



Dietary Intervention Study In Children
Screening Visit 1 Form

Office
Use
Only

ID
NC
VN S V 0 1

EL Y N

PART I: Demographic Information

1. What is today's date? Month Day Year

2. What is your relationship to your child? (MARK ONE ANSWER)

- Mother or father
Step mother or step father
Legal guardian other than parent
Other relationship
(What is this relationship?)
Relationship

3. Please answer both Item A and Item B below.

A. Which one of the following racial or ethnic groups best describes your child?

- White
Black
Asian (for example, Chinese, Japanese, East Indian) or Pacific Islander
American Indian or Alaskan native (for example, Eskimo)
Other
(What is this other racial/ethnic group?)
RACE

B. Is your child of Hispanic origin (for example, Puerto Rican, Cuban, Latin American, Mexican-American, etc.)?

Yes No
1 2

PART II: Child's Medical History

4. Has a doctor ever told you that your child had any of the following medical conditions?

	1 Yes	2 No
A. Hypothyroidism (or underactive thyroid)	<input type="checkbox"/>	<input type="checkbox"/>
B. Liver disease (such as jaundice within the last 5 years or hepatitis)	<input type="checkbox"/>	<input type="checkbox"/>
C. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
D. Severe long-term intestinal disease (such as colitis requiring long-term medication)	<input type="checkbox"/>	<input type="checkbox"/>
E. Kidney disease (such as nephrotic syndrome, nephritis or kidney failure)	<input type="checkbox"/>	<input type="checkbox"/>
F. Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
G. Anorexia (extreme undereating leading to weight loss)	<input type="checkbox"/>	<input type="checkbox"/>
H. Bulimia (binge eating, self-induced vomiting)	<input type="checkbox"/>	<input type="checkbox"/>
I. Cancer or other serious disease (describe below)	<input type="checkbox"/>	<input type="checkbox"/>

5. This study will be monitoring your child's growth and development including physical maturation. Only children who have *not* begun to enter puberty will be eligible for inclusion in this study. The way we measure puberty is by looking at breast and pubic hair development in girls and pubic hair and testicle development in boys. Please answer the following questions about your child's maturation (pubertal development).

A. For *GIRLS*, please answer the following items:

	1 Yes	2 No	3 Unsure
1. Have your daughter's breasts begun to develop?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has your daughter developed any pubic hair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. For *BOYS*, please answer the following item:

1. Has your son developed any pubic hair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	--------------------------

6. Has your child ever intentionally gained or lost seven pounds or more over a period of two weeks or less?

<input type="checkbox"/>	<input type="checkbox"/>
Yes 1	No 2

7. Has your child been admitted to a hospital since birth?

Yes
1

No
2

If YES, answer Items 7A and 7B.
If NO, skip to Item 8.

A. List dates and reasons for hospitalization(s):

B. Has your child had any operations?

Yes
1

No
2

If YES, answer Item 7C.
If NO, skip to Item 8.

C. List dates and names of operations:

8. Does your child who is in the study have a mother (or female guardian) living at home with her/him?

Yes
1

No
2

If your child has a mother (or female guardian) living in her/his home, answer Items 8A through 8E.

If she/he does not, please skip to Item 9 on page 5.

8. Mother or female guardian (continued)

A. What is the height of the mother or female guardian? HTFTI feet HTINI inches

B. What is the weight of the mother or female guardian? WTLBI pounds

C. Has the mother or female guardian smoked more than five cigarettes during her life?
Yes No
1 2

If YES, answer Items 1 through 3.
If NO, skip to Item 8D.

1. What was her age when she started smoking?
Age

2. How many cigarettes a day was the *most* she ever smoked?

3. Does she currently smoke cigarettes?
Yes No
1 2

If NO, what was her age when she stopped?
Age

If YES, how many cigarettes a day does she currently smoke?

D. On the average, how many days a week does the mother or female guardian drink alcoholic beverages, that is, beer, wine or liquor? (MARK ONE ANSWER).

- Never 01
- Less than once a month 02
- Less than 1 day a week, but at least once a month 03
- 1 day a week 04
- 2 to 3 days a week 05
- 4 to 6 days a week 06
- 7 days a week 07

8. Mother or female guardian (continued)

E. On the days that the mother or female guardian drinks, about how many drinks does she *usually* have?
Number of drinks

NOTE: A typical drink is 1½ oz. of spirits (a shot or mixed drink) or 6 oz. of wine (a glass of wine) or 12 oz. of beer (a can of beer).

9. Does your child who is in the study have a father (or male guardian) living at home with her/him?
Yes No
1 2

If your child has a father (or male guardian) living in her/his home, answer Items 9A through 9E.

If she/he does not, stop.

A. What is the height of the father or male guardian? HTFT2 feet HTIN2 inches

B. What is the weight of the father or male guardian? WTLB2 pounds

C. Has the father or male guardian smoked more than five cigarettes during his life?
Yes No
1 2

If YES, answer Items 1 through 3.
If NO, skip to Item 9D.

1. What was his age when he started smoking?
Age

2. How many cigarettes a day was the *most* he ever smoked?

9. C. Father or male guardian (continued)

3. Does he currently smoke cigarettes? Yes 1 No 2

If NO, what was his age when he stopped? _____
Age

If YES, how many cigarettes a day does he currently smoke? _____

D. On the average, how many days a week does the father or male guardian drink alcoholic beverages, that is, beer, wine or liquor? (MARK ONE ANSWER).

- Never 01
- Less than once a month 02
- Less than 1 day a week, but at least once a month 03
- 1 day a week 04
- 2 to 3 days a week 05
- 4 to 6 days a week 06
- 7 days a week 07

E. On the days that the father or male guardian drinks, about how many drinks does he *usually* have? _____
Number of drinks

NOTE: A typical drink is 1½ oz. of spirits (a shot or mixed drink) or 6 oz. of wine (a glass of wine) or 12 oz. of beer (a can of beer).

Thank you very much for taking the time to complete this questionnaire. Please bring it with you when you bring your child to the DISC Clinical Center.