		
13.5	Cooking oil		[Millilitres] (Put 00 if not consumed)
13.6	Ghee		[Grams] (Put 00 if not consumed)
13.7	Butter		[Grams] (Put 00 if not consumed)
13.8	Sugar		[Grams] (Put 00 if not consumed)

### Blood sampling datasheet – NINUB study

	<b>Blood sampling</b>		
2.1	Any minor illness within the last week?		[1=Yes; 2=No]
2.2	If yes, specify what illness?	_____	[Name of illness]
2.3	Was this illness or some other reason responsible for reduction in food intake over the last week?	—	[1=No reduction; 2=Minor reduction; 3=Major reduction]
2.4	Time last meal		[HH:MM in 24-hr cycle]
2.5	Day of last meal		[1=Today; 2=Yesterday]
2.6	Time blood taken		[HH:MM in 24-hr cycle]
2.7	Success?		[1=No, 2=Partial; 3=All]
	If partial, tubes missing:		
2.8	Heparin vacutainer	---	[1=Yes; 2=No]
2.9	EDTA vacutainer	---	[1=Yes; 2=No]
2.10	Gel plain vacutainer	---	[1=Yes; 2=No]
2.11	Citrate vacutainer	---	[1=Yes; 2=No]

**Standing/sitting assessments datasheet (1) – NINUB study**

	<b>Standing/sitting assessments</b>		
3.1	Time exam begun	___:___	[HH:MM in 24-hr cycle]
3.2	Initial of the researcher doing exam	___	
3.3	Weight	___,___	[Kg]
3.4	Weight adequate	___	[1=Yes; 2=No]
3.5	Standing height		[mm]
3.6	Standing height adequate	___	[1=Yes; 2=No]
3.7	Stool height		[mm]
3.8	Sitting height		[mm]
3.9	Sitting height adequate		[1=Yes; 2=No]
3.10	Tibial length		[mm]
3.11	Tibial length adequate		[1=Yes; 2=No]
3.12	Head circumference 1		[mm]
3.13	Head circumference 2		[mm]
3.14	Head circumference adequate		[1=Yes; 2=No]
3.15	Waist circumference 1		[mm]
3.16	Waist circumference 2		[mm]
3.17	Waist circumference adequate		[1=Yes; 2=No]
3.18	Hip circumference 1		[mm]
3.19	Hip circumference 2		[mm]
3.20	Hip circumference adequate		[1=Yes; 2=No]

**Standing/sitting assessments datasheet (2) – NINUB study**

<b>Arm measurements and skin folds</b>			
4.1	Initial of the researcher doing exam		
4.2	Dominant arm (write if literate; eat if illiterate)		[1=Right; 2=Left; 3=No dominant arm]
4.3	Side measurements taken (non-dominant; left if no side dominant)		[1=Right; 2=Left]
	<i>MUAC</i>		
4.4	Upper arm length		[mm]
4.5	Upper arm length adequate		[1=Yes; 2=No]
4.6	Mid-arm circumference 1		[mm]
4.7	Mid-arm circumference 2		[mm]
4.8	Mid-arm circumference adequate		[1=Yes; 2=No]
	<i>Skin folds</i>		
4.9	Triceps skin fold 1		[mm]
4.10	Triceps skin fold 2		[mm]
4.11	Triceps skin fold 3		[mm]
4.12	Triceps skin fold adequate		[1=Yes; 2=No]
4.13	Biceps skin fold 1		[mm]
4.14	Biceps skin fold 2		[mm]
4.15	Biceps skin fold 3		[mm]
4.16	Biceps skin fold adequate		[1=Yes; 2=No]
4.17	Sub-scapular skin fold 1		[mm]
4.18	Sub-scapular skin fold 2		[mm]
4.19	Sub-scapular skin fold 3		[mm]
4.20	Sub-scapular skin fold adequate		[1=Yes; 2=No]
4.21	Supra-iliac skin fold 1		[mm]
4.22	Supra-iliac skin fold 2		[mm]
4.23	Supra-iliac skin fold 3		[mm]
4.24	Supra-iliac skin fold adequate		[1=Yes; 2=No]

### Supine assessments datasheet (1) – NINUB study

	<i>Thigh assessments</i>		
5.1	Initial of researcher doing exam	_____	
5.2	Side thigh measurements taken	___	[1=Right (preferred); 2=Left]
5.3	Thigh length	_____	[mm]
5.4	Thigh length adequate	___	[1=Yes; 2=No]
5.5	Mid-thigh circumference 1	_____	[mm]
5.6	Mid-thigh circumference 2	_____	[mm]
5.7	Mid-thigh circumference adequate	___	[1=Yes; 2=No]
	<i>Medical history</i>		
6.1	Recent infection (last 1 week)		[1=Yes; 2=No]
6.2	Known cardiovascular disease		[1=Yes; 2=No]
6.3	If yes, specify	_____	[Cardiovascular disease]
6.4	Any other known medical ailment (past or present)		[1=Yes; 2=No]
6.5	If yes, specify	_____ _____	[Medical ailment]
6.6	Current medication		[1=Yes; 2=No]
	If yes, give name and reason	(a) Name of medication	(b) Reason for taking it
6.7		_____	_____
6.8		_____	_____
6.9		_____	_____

**Supine assessments datasheet (2) – NINUB study**

	<i>BP (Right arm supine)</i>		
7.1	Initial of researcher doing exam		
7.2	Time exam begun	____: ____	[HH:MM in 24-hr cycle]
7.3	Time of last meal	____ ____	[HH:MM in 24-hr cycle]
7.4	Day of last meal	__	[1=Today; 2=Yesterday]
7.5	Room temperature	____. ____	[Celsius]
7.6	Cuff size	__	[1=Adult; 2=Small]
		<b>(a) First</b>	<b>(b) Second</b>
7.7	Systolic blood pressure		[mmHg]
7.8	Diastolic blood pressure		[mmHg]
7.9	Pulse		[bpm]
7.10	Any problems taking readings	____	[1=No; 2=Left arm; 3=Subject anxious; 4=Other, specify]
7.11	Other, specify	_____	[Problems taking reading]
	<i>Arterial stiffness</i>		
8.1	Initial of researcher doing exam	_____	
8.2	Time exam begun	____: ____	[HH:MM in 24-hr cycle]
8.3	Time of last meal		[HH:MM in 24-hr cycle]
8.4	Day of last meal		[1=Today; 2=Yesterday]
8.5	Room temperature		[Celsius]
8.6	Proximal distance	_____	[mm]
8.7	Distal distance	_____	[mm]
		<b>(a) First</b>	<b>(b) Second</b>
8.8	Pulse wave velocity (mean)		[m/s]
8.9	Pulse wave velocity (SD)		[m/s]
8.10	Radial augmentation		[mmHg]
8.11	Radial augmentation index (Aix)		[%]
8.12	Any problems taking readings		[1=Yes; 2=No]
8.13	If yes, specify	_____	[Problems taking readings]

**Pubertal assessments in boys datasheet – NINUB study**

<i>Pubertal self assessment in boys</i>			
9.1	Initial of researcher requesting exam		
9.2	Subject willing	—	[1=Yes; 2=No]
9.3	Testicular volume		[ml]

<i>Observed pubertal self assessment in boys</i>			
9.4	Initial of researcher requesting exam		
9.5	Subject willing		[1=Yes; 2=No]
9.6	Testicular volume	—	[ml]